PARTICIPANT MICROPROCESSES: WHAT TO LISTEN FOR*

Brief Overview of Emotion Theory for Use with Participants

Why emotions are important

There are three basic functions of emotion:

We have emotions because...

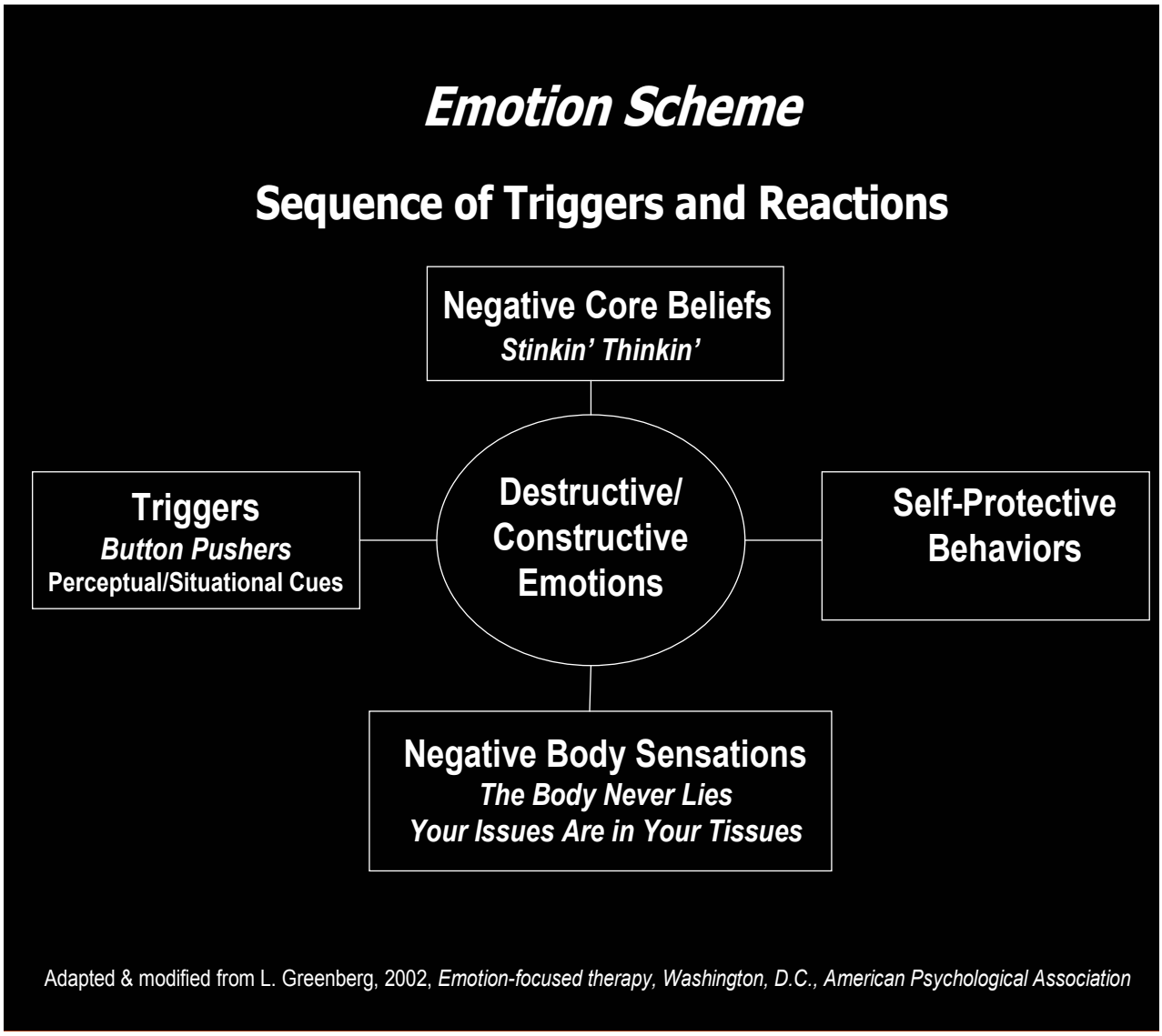
1. They tell us what is important to us.
2. They tell us what we need or want and that helps us figure out what to do.
3. They give us a sense of consistency and wholeness.

But there are three main kinds of problems that people have with their emotions:
.

1. Sometimes the emotion that is most obvious is not the most important emotion, which is underneath or inside it. When that's the case, we have to find the most important emotion.
2. Sometimes the level of emotion is not right: It's either too much or too close and overwhelms them, or it's too little or too distant and so we can't use it to help them. When that happens, we need to get it to the right "working" level or distance.
3. Sometimes one gets stuck in an emotion because we're missing an important piece of it, either what it's about or how we feel it in one's body, or because we aren't able to put it into words, or because we can't connect it to what "it" need to do. When that happens, we need to figure out which piece is missing and fill it in.

However, it's hard to work on emotions in the abstract, so one needs to rely on the participant to bring up a particular problem or task with which they want to work, and then help them to use their emotions more effectively in relation to that problem.

* Adapted & modified from Elliott, R., Watson, J.C., Goldman, R.N., & Greenberg, L.S. (2004). *Learning emotion-focused therapy.* Washington. D.C.: American psychological Association


Emotion Scheme
Sequence of Triggers and Reactions
Negative Core Beliefs
Stinkin' Thinkin'
Triggers
Button Pushers
Perceptual/Situational Cues
Destructive/
Constructive
Emotions
Self-Protective
Behaviors
Negative Body Sensations
The Body Never Lies
Your Issues Are in Your Tissues
Adapted & modified from L. Greenberg, 2002, Emotion-focused therapy, Washington, D.C., American Psychological Association

Markers are participant statements or behaviors that alert us to various aspects of participants' functioning that might need attention. Here are five classes of microprocess marker:

- *Micromarkers*
- *Markers of characteristic style*
- *Mode of engagement markers*
- *Task markers*
- *Treatment foci indicators*

These different classes of microprocess marker correspond to the different levels at which to listen to the participant. First, attend carefully to participants' moment-by-moment process (*Micromarkers*); second, listen to participants' life histories to identify their characteristic ways of being with themselves and others (*Markers of characteristic style*); third, listen to how participants are engaging in the work of processing their emotional experiencing (*Mode of engagement markers*); fourth, listen for markers of specific cognitive-affective tasks or problem states (*Task markers)*; and fifth, listen for the participant's main problems to emerge (*Treatment foci indicators)*. Thus, one pulls together information from multiple levels in working with their participants.

MICROMARKERS: ATTENDING TO MOMENT-TO-MOMENT PROCESS

Verbal Micromarkers

In the following sections, we offer a partial catalog of some common and important kinds of micromarkers, grouping them roughly into verbal and nonverbal categories.

Subtle Nuance of Content: Help get participants out of repetitive thinking grooves; Primaries need to be very attentive for subtle nuances of meaning that can be at the periphery of participants' consciousness. By bringing these nuances into participants' awareness more fully, Primaries amplify their responses and increase their range of action.

Poignancy: Listen for that which tugs at their heartstrings, kicks them in the gut, or makes the hair on their arms prickle as a clue to what is powerful in participants' narratives. Poignancy is a good indicator of the presence of emotion and of experiences that need further processing because of their continuing evident strength. Particularly poignant or unusual language is often a cue as to where to focus participants to help them get in touch with their emotional, subjective experience.

Rehearsed Descriptions of Self and Situations: At times participants seem to describe themselves as if they were observing a third party. They appear very rational, and their narratives seem rehearsed or preplanned. There is a tight, seamless quality to what they are saying, and the Primary may feel that there is no way to enter their immediate experiencing. At these times, try to help them access their feelings and become aware of the impact of events and their significance.

Rambling: Interruptions are not generally perceived as empathic, however participants sometimes complain that we/they let them to wander too much. It is important to gently guide the process and not let participants talk without direction by practicing the art of respectful interruption. In fact, participants may experience the interruption as a relief. They may be simply talking to fill up the space or out of habit or anxiety and may be privately hoping for more direction.

Immediacy of Language: Listen to what participants say for indicators that they are currently in touch with what they are talking about. Immediacy markers include:

- *Concreteness:* As opposed to abstractness (How real or actual, as opposed to abstract, does the content appear, either in the current moment of the narrative or as reported?).
- *Specificity:* As opposed to generality (How much does the content uniquely relate to the participant?).
- *Vividness:* As opposed to dullness of language use (How lively are the images and feelings conjured up by the participant's material?

Nonverbal Micromarkers, Including Vocal Quality

There are several forms of nonverbal indicators, including gestures and facial expressions, signs of hesitation, incongruent or ambiguous expression, and vocal quality.

Nonverbal Behavior: It is also important to observe participants' nonverbal behaviors—for example, movements of hands and feet and facial expressions. Participants are often unaware of the information that they are communicating with their bodies. Point this out and asked the participant to first attend to it and then tell you what it felt like. This shifts one's experience of oneself, and then one may be able to see how one's nonverbal behavior reveals something important about how they are feeling or how it may relate to the way others treated them in the past (especially caregivers).
Physiological signs of arousal can be drawn on in a similar way to enhance emotional awareness. For instance, a participant might insist that he feels "fine;" however, his face is bright red—an incongruency. One can point out that he was flushed and comment with, "Your words say you are feeling fine, but your body seems to be saying something different." In this manner, the participant can learn to use flushing as a sign that he is experiencing something emotional and to try to perceive and articulate what are those feelings. Other participants might use different physiological cues such as sweaty palms, tense shoulders, a dry mouth, or a racing heart as signs of unacknowledged feelings. After recognizing this type of emotional blocking, one may be able to move past it and to begin to acknowledge the real feelings underneath.

Participant In-Session Hesitation or Inhibition: In addition to focusing on participants' experiencing, be attentive to the interaction between yourself and the participant. Be attuned to the synchrony between the participants, attending to the latency between your own responses and those of their participants. Be are alert to moments when participants slow down or have difficulty responding or express difficulty with doing a particular task. These observations may indicate that you have not properly formulated the participant's issue. Alternatively, it may mean that you need to return to a focus on developing safety

in the relationship rather than being task oriented. It is always a delicate balance between leading and following, when to push and when to let the participant lead. One needs to determine if the participant is ready to engage in the task that is potentially at hand—this is why the participant's behavioral markers are so important to recognize and to do the prior work to secure the participant's buy-in before engaging in experiential tasks. Alternatively, if there is a therapeutic rift or the participant is not ready (i.e., too frightened) one may need to go back to being reassuring, and/or realigning the therapeutic working relationship to create enough safety—via accurate empathy, genuineness and caring/prizing—in order to move forward. Remember, however, that wherever the participant *is* is exactly where one works—it is never wrong to be at *their* leading edge wherever that may be

Incongruent Expression: When participants have difficulty with expressing emotions, their feelings and behaviors may not match. Ambiguous or incongruent expression can take a variety of forms, such as sarcasm, mixed signals, expressions that the person is not aware of, or expressions that create an unintended impression. The key characteristic of all of these instances of ambiguous expression is that the participant is not able to convey the desired emotional message to others. Sometimes, participants may smile while they recount traumatic or sad events. Alternatively, they may display signs of anxiety but deny feeling uncomfortable. When you observe signs of incongruence, either in the moment or as participant describes what is happening to them, you can empathically make your observations known to the participant and try to explore what is happening. For example, you might say, "As you tell this sad story, you're smiling." The participant may be experiencing a conflict, may be unaware of the experience, may lack skills, or may even have unfinished business that has to be dealt with. However, the first intervention should be exploratory to enable you to understand what is occurring for the participant. When participants show signs of ambiguous expression, it is useful to help them understand their feelings more clearly.

Vocal Quality: You can also enhance your responsiveness to participants by being alert to the possible meanings inherent in different participant vocal qualities. A measure for classifying participants' vocal qualities into different types can be used to alert you to participants' internal resources and involvement with their experiencing.
The four categories are *focused*, *emotional*, *externalizing*, and *limited*. Participants' vocal quality can also provide clues concerning unacknowledged feelings. For example, when participants' voices are *focused*, they are slower but irregular in pacing, remain on their natural tonal platform, and have a thoughtful quality ("eyeballs turned inward"). Participants usually emphasize words differently than they would normally. Their speech is unpredictable, and there is a sense that they are discovering something new or seeing something freshly. At other times, participants use an *emotional* voice, openly expressing emotion; their speech is distorted or interrupted by signs of anger or pain (e.g., crying). *Externalizing* voice has a robust but a rehearsed, practiced quality that seems to indicate that participants are repeating things they have said before for effect. It may be entertaining, but it is not live, vivid, or fresh in the moment. Finally, *limited* vocal quality also indicates that participants are distant from their experiencing; their voice has a thin, constricted quality and sounds fragile, as if they were "walking on eggshells."

Participants who demonstrate little or no *focused* or *emotional* voice are seen as less emotionally accessible and in need of further work to help them process internal experiential information. Participants with a high degree of *external* vocal quality can generally benefit from being helped to focus inward, whereas those with a high degree of *limited* vocal quality need a safe environment to develop trust in the Primary and allow them to relax.

Integrative Indicators of Participant Level of Arousal or Experiencing

Two other sets of participant micromarkers integrate aspects of the preceding micromarkers into an overall assessment of the important dimension of participant moment-to-moment process: *emotional arousal* and *depth of experiencing*.
The participant's degree of *emotional arousal* is an important ongoing cue when working on therapeutic tasks (such as empty chair work) in which high levels of arousal are important for resolution.
Arousal level can often be assessed based on vocal and expressive cues. *Depth of experiencing* defines a participants' involvement in their own experiencing and can be assessed according to seven levels, each describing a stage of the participant's emotional and cognitive involvement in therapeutic issues:

- Level 1: The participant's content or manner of expression is impersonal, abstract, and general. Feelings are avoided, and personal involvement is absent from communication.
- Level 2: The association between the participant and the content is clear. The participant's involvement, however, does not go beyond the specific situation or content.
- Level 3: The content is a narrative or a description of the participant in external or behavioral terms, with added comments on feelings or personal reactions.
- Level 4: The quality of involvement clearly shifts the participant's attention to the subjective felt flow of experience, rather than to events or abstractions.
- Level 5: The participant defines and internally elaborates a problem or question about the self.
- Level 6: The participant synthesizes new feelings and meanings discovered in ongoing explorations to resolve current problems.
- Level 7: At this rarely attained level, the participant achieves steady and expanding awareness of immediately present feelings and internal processes, linking and integrating felt nuances of experience as they occur in the present moment.

Movement through the levels reflects a greater elaboration and integration of emotions, moving toward resolution of participant problems. You can be trained over time to know the different levels of depth of experiencing. This view of experiencing implicitly guides exploration at any given point, and one should be able to approximately identify at what level of depth of experiencing the participant is functioning. The goal is not to encourage

constant Level 6 and 7 experiencing, but rather to facilitate experiencing at Level 4 and above in relation to core meaningful problems. This is consistent with the empirically supported idea that positive change will occur in therapy when participants (a) internally explore and emotionally elaborate core problems and (b) integrate and synthesize newly accessed, primary adaptive emotions to help solve problems.

MARKERS OF ONE'S CHARACTERISTIC STYLE: HOW PARTICIPANTS GENERALLY TREAT THEMSELVES AND OTHERS

To understand participants' presenting problems and to identify their characteristic styles of being with themselves and others, it is useful to have some sense of their attachment histories and significant or traumatic life events. It is often in their early interactions with significant caretakers that participants develop typical ways of relating to others and themselves. Participants learn how to interact with others as a function of their own temperaments, needs, and goals, organized as emotion schemes. For example, they learn whether to be watchful and managing, critical and blaming, or nurturing and understanding of people around them. They also develop styles of relating to themselves that may be characterized by emotion schemes of internalized hostility, self-neglect, or self-invalidation or, conversely, self-soothing or self-aggrandizing, among others. By attending closely to participants' early attachment histories, you begin to be able to identify some of their interpersonal and intrapsychic processes, especially how they regulate and express their affective reactions. Although the interactions with significant caretakers are very influential, so too is the impact of peers and other intimate relationships. Moreover, it is recognized that participants can exercise agency and choice in many of their behaviors.

This information provides a context for understanding the nature and sources of the problems that the participants bring. Participants usually reveal how they treat themselves and others in their descriptions of their current problems. Moreover, identifying characteristic styles helps you identify the markers for tasks that can be worked on which in turn facilitates alliance development. For example, participants who assumed parental responsibilities as children may be very good at invalidating their feelings as part of an emotion scheme such as "hyperresponsibility." If no one was able to be responsive to them as children, they may have learned to tune out feelings. Their lack of attention to affective information may be apparent in their current interactions with significant others and may contribute to their presenting problems. Once you recognize participants' habitual styles, you can attend to manifestations of these during floorwork. For example, you may notice that your participant self-interrupts their experiencing or expression of emotion a lot or may invalidate their feelings or reactions to people or events in their lives.

In sum, one learns listen to participants' narratives with an ear to identifying their habitual styles of being and doing. In listening to the qualities of the type of person the participant is, ask yourself questions such as:

- How does my participant treat himself or herself?
- How does my participant treat others?
- How does my participant allow others to treat him or her?

MODE OF ENGAGEMENT MARKERS: HOW PARTICIPNATS APPROACH THEIR EXPERIENCING IN PARTICULAR MOMENTS

It is important to be able to recognize when to heighten the participant's awareness of their feelings and when to facilitate arousal or reflection. Attending to the content of what participants say and the manner in which they say it provides an indication of their stance toward their experience which has been referred to variously as *expressive stance* or *mode of engagement* and can be defined as the focus of the participant's attention and the activity in which he or she is engaged—for example, the participant may be actively engaged and exploring their experience or more distant and analytical. When participants are engaged in productive exploration and expression of emotion, they often focus inward on their thoughts and feelings, actively experiencing their feelings in the session, and they may be intensely engaged in examining and evaluating their experience to create new meaning. In contrast, less productive processing and expression are characterized by more distant and disengaged descriptions and analysis of experience and feelings. At these times, participants often have an outward focus, describing the events and people in their lives in a rehearsed or flat manner. However, you can tell that participants are experiencing their feelings when their language becomes colorful or poignant. These ways of engaging with their experience have important implications for the kinds of therapeutic task participants will be willing and able to carry out.

Nonexperiential Modes of Engagement

Nonexperiential modes of engagement are often found in participants not typically considered optimal for experiential work, including participants who act out, who constantly intellectualize, or who somaticize their difficulties. These modes are really ways of being disengaged from one's emotional experiencing. They can be classified as:

- *Purely external:* The participant attends to other people, external events, or problem solving as the first and only approach to problems. Purely external modes include blaming others for one's problems and closely monitoring others for clues about how to behave.

- *Purely conceptual:* The participant formulates things in linguistic or abstract terms without reference to concrete experiencing; the participant may speculate about emotions or intentions or what he or she "should" feel or think.

- *Purely somatic:* The participant focuses attention on bodily sensations and physical symptoms, such as chronic pain or illness signs.

It is apparent that nonexperiential modes of engagement use only a single emotion scheme component to the exclusion of others (i.e., situational-perceptual, conceptual-symbolic, or bodily components), thus preventing complete emotional processing.

Experiential Modes of Engagement
In contrast, experiential modes of engagement involve different ways of engaging with one's here-and-now experiencing, including internal attending, experiential search, active expression, and interpersonal contact.

Internal Attending: Internal attending involves turning one's attention inward; being aware of feelings, meanings, intentions, wishes, memories, and fantasies; and focusing especially on clear or specific experiences, such as emotions, explicit meanings, conscious intentions, or specific memories or fantasies. Direct, uncritical ("mindful") awareness of particular sensations (e.g., one's breath) may be involved, as well as recall of episodic memories. In addition to listening for this mode of engagement, you may encourage it by calling attention to some visible aspect of the participant's expression—-for example, by saying, "Are you aware that you are clenching your fists? What do you experience as you do that?"

Experiential Search: Experiential search involves a deliberate turning inward of attention to complex, unclear, emerging, or idiosyncratic inner experience to symbolize it in words. The process of experiential search enables the participant to identify and explore emotion schemes that had not previously been available to awareness. For instance, a participant presented puzzlement that while dining with friends, she had suddenly and inexplicably found herself feeling very upset. After first attending to her detailed memory of the episode, she searched for and was finally able to put into words the important unexamined personal needs and values that a casual remark from her friend had implicitly challenged.

Active Expression: Experiencing is often implicit and thus cannot be fully accessed until it is expressed verbally or nonverbally. With active expression, participants clearly, strongly, or spontaneously express their emotional reactions. As they do this, bodily sensations and nonverbal expressions are generated, which provide participants with additional cues to help them discover and own what they feel. Active expression also allows emotions to run to completion and brings emotions into contact with their appropriate objects (e.g., anger with the perpetrator of the violation). Participant active expression can be fostered through chair work, as when participants use the empty chair to express anger and sadness toward neglectful or abusive significant others.

Interpersonal Contact: Interpersonal contact is a mode of engagement that occurs in the context of the therapeutic relationship and involves allowing oneself to trust and open up to another person. By attending to empathic attunement, prizing, presence, and collaborativeness, participants learn that they can be themselves in relation to another person. They are validated in their existence as worthwhile people. At particular times, specific experiences with you can provide important new experiences that disconfirm maladaptive emotion schemes. For example, one participant felt deeply validated when he was able to accept the "warrior" self that he had suppressed for fear that others would mock him. Your acceptance helped him to own this hidden aspect as part of himself, something about which to feel pride rather than shame.

Self-Reflection: Once some piece of experiential work has taken place, it is important for the participant to be able to consolidate, integrate, and act on it, a process referred to as "carrying forward." Self-reflection is one form of carrying forward, in which the person is able to stand back from his or her experiencing to become disembedded from it or to develop meaning perspective on it. Making sense of one's experience is a crucial process that leads to the creation of new meaning and the consolidation of emerging changes. Action planning is another kind of processing of emerging changes, in which the participant works to translate emotional awareness into productive action through setting goals, and selecting and planning appropriate actions. This mode of engagement is typically found in the last steps of therapeutic tasks, for example, after the participant has resolved a conflict split and is exploring the implications of the resolution.

Different therapeutic tasks involve different mixes of modes of engagement. Paying attention to the participant's typical modes of engagement early on helps you anticipate which therapeutic tasks the participant is likely to take to more readily and which tasks will seem more foreign or difficult. More important, the Primary tracks participant modes of engagement within each therapeutic task as an indication of how the participant is progressing through it and of whether the participant is moving forward or has become stuck or sidetracked.

When participants are actively involved in their experiencing, there is no need to help them process their experience differently; rather, it is important to help them focus on the task at hand and maintain and heighten what they are already doing. However, when participants are distant from their emotional experience or are describing significant others and situations in external or lifeless ways, or when they are describing and classifying their experience as if they were reading a catalog, then try actively to help the participant shift into a more experiential mode of engagement.

MAJOR TASK MARKERS: PARTICIPANTS' MAIN SESSION TASKS

While you are identifying some of their participants' typical ways of being with self and other and listening to how participants engage with their internal experiencing, you are also listening for specific markers of problematic or distressing psychological states that signal participant readiness to work on particular difficulties on the floor. In addition to helping you identify what problems participants wish to work on; task markers also provide you with opportunities to help participants develop alternative, more satisfying ways of treating themselves and regulating their emotional distress. Problem markers are participant statements that indicate that a participant is wrestling with specific distressing cognitive-affective states, for example, puzzling reactions, lingering bad feelings toward someone significant in their lives, negative feelings about themselves, intense emotions, or difficulty with expressing their emotions in the session. Task markers are really empathy indicators, because they point to potentially important participant in-session experiences. Such problem markers help clinicians develop relevant problem foci on which to work with their participants. In good outcome cases, participants are able to successfully resolve these problematic cognitive-affective problems; formulate alternative views of themselves, others, or problematic situations; and develop new ways of experiencing and expressing themselves. All therapeutic tasks have markers that indicate that certain responses are required. For example, a signs of resistance or

rebelliousness may be such things as being late, watching others instead of focusing or excessive yawning may alert one to times when it would be useful to explore any negative feelings with the participant. We listen for negative self-statements as markers for having participants examine their cognitions. We have identified a variety of experiential markers to alert you to times when certain interventions might be effective and appropriate.

It is important that participants also view identified markers as important. This agreement enhances the therapeutic alliance, in particular by enhancing participants' cooperation and agreement to work on specific issues. You need to take time to help participants explore and understand how their current difficulties fit into their life histories and characteristic ways of being and doing, and to provide rationales for why working on a specific task in a particular way is likely to help remedy the problem. If you can help participants see how their early attachment experiences and their characteristic styles of being and doing contribute to their current difficulties, it will be easier for participants to tackle different or more painful work.

Several tasks and specific Primary techniques and participant processes can be described in helping participants resolve particular cognitive-affective problems. Therapeutic interventions that can help participants get in touch with and symbolize their inner experience include empathic exploration, focusing, systematic evocative unfolding, and various kinds of chair work. Each of these tasks requires a substantial time to carry out (i.e., 10-40 min).

TREATMENT FOCI INDICATORS

In process-experiential therapy, there is no definite plan that particular contents should be focused on. On the floor, you check to see what emerges for the participant. It is assumed that participants organize themselves differently after each piece of floorwork, having reintegrated new information that may have emerged earlier. Thus, you follow the participant's lead. Because people have a natural tendency toward mastery, you may assume that staying with the participant's current experiencing will facilitate their efforts at resolving their problems, including any blocks that emerge.

Nevertheless, focused empathic exploration and engagement in tasks often lead participants repeatedly to important thematic material. Particularly in successful cases, core thematic issues seem to develop and take shape over time. Thus, you also may inquire about or emphasize a previously established thematic focus if the participant does not do so. In general, thematic foci are either intrapersonal or interpersonal in nature. For example, in one case, the therapy might repeatedly focus on an intrapersonal theme of feelings of insecurity and worthlessness, whereas in another it might focus on the interpersonal theme of unresolved anger toward a significant other.

For example, you might listen to a depressed participant and begin to hear how much a recent divorce is affecting him or her. Over time, you might notice that the participant continues to return to that topic, describing the pain of the loss and the fear of continuing loss. Through the process of listening and exploring this with the participant, you may sense that the divorce is affecting the way in which the participant is navigating through current relationships and daily life and blocking important life projects such as finding new relationships. What begins to emerge out of the process is a need to focus on the

loss around the divorce, the necessary grieving the participant has not done, and the meaning that these unfinished issues have for the participant. Thus, after hearing this several times you can tentatively offer a formulation to the effect that unresolved issues with the ex-spouse appear to be interfering with the participant's life, and you might on that basis then suggest empty chair work with the ex-spouse in other chair. Your decision to initiate that task emerges not only from this extended process, but from specific statements as well that indicate that the participant is currently experiencing the problem and wants to work on it. The meaning of the recent loss for the participant becomes apparent only when the participant feels safe enough to disclose it, and only then can you absorb the full gravity of it. In other words, it is only through the content that emerges out of a trusting therapeutic bond you come to understand the emotional significance of it, the importance of resolving it for the participant (making it a therapeutic focus or goal), and the possibilities for what therapeutic task will best facilitate working it through.

Participants' meaning and poignancy provide points of focus. Participants offer narratives that describe the impact their world has on them. As you listen, you use the criteria of meaning and poignancy to establish possible points of focus. You asking yourselves the following:

- What is most poignant in what my participant has said?
- What is the core meaning or message that my participant is communicating?
- What is most alive here?
- What is my participant feeling about this?

PRIMARY PROCESSES IN PROCESS-EXPERIENTIAL THERAPY

Previously, we described a set of participant processes, indicators, and markers. Here, we look at the Primary's role in Floorwork—the basic internal processes the Primary engages in during Floorwork. We present the response modes Primaries use to carry out the treatment principles and help participants work more effectively. Guided by the treatment principles, the therapeutic tasks described later are made up of particular sequences of participant process markers and Primary experiential responses.

Effectiveness depends first of all on the Primary's ability to hear, see, and understand subtle participant experiences and to identify important participant markers. Thus, the Primary's inner experiencing is central to learning and carrying out tasks. In fact, techniques such as empty chair work are empty, or even harmful, if they are not properly grounded in the appropriate Primary inner processes. Thus, it is essential for newbies to learn not only the observable responses and tasks but also the inner, experiential processes that are the source of effective responding.

There are special internal processing demands on Primaries. What are these demands? A useful basis for identifying Primary experiential processes can be found in the six treatment principles (*empathic attunement*, *therapeutic bond*, *task collaboration*, *experiential processing*, *task completion and focus*, and *participant self-development*). Primaries need to cultivate the general attitudes and specific moment-to-moment experiences that enable them to enact these values as best they can, even under less-than-ideal circumstances, such as when under attack from participants.

Building on the treatment principles, six internal processes can be identified as necessary for Primaries to engage and to learn to carry out these internal processes. These are:

• *Presence and Genuineness* (being fully in the moment based on wholeness and authenticity),

• *Empathic Attunement* (on multiple tracks),

• *Acceptance*, P*rizing*, and *Trust*,

• *Collaboration* (interested engagement and egalitarian attitude),

• *Procedural Knowledge* of the model (being able to use theory when needed), and

• *Process awareness and Guiding* (offering participants opportunities to work in productive ways at particular moments).

PRIMARY'S EXPERIENTIAL RESPONSE MODES

In carrying out the treatment principles and facilitating participant experiential modes of engagement Primaries use several specific speech acts, which we refer to as *experiential response modes.* This formulation of Primary covers the following major groupings of Primary responses:

• E*mpathic Understanding:* empathic reflection, empathic affirmation, following responses.

• *Empathic Exploration:* exploratory reflection, evocative reflection, exploratory question, fit question, process observation, empathic conjecture, empathic refocusing

• P*rocess Guiding:* structuring task, experiential formulation, process suggestion, awareness homework, experiential teaching.

• *Experiential Presence:* process disclosure, personal disclosure; also, respectful silence, prizing vocal quality.

• *Nonexperiential Responses:* suggestions, interpretations, information questions, expert reassurance, analysis of other people.

Most of what the Primary does involves the triad of *empathic understanding*, *empathic exploration*, and *process guiding*.

AN OVERVIEW OF THERAPEUTIC TASKS

Previously, we presented an overview of general process-experiential theory and important participant and Primary processes. We continue part 1 by introducing the therapy tasks, including the method of task analysis; provide an organizing scheme for grouping different tasks together; and discuss a model of the general structure therapeutic tasks as a set of strategies for helping participants develop their emotional awareness and their ability to use their emotions to resolve problems, key elements of emotional

intelligence. The intention is to build a bridge to the particular tasks by providing a set of larger maps within which to locate the more local maps given later. It more useful to get this broad orientation to therapeutic tasks before, rather than after, the specific change processes and
Tasks are given because it is better ways to organize the rich material that follow.

THERAPEUTIC TASK ANALYSIS: MAPPING THE CHANGE PROCESS

One of the distinctive features of this type of experiential work is the *therapeutic task analysis* in which the microprocess steps participants typically pass through are specified in the process of successfully resolving both internal conflicts and puzzling or problematic reactions.
A *task analysis mode*l is a map or minitheory of how to do a particular kind of therapeutic work. Process-experiential task models contain four components: a *marker*, a *participant task resolution model*, a *general Primary intervention*, and a *resolution*.
A *marker* is an outward and visible sign that the participant is currently experiencing an inner state of interest in working on a particular problem. For example, the conflict split marker indicates that the participant is currently experiencing an uncomfortable internal sense of feeling torn between two things. The observable marker in this case is the participant expressing an opposition between two contradictory aspects of self, often two wishes or action tendencies, accompanied by an indication of struggle.
For example: "I want to get on with my life [action tendency 1], but whenever I set myself a goal, something in me just gets in my way [action tendency 2], and I never accomplish anything. It's really depressing [struggle]."
If the Primary knows only one thing about a therapeutic task, he or she should know what the marker is, because this indicates what to work on with the participant. Working on the correct task is more important than selecting the most efficient intervention to help resolve the task. When Primary and participant agree on the task, they will not be working at cross-purposes.
A participant *task resolution model* is made up of the ideal sequence of steps or microprocesses that participants go through to reach resolution. The performance of participants who have successfully resolved a task is the basis for participant task resolution models. These models tell the Primary what kinds of participant experiencing and microprocesses should be encouraged at different points in a given task. Thus, at the beginning of two-chair dialogue, participants typically need help accessing and heightening their critic and experiencer self aspects. In the middle of two-chair dialogue, participants need help accessing underlying emotion schemes, including basic needs and wants, when they are speaking from the experiencer chair, and core values and standards, when speaking from the critic chair. Finally, at the end of two-chair dialogue, it is generally best to help participants reflect on the experience so that they can try out new self-understandings and develop compromises between the two self aspects.
Task analytic models also feature a description of the *general Primary intervention* that can be used to help participants move through the different stages toward resolution. For each task, there is a general intervention, such as a two-chair dialogue. If the Primary knows two things about a task, he or she would want to know the participant marker and the general Primary intervention. Beyond this, however, the more effective Primary

responses will vary according to where the participant is within a task; the Primary does different things at different times to foster whatever current processes are most needed. For example, at the beginning of two-chair dialogue, the Primary often asks the participant to exaggerate the critic's criticisms. In the middle of the dialogue, however, the Primary might ask the participant to slow down and search inside for basic needs (in the experiencer chair) or values (in the critic chair). Finally, near the end of the dialogue, the Primary might encourage the participant to express new experiencing in words and might then facilitate specific negotiations between the two aspects.

A *resolution* is a description of what successful completion of the task looks like. This tells the Primary when the participant is finished, so he or she does not cause confusion by pushing the participant to go on when the task is done. For example, the resolution for internal conflict involves the participant expressing a sense of integration between the two self aspects, accompanied by increased self-acceptance and self-understanding:

The participant speaking as the goal-setting part of the self states, "So I guess what I need to do is to allow you (the self aspect that interferes with goals) more time to have fun so you won't have to sneak around and sabotage my plans. I really do know that sometimes I push myself too hard and need a break. . . . Hmm, that's very interesting; I'll have to think about that…."

We do not, however, see resolution as an all-or-none proposition. Instead, for each task, we distinguish three levels of resolution, ranging from partial resolution (where some progress or shift has occurred) to full resolution (where broadly based emotion scheme change has occurred, with clear implications for behavior change). If the Primary knows three things about an experiential task, he or she would want to know the marker, the general primary intervention, and the resolution.

To learn therapeutic experiential tasks and to judge how far participants progress through particular tasks, we have developed degree of resolution scales for each task (these are presented later). The degree of resolution scales provides a convenient overall summary for each task. This therapeutic task structure is quite flexible and can be used to study important change processes. Primaries can even use it to describe additional tasks beyond those we will be describing as you creatively create your own therapeutic tasks.

All this sounds very neat in theory, but in actual practice it turns *out* that things are much more complicated. First, multiple tasks often present themselves simultaneously (e.g., self-evaluative split and problematic reaction point). Second, participant change processes are rarely linear and often involve much cycling back and forth. Third, it is important to realize that these models are idealizations of successful resolution. For example, participants usually do not reach resolution the first time they attempt two-chair dialogue. Resolution may require attempts, with sidetracks and other tasks typically forming an important part of the work. Fourth—and most important—every participant is unique, so the task is always adapted to the particular participant and state of the therapeutic alliance. This is why having a clear, accurate, but flexible case formulation, is so important. Task resolution models are useful road maps, but skilled navigation and creativity are essential. Thus, although particular task resolution models guide the Primary's actions, these models are not imposed on participants. As the saying goes in "The map is not the territory."

THE PROCESS-EXPERIENTIAL TASK MAP

Process-experiential therapy has incorporated a variety of experiential tasks drawn from person-centered, gestalt, existential, and interpersonal therapy traditions. Over the years, models of many different tasks have been developed, which means that it can sometimes be difficult to keep track of them all. For this reason, we have found it useful to group tasks under five headings, each corresponding to the central participant or Primary's process used in the task:

1. *Empathy-based* tasks rely on the traditional person-centered processes of participant self-exploration or self-expression and Primary-provided empathy; these include empathic exploration (the baseline task from which all others emerge) and empathic affirmation.

2. *Relational* tasks center on building and repairing the participant-Primary relationship and include alliance formation and alliance dialogue.

3. *Experiencing* tasks are aimed at helping participants develop access to and symbolize their inner, emotionally tinged experiences and include clearing a space, experiential focusing, and allowing and expressing emotion.

4. *Reprocessing* tasks emphasize re-experiencing of problematic or painful experiences and include trauma retelling and systematic evocative unfolding.

5. *Enactment* tasks are most distinctive for promoting participant active expression to heighten and access underlying emotion schemes; they include two-chair dialogue, two-chair enactment, and empty chair work.

General Structure of Process-Experiential Tasks

Another strategy for learning this collection of therapy tasks is to understand the similarities among them. This applies to both tasks that are primarily interpersonal and those that are primarily intrapersonal. Later, we discuss the general structures specific to intrapersonal tasks.

General Stages of Task Resolution and Components of Emotional Intelligence

Stage 0: Premarker
In most cases, before a therapeutic task emerges, the participant gives the Primary some indication that it may be present, implicitly, in the participant's experiencing. Among the wide range of things that experiential Primaries listen for are participant tasks, so when they get inklings of relevant tasks, they empathically explore the possibility, sometimes offering them as empathic conjectures.

Stage 1: Marker and Task Initiation
As previously noted, a task marker is a behavioral expression of a particular experienced difficulty and typically indicates that the participant is ready and willing to work on the task, providing the alliance is strong enough to support the additional demands made on the participant by the special intervention involved. Primaries can facilitate this phase of the task by checking their understanding of the marker with the participant and then proposing and discussing the task with the participant.

Stage 2: Evocation of Difficulty
Once the task is agreed on, there is an entry or evocative phase in which the participant begins to explore and express the difficulty, bringing up the particular issues and associated emotions. Primaries help at this point by offering a particular kind of therapeutic work to address the task, sometimes providing experiential teaching to help orient the participant. Primaries then use various empathic exploration and process guiding responses to help participants explore the difficulty and to evoke and intensify participant emotional experiencing. In terms of emotional intelligence, at this stage the participant makes use of the ability to regulate his or her emotions to keep them within a band of optimal arousal, that is, high enough to enable the participant to access the emotions but not so high as to become overwhelming.

Stage 3: *Exploration and Deepening*
The meat of any therapeutic task is a process of dialectical exploration aimed at accessing primary underlying feelings and emotion schemes together with their related core personal needs and values. This dialectic process may occur between Primary and participant, as in the interpersonal tasks later, or it may be between two or more different aspects of the participant's self, especially between explaining and experiencing—that is, between conceptual and emotional processes. This stage typically is the one at which participants become stuck when they fail to resolve a task, and work at
Stage 3 may carry over from task to the next and may in fact never resolve for some participants. Thus, in a sense, the most important thing that the Primary does at this stage is to help the participant keep working on the task and to help the participant return to it after breaks within and between sessions. Beyond this, of course, the Primary helps the participant to differentiate general emotional experiences into more precise expression and to access the primary adaptive emotions and important emotion schemes underlying secondary reactive emotions and primary maladaptive feelings, key elements of emotional intelligence.

Stage 4: Partial Resolution (Emerging Shift)
Eventually, the dialectical exploration process enables the participant to access new aspects of experiencing, especially reactions in particular situations or previously overlooked aspects of emotions (e.g., core needs and values). At this point, the participant experiences at least a small shift, sometimes quite subtle, in his or her sense of the problem. This shift represents a partial resolution of the task. Primaries can best facilitate this process by listening for possible shifts so as not to miss them, and then by helping the participant explore and develop them further. Although not a complete resolution, an emerging shift is still considered to be a successful outcome of working on

a task. The emotional intelligence skill used at this stage is the ability to arrive at emotion-based priorities by identifying what is important or of value to the person.

Stage 5: Restructuring and Scheme Change
A participant may or may not be ready to progress beyond partial resolution, but if he or she does so, it takes the form of a clear shift in the broader view of self or others, evidencing an increase in the person's ability to use his or her emotions to resolve problems of understanding. Such more substantial shifts may involve owning or accepting previously ignored aspects of self, or they may involve coming to understand something about self or others better (emotional insight). Alternatively, the participant may feel empowered or may see self or others in a more positive light. At this point, the best thing Primaries can do for their participants is to help them dwell on these shifts rather than critiquing them or impatiently rushing on to something
else. This dwelling process includes both self-reflection (exploring and symbolizing) and simply appreciating or enjoying the change. These processes help participants consolidate changes.

Stage 6: Carrying Forward *(Full Resolution)*
To achieve full resolution, the participant moves from reflection on broad changes in view of self to considering the further implications of the shift, especially changes in life problems outside of therapy. This may involve negotiation among competing needs or values, or it may take the form of a decision to commit energy to a goal or to act differently in ways that are consistent with the change in experiencing. Such negotiations or commitments are often accompanied by an internal sense of greater contact with emotional experiencing and also clear symptomatic or bodily relief. Full resolution uses the emotional intelligence skill of translating emotions into adaptive action to improve life situations. Primaries can help participants at this stage with these processes, sometimes gently inquiring to see if the participant is ready to move into negotiation or commitment based on their appreciation of the emerging experiencing.

Process-Experiential Tasks: Markers, Interventions, and End states

Task marker	Intervention	End state
	Empathy-based tasks	
Problem-relevant experience (e.g., interesting, troubling, intense, puzzling)	Empathic exploration	Clear marker or new meaning explicated
Vulnerability (painful emotion related to self)	Empathic affirmation	Self-affirmation (feels understood, hopeful, stronger)
	Relational Tasks	
Beginning of therapy	Alliance formation	Productive working environment
Therapy complaint or withdrawal difficulty (questioning goals or tasks, persistent avoidance of relationship or work)	Alliance dialogue (each explores own role in difficulty)	Alliance repair (stronger therapeutic bond or investment in therapy, greater self-understanding)
	Experiencing Tasks	
Attentional focus difficulty (e.g., confused overwhelmed, blank	Clearing a space	Therapeutic focus, ability to work productively with experiencing (working distance)
Unclear feeling (vague, sense, external, or abstract)	Experiential focusing	Symbolization of felt sense of easing (feeling shift), readiness to apply new awareness outside of therapy (carrying forward)
Difficulties expressing feelings (avoiding feelings, difficulty answering feeling	Allowing and expressing emotion (also focusing, unfolding, chair work)	Successful, appropriate expression of emotion to therapist & others

questions, prepackaged descriptions)		
	Reprocessing Tasks	
Narrative marker (internal pressure to tell difficult life stories, such as trauma)	Trauma retelling	Relief, restoration of narrative gaps
Meaning protest (life event violates cherished belief)	Meaning work	Revision of cherished belief
Problematic reaction point (puzzling overreaction to specific situation)	Systematic evocative unfolding	New view of self-in-the-world functioning
	Enactment Tasks	
Self-evaluative split (self-criticism, feelings of being torn)	Two-chair dialogue	Self-acceptance, integration
Self-interruption split (blocked feelings, resignation)	Two-chair enactment	Self-expression, empowerment
Unfinished business (lingering bad feeling about significant other)	Empty chair work	Letting go of resentments and unmet needs in relation to the other, self-affirmation, understanding or holding other accountable

EMPATHIC EXPLORATION FOR PROBLEM-RELEVANT EXPERIENCING

Empathic Exploration Stage	***Therapist Responses***
1. *Marker:* Client expresses personal interest in an experience that is powerful, troubling, incomplete, undifferentiated, global, abstract, or expressed only in external terms.	Listen for and reflect toward possible targets of empathic exploration.
2. *Task initiation:* Client identifies a particular experience as something worth exploring further and begins to explore it.	Identify and reflect problem relevant experience. Ask general exploratory questions.
3. *Deepening:* Client turns attention to internal experiencing, may re-experience previous events, searches the edges of awareness, and differentiates or elaborates global or missing aspects of experiencing.	Facilitate client re-experiencing. Reflect unclear, emerging experience. Encourage differentiation or elaboration of experience.
4. *Partial resolution:* Client experiences some clarification of experience, including clear marker for another task (such as a conflict split).	Help client symbolize clarified experience. Propose work on emergent marker.
5. *More complete resolution:* Client expresses a sense of more fully understanding, appreciating, and owning the experience in its complexity or richness ("Now I know what *that's* all about").	Help client symbolize and stay with new understanding, appreciation, and owning of experience.
6. *Full resolution:* In addition to the above, client also feels a marked, general sense of relief, empowerment, or determination about the experience (such as knowing what to do about it).	Facilitate client exploration and symbolizing of shift in mood or sense of self.

EMPATHIC AFFIRMATION FOR PARTICIPANT VULNERABILITY

Empathic affirmation stage	***Therapist responses***
1. *Marker: Intense, generalized vulnerability.* Participant mentions strong negative self-related feelings (e.g., fragility, shame, despair, hopelessness, exhaustion) and expresses distress about it.	Listen for and reflect vulnerability.
2. *Initial deepening:* Participant describes form of vulnerability and allows deeper feelings to emerge in response to therapist's empathic affirmation.	Switch to empathic affirmation and prizing. Provide empathic understanding, dwelling on form of vulnerability. Use a slow, gentle manner. Support participant self-soothing as needed.
3. *Intense deepening and touching bottom:* Participant expresses dreaded emotion or painful aspect of self in full intensity and seems to touch bottom.	Continue empathic affirmation and prizing mode. Listen for and offer metaphors to capture and deepen vulnerability.
4. *Partial resolution: Turning back up toward growth and hope.* Participant expresses needs or action tendencies associated with primary adaptive emotions.	Listen for, reflect, and dwell on hope and growth needs or action tendencies.
5. *Appreciation:* Participant describes or expresses reduced distress and greater calmness and expresses appreciation of connection to therapist.	Explore and support participant's sense of relief and calm.
6. *Positive self scheme change (full resolution):* Participant expresses sense of self as whole, acceptable, or capable.	Explore and support changes in self-scheme.

ALLIANCE FORMATION AS A THERAPEUTIC TASK

Alliance Formation Stage	***Characteristic Difficulties***
1. *Marker:* Participant begins therapy.	Participant drops out before first session.
2. *Initiating a safe working environment:* Empathic attunement and initiation of a safe working environment characterized by acceptance and prizing and openness and presence	Participant feels misunderstood, judged, or unsafe. Participant regards therapist as insincere or untrustworthy. Participant perceives empathic attunement as a dangerous intrusion.
3. *Locating a therapeutic focus:* Development of a sense of what is significant or central for the participant on the basis of the therapist's inner sense and knowledge of functioning, participant's sense of what is important, explicit participant questions, foci of attention, and task markers	A therapeutic focus is absent. Participant has difficulty finding and maintaining a focus. Participant is scattered or generally defers to therapist.
4. *Agreeing on goals:* Establishment of an agreement on therapeutic foci or goals	Participant is ambivalent about change. Participant is not firmly committed to working toward goals related to main therapeutic focus. Participant sees the causes of his or her problems differently from therapist.
5. *Agreeing on tasks:* Establishment of agreement on how to work toward therapeutic goals (including beginning to engage in empathic exploration and addressing emergent participant concerns about the task	Participant has difficulty turning attention inward. Participant questions the purpose and value of engaging in therapy to deal with problems. Participant has expectations about tasks and process that diverge from those of therapist.
6. *Achieving a productive working environment:* Participant trusts therapist and engages actively in productive therapeutic work.	Listen carefully and nondefensively for possible alliance difficulties. Ask directly, if necessary (e.g., withdrawal difficulties

RELATIONSHIP DIALOGUE FOR REPAIR OF ALLIANCE DIFFICULTIES

Task Resolution Stage	***Therapist Responses***
0. *Premarker work*	Listen carefully and nondefensively for possible alliance difficulties. Ask directly, if necessary if he or she perceives difficulties.
1. *Marker:* Possible alliance difficulty presented by participant	*Confrontation difficulties:* Acknowledge complaint; begin by offering a solid empathic reflection of the potential difficulty, trying to capture it as accurately and thoroughly as possible. *Withdrawal difficulties:* Gently and tactfully raise possibility of difficulty to see if participant recognizes it as a difficulty as well. Use a slow, deliberate, and open manner.
2. Task initiation: Task proposed and exploration begun	Suggest to the participant that it is important to discuss the difficulty, including each person's part in it. Present the difficulty as a shared responsibility to work on together. Participant and therapist begin by stating their views of what happened.
3. *Deepening:* Dialectical exploration of each person's perception of the difficulty	Model and facilitate process by genuinely considering and disclosing own possible role. Help participant explore what is generally at stake in the difficulty (emotion scheme).
4. *Partial resolution:* Development of shared understanding of sources of difficulty	Summarize and confirm overall shared understanding of nature of difficulty.
5. *Exploration of practical solutions*	Encourage participant exploration of possible solutions; ask what participant needs. Offer possible changes in own conduct of therapy.
6. *Full resolution:* Genuine participant satisfaction with outcome of dialogue; renewed enthusiasm for therapy	Encourage processing of dialogue. Reflect participant reactions to the work.

CLEARING A SPACE FOR ATTENTIONAL FOCUS DIFFICULTY

Space Clearing Stage	***Therapist Responses***
1. *Marker: Attentional focus difficulty.* Participant is stuck, overwhelmed, or blank.	Identify and reflect marker to participant. Propose task.
2. *Attending to internal problem space*	Invite participant to turn attention inward (focusing attitude).
3. *Listing concerns or problematic experiences*	Ask participant to attend to things that 'keep you from feeling good." Ask, "Anything else?"
4. *Setting aside concerns or problems (partial resolution):* Participant is able to create emotional distance from problems and identify the most important problems to work on.	Ask participant to imagine setting concern aside. Suggest containment imagery. Facilitate negotiation with concern. Provide experiential teaching about optimal working distance as needed.
5. *Appreciating cleared internal space (midlevel resolution):* Participant enjoys relief and a sense of free or safe internal space.	Suggest participant stay with and explore the felt sense of clear internal space.
6. *Generalizing the cleared space (full resolution):* Participant develops general appreciation for need, value, or possibility of clear or safe space in his or her life.	Explore the value or possibility of cleared and safe space in participant's life to help him or her deal with overwhelming feelings.

EXPERIENTIAL FOCUSING FOR AN UNCLEAR FEELING

Focusing stage	***Therapist responses***
1. *Marker: Unclear feeling.* Participant is vague, stuck, blank, global, or externally focused.	Identify and reflect marker to participant. Propose task.
2. Attending to the unclear feeling, including whole felt sense	Encourage focusing attitude. Invite participant to turn attention inward to what is troubling or unclear. Encourage attitude of receptive waiting and attention to whole feeling.
3. *Searching for and checking potential descriptions* (i.e., label or symbolic representation) without feeling shift	Ask participant to find word or image for unclear feeling. Reflect exactly what participant says. Avoid interpretation. Encourage participant to compare label to unclear feeling until a label that fits is found.
4. *Feeling shift (partial resolution)*	Ask exploratory questions (about? what else? core feeling? action tendency?)
5. Receiving (midlevel resolution): Participant appreciates and consolidates feeling shift.	Encourage participant to stay with the feeling that has shifted. Help the participant to temporarily set aside critical or opposing feelings.
6. *Carrying forward (full resolution)* outside therapy or in new in-session task	Listen for and facilitate carrying forward if appropriate

ALLOWING AND EXPRESSING EMOTION

Allowing & Expressing Emotion Stage	***Therapist Responses***
1. Marker: Lack of emotional experience. Blocked or limited awareness or understanding of emotional responses. Negative attitudes toward emotion. Problems with disclosure.	Identify and reflect marker to participant. Propose task.
2. *Task initiation;* Pre-reflective reaction to emotion-eliciting stimulus. Precognitive cognitive & emotional processing with accompanying physiological changes.	Encourage exploration and invite attention to feelings.
3. *Evocation of difficulty:* Conscious awareness & perception of the reaction	Invite clearing a space. Explore experience.
4. *Exploration & deepening:* Labeling & interpretation of affective response.	Invite experiential focusing. Deepen experience. Symbolize emotions via self-reflection.
5. *Emerging shift:* Evaluation of whether the response is acceptable or not *(partial resolution)*.	Help participant to rationally evaluate that their feelings are acceptable.
6. *Restructuring, scheme change & carrying forward:* Evaluation of the current context in terms of whether it is possible or desirable to reveal one's feelings *(Full resolution)*.	Help participant use their emotions to resolve problems of understanding. Help them own issue and feelings. Translate emotion into adaptive action of sharing and confiding with safe others.

SYSTEMATIC EVOCATIVE UNFOLDING FOR PROBLEMATIC REACTIONS

Systematic Evocative Unfolding Stage	***Therapist Responses***
1. *Marker:* Participant describes unexpected, puzzling personal reaction.	Identify and reflect marker to participant. Propose task.
2. *Experience re-evoked:* Participant reenters scene and recalls and re-experiences moment when reaction was triggered.	Encourage participant to re-enter and re-experience the situation.
3. *Tracking the two sides:* Participant recalls salient aspects of stimulus situation and explores own internal affective reaction to situation and own subjective construal of meaning of situation.	Help participant explore perception of external situation, internal reaction, and their connection. Help participant redirect attention between external situation and internal reaction, as needed.
4. *Meaning bridge (partial resolution):* Participant discovers link between problematic reaction and his or her own construal of stimulus situation.	Listen for and reflect possible meaning bridges. Assess participant's continuing sense of puzzlement. Use empathic conjecture to offer possible meaning bridge. Identify participant's characteristic style.
5. *Recognition and re-examination of self schemes:* Participant recognizes an example of a broader problematic aspect of own mode of functioning and explores alternate self schemes and their consequences.	Listen for and encourage broadening. Help participant explore broader meanings and implications that emerge. Help participant explore alternate self schemes.
6. *Consideration of new options (full resolution):* Participant gains new view of important aspects of own functioning and desired self changes and begins to feel empowered to make changes.	Listen for and explore emerging new understanding and implications for change.

RETELLING OF TRAUMATIC OR DIFFICULT EXPERIENCES

Trauma retelling stage	***Therapist responses***
1. *Marker:* Participant refers to a traumatic experience about which a story could be told (e.g., traumatic event, disrupted life story, nightmare). Variant: Participant reports an intense reaction.	Listen for and reflect marker to participant. Propose and negotiate task, describing rationale for retelling.
2. *Elaboration:* Participant begins detailed, concrete narrative of trauma and describes what happened from an external or factual point of view.	Ask questions about situation, what led up to it, and facts. Encourage participant to re-enter the situation in his or her imagination.
3. *Dwelling:* Participant re-experiences important moments or aspects of trauma while maintaining a sense of safety.	Provide evocative reflections. Listen for and reflect poignancy. Attend to immediate participant experiencing. Help participant maintain safe working distance. Stop task if necessary.
4. *New meanings emerge:* Participant remembers or differentiates personal, idiosyncratic, and emerging meanings of trauma from an internal point of view.	Listen for, reflect, and support new meanings, especially decreased self-blame.
5. *Alternative views:* Participant reflects on and tentatively evaluates alternative, differentiated views of trauma and integrates previously unconnected or inconsistent aspects of the experience into a sensible story.	Help participant reflect and explore alternative views.
6. *Reintegration:* Participant expresses broader or more integrated view of self, others, or world and considers new ways of acting while still maintaining personal safety.	Reflect and underscore newly integrated story. Facilitate exploration of new ways of acting

MEANING CREATION FOR MEANING PROTESTS

Meaning Creation Stage	***Therapist Responses***
1. *Marker:* Participant describes an experience discrepant with a cherished belief in an emotionally aroused state.	Listen for and reflect marker to participant.
2. *Specification of cherished belief:* Participant clarifies or symbolizes nature of cherished belief and emotional reactions to a challenging life event.	Specify and clarify nature of cherished belief using empathic exploration, evocative empathy, metaphors, and empathic conjectures.
3. *Self-reflective exploration:* Participant reflects on reaction, searches for origins of cherished belief, and develops hypothesis.	Facilitate self-reflection on origins and meaning of cherished belief in participant's life using exploratory questions and empathic understanding.
4. *Exploring and evaluating the tenability of the cherished belief (partial resolution):* Participant evaluates and judges the continued tenability of the cherished belief in relation to present experience and expresses a desire to alter cherished belief.	Explore "then" (origin) vs. "now" of cherished belief. Facilitate exploration of the continuing value of belief in participant's life.
5. *Revision:* Participant alters or eliminates cherished belief.	Listen for and reflect emergence of alternative formulations of cherished belief.
6. *Action planning (full resolution):* Participant describes the nature of any change needed or develops plans for future.	Facilitate participant exploration of potential consequences and actions based on revised cherished belief.

TWO-CHAIR DIALOGUE FOR SELF-EVALUATION CONFLICT SPLITS

Two-Chair Dialogue Stage	***Therapist Responses***
1. *Marker confirmation:* Participant describes split in which one aspect of self is critical of, or coercive toward, another aspect. Broadly, participant describes two aspects, whether attributed or in somatic form.	Intensify participant's arousal. Elicit participant collaboration in task.
2. *Initiating two-chair dialogue:* Participant clearly expresses criticisms, expectations, or "shoulds" to self in concrete, specific manner.	Structure (set up) dialogue. Create separation and contact. Promote owning of experience. Intensify participant's arousal
3. *Deepening the split:* Primary underlying feelings and needs begin to emerge in response to the criticisms. Critic differentiates values and standards. Identify participant marker. Elicit participant collaboration in task.	Help participant access and differentiate underlying feelings in the experiencing self and differentiate values and standards in the critical aspect. Facilitate identification of, expression of, or acting on organismic need. Bring contact to an appropriate close (ending session without resolution).
4. *New experiencing and self-assertion (partial resolution):* Participant clearly expresses needs and wants associated with a newly experienced feeling.	Facilitate emergence of new organismic feelings. Create a meaning perspective (processing).
5. *Softening of the critic:* Participant genuinely accepts own feelings and needs and may show compassion, concern, and respect for self.	Facilitate softening in critic (into fear or compassion).
6. *Negotiation (full resolution):* Participant gains clear understanding of how various feelings, needs, and wishes may be accommodated and how previously antagonistic sides of self may be reconciled.	Facilitate negotiation between aspects of self regarding practical compromises.

TWO-CHAIR ENACTMENT FOR SELF-INTERRUPTION SPLITS

Two-Chair Enactment Stage	***Therapist Responses***
1. *Marker confirmation:* Participant engages in or describes how one part interrupts another part.	Reflect or direct attention to marker. Establish collaboration. Structure dialogue.
2. Entry: Participant actively enacts own possible self-interruptive process in concrete specific manner.	Separate and create contact. Promote participant's owning of experience. Increase participant's bodily awareness. Promote awareness of self-interruptive activity.
3. *Deepening:* Participant contacts and differentiates feelings of passivity and resignation.	Differentiate self-interrupter. Promote awareness of agency in self-interruptive activity. Increase participant's awareness of passive but biologically adaptive aspect.
4. *Partial resolution:* Participant clearly expresses interrupted emotion.	Identify interrupted expression.
5. *Self-assertion:* Participant clearly expresses need associated with the emotion.	Stimulate and support emerging assertiveness in felt-need aspect. Experiment with appropriate interpersonal expression of need (two-chair dialogue).
6. *Full resolution:* Participant feels empowered and envisages or plans new actions in the world in order to meet need.	Encourage empowerment. Following dialogue, facilitate meaning perspective

EMPTY CHAIR WORK FOR UNFINISHED BISINESS

Empty Chair Work Stage	***Therapist Responses***
1. *Marker confirmation:* Participant blames, complains, or expresses hurt or longing in relation to a significant other.	Listen for and reflect toward possible unfinished business markers (including during other tasks, such as two-chair dialogue).
2. *Setting up and starting.* Participant speaks to imagined other and expresses unresolved feelings (e.g., resentment, hurt).	Offer task. Obtain participant agreement by offering experiential teaching and experiential formulation related to task. Help participant make psychological contact with or evoke the presence of a representation of other. Listen for and help participant deal with difficulties engaging in task.
3. *Differentiating meaning and expressing primary emotions:* Participant differentiates complaint into underlying primary feelings and experiences and expresses relevant emotions (e.g., sadness, anger, fear, shame) with a high degree of emotional arousal.	Use empathic exploration responses. Encourage first-person language. Recognize and distinguish primary and secondary emotions. Listen for and help participant work with emergent self-interruption processes.
4. *Expressing and validating unmet needs (partial resolution):* Participant experiences unmet needs as valid and expresses them assertively.	Help participant explore and express unmet needs. Provide empathic affirmation for emerging unmet needs.
5. *Shift in representation of other:* Participant comes to understand and see other in a new way, either in a more positive light or as a less powerful person who has or had problems of his or her own.	Encourage elaboration of imagined perspective of other.
6. *Self-affirmation and letting go (full resolution):* Participant affirms self and lets go of unresolved feeling by understanding, forgiving, or holding other accountable.	Encourage dialogue and offer support for forgiveness, understanding, or holding other accountable. Help participant explore and appreciate emerging self-affirmation.