OPERATIONALIZING EMOTIONS (short version)

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Introduction

The goal of this paper is 1. to introduce the *qualitative research paradigm* (Denzin and Lincoln, 1994) to the study of subjective experience, and 2. to present results distilled from thousands of case studies from the first author's *brief therapy* practice, where client and therapist together co-create the client's emotional experience in terms of sequences of body sensations and processes. We will also present *new categories* of differentiating emotional experiences to serve as a starting point for further research.

Conceptually, our research is set within the qualitative research paradigm. Qualitative research methodologies, as complements to quantitative ones, allow different aspects of behavior to be illuminated through a different set of presuppositions about the nature of subjective experience, the relationship between the observer and the observed, and the nature of reality. The researcher is a part of the system to be influenced, research subject and researcher are co-investigators, and together they co-create the subject's phenomenological experience. Reality in general, and subjective experience in particular, are not objective entities, being there to be discovered. They are subjective and co-created in relationships. Questions like "is X true?" or "does X exist?" are replaced by questions like "what is your intent?" and "is X useful in order to reach that intent?"

In light of this, the debate on the distinction between the "easy problems" and the "hard problems" of consciousness, suggested by David Chalmers, and the problem of an objective, third-person verifiable study of subjective experience, could obviously not have arisen within the qualitative conceptual frame.

Our work is mostly set in the context of brief therapy. The subject becomes a co-investigator with the researcher on in vivo experience. Most of our results originate in the process of eliciting people's subjective experiences. Using the client's linguistic and physiological cues, the therapist elicits the qualities of his experience, his so called *submodality distinctions*. At issue is *matching* his subjective experience rather than "are these real?" What we coin emotions become *sequences of body sensations and processes*. As a result, clients report an amplified awareness of their emotional processes. They are able to easily access resource states when they need them and deliberately control unuseful ones.

On Brief Therapies

Brief therapy models have their origins in the work of Gregory Bateson [1972, 1979] and Milton Erickson [Bandler and Grinder, 1975], [Grinder, DeLozier, Bandler, 1977]. They relate to traditional ones the same way as qualitative relates to quantitative research.

One of the main differences between traditional and brief therapies lies in the therapist -client relationship. In brief therapies it is a collaborative relationship as opposed to a hierarchical, authoritarian one.
Temporarily, brief therapies focus on the present and future as opposed to the past. They emphasize solutions and possibilities as opposed to causes and problems.
The traditional therapist uses normative standards to judge or assess whether a person is "normal" or not, while in brief therapies the clients serve as their own norm. A further difference lies in who sets the goals. In the traditional model the therapist serves as a guardian for society to help correct people and make them "normal." She sets the goals, the values, the assumptions, and it is her job to decide when the client is done with the

therapy, what he should be feeling, thinking. In brief therapy the therapist and the client set the goals together, with more emphasis on the client.

One of the most profound differences between traditional and brief therapies is that the first focuses on content, or, as Bateson [1972] would call it, first order learning, while the latter focuses on *process*, or, again, as Bateson would call it, second order learning of patterns. While traditional therapy tends to gather immense amount of content data, brief therapy limits the amount of data, because there is not an assumption that there is a linear relationship between the perceived cause of the problem and its consequences in the person's life.

Brief therapy is systemic as opposed to individualistic.This doesn't mean that there isn't a place for eliciting phenomenological experience, but it is always be situated in a relationship of some sort.

The traditional therapy model assumes that there is one reality, and the client has the wrong one while the therapist has the right one. It further assumes that reality is, and just needs to be accepted or discovered. Brief therapy assumes a constructionist, collaborative approach. It assumes reality didn't happen yet. With this assumption then the question "is this the right elicitation?" doesn't come up. If the therapist's gestures and language, while modeling the client, are reflected back to him and he has a feeling of matching, then it is the "right" elicitation. When one elicits data at the level of detail of brief therapy, the therapist literally slows down time for the client. He starts to feel that what we call emotions are just *sequences of body sensations* and their meaning can be elicited to find a useful or unuseful meaning. As a result, people start to feel that they can run their own mind - they don't feel like emotions are happening to them.

Basically, if somebody is seeing Mary in her brief therapy practice because he is having a problem, she will *elicit* in terms of process level distinctions the difference between the experience the client wants and the one he reports as problematic, and then she helps him change the distinctions of the problematic state so that they parallel the ones of a resource state.

The Elicitation Process – Operationalizing Emotions

Traditionally, people have a quite simplistic awareness of their emotions and there is not much that they can do to leverage or influence unwanted ones. Nominalizing emotions like in "anger," "frustration," or "joy" gives people a stuck feeling in their body and they don't know how to change that. So what we are talking about here is taking the huge cognitive chunks, the abstractions, the nominalizations, represented in the label of the emotions and *break them down into small sequences of subjective experience or processes*. Restoring the movement and restoring the person's awareness of the movement. We will refer to this process as *elicitation*.

A major tool hereby is helping clients express their experiences in terms of process based, as opposed to content based, distinctions. For example, saying "I am angry" is a content based description, while saying "when I saw the look on that person's face, I felt a sudden pain in the pit of my stomach, and as the heat rose up into my throat, I could feel my breathing become more rapid and my head finally got so hot, I exploded," is a process based description. Similarly, saying "I feel joy" is a content based, while saying "when I saw that painting I felt a sudden warmth wrapping my hart, and as it spread to my stomach, my limbs and my throat, I could feel my breathing become deeper …" is a process based description.
Elicitation basically takes what was a private experience and makes it shared and so it can be then put into (verbal and non-verbal) language. Once it is put into language, people feel that they can understand it and they can talk about it in a meaningful and demystified way.

The most important distinctions used in the process of elicitation are *submodality distinctions*.
Submodalities [Bandler and MacDonald,1988] are the basic qualities of our subjective experience manifested in our sensory systems or modalities [Pasztor, 1998]. These include characteristics such as
1. *for the visual modality:* location, size, color or black and white, degree of illumination, degree of clarity or focus, presence or absence of movement etc.,
2. *for the auditory modality:* external or internal orientation, voice or other, location, rhythm, relative pitch, volume, tempo etc., and

3. *for the kinesthetic modality:* pervasiveness of body area involved, the number of sequential units or of body sensations in the sequenced experience, intensity, density, temperature, pressure differentiation.

In the elicitation process, the therapist typically may want to find out what experience initiated an emotional chain or sequence. And that experience could be another emotion or it could be a visual, an auditory, an olfactory or a gustatory experience.

When people experience an unwanted emotion like anger, all their attention units are usually in the kinesthetic modality and they have no leverage in another modality. When we do the submodality elicitation, we take submodalities which were in the kinesthetic and overlap them in the visual, so now they have a parallel system. We can also overlap them in the auditory system and now people end up with a choice. In case of useful, wanted emotions, we end up enhancing the feeling.

As far as the question of "is this experience real?" or "do these submodalities exist?" goes, our basic presupposition is that it is experience co-created with the other person for some intention. For example, take a person who has been a batterer of children who feels that he can't control his anger. When we denominalize his anger and he realizes that it has a beginning and a middle and an end, and that he can track it and he can back it up and he can raise or lower the intensity, that gives the person the experience of being able to control it rather than it controlling him. Speed is an essential element of it. People feel that emotions happen like lightning and they have no control over them. This process of elicitation slows down people's subjective sense of time and gives them more time to control their emotions.

We don't know whether submodalities were there or not, but if someone's intent when he came to see Mary was to be able to control his anger and if, when she asks him submodality questions, he can answer them, then, when they are done, he can turn his anger up or down, and he can have it or not. So we don't know whether submodalities are real or not, but they are for our intent.

Categorizing the Kinesthetic System Components

In brief therapy, the therapist essentially *models* the client in order to match his subjective experience. In doing so, the therapist uses the following categorization of the kinesthetic sensory system components.

A. General whole person affect	I. Gustatory and olfactory
B. Whole body positioning and movement	J. Vestibular and cerebellar
C. Part body positioning and movement	K. Pattern correlation
D. Activity name	L. Values
E. Proprioceptive system	M. Emotions
F. Breathing	N. Meta feelings
G. The body in context / tactile	O. Chains of states / emotion
H. Visceral and vegetative	

Because of lack of space, we will only expand on the last four categories. As far as the others are concerned, their role is mainly to serve the therapist as accessing cues to the subjective experience they want to model.

L. *Values:* Generally represented in the midline, these are very deep body sensations, formed from many interconnected and generalized experiences and beliefs. A value is what is enduring – what is important to people, what they want and what they don't want, what they are moving away from and what they are moving towards. Values serve as consistent criteria in terms of patterns of what people pay attention to over time. Values can be prioritized. Values determine people's intentions, goals, motivation, decisions, judgements.
One way to get to values is through the elicitation process of emotions. For example, a frequent meaning of anger to people is that someone is violating an important standard of theirs. So if we recover what that important standard is, then they can communicate more effectively to people.

M. *Emotions/states:* A sequential chain of at least five different and spatially distinct kinesthetic representations moving over, across, down or up the body, e.g., fascination, confidence, anger. Thus the name of an emotion

represents a generalization about a sequence of sensations that comes to be labeled as state X. All emotions are nominalizations. They take what is actually moving and represent it as stationary.
Traditional emotions, like "happy," "sad" or "fearful" tend to be way more intense and spatially much larger, and they actually mask the more subtle, what are termed more intuitive, body sensations of pattern correlation or recognition, or ones that people talk about when they say "I have a feeling or I have a hunch."

Emotions, as opposed to values, tend to be situational, like moods. And moods fluctuate, they are not very steady states. They are not a very good base to make decisions. You wouldn't make an important decision hopefully when you're in a rage. Or, when you are euphoric.

N. *Meta-feelings or feelings about feelings:* Here we find pervasive patterns, like in the case when a person feels guilty, but actually they feel guilty about being angry all the time. Then when we look at what they are angry at, we elicit some values or standards of theirs, which ties into category L. It is also an example of recognizing the distinction between situational emotions and their values to help restore choice. Choice means the ability to feel *and* think, not feel *or* think.

0. *Chains of states/emotions:* Many states occur in chains. For example, pain may chain to anger, procrastination may chain to frustration, frustration to hopelessness, or love may chain to appreciation. We deliberately establish chains of states and emotions when we step-by-step pace and lead someone from say a grade -2 state to a grade -1 state to a grade + 1 state, when calibrating emotional states on a scale from –10 to +10.

Summary

The overall intent of this paper is to present the results of our work, which is mostly set in the context of brief therapy. Here, the subject becomes a co-investigator with the researcher on in vivo experience. Our results encompass 1. a vertical decomposition of emotions into process based as opposed to content based distinctions, 2. a horizontal decomposition of emotions in terms of sequences of body sensations, and 3. a categorization of the components of the kinesthetic sensory system.

The significance of our work is both practical and conceptual.
In brief therapies clients report an amplified awareness of their emotions as processes. As a result they are more easily able to access positive resource states when they need them and more deliberately control unuseful experiences. The elicitation process used in therapy teaches people to have a sense of control and procreativity and choice with respect to experiences which keep them from reaching their intent.

Conceptually, our study is placed in the frame of qualitative research and our methods are particularly important in implementing results of quantitative research and for serving as a feedback mechanism to further enrich our scientific data base.

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