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ORGANIZING AWARENESS AND INCREASING EMOTION REGULATION: REVISING CHAIR WORK IN EMOTION-FOCUSED THERAPY FOR BORDERLINE PERSONALITY DISORDER

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Emotion-focused therapy (EFT) is an empirically supported treatment that may have potential as a stage-two treatment for borderline personality disorder (BPD). Specific aspects of BPD—the tendency to experience fluctuating self-states; weakness in meta-cognitive or reflective functioning; and the tendency for self-states to be organized by presently occurring interpersonal processes—present challenges to applying some EFT interventions with this population. In particular, even within a highly attuned, validating and accepting empathic relationship, clients with BPD may have difficulty with the usual manualizations of chair work interventions. This is because these interventions often employ polarization and intensification of experience in order to activate adaptive alternate emotional resources and self organizations. For the client with borderline personality disorder, these interventions may be counter-productive, emotionally dysregulating and disorganizing. EFT chair work, however, also has the potential to provide structure to the borderline client's experience of self, to stimulate meta-cognitive awareness, provide an alive experience of the process of polarization, attenuate emotional activation, and increase the experience of self-coherence. This article describes the development of stepwise approximations of EFT two-chair intervention for self-critical splits. It outlines potential stages of two-chair work as well as intervention principles important for productive chair work with this population. The EFT change principles of awareness, expression regulation, reflection, transformation, and corrective experience still centrally apply. However, several additional strategies are discussed to scaffold clients' capacity to both experience and regulate emotion.

Emotion-focused therapy (EFT) is an empirically supported humanistic treatment that views emotion (emotion schemes) as fundamental to experience, and as contributing to both adaptive and maladaptive functioning.

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As such, change in automatically-functioning emotion schemes is a core therapeutic goal to promote change. In EFT both relationship and therapy-task intervention skills are equally important in producing change. The EFT therapist offers a genuine, empathically attuned relationship while attending to markers of particular emotional processing difficulties at the core of client problems (such as self-conflict) in order to engage clients in matched interventions (such as two chair work) designed to address these problems. Throughout the therapy process clients are helped to explore and make sense of emotional experience, to address emotional interruption and regulation, to access new adaptive emotional resources, and to transform maladaptive emotional responses in order to construct new meaning and self-narrative. Effective in treating depression (Greenberg & Watson, 2006) couples distress (Greenberg & Goldman, 2008; Johnson 2004) and emotional trauma (Greenberg, Warwar, & Malcolm, 2008; Paivio & Pascual-Leone, 2010), EFT is being explored for the treatment of borderline personality disorder (BPD).

A core organizing concept in EFT is an *emotion scheme*. Emotion schemes are conceptualized as dynamic integrations of multiple levels of functioning (perception, sensation, cognition, affect, physiological changes) influenced over time by culture, learning and experience. Four distinct classes of emotion schemes are identified in EFT (Greenberg & Safran, 1987), each worked with differently in therapy (Greenberg & Paivio, 1997). Only one, *Primary adaptive emotion,* is considered truly adaptive. These are immediate emotional responses to a situation that help an individual take appropriate action in service of needs. For example, anger at abuse can help one assert and set limits on future abuse. *Primary maladaptive emotion* responses are also immediate, but involve over-learned responses from previous, often traumatic, experiences. Useful once to cope with a past situation, they no longer support adaptive coping in the present, such as when a BPD client's once-adaptive rage at help offered by an abuser now becomes maladaptive anger at a safe other who offers needed help. *Secondary emotional* responses are emotional reactions to primary emotional experiences such as when a client with BPD feels fear of experiencing core maladaptive shame. They are also emotional reactions secondary to internally generated thought processes such as when a client with BPD feels shame after thinking: "I'm a loser." Finally, *instrumental emotion* responses are used to influence others. For instance, even if not deliberate or conscious, a client with BPD may learn to achieve goals by expressing un-felt rage when it is followed by support.

A central premise in EFT is that emotion is at the core of self-organization, and that change in activated emotion schemes is the source of changing self-organization. This is because emotion schemes are automatically accompanied by "the feeling of what happens" (Damasio, 1999)—a bodily felt sense of who we are in any given moment. EFT therefore also shares a growing view that the healthy self is multiple, (Markus & Nurius, 1986; Putnam, 1989) dialogical and multi-voiced (Dimaggio & Stiles, 2007; Her-

mans, 2003; Hermans & Dimaggio, 2004), made up of a recurring cast of emotion-based self-organizations that can each have independent agency, and be associated with specific memories, thoughts, and autobiographical narrative (Greenberg & Angus, 2004; Stiles, 2002). At any given time the self-organization that is online temporarily controls action and is identified as I.

Self conflict between self-organizations is an identified emotional processing difficulty (among several) in EFT. Explicit markers of self conflict are found in client narratives, such as when clients with BPD say: "I want to stop cutting but I don't want to feel," "I hate his guts but I hate being alone more," "I'm lonely but I'm too fat to get anyone." Self-conflict can also be implicitly stated when only one side of the conflict is in awareness. For example, depressed clients may experience feelings of worthlessness but not the self-judgmental process that may generate these feelings. Borderline clients, tending to become polarized in the face of conflicts and distress (Linehan, 1993a), often express implicit self-conflict splits in this fashion, i.e., "I'm fat and bitchy," "I can't stand up to anyone," "Cutting makes me look crazy."

In EFT a self-conflict marker calls for two-chair intervention. Manuals and models for resolving two-chair tasks can be found in a number of volumes (Elliott, Watson, Goldman, & Greenberg, 2004; Greenberg, 2002; Greenberg, Rice, & Elliott, 1993). Briefly, in a two-chair intervention emotion schemes belonging to two self-organizations are activated and brought into communicative contact. Each self's narrative and needs are expressed from within each chair. Resolution occurs if a higher-order adaptive relationship respecting the needs on both sides emerges. Even more optimal, is when one integrated self-emerges that can experience and reconcile both needs. This resolution is consistent with a dialectical synthesis in which conflict is transcended and transformed to both promote growth (Linehan, 1993a) and adaptive functioning.

Accomplishing this resolution requires the client be able to become aware of, explore, and to symbolize emotional experience in language. It also requires the capacity to regulate emotion at a level high enough for optimal experiencing, but low enough not to overwhelm reflective capacities. Clients with BPD have difficulties in all these domains (McMain, Wnuk, & Pos, 2008). They are often avoidant of being in contact with, do not trust the validity of, and may experience panic and cognitive disruption in the face of emotional experience. Their emotions often have not been validated (Linehan, 1993a), and often have reached an intensity early in life that painfully overwhelmed their young capacity to regulate (Pine, 1986). They may have learned to regulate emotions through maladaptive behavior, such as cutting, and may also have been reinforced in the short-run for escalated emotion that later causes them shame (Gunderson, 2001; Linehan, 1993a).

When an EFT therapist notices a client oscillate between intense self-judgment and feelings of worthlessness and then meets this marker of

self-conflict by engaging the client in two chair work, they will soon realize that the client with BPD will not engage in a two-chair intervention in model ways. Even within a highly attuned, validating and empathic relationship, clients with BPD may have difficulty with usual manualizations of chair work. Moreover, using evocative interventions with clients who have difficulty regulating emotion is unwise, because instead of contactful relation and integration between selves, these clients can experience increased polarization and emotional disorganization.

Still, clients with BPD suffer maintained self-conflict or dialectical failures, as they split and vacillate between rigidly held and polarized self-sates (Linehan, 1993a). EFT two-chair work is an intervention designed to help transform a hostile, dominant relationship between two self-organizations into a relationship of mutual acceptance or integration. As such, clients with BPD are both greatly in need of and potentially most likely to gain substantially from two-chair work. For this reason we have persisted in exploring chair-work with these clients over time, to learn how to engage them in this intervention productively. We have found that if the groundwork is prepared, and two-chair work is appropriately structured, this intervention can in fact give the client with BPD a unique opportunity to be in a safe empathic holding environment in which emotion can be experienced, verbally expressed, and reflected on. We have also noticed that once adjusted in this way, rather than disorganize and dysregulate clients with BPD, two-chair work can actually provide a particular kind of scaffolding (Pratt, Kerig, Cowan, & Cowan, 1988) both for these clients' self-reflective processes, mentalization (Fonagy, Gergely, Jurist, & Target, 2002) or their self integration (Semerari, Carcione, Dimaggio, Nicolo, Pedone, & Procacci, 2005), all of which can contribute to the client's metacognitive capacity and eventual increased sense of global self coherence. Clients with BPD, then, not only can work in chairs, they can feel surprisingly more organized and regulated after engaging in these therapy tasks.

In this article we will present a step-wise model of how we presently understand and employ productive two-chair work (work on self splits) with clients with BPD. Accomplishing this necessitated integrating principles from both emotion-focused couple therapy (EFT-C; Greenberg & Johnson, 1988; Greenberg & Goldman, 2008; Johnson, 2004) and emotion-focused therapy for complex trauma (EFT-T; Paivio & Pascaul-Leone, 2010). We were also influenced by dynamic (McWilliams, 1994; Pine, 1986) and dialectical behavior theory (Linehan, 1993a). The EFT change principles of awareness, expression, regulation, reflection, transformation, and corrective experience still centrally apply (Pos & Greenberg, 2007). However a number of additional strategies are discussed, including increased sensitive use of the therapy relationship, identification of maladaptive cycles between self-organizations, dialectical empathic reflection, and genuine humor, all which can scaffold clients' capacity to reflect on and regulate emotion. To begin, let us first introduce a case study that will ground our discussion.

CASE EXAMPLE: EVE

Eve is a bright woman in her late forties, diagnosed as having borderline personality disorder and also meeting criteria for dysthymia, OCD, and histrionic personality disorder. She was referred for EFT after having received 1 year of dialectical behavior therapy (DBT; Linehan, 1993a), the standard length of treatment at the facility at which she was an outpatient. Although still self-harming occasionally, she significantly reduced self-harm during DBT. Post DBT treatment, her therapist felt she was ready to address what DBT views as secondary treatment targets (self-invalidation, emotional reactivity, crisis generating behavior, inhibited grieving, and passivity; Linehan, 1993a), and referred her for EFT.

Eve was a shy third child of four. Her older brother almost drowned her when she was three. Her father, an academic, left her mother when Eve was ten. After this Eve's mother neglected her children to invest energy in remarrying. Often left alone, her two older siblings bullied Eve, locking her in her room, hitting and tormenting her. She was also sexually abused by her maternal grandfather. Her mother remarried a man who hated kids. Also bullied in school, Eve found friends of the wrong type and was often truant from school to be with them. Caught at this several times, Eve's step-father declared her uncontrollable and put her, now around age 13, into foster care. She was sexually assaulted and abused in some of these homes. She wanted to come home, but her step-father would not allow it and her mother did not intercede. Eve ran away from foster care several times, ending up in jail on occasion for brief periods that terrified her. She started cutting and head banging around this time when emotionally distressed. Finally she was sent out of town to a rehabilitation commune school for about one year. She was again sexually assaulted there by an older man. Allowed home on holidays she made her first suicide attempt with pills during a home visit to avoid having to go back. Eventually allowed home as a late teen, Eve kept herself safe by being a perfect daughter, student, and sibling, never crossing anyone, and doing anything they expected or wanted of her to be allowed to stay home. She finished high school, got through one year of university, but was unmotivated and dropped out. She married a high school boyfriend, and had two children with him. Finally it seemed she had safety and family; but he abused Eve physically and emotionally. Eventually she left him. Since then he has refused to support his children. Eve, now on social assistance, has tried to pay for her teenage children's needs and has become their sole support. Times are harder for them so both children constantly demonize her for having left. Taking after their father, they are demanding and sometimes abusive, psychologically and physically. Eve attempts to influence her children without success, yelling when at her limit but then backing down unable to assert herself. She has worked occasionally to supplement social assistance. She also has abused alcohol heavily, has wanted to quit, has stopped a number of times for a while, but mostly continues to drink when managing considerable anxiety. Eve is beautiful and fit for her age,

and is seductive in her style. She attracts narcissistic men who enjoy her sexually but offer her little else. She finds it difficult to set limits and to say no to things she doesn't want to do, and just waits till it is over. Prone to hopelessness and fear that she will be alone for the rest of her life, she cuts herself on the arms (occasionally requiring stitches) to regulate her mood especially when over-stressed with burdens and angry at others. She always knows where she can jump if things get really bad. Always having found wealthy men in the past, presently she is in a relationship with a dependent, dysfunctional man who requires constant contact. Unable to function, he now virtually lives off her, contributing to a new problem for Eve—financial trouble. She is angry at him all the time, yet is unable to leave him because he can't survive without her, and is dangerous when mean. She feels trapped, angry, used, and overwhelmed.

TWO-CHAIR INTERVENTION AS USUAL IN EFT

Once a self-split marker has been identified (in Eve's case, for example, judgmental self-talk followed by noticeable discouragement) a two-chair intervention starts with the therapist activating the client's coercive self-organization in one chair. This is followed by exploring the impact of that coercive self on what EFT calls the experiencing self organization that sits in the second chair. EFT assumes that unless emotion-schemes are activated important meaning can not be accessed. Therefore, in this process emotion schemes at the heart of each self-organization are brought online so that the client can access, experience, and express the meaning of self and world implicit within each activated emotion scheme (Greenberg, 2002; Teasdale, 1999). Communication from an active emotion scheme in one chair elicits subsequent emerging emotion schemes and self-organization in another chair. For example, a contemptuous critic may subsequently elicit a shamed experiencing self.

EFT therapists use a number of process interventions to help clients activate and experience the affective base of their self-organizations in conflict. For activating the dominant self organization these may include: (1) exaggerating the emotional contempt or assumed superiority of the critical chair by articulating nonverbal expressions of these affects and putting them into words (i.e., T: "Notice the attitude you have in this chair, over here you really sound like you think you know best, right?" C: "Yes, I do." T: "Ok. Try this—'I know what's right, you don't know anything, do as I say'"); (2) focusing a critical theme of the critic into a core intense criticism (i.e., you're a total loser); and (3) using nonverbal expressiveness (i.e., voice tone, attitude) to vivify a self-organization's expression if it is overly cognitive or intellectual.

For deepening the process in the experiencing chair the therapist: (1) diffuses the experiencer's attempts to neutralize the attack with logic, and helps the client instead feel the impact of the attack; (2) supports clients' experience of interpersonal safety, so that attention can move away from

monitoring the interpersonal space and towards internal experience; (3) employs empathy and directs clients' attention inward to helps clients explore and experience their internal world; (4) offers verbal symbols to capture and contain experience in words to aid in regulation and meaning construction; and (5) helps the client regulate painful emotion with offered closeness, empathic validation, understanding, and emotional information (Elliott et al., 2004). In this process, the therapist scaffolds (Pratt et al., 1988) the client's inherent emotional regulation capacity by holding the client in an empathically attuned relationship, and by being someone who will be close to, accepts, values, can survive, is knowledgeable of, and unflappable in the face of their emotional processes (Greenberg, 2002; Gottman, Katz, & Hooven, 1996). The therapists' capacity to diagnose different types of emotional responses also helps them guide the clients' awareness from secondary self-protective emotion (i.e., fear of experiencing feelings) towards experiencing and expressing deeper emotional processes such as primary maladaptive emotion (i.e., shame at being found worthless), and then towards the transformative primary adaptive emotion (i.e., anger at not being supported by the self) that is connected to important unexpressed deeper needs (i.e., need for the self-attack to stop).

Alternating communication between self organizations continues until newly-emerging needs and senses of self are accessed within deeper primary adaptive emotion. This is essential for resolution of a self-split. For example, an experiencer-self who feels shame as a consequence of self criticism may be helped to experience and express to the critical self the unmet need for support. The fact that the need (validated by the therapist) is newly experienced as valid but also as never having been met is new information that often transforms the experiencer's primary maladaptive shame or secondary hopelessness into assertive adaptive anger or adaptive grief. If the experiencer genuinely expresses the pain of received criticism, and perhaps both adaptive grief and anger for unmet needs, this provides important new information to the coercive self in turn, who now often begins to doubt and question the effectiveness of its chosen tactics. Maladaptive secondary contempt towards the bad self may then start to soften. Only once this occurs will an EFT therapist turn toward engaging with the experience of the softened coercive self. Motives of primary self-protection, or fears/grief of losing precious values for the self at the heart of this side may now emerge. Concern, wish to protect, and regret at being the source of distress may emerge as well. These attachment-based feelings, as well as a new respect from a previously coercive self towards the experiencer's new backbone are often communicated. If heard by the experiencer-self, real attached contact and communication is enabled between self-organizations and the road to self integration begins to be built with shared goals and negotiated means for achieving them. At best, an affiliative, or, at worst, a somewhat cooperative relationship begins to emerge between the two originally conflicting self-organizations. Eventually the differentiation between the chairs becomes more difficult for the

client to experience and maintain. This marks that the conflict between selves is dissolving, and a more coherent self identity is emerging.

EFT TWO-CHAIR WITH BPD—ERRORS OF ASSUMPTION

Not often explicitly articulated, a number of assumptions inform initial stages of two-chair work. One assumption is that one of the opposing self organizations is a culprit engaged in a maladaptive process (self-criticism, self-interruption, self-frightening). With clients with BPD, one can not assume that one side of the split is expressing the major portion of maladaptive functioning. Eve's self-judgment for example contains considerable adaptive fear that she will never have a normal life or relationship, as well as adaptive anger that her values and dreams are being thwarted by the maladaptive acting out of the dysregulated bad cutting, screaming, drunk self.

Another assumption an EFT therapist often makes is that provocation from the coercive self will eventually spontaneously elicit internal resilience from the experiencer self. As the EFT therapist focuses the experiencer under the self-protective secondary affect, towards the deeper feelings and needs, they trust that they will access the client's primary assertiveness which will bring limit-setting, and/or demands for support from the coercive self. However, with clients with BPD, even after considerable empathic support from the therapist, resilience often will not spontaneously emerge during chair-work. This then is also a faulty assumption.

What does usually happen is that the client will be very willing to, and does not normally require much coaching in, self attack. For example, Eve said: "At last I don't have to pretend to be nonjudgmental. Why wouldn't I be critical of her—she's a total nut job and I hate her. She's always out of control, she yells, she screams, she's drunk, she's a selfish bitch and is ruining my life. This will be fun." In the face of the activation of an intense self-judging process such as this we have noted four troubling but likely experiencer-self responses. The client: (1) aligns with the self-judger and agrees (i.e., becomes polarized in the self-judgmental stance); (2) becomes enraged and hostile toward the self-judger and counter-attacks (i.e., sees the self-judge as all-black); (3) becomes hopeless and demoralized, or even freezes in the face of the self-judgmental process (a fragile or shamed self becomes activated); or (4) feels disorganized and confused. Yet another problem can also occur. As when working with traumatized clients (Paivio & Pascual-Leone, 2010) a task rupture can happen at the onset of the intervention—the client becomes frozen in fear at the thought of activating the coercive-self. The therapist must help the client regulate these difficult experiences. These experiences are aversive and unhelpful for the client if they are not resolved during the intervention at hand.

An example of this was Eve's first experience of two-chair intervention. The therapist began by asking her to articulate her self-judgments in the

critic-chair Eve casually and sharply ripped herself apart. "You're old, you can't keep a man, you're a bad mother, you don't know how to dress, you can't hold a decent job, you're stupid, you're a total loser, you can't control your anger, you don't know anything about anything . . . ." When moved to the experience chair and asked by the therapist to articulate "what happens inside when you hear all that?," she replied, "She's right, I am a loser" and started to criticize herself in that chair as well. The therapist followed a normal protocol for this situation, and switched Eve back into the critic chair, commented that she was still in the critical mode, and asked her to continue with criticism. Eve's verbal behavior further polarized in self-judgment, but as she continued her facial expression and other nonverbals displayed her internal collapse and shut down. She looked depressed and immobilized. From the experiencer chair she then began to talk about how she could never stand up to that kind of attack from others for more than a few seconds and started to criticize herself for that as well. Finally she turned to the therapist and asked, "What is it about me that makes everyone pick on me? Why am I the one that it's ok to push around?" The therapist, assessed that the intervention was not proceeding helpfully, disengaged from the chair-work and discussed with Eve how her internal criticism was extremely harsh, and how important it would be for her to be able to stand up against criticism from inside or out. She committed to working with Eve on achieving that. Eve replied that she believed this weakness in her could not change. When asked if she wanted to be able to be more assertive she replied, "Of course, but a lot of things I want can't happen." These initial attempts to work with Eve's self-judgments in a two-chair intervention left her polarized in a bad-self state, feeling hopeless and worthless. Following two such attempts Eve exhibited a task rupture at the onset of the task balking in fear (and adaptively so) at activating her negative judgments. The EFT therapist respected these refusals and did not engage in chair tasks for some time thereafter, and returned to providing an empathic, unconditionally regarding, and genuine relationship.

APPROXIMATIONS TOWARDS TWO-CHAIR TASK AGREEMENT

It is clear that two-chair work has the potential for intensively activating clients' object relations (Kernberg, 1967), including the self's primitive defenses (McWilliams, 1994) such as black and white thinking, polarization, or primitive freezing in response to the overwhelming activated affect (Pine, 1986; Porges, 2004). For a client such as Eve, activated fear, shame, and pain may have also activated her traumatized attachment system (Liotti & Prunetti, 2010). An EFT therapist inexperienced with BPD can intensify this problem. A well-trained EFT therapist will normally attempt to increase the emotionally alive contact between the chairs. Using their empathic understanding, they may offer clients verbal prompts that can have a dramatically real quality. As well, and while still very attuned and aware

of the client's needs, they may stay on the periphery of the client's awareness, remain in voice contact with the client as a process-coach in the task, but not engage the client in direct relationship as they would when outside of the chair task This is because increased relationship with the therapist during the task normally reduces alive contact between the chairs and diffuses the usual effectiveness of the intervention.

While a very important and skillful part of normally doing effective EFT two chair-work, this contributes problematically when working with clients with BPD in three interacting ways. First, employing empathically-dramatic cues intensifies client affect. Fonagy and colleagues (2002) discuss the importance of *marked externalizations* in helping a child feel safe in a fictional world (and learn affect regulation). They discuss how the borderline client may confuse pretend versus object affect when affective displays are too real. Second, reducing the client's awareness of therapist's contact leaves the client somewhat abandoned within an intervention that has activated an intense object relations dynamic, when direct relational support essential to emotion regulation may be most needed.

Third, processing these initial task failures highlighted that many clients like Eve with BPD, display limited reflective functioning or mentalization capacity (Fonagy et al., 2002). Eve had a weakened capacity to be aware of and reflect on her own states of mind. Emotional activation seemed to lock her deeply in whatever self-organization was on-line so that she acted fully from the presently active state with little capacity to meta-observe it from a reflective position, nor experientially remember a previous state of self-organized mind. She lacked a self-observing meta-position (Hermans, 2003) or observing ego (McWilliams, 1994). When two self-states organized in alternation out of her control, she became agitated and conflicted. What became clearer over time was that this was not experienced as a conflict between her self states. Rather at these times she struggled with feeling out of control and with confusion about which self to trust as real or good in a given moment. She wanted to identify which part was all-good (Kernberg, 1967; McWilliams, 1994) so that she could confidently side with the good self. So while there were clear markers of an internal split, Eve did not experience the conflict. This was an important learning. One can infer a split with most clients and then productively employ two-chair tasks. With clients with BPD one must clearly ascertain whether conflict is consciously experienced. If not, two-chair work is not yet indicated.

PREPARING THE GROUND FOR SPLIT WORK

While providing the empathically attuned relationship conditions, the therapist instead began employing a more grounded approach by following, observing, articulating, and reflecting the observed shifts and experiences within Eve's self-organizations as they emerged. Over time a pattern did emerge: an alternation of two predominate self-organizations, a puni-

tive judgmental self (Why are you such a nut job loser?), and the all bad dysfunctional (I want to cut and yell) self that was being judged. In this process the therapist simply observed, pointed to, and named the voices as they appeared. Following this, Eve reported being very much helped by the therapist empathically reflecting the internal confusion she had over "Am I good or bad?" because, in fact, she could not understand why sometimes she behaved like a good person and at other times she was out of control behaving badly. She reported being helped by the therapist communicating understanding that having little control over her bad self being triggered was distressing to her, as this normally was the consequence of being bullied by intransigent others over which she had little control.

EFT-C PRINCIPLES AND MALADAPTIVE INTERNAL RELATIONS

These reflections lead to an important intervention which caused a major shift in both her experience of self, the path of her therapy, and eventual re-engagement in chair work. The therapist offered a higher level empathic reflection of Eve as person (Watson, Goldman, & Vanaerschot, 1998) that described not only the experiences from within the perspectives of her two predominant self-organizations but the dynamic maladaptive relationship that bound them together—one that generated both her self-criticisms and bad behavior. In this process a genuine impression of the therapist was shared that the apparently all good judge held naïve standards for being good that she could never meet. This caused her to continuously take on burdens and demands from others to which she was never allowed to say no. Inevitably this caused her to go past her limits of emotional endurance which would lead to her outbursts. Once her outbursts occurred her judge would again emerge mortified and critical, the experience of the bad-self's shame followed as would the bad-self's recommitment to try to obey the standards for good behavior. Naïve standards, such as "if you can take it you have to take it," would again be on-line, and so the cycle would continue. The therapist then undermined Eve's polarized values of her critic and bad girl hypothesizing to Eve that her bad behavior was not a sign of her badness but a natural consequence of reaching her limits. If we could help her set limits before she reached her limits her bad self would be less bad. To do that her good self had to be less good (less naively trying to be perfect) so she could have permission to say no. After this session Eve reported that the therapist had NAILED IT (her capitals), the session was extremely helpful, and that she was making excellent progress. Asked what she saw differently she reported: "It's ok to set limits."

Processing the above interventions lead to an important insight. The standard procedure for early stages of two-chair work is to activate emotion schemes in one self-organization at a time. Unfortunately this intensified her dysfunctional and intense object relations and activated her black and white thinking. Here the therapist instead addressed Eve's ex-

pressed need for more integrated understanding of herself by presenting a recurring maladaptive interactive pattern *between* two of her self states. This tied her self states together in a way that surprised Eve, undermined her black and white thinking, opened her curiosity, put her at a cognitive distance to experience both states, all of which also regulated her affect. This also pointed to a new intervention strategy: identifying and working with the maladaptive cycle between self-organizations, employing not two-chair work, but a more systemic interactional strategy from EFT-C for couples (Greenberg & Johnson, 1988; Greenberg & Goldman, 2008; Johnson, 2004).

In EFT-C a central premise is that problems in a distressed couple can not be located at the level of the partners but at the level of the coupling, in the maladaptive cycle of interaction between them. A core therapy goal is to identify this maladaptive cycle, and to help partners contact and communicate deeper primary affect and needs that can support attachment bonds. The EFT-C therapist empathically connects and has a real relationship with both members of the couple, short-circuiting and de-escalating hostility by continuously empathically reflecting the underlying feelings within each partner, helping them contact the deeper feelings and needs underlying the attack-attack, attack-withdraw, or withdraw-withdraw patterns.

The therapist began applying these EFT-C strategies to Eve's maladaptive self-organization relations. This proved very effective and solved some of the problematic issues related to normal two-chair work with this population. First the therapist does not need to (but can) use chairs in this stage. More important he/she is in contact with and relates genuinely to each self-organization in the conflict as that self-organization activates. In this way relational contact and empathic attunement between client and therapist is always maintained and deeper vulnerable feelings and needs from within each self-organization can be explored and supported. This is important because during DBT possible adaptive motivation at the core of the judging Eve had never been validated. DBT views self-invalidation as problematic. Pushed to change this, clients are coached to reduce self-judgment not explore it. Yet from an EFT perspective, for many clients with BPD adaptive motivation may underlie the secondary self-contemptuous or judgmental emotion, such as primary adaptive fear that a normal life or relationships will not be attained if the self continues to be so "screwed up," or adaptive anger that movement towards dreams is being thwarted by the maladaptive acting out of the dysregulated bad self. A second advantage in working in this way is that no direct communication occurs between self-organizations. The therapist receives the as-if expressions between self-organizations. As such the therapist receives and contains the affect in communications the client expresses to themselves as well as can playfully referee the quality and tone of these as necessary to de-escalate and attenuate affect. The underlying pain in an attack such as "I wish I could bash her head in with a rock" can be validated and empa-

thized with, but also identified as ineffective, and the client helped to be more interpersonally effective in articulating pain and needs under the rage (perhaps by employing DBT skills such as DEAR MAN—describe, express, assert, reinforce, etc.—to effectively either say no or ask for what is needed, Linehan, 1993b). This playful mixture of dramatized dialogue and psycho-education clearly creates an as if world that keeps feelings regulated and supports the clients reflective capacities.

In this stage, the therapist can also play an important role in modeling expression of affect and needs by occasionally talking for self-organizations. The most successful of these appeared to require the therapist to be playful and to employ humor. Fonagy and colleagues comment that mothers provide affective expressions that have an as if or non-real flavor marking these as non-real and the participating partner as safe. The infant is prevented from misinterpreting the displays and becoming overwhelmed by them (Allen, Fonagy, & Bateman, 2008). Porges (2004) also highlights how essential the perception of safety is to a client's capacity to regulate their reactivity. In this process the therapist continuously provides contact, encouragement, and warmth, as well as lends their capacity to symbolize experience in language to their client which itself also helps regulate emotion. As the therapist playfully symbolized experiences of both her self-organizations, Eve began to experience both their roles in the maladaptive cycle. A commitment from both to a shared task began to emerge. In Eve's case, her judging self realized she was setting standards she could never meet, and was playing a role in overwhelming herself to the point of acting out. A willingness to see occasional self-centeredness as healthy grew. The behaviorally dysregulated self realized that before acting out occurred, she always felt signals that she had gone past her limits, but feared her anger in these moments which caused her to dissociate. This was the trigger for her acting out and cutting. She became willing to get better at feeling angry with others and with her inner judge, and to tell them what she needed. Following is a session within which she reported a shift in her reaction as a result of this work and in which she continued to address these issues.

EVE: The other day I started to get really angry. He was coming at me and coming at me and he was crowding me and giving me no space and getting really mean and he wouldn't leave me alone, and that weird distant feeling started happening. I know I'm in a really bad place, I need it to stop, I need to cut myself, I need to grab something, I need to cut. I saw myself flailing at him, and grabbing something and smearing the blood all over the place. But he was standing in my way blocking me from getting to the counter, he's so big, I was trying to figure out how to get by him but I couldn't, and I was feeling more and more weird, and then I did something, I started yelling at him. "STOP! STOP beating on me! STOP beating on me." I was really yelling. I just

kept yelling and he got less mean and started to try to get me to quiet down. The feeling started to get less, and he started to look scared, and he pleaded with me to be quiet so the neighbors wouldn't think he was beating me [she laughs]. So I didn't cut.

T: Wow that's amazing, you didn't cut yourself, you set a limit on him, you got him to stop crowding you, you made a demand—back off.

E: But I was so mean, I was yelling really loud.

T: And . . . ?

E: I should have been more interpersonally effective.

T: [Laughing and pointing at her] Oh, hello Miss Emily Post—you again—making yourself feel ashamed and robbing you of this amazing event, your achievement. Yeah, tell her: "Even when you are cornered in your kitchen and a guy is threatening you, and pushing you, and won't give you space, and pushes and pushes and never responds to your needs, and you feel like you're dissociating and you want to injure yourself, you must be elegant and sweet and interpersonally effective just like we learned in DBT. No yelling allowed. He can yell and bully and use you, and you can't yell back or stand your ground in any way—that is not nice, and he might hurt you, so just take it." Does that fit?

E: [Laughs] Yeah, that's it.

T: And what's happening right now? Instead of enjoying this accomplishment and getting to feel proud that you did set a limit, and that you pushed back and didn't cut, it's all something to be ashamed of. No A for you! [in the voice of the soup Nazi].

E: [Laughs].

T: But you did something you've never been able to do before, I think this is great.

E: Yeah, it was different. I felt like I had more control.

T: Yes, because the only way you usually set boundaries is by actually leaving—leave town, go to Miami, run out the door, or you leave inside with the dissociation.

E: Yes, that is it, I'm leaving.

T: But leaving inside scares you and gets you wanting to cut. Cutting makes the mess. Miss Manners berates you about what a nut job you are and what a mess of things you've made. This time you didn't do any of that. You set the boundary with him—you made a demand, you said stop, and you made yourself heard.

E: Yeah, I did.

T: Didn't it feel good?

E: Yeah

T: I'm glad—and Miss Manners, you don't want her to yell?

E: Yeah, I don't want to always be yelling, it makes me look bad too, that's witch.

T: Yes we know witch is the flipside of good-girl, when she happens all hell breaks loose and blood is everywhere—so much shame after, and

you're right you do look nutty—AND that happens when Emily Post over there sets rules that make you take too much abuse—that only happens . . .

E: When I reach my limit, that is so helpful knowing that there is a reason it happens.

T: Yes, understanding it helps, but if she sets standards way too high, good-you tries to be so good by taking too much crap and then flips.

E: Yes, I see that now. I want to set limits.

T: And both of you need to get better at feeling like crap, because you are both really bad at that.

E: What?!

T: Emily-you needs to feel ok about not being perfect, perfect mother, whatever, and tolerating feeling embarrassed so that she will not shame you, good-girl you has to feel much more comfortable with anger and fear, so you can stand up for yourself and to the judge inside.

E: Yeah, stop judging me bitch (good-girl laughs).

T: And what do you need from Emily-you, the good girl?

E: I need her to let me set limits.

T: And what does Emily-you need from witch-you?

E: I need her to try not to yell and cut.

T: And how is she going to set limits then?

E: Be interpersonally effective with K.

T: Are you setting the bar high again? Perhaps yelling is ok with someone who doesn't ever listen to her.

E: But I don't want to be mean.

T: Maybe that's something that will come in time, give her credit, she set the limit, and was mean and yelled, and did not cut; trust her, she will get better if you let her practice!

TWO-CHAIR WORK BEGINS

Explicit markers of being simultaneously aware of two self states and self-conflict began to emerge. In one session Eve remarked: "My boyfriend says I'm mean when I drink. I told him the mean me is always in there, it just can't speak up unless I put Miss Manners to sleep with alcohol." This new experience of conflict was exhausting to Eve. She was now able and willing to re-engage in two-chair intervention. Two-chair at this stage follows the normal structure of two-chair intervention with other clients, with a number of notable caveats that relate to the continued need to regulate affect. The therapist must refrain from identifying a good or bad self and relate to both self-organizations as important parts of the self in conflict as one would in later stages of chair work with other clients. The therapist must always focus each chair to the deeper needs and primary feelings and continue to coach the client on effective interpersonal communication. The therapist may also need to continue to speak for particular self-organizations at times, even evocatively so, but must always do so playfully and

with humor. For example when articulating the expectations of one of Eve's organizations the therapist said:

T: When the house is burning you have to carry your boyfriend on your back, and then your daughter and son will get on board, and, oh yeah, the two dogs and the cat, and then your children will run back to their rooms and get their cell phones and computers, and, oh yeah, you have to pay the bill on the way out of the burning door, and when your boyfriend starts to get frisky on the way out the door, you have to stop and let him have sex with you, and then everyone gets on board again, and then they're all yelling, "Why are you walking so slow, bitch, run! And where's our new house?"
Eve: [Laughs] That's ridiculous.
T: What are you being judged for, what's your crime?
E: Not being able to do the impossible.
T: What do you want to say to her?
E: I can't do it. Stop expecting me to do the impossible.

At this stage the client with BPD is becoming ready to engage in trauma work, and unfinished business interventions (Elliott et al., 2004; Pavio & Pascual-Leone, 2010) that may help change the automatically functioning emotion-schemes at the heart of interpersonal distress and functioning. As with work with trauma survivors this frequently leads back to self-splits (Paivio & Pascual-Leone, 2010). Below is an example of a recent chair-work with Eve working on setting limits on unwelcomed sexual advances. She started by playing the role of the man making his unwanted advances.

E: [As man] I can take care of you, you are beautiful inside and out, I want to lie by the fire next to you and touch you, I can take you and your children away from that horrible boyfriend, take you away from this horrible place, be with me.
T: Ok, switch. What happens inside when you hear that?
E: [Squirms in chair and turns head away] I want to talk about something else . . . just pretend I didn't hear that.
T: You want to avoid.
E: Yes, I want to leave.
T: But there is something that happened before that, wasn't there? You had this look on your face like a deer caught in the headlights . . . a feeling before wanting to leave, what's the feeling you want to avoid in there?
E: I don't know . . . [pulls same face and pulls head back]
T: Yes, that face you just pulled and your shoulder went up to your ears . . . it kind of looks to me like maybe disgusted or maybe trapped [pointing to the nonverbal primary adaptive disgust to support assertion of boundaries].

E: Yes, I feel cornered, like I have to do something I don't want to do . . . yuck that old man having to touch him . . . [pulls disgust face again].

T: Yes, there is your first instinctive reaction, "No, I don't want to have sex with you," [affirming the primary emotion] yeah, tell him, "I don't want to have sex with you."

E: [Shakes head back and forth] I can't say that. [Self-interruption activates]

T: There—it just happened. The other side of you that gets in the way of you saying "No" just happened inside of you. You don't want sex with him, but when you imagine trying to say "No" it pops in and says, "You can't say that" [identifying both voices and how assertive voice activated interruptive voice]. Come over here, let's hear from that side. . . . Ok, you are that part now that won't let yourself tell him "No." What do you say to her to make her feel like she can't say "No" [back to two-chair split work].

E: Well, you're not getting any younger, he can get you away from K and out of your financial mess, get you out of here, you hate it here, you can have a nice house, nice clothes, what's the big deal, just sleep with him, lots of women do this, what's the big deal, just take the money and sleep with him, you can't make it on your own, you're a dreamer if you think you can get anyone better, you're not going to get a better offer.

T: So you are the pragmatist—"What's the big deal, just do it."

E: Yeah, just close your eyes and do it.

T: Ok, switch. She says, "What's the big deal, just do it and get the security." What happens inside when you hear that?

E: [Pulls disgust face again] I can find a better guy who I won't mind sleeping with. [Avoids disgust]

T: But wait a minute, ok, she says "it's no big deal, just do it," but on this side you have this disgusted look, I'm guessing it *is* a big deal. What's it like when you have to have sex with someone who disgusts you? . . . help her understand why it is a big deal. (help her to go to core adaptive disgust)

E: Well, it's not like I'm going to be sexually abused, 'cause I would be choosing it.

T: She would be choosing it, you have to live it, help her understand what it's like for you . . . .

E: Well, it is like being sexually abused, I have to do something I don't want to do, and I have to endure it, wait till it's over, this old droopy body, his hands, yuck!!

T: Yeah, that's what it feels like, right? That is what she is asking of you, "You're asking me to be sexually abused again. I feel used and revolted and you're making me go through that again . . . ".

E: Yeah.

T: She allows it, but you live it . . . try this, tell her, "I don't want to have sex with him and I won't."
E: I don't want to have sex with him and I won't. [Complies]
T: Again. [Holding and intensifying the primary adaptive assertion]
E: I don't want to have sex with him and I won't. [Stronger voice sounds more like hers]
T: How does it feel to say that? Does it fit the feeling inside?
E: Oh yeah, it feels really true. Like right now I'm thinking of Helen Hunt all wet from the rain and she's yelling at Jack Nicholson, "Thank you for helping my son and I'M NEVER GOING TO HAVE SEX WITH YOU!!!" [Fully owned assertion]
T: So it really is there—that core "No" feeling. Switch. Ok, so she says you're making her go through abuse all over again and she won't do it. What happens? Is that ok with you?
E: Well, then she'll have to live with the financial consequences, and she's going to be poor.
T: It's hard to see her suffer with no money trapped with K . . . ? You're trying to help her?
E: Yeah, she's miserable, she's too old to get a good job or a decent home, she's going to be destitute, her kids don't work and aren't going to take care of themselves. She needs money.
T: So you are scared over here, and you don't believe she can survive without a man helping her and you don't want her to burn her bridges?
E: I don't want her to throw possibilities away—he can help.
T: What do you need from her?
E: I want her to be nice and be friends. Use resources he gives.
T: Will you let her say no to the sex?
E: You don't have to sleep with him.
T: Switch—so she says you don't have to sleep with him.
E: Thanks! [laughing]
T: [Laughs with her] Do you believe her though? When he comes at you and you try to say no do you think you can count on her to help you say "No"? 'Cause my gut feeling is that's what you need over here, to have her on your side. You live the yuckiness, she forgets that, I think you need to remind her of that. [Therapist to other chair speaking as E] Like listen to me, I've been abused, it's hard for me to say no to these dominant men because you keep making me feel wrong—I need you to be on my side helping me say no.
E: Yeah, and she's not paying attention to all the signs, he's dangerous, he lies, he's told me lots of lies over the last weeks; that's funny I'm remembering all of this stuff now.
T: Yeah, that's important, "I have the instincts, I'm not naïve, you think you have the solution but you aren't paying attention to the warning signs, listen to me, trust me when I want to say no."
E: Yes, I'm being smart. I'm sure about not wanting to sleep with him. I

still feel scared to say no to him though. [More maladaptive fear remains to be worked through]

T: My guess is that's the young fear from the childhood abuse, you have a lot of good instincts, but when that childhood spell gets activated you feel small and can't assert.

E: I get pushed into stuff.

T: And it is hard to stand up when a voice inside is saying you won't survive, and maybe you can help her remember how you have taken care of yourself financially for years.

E: That's true . . . . [4-second silence] I'm tired. This is really tiring. I want to go home and take a nap!

T: Yeah, you always look like you could snooze after these [laughs], but has this helped at all?

E: Yeah, it unjumbles my head, sorts things, and I do feel kind of surer somehow.

After two and one-half years of EFT and several chair work interventions later Eve's discourse in another two-chair intervention provides impressive evidence of what can be achieved. Eve said: "I've been noticing how angry I am and how much I want to leave but I can't. Something inside really *is* stopping me. I keep asking myself: Why? Why can't I leave? I think it has something to do with what happens when I am alone, a feeling that I have. I feel like I'm bad. It's really weird. I'm feeling it right now. It feels like I did as a teenager when I ran from foster care and ended up locked up in jail. I think I'm afraid that will happen again." In this brief passage she displays strong reflective functioning, affect regulation, explorative attention, contact with her experience, and composed self-interested. At the end of the chair work, the agitation with which she entered therapy that day was gone, and again she reported feeling like going home for a nap. Her post-session report indicated that the session was extremely helpful.

EMOTION REGULATION, RELATIONSHIP AND EXPERIENTIAL INTERVENTION

In EFT the therapist offers genuine reactions, optimally engaging the client in a collaborative *dialogue* as two valid human beings (Buber, 1965, 1970). The therapist also accepts the client's expertise on their own experience (Pos, Greenberg, & Elliott, 2008). We feel this is essential because we agree with Fonagy et al. (2002) that the weaker an individual's sense of their own subjectivity, the harder it is for them to experience the validity of their own experience. Clients with BPD often uncritically accept or reject wholesale the therapist's perspective. Therefore EFT therapists do not act as experts on interpreting what the client needs, but offer symbols, suggest process, and then encourage the client to arbiter the adequacy of

suggestions. This provides the opposite of an emotionally-invalidating environment (Linehan, 1993a). The longer Eve has been in the therapy the surer she is of her experience and the more she says "No. That's not it exactly."

Unlike in behavioral approaches, the EFT therapist also never uses warmth as a contingency. Consistent willingness to say in warm relation, not withstanding what might be considered maladaptive in the BPD client's behavior, is extremely important. It can extinguish over time the client's need for phoning out of hours as they became sure of the therapist's unconditional support. During phone paging, for example, Eve needed help regulating anger from family judgments. She exclaimed: "You NEVER judge me, you may not approve, but you NEVER judge." It is our experience that clients with BPD do make the distinction between approval of actions and acceptance of them as persons, and being accepted as a person is emotionally regulating.

Active chair work is also always supported by empathic holding and interpersonal safety. Empathy in EFT does more than evoke and deepen exploration of experience, it is a deep relational process (Bohart & Greenberg, 1997; Rogers, 1975; Watson et al., 1998). The affect sharing that follows from empathic attunement is fundamental to affect regulation, interpersonal self and a strengthened sense of one's existence (Neisser, 1988; Schore, 2001). We have found it preferable to use evocative and organizing empathic reflections together. One can do this by using evocative concrete experiential language delivered in a matter-of-fact tone. Reflections that are dialectic (Linehan, 1993a) that capture opposing points of view, or more than one self-organization at a time, are also of this type. For example, when Eve balked at experiencing her feeling the therapist said: "*I* think you are treading water in the shallow end of the pool so I keep trying to push your feet onto the pool bottom, but *you* feel like you are in the middle of the Atlantic and that I'm trying to drown you by pushing you under water." These reflections are emotionally regulating because they help the client simultaneously attend to experiences that are at odds but at the same time are bound together in larger more organized wholes.

We also wish to point to the power of language to regulate experience. When the therapist's verbal symbols really capture the client's experience well, these are grabbed by the client and used later to support more effective regulated interpersonal communication. Eve called in distress, but instead of her usual arousal and incoherence said quietly "I'm on the iceberg." This related to the therapist having previously symbolized her loneliness as "floating alone in the Arctic Ocean on an iceberg, at night, it's dark and cold, you're barefoot, and there are no stars." We have also noted that when working empathically with borderline clients, to whenever possible attune to interpersonal concerns. Relationships are very important to these clients, so consistently attuning to this motivation can lead to deeper understanding of the client's reactions (Gunderson, 2001; Posner

et al., 2002). For example, Eve balked at learning how to self soothe. The therapist trying to make sense of this reaction reflected: "When I suggest you learn to self-soothe I think you think that I'm trying to teach you how to be alone for the rest of your life." She replied: "Well aren't you?" Now Eve could be motivated to self soothe by understanding its usefulness in maintaining relationships.

Finally, empathy, more than expressed understanding, can also take the form of responding to a client's present need, such as straightforwardly helping the client to regulate emotion. Highly tolerant of aroused affect, able to endure its expression, knowledgeable of its problems and values, EFT therapists are particularly suited to emotion coaching clients with BPD in this way. They can provide explicit psycho-education about emotion types, how to learn which emotion processes they can trust (Greenberg, 2002) and help to explain the different opportunities for regulation within each component of an emotion scheme. Clients are also coached in the dialectical tension between awareness and modulation of emotional arousal. They become aware that arousal is not dangerous by definition, that they will not be pushed to experience too much, and that emotion can be regulated and experienced. This lessens secondary fear that drives emotional avoidance.

TWO-CHAIR AND UNFINISHED BUSINESS

Clients with BPD will also present markers of lingering bad feelings towards significant others, or unfinished business (UFB) which calls for empty-chair intervention. Eve engaged in empty-chair work upon expressing markers of unfinished business with her ex-husband, mother, and daughter. We find that, as with trauma survivors, this work very quickly is interrupted by self-invalidation/criticism or self-interruption (Pavio & Pascual-Leone, 2010), and that work on resolving self-splits must occur first because it leads to increased self-integration that strengthens the self. This supports regulation of painful or otherwise intense affect that is aroused when attempting to resolve UFB. While UFB has not been the focus of this article, some brief comments are offered here. One can benignly begin UFB work with clients with BPD. One method is to use the chairs only to help the client sort parts of their internal narrative. Use one chair for the client, the other chair for the other, simply shifting chairs as the client articulates thoughts and feelings of his/her own or versus internal representations of other's process (T: I think those are your ex-husband's feelings and thoughts you are talking about. Let's keep all of that coming from this chair over here). We have learned that one cannot underestimate the internal confusion in clients with BPD; and that chairs can be used to help give structure to their mental activity. This helps reduce their internal chaos, by helping them distinguish I from other. After one such intervention Eve reported: "This was amazing. I had no idea that my ex-husband's voice was in my head so much."

CONCLUSIONS

Employing chair work with clients with BPD, while challenging, can ultimately be very helpful to these clients by providing them with an experience of how their self-states are related and beget each other. Absence of explicit markers of self-conflict argue against engaging in standard two chair interventions. However EFT-C strategies can be used to work with the maladaptive relationships between self states in conflict, and can help the client take a more reflective and metacognitive stance toward their warring parts and what binds them in conflict. This supports development of the clients' reflective capacities and their ability to experience and work with self-conflict more explicitly. Empathic attunement, surrogate symbolizing, granting of expertise to the client, and the teaching of emotion regulation skills later will support clients engaging in standard two-chair work. For the client with BPD sorting of internal chaos, modulation of arousal through playful and dialectic reflections, empathic contact, and explicit emotion coaching, all support the clients capacity to fully explore their internal worlds. More integrated narrative identity, and greater capacities to regulate emotion and self-experience follow. As such, clients with BPD can and do profitably engage in chair interventions.

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