

Short title: Alba Emoting™ in Psychotherapy

Using Alba Emoting™ to Work with Emotions in Psychotherapy

Juan Pablo Kalawski

University of Louisville

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Abstract

Alba Emoting™ is a physical method to help recognize, induce, express, and regulate the basic emotions. This is achieved through specific breathing, postural, and facial behaviors. Alba Emoting is based on psychophysiological research by Susana Bloch and her collaborators, who have applied this method mainly to train actors. Alba Emoting can be used in psychotherapy to facilitate emotion awareness, regulation, and transformation. It can also help therapists better recognize their own and their clients' emotions. The application of Alba Emoting in psychotherapy is illustrated with a case example.

Key Practitioner Message

- Alba Emoting is a physical, scientific method for working with emotions.
- Alba Emoting can help therapists better recognize their own and their clients' emotions.
- Alba Emoting can help clients achieve better emotional awareness and regulation.
- Alba Emoting can also help clients experience and express emotions they may normally inhibit.

Using Alba Emoting™ to Work with Emotions in Psychotherapy

In the minds of laypeople, emotions are central to the work of psychologists. Yet for decades psychological theories viewed emotions as third-class phenomena, after behavior and cognition. In recent years, psychological science has finally begun to acknowledge that emotions are not just epiphenomena, but rather serve important functions in organizing thoughts and behavior. Understandably, theories of psychotherapy have lagged behind in integrating the science of emotions into clinical practice. Lacking a theoretical understanding of emotions and specific methods to work with them, therapists fall back on what they know, that is, working with behaviors and thoughts and hoping that emotions follow suit. Slowly, however, theorists like Leslie Greenberg and his colleagues (e.g., Greenberg, 2004; Greenberg & Paivio, 1997; Greenberg, Rice, & Elliott, 1993) have begun to present coherent approaches to working with emotions in psychotherapy. The aim of the present report is to present the applications in psychotherapy of a specific method for working with emotions. The method is Alba Emoting™.

Alba Emoting is not a method of psychotherapy. It is rather a method for working with emotions which can be applied to psychotherapy as well as to other fields. The most developed application of Alba Emoting so far has been in theatre. Even when Alba Emoting is used in a context other than psychotherapy, it often has therapeutic effects. The next two sections of this paper summarize the Alba Emoting method. The following section will review the rationale for the application of Alba Emoting in psychotherapy. Finally, I will present a case example.

The Research Basis of Alba Emoting

In the early 1970s, Susana Bloch and Guy Santibáñez started a research program to study the physiological changes occurring during different emotions (Bloch & Santibáñez, 1973; Santibáñez & Bloch, 1986). They asked professional actors to relive different emotions. They

also hypnotically induced those emotions in participants with anxiety disorders and participants with no psychopathology. In these experiments, Bloch and Santibáñez were interested in six emotions that they considered basic: joy, sadness, fear, anger, eroticism and tenderness. Bloch and Santibáñez (1973; Santibáñez & Bloch, 1986) found that several physiological changes accompanied each of these emotions. Of those changes, the most distinguishing feature among the different emotions was a specific breathing pattern. These studies conducted in Chile are unique in three ways: First, Bloch and Santibáñez (1973; Santibáñez & Bloch, 1986) measured actual breathing behavior while participants were experiencing real emotions, as opposed to asking people to remember how they breathe during emotional episodes. Second, they studied discrete emotional episodes as opposed to emotional disorders or emotional traits. Third, they reported the form of the breathing cycle –involving parameters such as amplitude, frequency, the presence or absence of saccades¹, and expiratory pause –and not just isolated variables or breathing output such as oxygen consumption². A later study with Danish participants (Bloch, Lemeignan, & Aguilera-T 1991) showed that the distinction among breathing patterns for the different emotions could be described not only qualitatively but quantitatively as well. Figure 1, taken from a summary presented at a conference, shows actual pneumographic recordings obtained from subjects experiencing the six basic emotions (Bloch, Paulet, & Lemeignan, 1995).

Other changes that were somewhat distinguishing of particular emotions were facial expressions and body postures (Bloch & Santibáñez, 1973; Bloch, Paulet, & Lemeignan, 1994;

¹“Saccade” usually refers to small, rapid, intermittent eye movements. Here, the term refers to small breathing movements superimposed on the main respiratory cycle.

²It is unfortunate that no other researchers have studied the relationship between emotions and breathing in this same way, but it is never too late to conduct similar studies.

Ekman & Oster, 1979; Hatfield, Cacioppo, & Rapson, 1994; Lemeignan, Aguilera-Torres, & Bloch, 1992; Levenson, Ekman, & Friesen, 1990; Santibáñez & Bloch, 1986). All these behaviors have the special feature of being under both voluntary and automatic control (unlike other changes present during different emotions such as heart rate and blood pressure).

Bloch and Santibáñez (1973; Santibáñez & Bloch, 1986) investigated what happened if they asked a person to reproduce the respiratory-posturo-facial patterns for each emotion without naming the emotion. They found that this procedure could activate the rest of the emotional system, namely the subjective experience of the person and autonomic changes such as heart rate. Several studies have reported this phenomenon under different circumstances (Bloch, Orthous, & Santibáñez, 1987; Bloch, Paulet, & Lemeignan, 1994; Bloch & Santibáñez, 1973; Ekman, Levenson, & Friesen, 1983; Levenson & Ekman, 2002; Levenson, Ekman, & Friesen, 1990; Riskind, 1983; Santibáñez & Bloch, 1986). Based on these findings, Bloch, Orthous, and Santibáñez (1987) developed a method for emotional induction based on the reproduction of the respiratory-postural-facial emotional patterns. Bloch (2006) called this method “Alba Emoting™”. The method also includes a “step out” technique. This technique, also based on specific breathing, posture, and facial actions, is designed to stop the emotional activation and bring the person back to an emotionally neutral state. Alba Emoting is thus a physical method to help recognize, induce, express, and regulate the basic emotions. Bloch and her colleagues have used it in several countries as a tool for teaching actors how to express emotions (Bloch, 1993, 2006; Bloch, Orthous, & Santibáñez, 1987).

Alba Emoting Training

Bloch et al. (1987; Bloch, 2007) have developed a way to train people in the Alba Emoting method. Most of those who have participated in this training are actors. Other

performers, like dancers and musicians have also participated in Alba Emoting training, as well as psychologists, businesspeople, and laypeople interested in emotions. The basics of the training are the same for all these groups, while more advanced training varies according to the trainees' needs. The first step in training is an introductory workshop. Such workshops normally last five days, more or less. The goals of these workshops are to introduce participants to the respiratory-posturo-facial patterns of the six emotions, the neutral pattern, and the step-out technique. After an introductory workshop, participants are not yet qualified to teach the emotional patterns to others, only to use them on themselves. The only technique participants can safely teach others is the step-out technique.

The correct reproduction of the respiratory-postural-facial patterns can be physically challenging. For this reason, most of time in an introductory workshop is devoted to preparatory physical exercises. Some of these exercises are intended to improve the participants' ability to bring different muscle groups under voluntary control. Although Alba Emoting relies on voluntary muscles, many people have difficulty isolating specific muscle groups, or adjusting their muscle tone at will. Another goal of the preparatory exercises is to improve voluntary control of breathing, including breathing rhythm and abdominal versus thoracic breathing. Interspersed among the preparatory exercises there is specific training on the respiratory-posturo-facial pattern for each emotion. Each pattern is always taught without first naming the emotion it corresponds to. This way, participants are encouraged to report any feelings they may have, and not "try" to feel anything in particular. After working on each emotional pattern, participants are encouraged to discuss their experience. Most of the time, participants report feeling the target emotion. Sometimes, however, participants may report no emotion, a different emotion, or a

combination of the target emotion and another emotion. There is a correlation between the correctness of the pattern and the likelihood of feeling the target emotion (Bloch et al., 1995).

The last day in an introductory workshop is devoted to reviewing all the patterns and working on the participants' ability to modulate their intensity, switch from one emotion to another, or from any pattern to the neutral state. This is often done in games. For example, Participants may be asked to perform the same action while doing different emotion patterns. One interesting exercise is saying a text while in one emotion and then again with a different emotion. Both the performer and the rest of the participants get to see how the same text can have different meanings under different emotions.

As previously stated, more advanced training in Alba Emoting is usually tailored to the needs of the trainee. In the case of actors, the main goal is for them to perform the patterns with enough accuracy and speed to convincingly portray emotions on stage. For other participants, it may be more important to be able to identify emotions both in themselves and in others. Alba Emoting training in a workshop format can have therapeutic effects. In addition, Alba Emoting can be incorporated into standard forms of psychotherapy. In the next section, I provide a theoretical framework for the therapeutic usefulness of Alba Emoting.

Conceptual Framework

One of the more recent areas of application of Alba Emoting is psychotherapy. I pioneered the exploration of this application in my unpublished thesis (Kalawski, 1997). In this article I would like to first present a conceptual framework for the application of Alba Emoting in psychotherapy, and then discuss a clinical case.

Greenberg (2004) proposed three principles for working with emotions in psychotherapy. The principles are (1) increasing awareness of emotion, (2) enhancing emotion regulation, and

(3) transforming emotion. Alba Emoting can serve in the implementation of each of these principles.

Emotion Awareness

The importance of emotional awareness for therapeutic change is widely acknowledged. Some clients can easily identify their feelings, while others have great difficulty. Often, clients may only be able to identify being “upset” or “stressed” without further elaboration. A finer distinction among emotions may help clients better identify their associated needs and action tendencies. For example, the impulses associated with anger are not the same as those associated with fear. Alba Emoting provides a clear and physical way to distinguish among different emotions. When a client has experienced the respiratory-postural-facial patterns of the basic emotions, he or she is subsequently better able to recognize when those patterns are spontaneously aroused.

An additional advantage of Alba Emoting in promoting emotional awareness derives from the fact that the method provides a way to experience emotions without an external stimulus. Often, people hold beliefs about when it makes sense to experience particular emotions. For example, a client may be angry in a situation but have difficulty recognizing it because anger is not the emotion she would expect to have in that situation. Alba Emoting provides clients the opportunity to experience emotions as distinct from their purported causes. This helps client practice the distinction between direct experience and the explanation of that experience.

As Greenberg (2004) pointed out, “emotional awareness is not thinking about feeling, it involves feeling the feeling in awareness” (p. 8). Thus, emotional awareness necessitates actual emotional experience. This process, however, can be blocked by emotional avoidance. Often,

clients avoid experiencing painful feelings due to fears of being overwhelmed by them, being out of control, or of not being able to calm down afterwards. Alba Emoting can be a valuable resource in helping clients deal with these concerns. Alba Emoting is empowering, as it provides clients with a tool to step in and out of an emotion at will. The usefulness of the step-out technique as a means for emotional regulation will be discussed in the next section. The emotional induction (the “step in” part) via the respiratory-postural-facial patterns may help clients experience emotions as more familiar. Willingly entering into an emotion through breathing can help clients own their emotions and experience them as something that they do as opposed to something produced by external events.

Emotion Regulation

Even though emotional experience is both an adaptive human response and a necessary element in deep therapeutic change, emotions can sometimes be maladaptive. While it is difficult to work therapeutically with clients who are emotionally constricted, it is also difficult to work with a client while he or she is experiencing intense, overwhelming emotions. In this respect, the Yerkes-Dodson Law may also apply to psychotherapy in that there is an optimal level of emotional arousal that is most conducive to therapeutic change. The step-out technique can be an important tool to help clients regulate their emotions. It is in a way similar to deep breathing techniques usually taught to clients. The main difference is probably that sometimes deep breathing is used as a part of a deep relaxation routine. The objective of the step-out technique, by contrast, is to achieve a relaxed yet alert state. In the step-out technique, the person is standing up and with his or her eyes open. The goal is to be aware of one’s environment, as opposed to looking inward.

Many psychotherapists teach their clients different types of relaxation techniques. However, in my experience in several settings in Chile and the USA, I have found that the vast majority of these therapists have no specific training in these techniques. They usually read a script to the client or, more commonly, give the scripts to clients for them to practice at home. Clients may still benefit from this type of “relaxation training”. However, it presents several problems. First, the therapist reading the script may not be relaxed. Second, having practiced a technique personally helps one anticipate possible difficulties a client may have. Finally, it is harder for a client to trust a therapist who does not practice what he or she teaches. Alba Emoting training is one of several ways for therapists to obtain hands-on practice in relaxation and emotional regulation. In addition to the step-out technique, a typical Alba Emoting workshop includes standard techniques such as abdominal breathing or progressive muscle relaxation to help participants improve control of their breathing and muscle tone. Such control is necessary to correctly execute the respiratory-postural-facial patterns.

When discussing emotional regulation, it is important to distinguish it from repression or inhibition. Often, clients may suppress their emotions with body tension. This may not only lead to health problems; it also interferes with emotional awareness. My training in Alba Emoting has helped me be more aware of when clients are suppressing their feelings. For example, knowing that breathing is an important element in emotion, I have noticed that many clients literally hold their breaths when discussing painful topics. I have even seen clients pinch their noses to avoid crying. I have also noticed that people sometimes unconsciously try to control their emotions by doing the opposite of the emotion’s movement pattern. For instance, in sadness the gaze is prototypically down. I have seen people looking up to try to stop themselves from crying. In contrast to these examples of emotional suppression, the step-out technique does not involve

“choking” an emotion. It does actually calm it down. Often, emotions are responses to events one must deal with. Obviously, the step-out technique does not solve or eliminate these events. But often, emotions perpetuate themselves via cognition-emotion loops in a way relatively independent from external events (Lewis, 2005; Lewis & Granic, 1999). The step-out technique helps break this cycle, allowing one to reassess a situation.

Emotion Transformation

The cognitive-behavioral therapies have popularized the concept of coping to the extent that many of my clients ask for help “coping” with depression or anxiety. I often say I can help with that, and suggest we may also try to help the client not be depressed or anxious. The difference between coping with anxiety and not being anxious is the difference between emotion regulation and emotion transformation. This is how Greenberg (2004) explained the process of emotion transformation:

Although the more traditional ways of transforming emotion either through their experience, expression and completion or through reflection on them to gain new understanding do occur, we have found another process to be more important. This is a process of *changing emotion with emotion*. This novel principle suggests that a maladaptive emotional state can be transformed best by undoing it with another more adaptive emotion. In time the coactivation of the more adaptive emotion along with or in response to the maladaptive emotion helps transform the maladaptive emotion. (p. 10)

Schemes of different emotional states (...) are synthesized to form new integrations. Thus in therapy maladaptive fear, once aroused, can be transformed into security by the more boundary-establishing emotions of adaptive anger or disgust, or by evoking the softer feelings of compassion or forgiveness. Similarly maladaptive anger

can be undone by adaptive sadness resulting in acceptance. Maladaptive shame can be transformed into acceptance by accessing both anger at violation, self-comforting compassion and by accessing pride and self-worth. (...) Withdrawal emotions from one side of the brain are transformed by approach emotions from another part of the brain or vice versa (Davidson, 2000). (p. 12)

Greenberg (2004) described several ways for therapists to facilitate this process. One of these is shifting the client's attention:

Shifting people's focus of attention to pay attention to a background or subdominant feeling is a key method of helping them change their states. The subdominant emotion is often present in the room non-verbally in tone of voice or manner of expression (p.12)

For example, some clients may have experienced debilitating or paralyzing fear in a traumatic situation. When the client recalls this situation in the session, the empathic therapist may notice that, in addition to fear, the client experienced other emotions too. Helping the client pay attention to the subdominant feeling helps transform the dominant emotion. A therapist with training in Alba Emoting may be better able to recognize nonverbal signs of subdominant feelings.

Some clients have great difficulty experiencing particular emotions in almost any context. For example, some clients never get angry or sad, even when the situation may warrant it and even though they may wish they could feel angry or sad. Some clients have great difficulty feeling sexually aroused. Many of these clients may even have a good deal of insight into the origin of these blockages, but are still unable to overcome them. Traditional techniques for accessing emotions such as empty chair work or imagery are often not effective in these cases.

Alba Emoting provides a unique way for clients to access these emotions through the reproduction of their specific respiratory-postural-facial patterns.

Alba Emoting and the Therapeutic Relationship

The three principles of emotion awareness, regulation, and transformation are effective to the extent that they occur within a good therapeutic relationship. Rogers (1957) proposed that in such a relationship, the therapist experiences and expresses empathy, genuineness, and warmth. It should be clear by now that training in Alba Emoting can only aid in the development of empathic attunement, as it helps the therapist better recognize the nonverbal signs of the basic emotions. In addition, the basic emotions framework (e.g., Bloch, 2006; Izard, 2007, Kalawski, 2010) helps therapists conceptualize the endless variety of affective phenomena as arising from a few basic emotions. Greenberg and Paivio (1997) proposed that it is useful for therapists to distinguish between basic emotions and the more complex emotion schemes derived from them. They wrote:

These [basic] emotions are attended to and expressed in therapy in order to access the adaptive information and action tendency to guide problem solving. They are core and irreducible responses and therefore are not explored to unpack their cognitive-affective components. For example, anger at maltreatment is a primary, irreducible, and core emotional response that needs to be evoked and symbolized in therapy in order to access the adaptive action tendency to push the offender away and establish appropriate boundaries. (p. 38)

Alba Emoting can also help develop therapists' genuineness as it helps them become better aware of their own emotions. Finally, I see Rogers' condition of warmth as closely related, if not identical to, tenderness. Alba Emoting should not (and probably cannot) be used to

artificially manufacture tenderness. Rather, knowing the respiratory-postural-facial pattern of tenderness may help therapists notice when they are not experiencing or expressing that emotion. The tenderness pattern may then help therapists access tenderness in themselves. However, I believe that this should only be done when the therapist already believes that the client deserves to be regarded with tenderness. If this belief is not present, it is probably better to begin by exploring the thoughts and feelings the therapist does have about the client.

Finally, I want to make clear that training in Alba Emoting is not sufficient to develop a positive therapeutic relationship. This is an art that requires guidance, discipline, and experience. However, an embodied understanding of human emotions can only help in this regard.

Case Study

Robert was 36 years old when I first met him. He was referred to me by a therapist colleague who led a process group in which Robert participated. My colleague said that Robert had attended this group for several years, but he had much difficulty exploring and expressing his emotions. Thus, my colleague thought I might be able to help Robert with this. Robert readily accepted the referral.

When Robert was five years of age his father suffered a brain injury. The father thereafter would behave erratically and had difficulty relating to people. His intellectual capacity was clearly diminished. Robert's mother apparently could not deal with this situation emotionally and pretty much withdrew. The client was told, for instance, not to let anyone know about his father's condition because his mother was embarrassed by it. Robert's memory was that his mother could not deal with his emotional needs because of the stress of his father's illness, so he learned to stifle his emotions. The client felt he never had any emotional support or any emotional outlet at home. He did well in school, which he experienced as a relief from the

pressures of being at home and helping to care for his father. He went on to college and graduated at age 24. By the time I started working with Robert, he had achieved a considerable degree of professional success.

In addition to his participation in group therapy, Robert had previously had individual therapy for anxiety and depression. One of his biggest concerns was that he chronically cheated on his girlfriends or had several girlfriends going at once, unbeknownst to each other. Robert expressed that he had little feelings either for these women or about his behavior. However, he understood that his behavior was not right. When I started working with this client, he had been in a committed relationship for a few years without cheating. However, the client continued to experience depression and anxiety. Robert expressed being clueless about the sources of his depression. He seemed to have previously attributed it to external stressors, but when we began treatment he reported that his life was good, so he did not know why he felt depressed. Robert was also taking Lexapro and Trazodone prescribed by a psychiatrist.

To me, the most remarkable thing about Robert's presentation was that he chronically displayed the respiratory-postural-facial pattern of fear. His breathing was sometimes audible. Robert complained of depression; however, when I would ask him about what he felt "right now" he would say he felt fine, in spite of his clear display of anxiety. Robert understood that he had difficulty being in touch with his feelings, so we agreed to work on helping him increase emotional awareness using embodiment exercises. We started with a centering exercise. I asked the client to sit on the desk chair and adjust its height. Then I coached him through an abdominal breathing exercise. At the end of the exercise, Robert reported feeling "focused". He added that the exercise helped him realize that he had been constricting his breath. He also

became aware that earlier in the session he was "more anxious than [he] realized". Robert requested to do this kind of exercise in future sessions and I agreed.

On session three, Robert reported that he was still sleepy being just after 8 am. I began teaching him the step-out technique. Robert had difficulty, but reported being more awake. Then we began discussing the client's desire to "connect" with people. Robert's discourse quickly became intellectual and detached despite my asking questions about his feelings. I pointed out this observation and asked the client if, instead, he would like to try a body exercise that may have to do with connection. Robert agreed enthusiastically. I coached him through the respiratory-postural-facial pattern of tenderness. He did OK, but had much difficulty smiling. I wondered if Robert's facial muscles were under-exercised. His breathing also appeared slightly forced. We ended with the step-out procedure. Robert reported a feeling of "calm" and "almost like happiness" during the tenderness pattern. He did not report tenderness or any memories. He also reported having fewer thoughts than usual, which he considered positive. Robert expressed that he was not sure where the body exercises would lead, but trusted my intention to help him.

During the fourth session, Robert appeared to be more aware of his feelings. He talked about his distrust at work, which he related to a fear of people finding out that he is a fraud. We agreed to use a two-chair dialogue (Greenberg, Rice, & Elliott, 1993) to explore his self-criticism of being a fraud. Robert expressed that the exercise helped clarify the conflict he felt between a critical side, which was much focused on money and prestige, and an experiencing side which did not care about these things.

On the next session, Robert discussed his fear of "screwing up" his relationship as he had done with past relationships. I asked him to express his doubts about himself to himself in an empty chair. He told the other part of him that he is getting into a big commitment by getting

married. The other side dismissed the significance of the commitment, saying that he was ready to leave if there are difficulties. The original side was shocked at this response and wondered how genuine the other side's dismissal was. That side, in turn, expressed fear that if he allows himself to care, he will be hurt. I attempted to explore this fear, but Robert switched to a conceptual mode of processing discussing his past patterns in relationships.

On session six, Robert reported that he had been more anxious than usual. I asked him to describe the physical sensations associated with his anxiety. He described energy in his arms and hands and showed this by clenching his fists and briskly waving his arms. Even though these sensations are consistent with anger, Robert considered them anxiety. He could not understand where this "anxiety" was coming from, so we agreed to explore it through breathing exercises. We did some work with the step-out technique and Robert reported that it helped him reduce his anxiety. Then I introduced part of the anger pattern, specifically the exhalation, followed by a return to neutral. Robert expressed that he felt an impulse to "push away". We agreed to continue exploring emotions through breathing.

During the next session, Robert reported that he had been trying the exhalation breathing that I taught him the previous week to reduce his anxiety. I said that it would make sense that it would reduce it. However, I discouraged the client from using that breathing on his own. I gave him some theoretical background on Alba Emoting. I explained that the breathing we practiced the previous week was part of the pattern of a specific emotion and that we could explore that emotion in therapy. I told Robert that the step-out technique was the only breathing pattern I recommended he use outside of our sessions. He agreed. I provided additional coaching on the step-out technique and then I taught Robert the fear pattern, as always, without naming the emotion. The client performed it fairly well. After the step-out, Robert reported having felt

"panic". He had a memory of having had the same feeling as a child, although he could not recall in what circumstances. He also realized that, in situations when he feels "paralyzed", he has a similar feeling. Robert expressed that it was useful to understand his reaction as fear. I encouraged him to pay attention to the bodily signs of fear in his life.

On the eighth session, I asked him if he had identified more situations in which he felt fear. He said that he felt fear when thinking about the possible consequences of his actions: the thought of being responsible overwhelmed him. Robert showed a deeper level of experiencing (Klein, Mathieu-Coughlan, & Kiesler, 1985) than I had observed before. Exploring the client's fear of responsibility, he said that a former employee of his had killed herself some time ago. Robert expressed guilt for not having done more for her. I framed this as unfinished business and suggested empty chair work (Greenberg et al., 1993), to which Robert agreed. Robert expressed that he missed the employee and that her suicide was unexpected. In the role of the employee in the other chair, he expressed that suicide had been her way to end her pain and that it was not Robert's fault. The client responded expressing his pain about the employee's death. Robert cried for the first time since we began therapy. He then said goodbye to the imagined employee in the empty chair. After the exercise, Robert expressed that he felt he had finished the dialogue. He said that it was good to cry because it showed to him that he cared. Up to that point, Robert had expressed doubt over whether he cared about others at all. We ended with the step out.

During the next session, Robert expressed that he had a hard time finding what to talk about due to his stressful week. We agreed to try a "clearing a space" exercise (Greenberg et al., 1993), which Robert completed successfully. He chose to focus on his reaction to several difficulties people at work had recently shared with him. As we explored this reaction, Robert discovered that dealing with people both brings him happiness and overwhelms him sometimes.

He also noticed that he tends to distrust his feeling of being overwhelmed and instead tries to conform to injunctions about how social to be. This dialogue gave me the impression that Robert was becoming more aware of his feelings and needs.

At the beginning of the next and last session, Robert appeared mildly anxious. We started out with the step-out exercise, as usual, but the mild anxiety lingered for a while after that. He reported feeling stressed about several issues, most importantly the preparations for his upcoming wedding. I coached Robert through the "clearing a space" exercise, which allowed him to feel his desire to rest. He went on to explore his feelings about the commitment involved in marriage. The client noticed that he did not have the urge to cheat on his fiancée, and added that this was a discovery for him. Robert talked fondly about his fiancée. He reported feeling good about the relationship but also wondering why she loves him. I encouraged him to "make space" for feeling good. He expressed that it was a surprise to learn that he can make space for positive feelings. On this session, Robert and I agreed to begin spacing out our meetings, with an eye towards ending therapy. Eventually, however, he had to cancel his follow-up appointments, but he indicated that he was doing very well and looking forward to his wedding.

Discussion

In this section I would like to discuss how Alba Emoting helped with Robert's emotional awareness. Clearly, his emotional awareness was deficient. This led to him act on impulses that he did not understand when he cheated on previous girlfriends. Even when he stopped engaging in this behavior, he was unable to trust that this change would continue. In addition, even though Robert often appeared anxious, he was not aware of this feeling. I think that the respiratory-postural-facial pattern of fear helped him become aware of his anxiety by a) bringing attention to his body and b) intensifying the emotion. Following this experience, Robert was able to

recognize this pattern in daily life and eventually connect these physical sensations to thoughts of having to be responsible. This realization in turn led to an awareness of the meaning for him of his employee's suicide. In this particular case, teaching the client concrete, specific physical actions facilitated a complex chain of discoveries about himself. This example highlights that emotional awareness is more than just naming an emotion. Rather, the embodied awareness of an emotion acts as a guide to what is important to a client.

My goal in writing this article is not to present a new form of psychotherapy. Rather, I hope that therapists consider Alba Emoting not only as a "tool" they could apply in sessions, but as a method that can help them become more aware of their own and their clients' emotions.

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Figure 1. Recordings of prototypical breathing patterns for each basic emotion. From “Reproducing emotion-specific effector patterns: a bottom-up method for inducing emotions (ALBA Emoting ®),” by S. Bloch, S. Paulet and M. Lemeignan, 1994, *Proceedings of the 8th Conference of the International Society for Research on Emotions* (N. H. Frijda, ed.), pp. 194-199.

