

Babushka: Inside the Emotionally Focused Process

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Introduction

During my initial training with the Institute for Emotionally Focused Therapy, which incorporated viewing demonstration tapes, I was struck by the therapeutic language and structure of the sessions and asked myself, “What is the therapist’s view of the client that underpins her[1] interventions or responses?” The language used was respectful, gentle, warm and compassionate. It invited the client into their experience of themselves. It was relational and direct. It also seemed challenging in the way that it invited the client into responsibility and agency in their life in a non-confronting way. From these observations, a second question organically emerged: “How does this unfold?” By analysing the transcripts the patterns, processes and skills within the structure and languaging of a demonstration session were explored.

Four key layers, which were not discrete but interweaving, were discernible in the sessions. They could be seen as layers of work, which unfold following the discoveries made within the preceding layer. The metaphor that came to mind was the Babushka doll. The external Babushka is almost identical in appearance with the inner layers, each of which opens to a smaller, recognisably familiar, but subtly different Babushka within. At first glance it seems that you are looking at the same image with each layer, yet on opening each Babushka they individually offer an intricate perspective that informs the whole. It is during this closer inspection that you see or experience the difference. The four “Babushka layers” of Emotionally Focused work emerged as follows:

- An outer layer that is *person-centered and subjective*
- A second layer that builds positive *self-relationship* within the client
- A third layer that resolves *inner conflict* and
- An inner, fourth layer where we invite the client to *self response-ability*.

Understanding each of these four layers provides a structure for therapy and maintains the focus of the work, which is the person.

Before addressing each of these layers, it is timely to introduce the client whose session transcripts will be explored. These sessions are role played, for demonstration purposes, of real issues for the client. My client, whom I will call Jill, has been experiencing “terrible anxiety” and has not been able to engage in every day healthy, self-caring activities, including exercise. Her life has been very stressful for the past couple of years since her husband was diagnosed with cancer, which has been successfully treated. Jill has a

daughter who recently completed her final year of high school (VCE) and a son who has recently travelled overseas. She is currently worrying excessively about her family and other people. Jill realised how stressed she had become when she found herself crying at the hairdresser's.

Outer layer: Person-Centered

It is evident that clients bring their "problems" to their therapist, in whatever form they may manifest. However, they bring more than their problems – they bring themselves to the therapist. Emotionally Focused Therapy allows clients to talk about their problems while immediately inviting forward the *person* of the client. In this way, Emotionally Focused Therapy is a very subjective therapy. The "emotion focus" (EF) brings an individual into a subjectively felt and eventually, articulated, experience of themselves. Bugental (1987) noted that,

... life changing psychotherapy is psychotherapy that engages the patient's subjectivity ... this focus calls for continual attention to the patient's inner experiencing; the implicit image of the person involved in life changing psychotherapy ... demands that we recognize the patient's subjectivity as the true site of our endeavor (p.3).

Therapy in part "is to help people move closer to their core self" (Greenberg, 2004, p.5). This continual attention to inner experiencing and moving towards core self-experience will be seen in the transcripts.

Bugental highlighted that inner experience is the bridge not only to our self-relationship but also to the outside world, which captures aspects of the four layers,

... subjectivity is that inner, separate, and private realm in which we live most genuinely. The furnishings ... of this realm are our perceptions, thoughts, feelings and emotions, values and preferences, anticipations and apprehensions, fantasies and dreams, and all else that goes on endlessly ... significantly for psychotherapy, subjectivity is the closer bank on which must be founded the bridge of relationship to others and to the world ... we are subjects rather than objects, actors not the acted-upon, and this sovereignty is the essence of our subjectivity. ((1987) p.7)

There are four ways in which Emotionally Focused Therapy develops a conscious person-centredness:

- A person-focused *session structure* in which the therapist begins to develop a relationship with the client
- Access to a *moment-by-moment, whole experience*, either from within the *client's narrative* or the *immediate "here-and-now" experience* of the therapy session
- Language which is *active, direct and positive*
- The therapist *getting to know the client* by following the client's reactions in order to understand her process.

Throughout EF work there is constant engagement with the person as well as the problems. The problems are “talked about”, but in a style which is experience-focused and which draws the client to connect with the experience of themselves in their problematic “scenes”. This is done by using language that is active and alive in the moment.

The structure of the first session highlights the person-centred nature of Emotionally Focused Therapy and sets the gentle and respectful tone for the sessions that follow. The therapist explains how her session will be conducted and does this in person-focused terms: “We’ll look at your concerns ... and how you understand them”. The language is inclusive and relational in the use of “we” and the person’s concerns are discussed as well as how the client themselves understands them. The statement, “How you understand them”, immediately invites the client into her experience and her sense of agency – the meaning for her.

As the first session unfolds there is a focus on the whole experience of the client, including how she felt waiting for the therapist’s appointment, her experience of the problem she is bringing and her experience of the here and now with the therapist. An open exploration of daily activities and interests acknowledges the client as separate to her problem. The therapist thanks the client for her subsequent disclosure, again providing a person-focused and relation-building language: “Thank you for that. That’s just a very brief picture of your world but it allows me to locate you in your world just a little bit”.

In contrast to problem centeredness, the therapist is with the person, and can receive and allay any anxieties about the therapy process and can begin to develop a working relationship with the client. This is reinforced with comments such as, “I’ll keep checking in with you as we go to see how you’re going,” enabling the therapist to connect to the current in-session experience. The therapist continually affirms the client, noting the positive action, “that you’re doing something”, which reinforces the client’s agency.

Next, the therapist enquires about the problem by posing questions that elicit the client’s whole experience, known as a sequence, in order to access her feelings, thoughts, and behaviour as each step of the incident unfolds. They provide the therapist with a more explicit understanding of the client and her situation. In exploring the distressing incident that Jill brought to therapy, the therapist seeks to unpack her experience and asks, “[If] we [could] just go back through that day just for a little bit so I can understand it. I know it’s distressing but it would be really helpful for me to know”.

The therapist is also interested in how the client felt before the incident, further capturing her sequence of experience, “How had you been feeling about the fact that you were making this [hairstyling] appointment? ... Where were you with that?” The therapist then seeks to understand how Jill’s anxiety manifests itself and asks, “When you think about how the anxiety takes you out of your life, how would that show itself?” The client

describes that she “gets busy for others”, overeats, doesn’t sleep well, and is beginning to get migraines. The therapist obtains a clear behavioural picture of the client’s problematic experience and can have a more fulsome empathy for her client.

The therapist then tracks Jill’s experience at the hairdresser’s exploring how the hairdresser’s question touched her, “... and was there something about her asking that question “How’s your big son? Or [was it] the way she asked it? What do you think...?”. The therapist learns it was “just the talking” which led to the reaction. The person-centeredness here is about eliciting and understanding the dynamics of her emotional reaction. The therapist proceeds and asks, “Did you have any reaction to that in the moment, or were you just consumed with the crying?”, with the client’s response revealing that she was fearful of her emotional reaction (that she would not be able to stop crying), rather than recognising her mental state of being.

The therapist follows the client’s reaction closely to understand her process. She learns that Jill tries to package up her emotions so they are not seen by the outside world – including her family. Jill describes being on “high alert”, busying herself with housework, crying and having “silly” thoughts about her son until the family comes home. The therapist notes, “You then put yourself back together again”, reflecting Jill’s active emotional process.

The therapist notes any client experiencing and brings this to light when occurring within the session, “If we can just go back for a minute ... I see that just talking about it touches you again”. The therapist’s validation of the problem reaction is in positive words, showing non-judgment and acceptance. Person-centered work respects the client’s expertise on their own being, with the therapist checking to ensure the fit of her focus, responses and interventions (Greenberg, 2004).

The therapist summarises Jill’s problem as “anxiety” and checks this against the client’s experience, “Is that what you would say the problem is when you think about it or would you put another word or phrase to it?” Jill is able to clarify that:

... it’s like, the other problem as I see it is that the anxiety pushes everything else out of my experience, in the sense that it – yes, it is anxiety but ... it’s like it doesn’t allow space for anything, any other experience for myself. Like I can’t enjoy myself or find time to do the things that matter.

The Babushka model of person-centeredness uncovers Jill is experiencing “problematic reactions”, which are one of the five core areas which therapists attend to in Emotionally Focused therapy: problematic reactions; self-critical splits; unfinished business with significant other(s); absent or unclear felt sense; and vulnerability markers (Greenberg, 2004).

A fuller definition of the problem has also been discovered, two facets of which are self-experience and self-relationship. The person-centred approach addresses these issues by facilitating an accepting relationship between the therapist and client, which can be internalised by the client, enabling her to develop a new relationship with her self. This

person-centred Babushka model encompasses the subsequent layers, which focus on developing a relationship with self, exploring inner conflict, and developing self response-ability.

Second layer: Shaping A Positive Self-Relationship

An individual's relationships with self are the most powerful determinants of his or her quality of life and resilience under stress... (O)ptimal helping encourages self-caring and the encouragement of human compassion, forgiveness, and love, each directed at both others and self (Mahoney, 1991, pp.268-270).

The person-centeredness has begun to focus attention on the client and understanding her process, revealing the next layer of the nested Babushka: the nature of the client's *relationship with herself*. We begin to sense and understand the ways this relationship is self-affirming or self-abandoning.

As already noted, Emotionally Focused therapy explores the problem in terms of its impact on the client and in connection with the client's emotional process in relation to her self. The therapist assists Jill in knowing and being with her own process in a non-judgmental way and maintains a sense of the client's positive, adaptive self. She views many of her client's actions from this perspective and brings this adaptive self forward. The therapist assists the development of this positive self-relationship by maintaining the implicit person-centred focus, continually inviting her client to notice her immediate experiencing and by further exploring the internal processing system known as emotion schemes, the internal processing system that integrates cognition, motivation, affect and action that drive her actions (Greenberg, Rice and Elliott, 1993, p.5).

In Jill's first session the therapist summarises the impact of the problem on Jill, noting that worrying and caring about others is affecting her health among other things. Focusing more on Jill's self-relationship the therapist queries, "and what about how you feel towards yourself?". Jill responds that "I'm just dismissive of myself ... part of me doesn't care ... and part of me knows I should". The therapist evokes the self-relationship with the reflection, "so it's like a part of you that just really dismisses it. Doesn't really care".

The therapist's empathic and accepting orientation to the client models an affirming, nurturing relationship, which the client may internalize. For example, when Jill says she was "silly" for worrying about her son the therapist responds, "Maybe not so silly. You were really genuinely worried about him". The focus is not on the therapist's opinion, which would be expressed in a comment such as, "I don't think it's silly", but instead focuses on affirming the genuine worry within the client. It is direct, relational, and reflects that she has "seen" the client's worry and is not dismissive of her.

In the second session the therapist focuses Jill on her personal experience by enquiring about the impact of their first session: "How were you after our first meeting?" and "What did that do to you?" Jill acknowledges that she considered it would be useful to be less frenetic in her life because, "It's not a good role model for [her] family". At this stage the therapist notes, "Well, maybe it's an interim step. You can't do it for yourself but you

could do if for others – the thinking and looking after self”. She holds the positive, adaptive aspect of the client as well as accepting the client’s current partly self-critical perspective of herself. The client also reports that she was surprised that she was upset in the first interview. The therapist then assesses her self-relationship around this emotional expression by enquiring: “And when you thought about the fact that you did get upset, how did you feel about that?” Jill admitted that while she was surprised by her own reaction, she was also “okay” with it and felt somewhat relieved, suggesting that Jill possesses a healthy self-acceptance.

What stands out in this layer is the therapist’s exploration of key emotion themes that underpin the client’s self-relationship and interaction with others. These themes can be action or interaction schemes such as “being busy” or “responsible”; the importance of “control” and “being good enough”. The scheme can also involve reactions towards particular emotions such as getting angry or crying. These schemes often involve a self-imposed expectation on the person.

When introducing the scheme to the client it is positioned as an emotion-thought-action paradigm, which is outlined in order to explore. This is done using a personal, respectful and direct language. The scheme of “getting it right” drives Jill’s behaviour. The therapist introduces this in a relational way in the second session by saying, “that’s a phrase that has stayed with me – ‘getting it right’ ... it’s like your need is to get it right for everybody”. She asks Jill to elaborate on this and what emerges is that Jill puts primary focus on getting “the caring bit right”.

Our understanding of Jill’s scheme has expanded to “getting it right” in regards to looking after others – a self-expectation. The therapist explores the positive motivation for this action by asking, “When you think about that process of looking after others, what would you say your aim is? What are you wanting to do?”. Jill wants to make people in her life healthy and happy, she wants to “wrap them up in cotton wool”. Next, tuning more into the client’s self-experience, the therapist asks, “What does that do to you?” or, “What does that do for you?” This is followed by a query on Jill’s state once she feels she “gets it right”, “What would be the things that you would say to yourself when you see, they’re happy?” Jill responds that she feels “great” and says to herself, “I’m okay”. Next the therapist asks:

Therapist: *And when ... you’re not able to do that, or it doesn’t work or they’re not in that healthy space or a happy space, what happens to you?*

Jill: *Well, I panic.*

Therapist: *Then what do you do?*

Jill: *I get very busy doing things for them.*

Therapist: *So you get organized to look after them?*

The therapist explores whether the activity lowers her fear – it does, “a little”.

Therapist: *Okay, so until they’re back in that place, you walk with that fear and anxiety ... so where does that leave you then, for looking after you?*

Using the expression “you walk with that fear and anxiety” gives the client a richer experience of herself, in contrast to a flatter reflection such as, “you’re anxious or fearful”. After the above dialogue the client acknowledges that she does not look after herself. She is not in the picture and this is the core of her self-relationship in this state of anxiety. In the midst of her “problem” she completely forgets about herself and “pushes through”, working harder and faster. They have uncovered Jill’s process (more than the idea) of tending to others before herself by walking her through her general pattern of experience.

The therapist next explores the history of the scheme, which we learn has been with Jill “forever”. The therapist enquires, “Where was your family with respect to being healthy and being happy?” We learn that Jill was a “very good child” and that when her sister left home she had to look after her mother emotionally after her rows with her father.

Again, the therapist explores the action and emotion sequence around this form of “looking after others”. From doing this, the therapist captures young Jill’s efforts and notes, “So there you were. You had a mum who, at times, wasn’t feeling good ... because of the rows and she’d get headaches and you’d find her and she’d come to your bed at night”. This is a very touching moment, which highlights the young Jill looking after her adult mother. Yet Jill herself is out of the picture. When the therapist asks, “What did that do to you in other areas?” Jill reveals that as a young girl she “started having those fit things”, became very anxious and developed a pattern of energetically looking after her friends at school.

The therapist looks for Jill’s adaptive self by inquiring if Jill has ever been able to talk about these things with her mother. Jill reveals that they had discussed it after her father died but her mother was not able to understand. The therapist highlights this, “You were able to speak it out. But at another level she wasn’t really able to understand what you had been through and didn’t seek to understand you”. The therapist has affirmed Jill’s voice and introduced the idea that Jill should expect the significant people in her life to seek to understand her. Jill can internalize this for her own self-relationship.

As is commonly the case, Jill wants to avoid recreating her early family experience within her own family. However she does acknowledge that, “... people struggle. So, of course, people get messy. I mean, we don’t have conflict in my current family but we have struggle ... it’s about this ‘got to get it right’ and ‘got to get away from that [struggle]’”. The therapist has touched a core aspect of Jill’s scheme currently at work within her – she has not been able to “get it right” around her husband having cancer and her children having life demands. These are aspects of life that are out of Jill’s control.

There is a significant therapeutic, felt moment as the therapist firstly affirms the young Jill who has not yet been acknowledged or responded to in her story, “for a little girl, back then, it would have been very scary to see her mother distressed”. The therapist then links this with her partner’s sickness, “which really knocked you around”. Jill naturally placed her “looking after” reaction into overdrive when her partner was ill, but she hasn’t been able to reign it back in as she normally would. The therapist suggests they “do

something a little different ... [to] put things back where they belong,” introducing the important principle of balance in regards to self-care and care of others. This “something different” is dealt with in the fourth and final layer on self response-ability.

As part of developing self-relationship and understanding the client’s emotional process, the therapist notices when the client is touched emotionally in the immediate moment of the session. The therapist touches into the sentient experience and invites the client’s self-awareness, “how were you talking about that because it felt like it touched you when...?”

These process guiding comments invite the client into a direct and immediate experience of herself in the moment, experience which is received by the therapist in a welcome way, implicitly communicating that the client’s emotional life is to be brought forward; it is acceptable. In this instance Jill is not able to explore what touched her, this is lost to her in the immediate moment, but the therapist offers the care of acknowledgement and space. The therapist is modelling a compassionate attitude to, and an interest in, Jill’s emotional life.

To develop self-relationship and a healthy emotional process outside the therapy session, the therapist frequently gives the client her own “observing” task for homework. For example, she develops Jill’s connection with herself by inviting her to “keep track of when you start going into hyper-drive”. After doing this Jill noticed that her worrying was pre-emptive (“somebody might need me!”) rather than responsive. This observation was a significant ingredient in seeing her own role in her problem. The therapist then highlights Jill’s agency in the observing activity, “What happened was that you caught it. You caught it and were able to stop it.” The exploration invites a nascent sense of agency and response-ability (which is the final inner layer of the Babushka).

Identifying Third layer: Resolving Inner Conflict

Exploring the client’s scheme and holding a positive, adaptive sense of the client brings to the fore an inner conflict within the client’s process. According to Gendlin (1968, p.2), clients bring “a complicated and somewhat unclear situation”, “complex experiencing”, which they “may feel ... very strongly”. The therapist holds this complexity in order to search for the client’s positive, adaptive response. Elliott, Watson, Goldman and Greenberg (2004, p.220) stated that clients present us, their therapists, with:

... conflict between two opposing aspects of self ... struggling with how to express the more adaptive aspect of self ... which constantly faces a more disapproving aspect of self that judges her to be ‘mean’ and unacceptable. This struggle leads to a sense of despair ... problems arise when one part of the self attacks or blocks the full expression of a more adaptive and fundamental aspect of self.

This conflict represents internalized standards or judgments set up in formative years and which are enacted partly out of habit and partly out of fear, leaving important personal needs ignored, lost or minimized (Elliott et al, 2004). The opposing aspects of self include a self-critical or self-denying aspect that drives the client unreasonably. This

encompasses the self-critical split mentioned earlier (the second in Greenberg's (2004) five core areas addressed in Emotionally Focused Therapy). The self-critical aspect may trap the client who is stuck repeating troublesome behaviour or experience, with an anxiety, ambivalence or resistance to change. The second, more adaptive, aspect holds vitality, self-nurturing and self-compassion.

Exploring this inner conflict places an experiential focus on the client's personal story. As noted, the origins of the client's expectations are uncovered through gently talking about familiar earlier experiences that access the client's problematic scheme(s). The therapist brings a "relational stance of acceptance, prizing and empathic presence" (Elliott et al 2004, p.221) to the conflicting parts of the client and actively looks out for the adaptive self that was split off at some time. The therapist thereby confirms the assumption that this adaptive self is healthy, creative, active, self-caring, playful and/or industrious through using language that continually holds and calls forward this positive aspect of self.

In Jill's case the conflict has emerged as caring for others at the expense of self-care, leaving her with life-disrupting anxiety. Jill quite readily presents her problem as an inner conflict with two dimensions: one dimension being a conflict between an anxiety that drives her busyness and self-care; and the other reflects her re-action to the anxiety which involves her ambivalence around whether or not to "put it off" or "deal with it".

In the first session, Jill clearly articulates the conflict, "it was like there were two parts to me. One part of me just wanted to forget about it and just get on with stuff. And there was another part of me that thought ... this is not a way to continue ... I've had problems with anxiety before, and I just didn't really want to end up ... being dominated by anxiety ... I wanted to have more space for me in my life". It was quite early in Jill's first session, when talking about the trigger for her to make an appointment with the therapist, that the emerging inner conflict is being framed. The therapist summarized the conflict as an anxiety that took away the client's capacity to look after herself.

The therapist frames the conflict in terms of an active inter-relationship between the opposing aspects, using language that reflects its action on the person. The therapist notes the action of the anxiety on Jill in terms like: "it negates you in your life"; it "takes over" or "takes away" the self-caring, or fills the space that is left when self-caring is split off. By focusing on her self-relationship ("And what about how you feel towards yourself?") the therapist helps Jill identify that, "I'm just dismissive of myself, in a way ... Like part of me doesn't care". Staying with this, the therapist adds, "You've lost some reaction, another reaction". This is an important comment – the therapist is actively looking for the adaptive response.

The core of Jill's conflict is touched in the second session. It has been noted that a significant part of the session focuses on unpacking the scheme, the process of "looking after others" emotionally and physically, as well as "getting it right". The therapist explores the origins and history of this subjectively felt message, bringing the message to life for both the therapist and Jill, and bringing the inner conflict into sharp focus.

Jill identifies that earlier in her life both she and her sister were “good” in order to keep harmony within the family. When her sister left home, Jill began to care for her mother emotionally, especially after rows between her parents. Jill poignantly describes how she tried to “keep everything in balance” by looking after her mother, sitting with her, hugging her and sleeping with her when her mother was distressed. Jill was also “very kind” at school in order to “keep things calm there”. The therapist readily tunes in when Jill says she was “very good, except with my grandmother” with whom she could “just be” herself – she could even get angry. Here is the adaptive edge, which contrasts with the constrictive aspect of “getting it right”. With her grandmother Jill could be free – even “naughty”. The therapist summarises the conflict, “So it’s like when you look back there was one part of you that was ... starting to look after and make sure everything was okay. But you could still hold onto this other part of you with your grandma and just be yourself”. The therapist wants to highlight this aspect in order to invite the client’s curiosity about this part of herself by asking, “and in time, what happened to this part of you?” The therapist is also affirming Jill’s positive voice for herself. Towards the end of the session the therapist evokes the conflicting aspects through visualisation. Her assertive aspect, which surfaces with her grandmother, and the “looking after” aspect are brought into being.

The therapist summarises this situation by saying, “at school and at home, [you] made sure everyone was happy. And you’ve got the other part that was a bit bolshie with your grandma ... I’m going to do something with both of these parts”. The therapist asks Jill to visualize the “bolshie” Jill with her grandmother and encourages her to connect to young Jill by asking her to describe her “as you see her”. Jill describes what she is doing, how she looks and easily evokes the experience of her (sitting, eating biscuits, full of energy). The therapist invites Jill’s “reaction to seeing her there with that energy”. Jill connects with her being “strong” and likes that she is “strong and stroppy”. She then pictures young Jill looking after her Mum and connects with her being “good” (in her communion dress) however, it is not a positive connection. When asked, “What’s your reaction to her?”, Jill says she feels sorry for her. The feeling of self-compassion is a move towards the final step of healing the inner conflict through a self-caring connection between the two parts.

Through inner conflict work the therapist has invited the client into a more whole experience of herself, one that brings forward and incorporates her warm, compassionate, self-caring aspect which is often split off by the more driven historical or social expectations and schemes. The client begins to learn how these are triggered and how they act on each other. Through this process, together with the therapist holding the positive aspect, the client is now invited into self response-ability.

Fourth layer: Inviting Self Response-Ability

Optimal helping encourages the empowerment of the individual as the primary agent of choice and action in his or her own life ... Optimal helping encourages self-caring (Mahoney, 1996, pp.270-271).

When our clients bring their problems or emotional pain to therapy they bring a complaint – often about something external to them. They feel helpless or powerless against these problems that exert influence over them. Our clients naturally seek reassurance from others – the therapist and other important people in their world. However, the impact of this will not reach fruition unless our clients are able to be lovingly attentive and caring toward themselves.

The Emotionally Focused therapist accepts the client's complaint and empathises with their pain. She validates any injustice or unfairness experienced by the client while also drawing a focus to the internal impact on the client, to her view of herself, her self-relationship, and her self-care (or absence of), for which, by definition, only she has response-ability.

The Emotionally Focused approach as outlined by Elliott et al (2004) refers to the client's self-relationship process in terms of "experiential formulation". They describe the client's difficulties in terms of "what it is like to be the client more generally" (Elliot et al 2004, p.118). They call this the client's process of "action on the self" usually referring to negative action, or "avoidance". This formulation implicitly invites the notion of self response-ability.

Gendlin (1968), who introduced focusing-oriented therapy, which has an important role in Emotionally Focused work (Elliott et al, 2004), noted that the therapist is not only concerned with the individual's specific present situation but also what he calls the "personality" difficulties which the client brings to all situations:

These difficulties ... are real, noticeable, and felt by him only as he lives in situations (with others, or alone in his room) ... (B)y the time one is 'up against' a situation, one has already ... construed it with one's emotions, learnings, past experiences, and hence with one's personality difficulties. Thus, it is correct to say that the specific situation doesn't matter; only his personality difficulties really matter (p.2).

Gendlin (1968) indicates that in some way the "personality difficulties", which are perhaps similar to the internalised schemes, are interwoven with problematic situations. In therapy we aim to address the situation or problem as well as the way the person engages with the problem. Gendlin's language may sound a little gauche forty years on, but his ideas do capture the notion that the problem is wrapped, in some way, in the person's self-experience.

It is important to distinguish this from blaming the client or further victimising the client. Inviting the client into self response-ability is done in an empathic way, while building rapport and connection with the client, interwoven with addressing the presenting problem and bringing forward a positive self-relationship. This is a positive step to connect to a sense of personal agency and deepening relationship with oneself, a sense of oneself as subject rather than an object being acted on. What we are particularly looking for is a warm and compassionate self-relationship from which action emerges.

Self response-ability is at the core of the Babushka nest. The outer layers of the person-centered focus, development of self-relationship, and dealing with inner conflict – while bringing forward the positive adaptive self – allow the therapist to gently and respectfully invite the client into self response-ability. This is subtly different in each of the previous layers. In Jill's case, she discovered the path of self response-ability relatively quickly. The therapist heard and empathised with her distress reaction at the hairdresser and noted that she was “genuinely worried about” her son. The therapist gently draws attention to Jill's reaction and comments: “So what you're saying is that you felt like ... this [reaction] is out of proportion”. After the therapist highlighted the issues of relationship to oneself in the first session, Jill observed her reactions and returned to report that, “this is part of what I do ... I'm going to have to let it go because ... this is actually about me, not about my son's safety ... this is actually my problem”. The therapist notes that “that's a very big shift” and highlights this change by summarising that, “it has been a productive week in terms of really starting to observe what's happening and you getting that sense that the problem is more located with you, rather than with other people ... it's really made you focus on what you've been doing”.

A central aspect of self response-ability is how the client cares for her inner self. This is often achieved through inner child work, attending to a younger inner self, which helps to access the adult's compassion and self caring. This core aspect of self response-ability began to emerge through unpacking the inner conflict. The therapist works with Jill to care for her young girl who looked after her distressed mother. Her intervention aims to help her set boundaries in order to take a rest from her busy activity. At the end of her second session the therapist guides Jill through a hand sculpture aimed at integrating the opposing tendencies in Jill. Jill holds the strong but, “bolshie” part over the “good” but anxious part, and the therapist concludes, “What we're talking about here is how to help that part of you back then (the busy, looking after part) ... rest. And you just put her in bed and said, ‘Shh, she can rest’. And you've accessed that stronger part of you that can sit and have that bolshiness and ... set those boundaries”.

The therapist suggests a task related to an “action on self”, “Maybe one of the things to do next week is ... two little things that come to mind ... When you're sitting at home sometimes maybe just put your hands together and go, ‘How are we going here?’ ... and the other thing is, when you get that anxious feeling ... go, ‘It's OK.’ It's like saying to that girl, ‘It's alright, I'm here, I can do this’. Jill can take her self-care home with her”.

This self response-ability layer incorporates the soothing of the client's problematic reaction, the development of self-soothing skills that are key to emotion regulation, self response-ability, and the transformation of emotion. Greenberg (2004) states that when opposing schemes are co-activated, positive emotions can undo negative emotions. This seems to be what is occurring in processing the inner child work where a compassionate response is found where there was previously anxiety or self-criticism.

Conclusion

The aim in writing this article was to identify the processes and language of Emotionally Focused work that invites individuals into their subjectively felt self-experience and respectfully draws them into response-ability and agency in their life. The Babushka doll has signified the four layers of Emotionally Focused work, which are similar in their ongoing person-centred focus, yet subtly different in revealing the importance of attending to the client's self-relationship, internal conflict and capacity for compassionate self response-ability – the core of the Babushka nest. The Babushka, symbolising the maternal (or caring) has invoked the growth of an embracing inner-warmth and compassion. From the first moment, the therapist has structured the sessions and engaged in a dialogue to continually invite forward the person of the client.

The outer and permeating layer of the person-centred focus intentionally accesses the client's whole experience, and seeks to understand the client and her process. It is active, direct and positive. This layer flowed organically into assessing and developing the client's self-relationship, particularly through the exploration of core schemes that act within the person, which are longer standing and fuel the current problem. The schemes are further explored through inner-conflict work, which respectfully heard the self-critical/self-denying aspect while drawing forward the more positive, less constricted aspect of self. Throughout this exploration the therapist seeks to uncover and develop the self-nurturing aspect of the client, her inner-warmth which is intrinsically interwoven with her compassionate ability to care for herself – her self response-ability.

The transcripts demonstrate the therapist's non-judging acceptance of the client while she gently explores each layer in order to direct the client to their inner processes and ability to deal with problematic reactions and schemes, hence developing emotion regulation and compassionate self-soothing.

[1] This article uses the feminine to refer to the therapist and client as the transcripts involved a female therapist and client.

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