CHAPTER 1

Identifying Emotions

> Knowing a feeling requires a knower subject.
> —ANTONIO R. DAMASIO, *The Feeling of What Happens* (1999)

Although we sometimes know what we feel with clarity, it is hardly uncommon for us to be unsure, mystified, or even conflicted. It can be an indication of psychopathology not to know what we feel, but that certainly does not have to be the case. Our understanding of such phenomena is not well developed, and correspondingly our language for describing it is rather limited. The term "alexithymia" overlaps with what I am getting at, as I discuss in more detail later in this chapter. However, alexithymia tends to imply a general impairment in being able to know one's feelings, whereas what I have in mind can be situational as well as occasional. The fact that we do not always know what we feel is important, as it is vastly underestimated in contemporary accounts of emotion. For example, the basic emotions theory, which has become the dominant (but not unchallenged) approach in the study of emotions, supposes that emotions have a quick onset, brief duration, and rely on automatic appraisal (Ekman & Davidson, 1994). If we are interested in casting a wider net and, in particular, understanding how emotions are lived, rather than how they have been studied, we need to pay close attention to states of not being sure of what one is feeling.

APORETIC EMOTIONS

Alexithymia is a useful and promising personality trait that correlates with diagnoses, but it should be supplemented by a term that denotes

confusion or uncertainty, without the connotation of lacking the ability to know one's feelings. A good way to characterize what I am aiming to describe is the term "aporetic emotions," that is, emotions that are vague and lack sharp specificity. Aporetic emotions manifest themselves when we know we feel something but we are not sure what it is, and the effort to fathom those feelings seems directionless or blocked. The introduction of this term is helpful, too, in reminding us that we often feel a partial, confusing mixture of the so-called basic emotions, not simply one of them. The term "aporetic" literally means "*a* = not" and "*poria* = crossable," taken from the inconclusive results of Socratic dialogue. It is a term associated with questioning and skepticism, but it is meant to connote the *difficulty* of acquiring knowledge, not necessarily its impossibility.

Patients come to therapy all the time knowing that they feel something but not being sure what it is. Partners turn to their significant others regularly in the same state. The introduction of this term marks my concern that there are obstacles to emotional intelligence and emotion regulation that ought to be recognized. Let us consider an example from Stephen Grosz's *The Examined Life* (2013). The patient, Matt, a young man (21 years old) who had been adopted at 2 years old, had gotten in trouble for pointing an unloaded starter pistol at a police officer and subsequently acting out in various ways. Grosz notices his own lack of engagement with Matt and attributes it to the "sort of gap between what a person says and what he makes you feel," which he adds is "not uncommon" (p. 24). Grosz connects his reaction to Matt's estranged relation to his own emotions:

> I began to realize that Matt did not register his own emotions. In the course of our two-hour conversation, he seemed either to pick up and employ my descriptions of his feelings or to infer his emotions from the behavior of others. For example, he said he didn't know why he had pointed the gun at the police officer. I suggested he might have been angry. "Yeah, I was angry," Matt replied. "What did you feel when you were angry?" I asked. "You know, the police, they were very angry with me. My parents were very angry with me. Everyone was very angry with me," he replied. "But what did you feel?" I asked. "They were all shouting at me," he told me. (pp. 25–26)

Not only does Matt confuse the way others (the police, his parents) feel with how he feels, but he obscures his motivation for the action with the reaction others had to what he did. Grosz sees Matt as an extreme case, and with more information, we might be inclined to see him as alexithymic. Yet, Grosz chooses to conclude his mini–case discussion by

emphasizing a point that I agree with: "There is a bit of Matt in each of us" (p. 27).

There are a few other descriptions I have encountered that are relevant to aporetic emotions. The first example comes from popular psychology, a recent headline and story by Webber (2016) on "odd emotions," which defy labels and do not fit into any neat categories. The second example comes from the Italian post-Bionian psychoanalyst Antonino Ferro (2011), who introduces the notion of "proto-emotions," emotions that make themselves felt but are not formed. The idea here is that they are not formed because it would be too threatening to do so. As I discuss in more detail in Chapter 6, Ferro understands proto-emotions as having content that a person is not able to recognize. While it is important to appreciate that it can be more ego-syntonic not to experience emotions, in my view, not all aporetic emotions are proto-emotions; the former is a larger category of which the latter is a part.

My understanding of aporetic emotions corresponds to the subjective aspect of what Damasio (2010) has termed "primordial feelings" in his neuroscientific account of the evolution of the self. Primordial emotions occur through the brain monitoring the state of the body; they precede other more specific emotions and tend to have a valence of pleasure or pain. Following Panksepp (1998), Damasio sees the construction of the self (or proto-self) as generating primordial feelings, which come from brain-stem nuclei. Damasio's main claim is that all normal mental states include some form of feeling; he is less interested in the vague uncertainty that I have ascribed to (and that I believe defines) aporetic emotions. In a previous book, *The Feeling of What Happens* (1999), Damasio invokes Daniel Stern's (1985) developmental notion of "vitality affects" in connection to primordial emotions (p. 287). At the heart of Damasio's (2010) argument, though, is an evolutionary hypothesis, which suggests that feelings can be mixed states, produced from different brain sites (p. 112). Although this view is speculative, it seems appealing to understand aporetic emotions as linked to the evolution of the brain.

Aporetic emotions can be fleeting and come in and out of focus. Happily, it is sometimes possible to get better at recognizing what one feels, and to have success experiencing and managing emotions. Making such progress, in my experience, requires developing curiosity about emotions. With every patient I encounter, I ask myself whether the person seems curious about his or her emotions. If a patient seems not to be curious about emotions, I accept that the going will be slow and adjust the pace accordingly. But how can one promote curiosity about emotions where there is none?

I have succeeded in inspiring patients to be curious about emotions, to appreciate what is at stake in pursuing this effort, rather than

ignoring it. Of course, I have also failed, and can distinguish between absolute failures, where there simply is no progress, and cases where the patient makes a concession to acknowledge that identifying emotions is necessary in order to function better in life. It is possible, I believe, to be invested in identifying emotions prior to having much curiosity about them.

In some unusual cases, there is not only a lack of curiosity about emotions, but something more perverse, where there is a kind of automatic rejection of emotions. This can shade into the bizarre phenomenon in which emotions, when felt, are reflexively expulsed. It is very sad to encounter a person who finds his or her own emotions to be toxic, since this would have to limit the capacity to enjoy life and give and take pleasure from others. Most people have some attachment to their own emotions and are receptive to the challenge of identifying, modulating, and expressing them. In this chapter, I look closely at vicissitudes and complexities around the task of identifying emotions.

FEAR AND PERFORMANCE: SARAH SILVERMAN

Identifying emotions is not as straightforward as it might seem at first glance. As I have suggested, it is a mistake to assume that whenever we feel something, we know what it is. Often, an emotion is experienced as found—like walking down a street at night and suddenly experiencing a sense of fear wash over you. Other times, identifying emotions can entail more of a search—like when a patient heard about a promotion that would require more time away from his family, resulting in oscillation among quite different emotions (from elation at being rewarded to worry about not being around the daily life of his family). Finally, identifying emotions can involve an active negotiation of a conflict—as when a patient discussed her reaction to hearing about the death of the mother of an ex-boyfriend (from whom she had parted unhappily).

When one thinks about identifying emotions, it will usually be about one's own emotions, but it can also be about others' emotions. There has not been much attention in the literature to identifying emotions that belong to others, especially not having to do with early life development. Clearly, this phenomenon is too important to ignore, as being able to identify the emotions of others must have an impact on intimate relationships and social life. We do not really know, for example, whether it is possible to be adept at identifying one's own emotions but inept at identifying the emotions of others (or vice versa). It is tempting, for example, to speculate about how identifying one's own or others' emotions links to psychopathology: that borderline personalities focus on

the emotions of others at the expense of their own, and narcissists focus on their own emotions at the expense of others (Diamond, Yeomans, & Stern, 2018). We cannot simply assume that if one cares about emotions, one is able to identify them within oneself or with others. Identifying emotions as internal states might require different skills compared to identifying emotions by relying on the data revealed through facial expressions.

How much time and effort one needs to put into identifying emotions varies. It seems possible and even, on occasion, desirable to act on an emotion without first identifying it: Oh, my God, that's not a dog, it's a mountain lion! Moreover, it is impossible to escape the issue of context—in the examples mentioned above, it matters whether the fearful person had ever been mugged, whether the patient who was promoted has been happy in his career choice, and what the relationship between the patient and her ex's mother had been like. Indeed, it seems almost artificial to imagine that we would be invested in identifying emotions with no valence about how one feels about being in that emotional state.

Another way to make this point is to stress that we all have feelings about our feelings. Most of us like to feel joy and would prefer not to feel afraid; other emotions are trickier to make generalizations about. For example, it is always fascinating how differently people react to being angry: some find anger to be like a hot potato, that once it is apparent, it needs to be disposed of, versus others for whom anger is ego-syntonic and who are happy to become angry at the least provocation.

The fact that we have feelings about our feelings sometimes manifests itself as one emotion standing in place of another. In other words, emotions can perform the work that psychoanalysts have attributed to defenses—displacing uncomfortable emotions away from awareness. Greenberg's (2015) emotion-focused therapy offers excellent examples of how secondary emotions are utilized to conceal primary emotions. For example, how sadness, the primary emotion, can be masked by and underlie anger, the secondary emotion (p. 226). According to Greenberg, we can distinguish between so-called primary emotions, which concern a core feeling about the self and, when identified, are experienced like arriving at a destination, and so-called secondary emotions, which serve to block access to primary feelings. I am not convinced that the emotions behind emotions can be explicated in terms of the neat distinction between primary and secondary, but the emotion-focused therapy approach helps us to appreciate the complexity of identifying emotions.

The etymology of the word "identify" is telling, as it includes not just naming, but seeing oneself as alike to something. Moreover, it is worth keeping in mind that the etymology of "identify" is related to "identity." In other words, in identifying emotions, we are bringing our

identity with us. Identifying is spurred by curiosity, and so identifying does not end with a name, but can continue as a form of exploration.

Let us consider an example of identifying emotions from an autobiography. Comedian Sarah Silverman's memoir is titled *The Bedwetter* (2010) and documents, as advertised, her enuresis; it is the kind of autobiographical writing where the author dwells on her most private feelings. Silverman relates a painful history (the first chapter is titled "Cursed from the Start"), which includes the death of a sibling (a crib accident prior to her birth), her parents' divorce (which emerges out of sequence and is not discussed at all), and the suicide of her therapist (another therapist in the practice blurts out that he hung himself as she awaits her appointment). Silverman explains that she heard about the death of her brother as a kind of campfire ghost story told by her older sister. It is revealing that she did not hear this from her parents, and it is unclear if her parents learned that she knew or spoke with her about this tragic event. In any case, Silverman movingly observes that "It lived in the front of my mind for a long time after" (p. 15). Toward the end of the memoir, Silverman tells us that her parents divorced when she was 7 years old (p. 222), although an allusion to this had been introduced in connection to her father's understanding of her enuresis and need to see a therapist. The story of arriving for an appointment only to be told that her therapist had hung himself is awful, and Silverman understandably muses whether there might have been a more professional way for the other therapist to handle the situation.

Despite depicting these dramatic events, Silverman's memoir is easy to read, the bathos mixed with an edge of not taking herself too seriously. She is determined to entertain us throughout. Silverman is adept at presenting herself as bored by the project, while occasionally displaying vulnerability and being self-revealing. She uses different voices to play with the reader. For example, Silverman begins the book with a Foreword, which contrary to her editor's recommendation, she insists on writing herself, establishing a meta-level space to observe herself. The book also contains a Midword, which allows Silverman to refer to the Foreword as an "autoforeword," and to the self-mocking association of writing a book and masturbating. The book concludes with a blasphemous Afterword, allegedly written by God, that forecasts Silverman's future life.

Silverman's enuresis is a central theme in the memoir, as the full title suggests: *The Bedwetter: Stories of Courage, Redemption, and Pee*. It is clinically noteworthy that this problem was transgenerational: both her father and grandfather had suffered from it (p. 37). Silverman's enuresis is linked to anxiety and causes her to have repeated experiences of humiliation, ultimately contributing to becoming depressed as an

adolescent for 3 years. Silverman informs us that she missed 3 straight months of ninth grade because of being "paralyzed with fear" (p. 34). She identifies the emotion of fear but construes it as part of a larger context of growing up feeling confused, alone, and depressed. Silverman moves on to elaborate on her early life trauma as a gift, though, as her paralyzing fear yielded to fearlessness and natural comfort performing in front of others (p. 74). It turns out that bedwetting is retrospectively interpreted as a source of triumphant success as well as an image of amusing self-deprecation. Let us take note of how this real-life example of identifying the emotion of fear is set against the background context of depression and ultimately provides the opportunity for self-overcoming. The basic emotion in and of itself is embedded in her life experience. Revealingly, Silverman's point is not that she felt and then overcame fear. As she reflects:

> The truth is, from that time up to now, *inside*, I haven't changed. My outer shell may mutate, I may come to embrace the things that scare and upset me, but it all comes from the same *place*. At some point, I figured that it would be far more effective and far funnier to embrace the ugliest, most terrifying things in the world—the Holocaust, racism, rape, et cetera. But for the sake of comedy, and the comedian's personal sanity, this requires a certain emotional distance. . . . But adopting a persona at once ignorant and arrogant allowed me to say what I didn't mean, even preach the opposite of what I believed. For me, it was a funny way to be sincere. And like the jokes in a roast, the hope is that the genuine sentiment—maybe even a *goodness* underneath the joke (however brutal) transcends. (pp. 156–157; original emphasis)[1]

This revealing self-reflection demonstrates how troublesome emotions, once identified, do not disappear, although they can be used in such a way that they do not plague us, and, in fact, can be mobilized in new directions of freeing oneself and connecting with others. Silverman's primary emotion of fear does not dissipate; rather, its dangerous power is kept at bay in creative new ways. Making sense of emotions

[1]In this same passage, Silverman draws an interesting parallel between the comedian and the shrink, stressing the need for the capacity for emotional distance: "It really takes someone strong, someone, I dare say, with a big fat wall up—to work in a pool of heartbreak all day and not want to fucking kill yourself" (pp. 156–157). I take this as a salutary plea to therapists to love our defenses and not to ignore our own needs in our determination to be empathic with and toward patients. Silverman invoked the wisdom of her own therapist in her comments at the Democratic National Convention in Philadelphia in July 2016. Recently, she has participated in a video series that aims to destigmatize therapy (see Yandoli, 2017).

that one has identified shades into a further activity, that is, modulating emotions, which I focus on in the next chapter.

Silverman uses the memoir to describe and advocate a spirit of moderation with her favorite motto, "make it a treat," which she explains as a strenuous effort to resist excess. Interestingly, too, at the 2016 Democratic convention, Silverman made a strong, reasonable pitch to supporters of Bernie Sanders to embrace Hillary Clinton, which garnered considerable attention. She appeared with the former comedian and now former senator Al Franken, who figures in the memoir in that Silverman and he worked together as writers at *Saturday Night Live*. Ironically enough, Franken had been the object of a strange act of impulsivity described in the book, where Silverman attempted to put a pencil through his curly hair but struck him in the forehead. In accounting for her action, Silverman describes her emotions as aporetic: "I don't think I thought with actual words. It's weird now to try to articulate it that way. However, the mind works when it's not forming sentences—with pictures maybe? I guess, yes . . . " (p. 111). Although pictorial images might themselves have clarity, there is still a gap implied here between what she feels and what she can put into words.

The emotion of fear is prominent in Silverman's saga—not only is she able to identify it, but she demonstrates that we *can do* things with emotions. So, identifying emotions is not just a matter of providing them with a name or label. Identifying emotions can mean different things for different people in different contexts; however, it does presume a certain curiosity about emotions. Fear, the emotion that plagued Silverman while she was growing up, is utilized as motivation for her to become a successful performer.

PROBLEMS IN IDENTIFYING EMOTIONS

In the context of psychotherapy, it is endlessly interesting to see how patients choose to divulge their emotions. Patients, by definition, come because they are suffering from something, and they deserve credit for making the choice to seek help. It should go without saying, too, that just because someone is *not* in psychotherapy, it does not necessarily mean that that person might not need or benefit from help.

When it comes to emotions, some patients identify emotions explicitly, using the appropriate emotion word in a way that makes sense. For example, characterizing a minor "dis" from a friend in terms of annoyance, rather than anger or rage. Patients can also use emotion words in idiosyncratic or self-serving ways—like a patient who refers to himself as a little anxious in the context of describing an argument with his

wife where there had been a threat of violence. It is often productive to flesh this out with some patients, who might be tempted to engage in the equivalent of copping to a lesser crime, while, in fact, minimizing or disowning their real feelings. However, patients can also be quite unaware of how their use of emotion words departs from customary usage.

So, patients can name the emotion (appropriately or not), or they can avoid this (defensively or because they are unaware of what they are feeling). Another variation occurs with patients who have a way of talking around the emotion without being explicit about it. I recall one patient who had no trouble identifying specific emotions but was more inclined to tell me about what he thought he should feel, rather than what he actually felt. He would use the introductory phrase "I was a little upset . . . " in an overly generalized way, not marking degrees and minimizing his real, more complicated feelings. During our work, we explored this, and he began to realize that he feared exposing his feelings because he assumed he would be compelled to act on them. It was not easy for him to divulge his actual feelings, as he worried, too, that I would try to dissuade him from living up to his ideals.

It is important to consider whether patients are able to appreciate how emotions can be combined, and not just discern single emotions. For example, a patient became tearful in response to a comment from me about how she was working hard in therapy. She realized that my words had touched her and made her feel good but served to remind her that her mother never said things like this and she always wished that she had done so.

It is worth pausing to wonder why it is important to identify feelings. Although it is fair to assume that it is beneficial to know one's feelings, let us consider this with a view toward a better understanding of mental health. In some ways, it has to be an advantage for the sake of survival to be able to identify one's feelings. In addition, identifying one's feelings is conducive to self-knowledge: knowing what one feels is a part of knowing one's self. It is debatable whether identifying feelings ought to contribute to happiness. Preliminary results from my research suggest that while subjects readily value identifying emotions, it is not strongly linked to life satisfaction (Greenberg, Kolasi, Hegsted, Berkowitz, & Jurist, 2017).

From one perspective, identifying feelings ought to lead us in the direction of fathoming unhappiness. From another perspective, though, identifying feelings might be linked to experiencing a wide palette of emotions, across the domains of positive and negative affect. As Shedler (2010) has argued, the aim of psychotherapy should not be restricted to decreasing symptoms, but to seeking psychological health, which includes a full exploration of affects. This would mean treatment would

entail helping patients not to identify some feelings at the expense of others, but to be open to experiencing an ample range of affects.

In my view, identifying emotions is crucial because it facilitates communication. Knowing what one feels enables a person to share (or not) that information with others. Sharing information helps to build and sustain trust in relationships. Insofar as one has such relationships, identifying emotions can foster improved specificity and detail. Insofar as one does not have such relationships, psychotherapy can be understood as providing a practice space in which the patient can experiment with being understood and cultivating a better understanding of one's own mental states. As Fonagy and Allison (2014) argue, therapy offers the opportunity for patients with severe personality disorders to rekindle epistemic trust where it has been lost. For other patients, epistemic trust can enlarge and actualize self-understanding. I discuss this in more detail in Chapters 4 and 6.

ALEXITHYMIA AND CULTURE

Persistent difficulties in being able to identify emotions portend larger problems and an increased likelihood of psychopathology. In this section, I amplify how difficulty in identifying emotions can be linked to general and specific forms of psychopathology. Yet, keep in mind that all of us can improve our ability to identify emotions.

The concept that is most relevant to problems in identifying emotions, as previously noted, is alexithymia. Alexithymia denotes deficits in subjective awareness and cognitive processing of emotions, and it is closely linked to psychosomatics in that emotions that cannot be tolerated mentally are construed in terms of bodily states. Taylor, Bagby, and Parker (1997) describe the salient features of alexithymia as "(i) difficulty identifying feelings and distinguishing between feelings and the bodily sensations of emotional arousal; (ii) difficulty describing feelings to other people; (iii) constricted imaginal processes, as evidenced by a paucity of fantasies; and (iv) a stimulus-bound, externally orientated cognitive style" (p. 29).

A virtue of the construct of alexithymia is that it has been operationalized and measured empirically. The Toronto Alexithymia Scale (TAS-20) describes the construct as referring to people "who have trouble identifying and describing emotions and who tend to minimize emotional experience and focus attention externally" (Bagby, Parker, & Taylor, 1994). The TAS-20 has three factors: (1) difficulty identifying feelings; (2) difficulty describing feelings, and (3) externally-oriented thinking (TAS-20). The scale has demonstrated good internal consistency (.81)

and test–retest reliability (.77), and has been found stable and replicable across both clinical and nonclinical populations. A more recent scale, the Toronto Structured Interview for Alexithymia (TSIA), was created in 2006 to address the fact that the TAS-20 relies on self-report, which might be confounding for the population in question; according to the authors, the TSIA seems to correlate well with the TAS-20 (Taylor & Bagby, 2013).

As a construct, alexithymia captures a phenomenon that had not been previously been described or appreciated. It is a broader construct than identifying emotions: people with alexithymia have problems over and beyond identifying emotions. Alexithymia has been linked to a number of different kinds of psychopathology: autism spectrum disorders, schizophrenia, addictions, eating disorders, personality disorders, and posttraumatic stress disorder (PTSD). Evidence for these links varies; for example, personality disorders have been linked to externally oriented thinking, but not to identifying feelings (De Panfilis, Ossala, Tonna, Catania, & Marchesi, 2015). Difficulty in identifying feelings has been linked to somatization independent of somatic diseases, anxiety, and depression (Mattila et al., 2008; Taylor & Bagby, 2013).

Alexithymia is conceived as a personality trait that maps onto various psychopathologies. However, as Taylor and Bagby (2013) have argued, its legacy extends back to psychoanalysis and psychosomatics. One important source, which I elaborate on in Chapter 4, lies in the "dementalizing" that Pierre Marty detected in patients who rely on "*pensée opératoire*," a kind of concrete thinking devoid of fantasy or recalled dreams, and in which little symbolic activity takes place. Bouchard and Lecours (2008) explicate operative thinking in terms of tangential associations, words that reduplicate action, stereotyped expressions, clichés, and conformism, thoughts and memories that are not related in a coherent framework, not using context to create meaning, and an empty presence (or "white relationship") that lacks reference to an inner, live object or self (pp. 110–111). Marty (Marty & M'Uzan, 1963) suggests that people who fit this description live as if everything happens or is imposed on them (p. 348). Somatizing occurs in the face of failing to mentalize, where what happens in the mind is read as if it is happening in the body. In other words, as Gubb (2013) avows, "The mind cannot express itself as a mind because it is all body" (p. 117).

Although the origins of the term "alexithymia" go back to the 1950s, it was only in the 1970s and 1980s that an appreciation arose for how widespread a phenomenon this was. The work of McDougall (1989) and Krystal (1988) suggests that trauma might be the source of alexithymia. The correlation between alexithymia and trauma has been supported in recent research (Kano & Fukudo, 2013), specifically that insecure

attachment fosters problems with experiencing emotions. Another study linked alexithymia to a dismissing, devaluing style of attachment and negatively to a style of secure attachment (Scheidt et al., 1999). It seems reasonable to suppose that people who have avoidant attachment histories and who tend toward being schizoid would especially struggle to be able to identify emotions. However, identifying emotions, as I have repeatedly emphasized, can be at issue for anyone.

The link between alexithymia and attachment inspires us to wonder about the origins of alexithymia as well as how we might think about treating it. In considering a developmental perspective, though, I do not mean to discount other perspectives, such as a neurobiological one. For example, it has been demonstrated that alexithymics have less activation in brain areas associated with emotional awareness in viewing facial expressions (Kano & Fukida, 2013). So, it is a combination of factors that will impact one's ability to identify emotions.

In addition to a developmental and neurobiological perspective, a cultural perspective is worth considering. The challenge of identifying emotions cannot be divorced from the fact that emotions are part of larger meaning systems. This is consistent with the views of those, like Tomkins (1995), who have drawn attention to emotions as packaged in scripts that tell us what they mean. Yet, there is a deeper sense of how culture influences emotions, which many scholars have argued, wherein the same emotion can mean very different things in the logic of cultures (Markus & Kitiyama, 1991; Russell, 1991; Shweder, 1994). Indeed, there is a large and growing literature on cross-cultural aspects of emotions, which ought to make us sensitive to the fact that as clinicians, we are interested in what the patient means by naming an emotion. Some of my clinical examples will give expression to this point.

We can also view alexithymia from a postmodern perspective. People negotiate among past, current, and evolving cultural beliefs, and, in particular, there is less of a consensus about emotions than in the past. All of us—not just suffering patients—face the task of figuring out to what extent culturally prescribed practices fit our personal beliefs. Therapy is often sought out precisely as the realm in which one can freely articulate and confront these issues. Giddens (1992) maintains that a transformation has occurred in our understanding of sexuality and intimacy, where the restrictions of the past become subject to the democratizing process of free choice and self-determination, which applies to our emotions as well. Some recent examples of our postmodern dilemma are manifest in popular culture: David Brooks's book *The Road to Character* (2015) and Disney's big hit *Inside Out* ostensibly point to finding hopeful, palatable solutions but ultimately document and reflect the extent to which virtues and emotions, however important, lack consensus in our

current cultural self-understanding. In short, identifying emotions runs up against valuing emotions.

IDENTIFYING VIGNETTES

Let us now begin to turn our attention to the clinical realm and translate what I have been suggesting into practice. Some patients come to therapy being fairly comfortable and adept at identifying emotions. For those patients who do come to therapy having difficulty with identifying emotions, it's imperative that therapists focus on this and devise ways to improve their ability.

Along with others, Krystal (1988) has argued that psychoeducation is necessary to help patients who are not able to identify emotions. Krystal also maintains that treatment with such patients needs to be supportive rather than interpretive, aimed at helping them tolerate their experience. I would agree to a certain extent, especially with the emphasis on the therapist's potential need to accept going slower and refrain from making assumptions that might be beyond where the patient is. However, I am uneasy with the supposition that the therapist can tell a patient what it means to feel a specific emotion. I submit we're more likely to succeed if we enlist the patient in a process of actively considering this for him- or herself. This follows from what I have said about the cultural and postmodernist aspects of emotions. Alexander's (1953) old-school wisdom advocating the emotionally corrective experience unwittingly portrays the analyst as (omnipotently) able to tell the patient what he or she feels. My reservation on this point helps to differentiate my perspective from Greenberg's emotion-focused therapy, which relies on coaches who are didactic and instruct their clients about what they are feeling.

I would characterize my approach to helping patients identify emotions in terms of mentalization, which will be discussed in Chapter 4 and thereafter in Part II. Identifying emotions entails a process in which the therapist joins the patient in naming, understanding, and tolerating his or her feelings. There is room still for the analyst to say how he or she sees things, but it is never ideal for a clinician to assume the posture of having a superior relation to reality. Moreover, unless a therapist knows a patient well, he or she ought to be cautious about ascribing feelings to the patient. Taylor and Bagby (2013) have offered an argument with which I concur: that treating alexithymic patients means helping them to mentalize their emotions. A series of questions can be formulated to support inquiry about what the patient is feeling: Why does the patient think it is difficult for him or her to identify an emotional state? Does

the patient name some emotions and not name others? Does the patient explain what he or she means by referring to an emotion? Is the meaning, insofar as it is specified, appropriate or idiosyncratic? Although I am mentioning the idea of mentalization here, I explore its relevance to emotions more fully in the second half of the book.

What follows are six vignettes that illustrate how identifying emotions manifests themselves in psychotherapy. I am deliberately not dwelling on diagnosis as a way to affirm that the process of identifying emotions is relevant for many different kinds of patients. The first vignette involves a woman patient in her 40s, Amy, who reported being confused and uncertain about her reaction in hearing her boyfriend discuss the prospect of moving in together. Previously, they had talked about a plan to move in together, but on this occasion the boyfriend introduced the idea in terms of what he would do when his lease was up, emphasizing that he was definitely going to be moving. Amy had difficulty knowing what she felt in reaction. She knew it evoked something that had to do with trust and that she did not like it, but she had to search in order to further describe her reaction, which, it turned out, had to do with disappointment, tinged with anger. Both of Amy's parents had addiction problems, and she was sensitive about not being heard and being taken for granted. She experienced neglect, which would oscillate depending on her parents' demanding work schedules and large family gatherings. In addition to the impact of her family and personal history, there was a cultural aspect of Amy's experience: as an Asian woman, she felt an obligation to be discreet about her emotions if possible, not to make them explicitly known.

Amy's emotions would easily get lost and disappear even with her therapist, especially during the first 5 years of therapy. We had repeated interactions in which I would say, "I am not sure what's going on with you now," and she would respond with "I'm not sure either." A subsequent effort to figure it out was unlikely. However, with a bit of prompting from me—for example, "I wonder if you were more upset than you realized . . . ," she began to develop more of an interest in exploring her feelings.

Amy remained in therapy for a decade or so, and she grew much more comfortable acknowledging her feelings, apart from whether she wanted to express them. In the instance that I described with her boyfriend, our effort to identify her emotions helped her communicate with him. Interestingly, she did not disclose the intention to speak with her boyfriend in the session. She decided to do this on her own. The results were positive and mutually gratifying. Her boyfriend, who is also someone who often struggles to know what he feels, told her that he sees how his anxiety about the end of his lease led him to focus on his intentions in

a way that left her out. He added that he could see why this would upset Amy, and he confirmed that what he really wanted was for them to move in together. Not all examples of identifying emotions bear such fruit, but in this case, Amy felt particularly proud of herself for overcoming the internalized expectation that she would endure but not express her feelings, and was delighted that her boyfriend acknowledged her feelings, as they were able to return to a path of moving ahead toward greater commitment. Amy used therapy well as a practice sphere to acknowledge her feelings in the world.

The second vignette involves a male patient in his late 20s, Bernardo, a tough guy you would not suspect was choosing to log time in therapy. Bernardo was not someone who had trouble knowing what he felt in the sense that he was often angry. He seemed to be angry about something in every session, and would readily report that others told him he was angry. Bernardo had been through anger management classes because of outbursts at work and had a history of physical altercations, including an awful knockdown battle with his father in the family kitchen when he was an adolescent. Bernardo was not motivated to talk much about his childhood, but from what I learned, he experienced opposing styles of parenting: aggressive discipline from his father and an absence of boundary setting (especially no disciplining) from his mother. Our work had three distinct elements: first, encouraging him to be aware of when he was becoming angry and to do some of the things he knew would help—like distracting himself and trying to calm down; second, encouraging him to tell me about what it meant for him to be angry; and third, wondering together about how his anger served as a kind of default emotion, which interfered with his comfortably being able to identify other emotions. It was interesting that until we worked on the second element, thinking about what anger meant, he had difficulty making progress with the first element, reducing the intensity of his anger.

I would like to be clear about what our work did and did not accomplish. Bernardo realized that he automatically felt that with anger, there was a kind of obligation to act. It never dawned on him that, given his family history, he could be angry and sit with that feeling, perhaps waiting until he was less angry and more ready to communicate his anger. He had some success with this, more in being able not to overreact to perceived slights (e.g., while driving, his "road rage" became something more like "road aggrieved") than in embodying wisdom and moderation. Bernardo was an intense person, and it is not likely that this personality trait would change. So, I cannot cite examples in which he would communicate his anger and have the kind of experience that Amy had in terms of receiving a response that made it easier to move beyond

negative emotions. My efforts to encourage Bernardo to speculate about the mental states of others, which originally were met with a perplexed expression, started to bear fruit. Most significantly, our work helped Bernardo be aware of new emotions—his fear about whether his girlfriend would stick with the relationship, his joy to see that others seemed to be reacting differently to him at work and at play, and his sadness around his parents' aging and around his recognition that others had childhoods less filled with violent events and memories. The moments of sadness were brief, and fleeting, although meaningful.

The third vignette concerns a male patient in his 40s, Carlos, who came from a family in which emotions were expressed frequently and forcefully. Carlos understood his way of experiencing emotions as culturally normative for a Latino. Carlos was able to identify a wide range of emotions, but when agitated he was more imprecise, and therefore misleading in the way he described them. For example, when his wife became pregnant after a series of IVF (in vitro fertilization) failures, Carlos found himself easily upset, quickly perceiving the intentions of others as more deliberately negative than seemed warranted. So, he suspected that his doorman regarded him as having it easy because he worked from home, but he could cite no actual evidence that this was the case. Carlos was aware, too, that his reactivity was disturbing to his wife, and he was anxious about being hurtful to her and their baby. He was upset at making his wife upset, but he could not imagine what he might do to avoid doing this.

Our work centered on weighing what Carlos was feeling with more care and, with my encouragement, opting not to disclose what he was feeling to his wife. We actually rehearsed interactions in which he could practice responses that were not led by his emotions. This was extremely difficult for Carlos, and his first efforts were almost comical—he virtually had to restrain himself from allowing his emotions to pour out. He improved over time, and in particular, it helped him to experience the emotion within himself, doing so fully, even if he was making the choice not to express it. It is interesting, furthermore, that Carlos felt positively about being able to stay with the emotion, rather than releasing it quickly.

The fourth vignette is about a woman in her late 30s, Deborah, with a vibrant career, a successful husband, and three children (a 16-year-old boy, a 12-year-old girl, and a 7-year-old boy). Deborah and her husband got along well for the most part: they shared similar values and enjoyed the company of many old, good friends. There was one area, however, in which they had repeated, frustrating conflict: over disciplining their children. Their older son, now 16, was not disciplined much, and Deborah's husband came to regret this and was determined to take more

responsibility and action with the two younger children. Though Deborah was not fully on board with this, she seemed to go along with it but would interfere when she felt her husband was being too aggressive. For example, one day after school, their 12-year-old daughter said she was not feeling well and was too tired to clean up after dinner. Deborah's husband responded by ordering her to do it and, after some squabbling and crying, threatening not to allow her to have access to her cell phone. Deborah intervened and argued with her husband, starting a familiar, painful interaction between husband and wife, observed with distress by their daughter.

Deborah felt subtly intimidated by her husband and obliged to concur with his brand of discipline, and only half realized that, in fact, she disagreed with his ideas and had meaningful ideas of her own. This dynamic was fueled by the conversations that Deborah had with her husband in which he argued persuasively for his point of view and was dismissive of her attempts to articulate reasons that, as she saw it, disciplining rigidly was likely to be counterproductive. So, this was a situation in which Deborah knew and didn't know her own emotions: her frustration and anger came out in the heat of the moment, but there was an expectation that she ceded to, whereby these feelings would be displaced for the sake of marital harmony. Ironically, the effort to present a solid front with her husband backfired when their differences would explode in the presence of their daughter. Through therapy, Deborah began to appreciate that, for better or worse, she saw things differently from her husband, and that she had a right to these feelings. This was helpful to her, but her husband remained intransigent; so the conflict in the marriage remained unresolved. Our emotions are influenced by those around us, who can either be open and receptive, or not. Deborah's general inhibitory style was a factor in leading her to relinquish what she feels; over the course of therapy, she came to see how this pattern of behavior served her poorly. On her own, she realized that things were worse when she avoided her feelings.

The fifth vignette concerns a young man in his late teens, Ed, whose family was splitting apart just as he was embarking on leaving home. His family of origin was repressed, and information, especially emotionally laden information, like about the divorce, was not easy to come by. It was as if the family hired a therapist to be the repository of emotions from the patient in order for the parents to avoid dealing with the turmoil. Ed had been sent away to a boarding school but hated it, and his parents somewhat reluctantly allowed him to return home.

Ed and I would have the same interaction again and again, in which I would ask him to tell me how he felt, and he would proceed and tell me how he was supposed to feel. I would point this out to him, and he

would seem mystified that I was asking for something that he simply felt aversive toward. For example, when he returned from the weekend when he visited his father in his new apartment in a far-flung suburb in New Jersey and I asked him, "So, how was it?" Ed responded by saying that "um . . . it all went as planned, the train was on time, the walk to the apartment complex was easy and quick, and it was really great to see the dog" (who, unlike Ed, was able to live in one place). I said something like "Great to see the dog, but what was it like to see Dad?" He replied, "Dad is Dad, he's always the same—we played tennis, went to his favorite new bar-restaurant, and then he asked me if I wanted to go to the movies, but I was tired and so we just went home." I said, "I feel like I am missing how you felt—was it weird? Was it fun? Was it sad?" Ed responded, "It was okay, it went okay, I know that Dad wanted me to come and I was glad I went . . . I mean the divorce was stressful for him, and he is just getting back on his feet in a new place, with a new life." This is an excellent example of how Ed was more comfortable focusing on his father's feelings than on his own. I surmised, from knowing him and the recent family history, that he must have some ambivalent feelings, and that he probably was sitting on some negative feelings about this visit. I was not sure, apart from what he had said, which obscured what he felt, if he was aware of other feelings. As best as I could tell, his feelings were aporetic, not formed clearly, with a hint of avoiding what he was uncomfortable facing. Ed was engaged in therapy and liked coming, but he was also happy to have the excuse to end it when his activities picked up at school. His capacity to identify emotions reminds us that this must exist on a continuum that is related to age. As a general rule, younger people are less adept at identifying emotions since they have had less practice doing so.

Our sixth vignette concerns about Franklin, a man in his mid-60s from a WASP background. This depiction is more complicated than the other five in this chapter, as I present something about his experience of emotions that has its source in my own emotional experience as a therapist. So, this is an instance of transaction in the emotional field and countertransference. My work with Franklin began with his realization that he was dangerously self-indulgent with various substances, and we had success in getting him to cease pot smoking and refrain from using sleeping pills every night. He had a number of concerns in coming to therapy, but addressing his concrete concerns first had the effect of making him feel better all around and supported a warm transference to me. His presentation was unruffled, but he was attentive and used language in a subtle, delightful way. Although we laughed and joked together easily, which usually would indicate a degree of comfort between us, I became aware that I felt anxious before our sessions and monitored the

time throughout the session, which seemed to go slowly. I could identify my emotion as anxiety, but I could not make sense of why I would be feeling this emotion with this patient.

Was it possible that this was an example of projective identification? That I could use what I was feeling as a way to know what the patient was feeling but could not tolerate? Maybe; but maybe not. Franklin was a shrewd observer of himself and others. It was a pleasure to hear him elaborate on his feelings, and he even relished talking about the past, his family, and other formative relationships. He was in the process of rearranging his life: still occasionally working in his profession, but only selectively. He was motivated to talk about the present and the future as a way of figuring out how he wanted to spend his time. He was also motivated to engage in reflection about his life, which, he repeatedly emphasized, was, in fact, mostly lived. I know that I was struck by his frank acknowledgment about this notion of a "mostly lived" perspective on his life, as it challenged my naive expectation that he was coming to therapy because he wanted to change his life.

Perhaps one could speculate that my anxiety partly belonged to him but was partly my own. Our careers matched in terms of being in transition away from having greater formal responsibilities to fewer ones, with more freedom of choice but fewer day-to-day obligations. My experience was to be aware of feeling something, being confused about it, but able to imagine some of the forces that contributed to it. It helped the treatment in the sense that beyond his smooth self-presentation, he was worried about the next phase of life.

These six vignettes show various aspects of identifying emotions. They are not offered as constituting a comprehensive account. Indeed, they are arbitrary in the sense that there are many others that I might have presented. With Amy, we encounter someone who is confused and unsure of what she feels, but therapy helps her beyond this. With Bernardo, we meet someone who seems like he knows what he feels—namely, anger—and readily acts on it, but who comes to appreciate how he uses anger to obscure other emotions. With Carlos, we also have someone who assumes that if one feels something, action is the immediate result, but who learns that it can be desirable to sit longer with an emotion. With Deborah, we hear about a person who is conflicted, who knows and does not know what she feels, and who moves from being absorbed with the emotion of the other to owning her own feelings. With Ed, we are introduced to an adolescent who adopts a strategy of feeling what he should feel and thereby loses touch with what he actually feels. With Franklin, we consider how a therapist's emotion leads to understanding the patient's emotion, which was on the fringe of the patient's awareness.

These vignettes concern a range of patients. One feature of all of them is the patient's aporetic emotions. This is demonstrated in how Amy was confused, Bernardo obscured other emotions besides anger, Carlos became vague when aroused, Deborah experienced conflict, Ed dismissed his own emotions, and Franklin kept his anxiety distant from his awareness. It is apparent that while aporetic emotions can define one's initial experience, they can occur later in the process of identifying emotions as well. Not all emotions follow a trajectory from being unknown to becoming known. Emotions can come in and out of focus, and that is why the task of identifying emotions is more complex and daunting than it might seem.

In this chapter, I have been concerned with the challenge of identifying emotions. Difficulty in identifying emotions is something we all experience, although it can be an indication of more pervasive psychopathology. Failure to be able to identify emotions is one of three factors in determining alexithymia, and alexithymia has been correlated with several different kinds of psychopathology. Whether a patient can or cannot identify emotions is crucial, telling information, and besides an evaluation of risk factors, it is the first thing that I try to assess with new patients. However, identifying emotions is not just relevant to psychotherapeutic process; it is a phenomenon of everyday life, and part of how we communicate with others.

The example from Sarah Silverman enables us to glimpse a subtle aspect of identifying emotions. As an adolescent she is immersed in fear, in the context of being depressed and traumatized, but as an adult, she manages to use her suffering to tame the influence of her emotions—not to give them up, but to acquire enough distance so that they can be incorporated into humor, connecting her to others, and more lovingly to herself. Here we are on the edges of identifying emotions, where we need to begin to think about modulating emotions.

Our clinical examples demonstrate that therapy might involve coming to name emotions as well as to make sense of what they mean. Aporetic emotions are common, and even where it seems that one knows what one feels, there can be self-deception. To some extent, identifying emotions requires that one can sustain the experience of emotions; however, it might also support the relinquishing of an emotion, depending on the context. Linehan (Linehan & Wilks, 2015) offers the helpful notion that identifying emotions can include describing them. Yet, as I have observed, identifying emotions has become more challenging in a postmodern society in which we cannot assume that a consensus exists about their meaning. Identifying emotions will be affected by one's personal history (development), one's family life, and one's culture or ethnicity. A culture in which one is obliged to grab a sword if insulted is very

different from a culture in which to be civilized is to not reveal one's true feelings.

Ultimately, identifying emotions is a first step in the process of experiencing emotions. It is a necessary but insufficient condition for using emotions well. I do not think it is impossible to act on an emotion without identifying it. However, it is most often the case that either one does know what one feels or at least that one has some idea. In the face of having aporetic emotions, it is natural to imagine that one would seek to identify them. This can be fairly easy or it can be painful and elusive, requiring lots of effort. As psychodynamic therapists know, reducing the mystery of aporetic emotions can take multiple explorations over a long period of time.

Identifying emotions only takes us so far in our journey. As we move in the direction of fathoming emotional experience, we are entering the terrain of modulating emotions. Indeed, we ought to keep in mind that the distinction between identifying and modulating emotions is designed to help mental health professionals work effectively with emotion. With that in mind, let us take the next step and take account of the modulation of emotions.

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