

CHAPTER 1

Navigating emotion – an emotion education

What are emotions?

Emotions, feelings, sensations, sensitivities, inner-senses, gut feelings, reactions, moods, sensory experiences, sensitivity, state of mind, state of being, sensing, knowing. There is a plethora of words to describe our inner conscious and unconscious experiences of how we are doing, and even more words to describe our many and varied feelings. We have thousands of words for different emotions. In this chapter, we will look at what emotions and feelings actually are, why they are so important and worth listening to, and the function they serve. We will look at why we so often avoid our own, our children's, and our client's painful emotions; and how emotion avoidance can contribute to the development of emotional pain, symptoms, and mental health disorders. We note that in theoretical discussions of emotion, the term "emotions" can sometimes refer to our *fundamental* feelings or core emotions, while "feelings" can refer to the *nuances* of one or more core emotion. In this book, we use the concepts of emotions and feelings interchangeably as synonyms. This allows for more flow in the writing and is also common in professional texts.

We note also that it is common to refer to emotions such as joy, curiosity, or enthusiasm as *positive* emotions, and emotions such as anger, shame, and sadness as *negative* emotions. In the emotion focused approach, we find it counter-productive to distinguish between positive and negative emotions in this way. Both pleasant and painful emotions provide us with important, even vital, information. Categorizing emotions as positive or negative is problematic because it contributes to children – and adults – learning that painful feelings are not acceptable or desirable; that it is wrong to feel anger, shame, or sadness; and even that someone who shows an excess of "negative" feelings is bad or weak. The evaluation of emotions as negative leads to the belief

that we must control or avoid them. When, however, we accept emotions – when we validate them, and symbolize them by putting them into words – then emotions can do their job. The job of emotions is to give meaning to our feelings and sensations, and direction to our actions. Painful feelings, perhaps *especially* the painful ones, guide us by providing information about our needs, and directing our actions to get those needs met. The division into positive and negative emotions is also not consistent across individuals. Whether a particular emotion feels good or bad to someone has to do with their relationship to that feeling, and is not predetermined by the feeling itself. Some people are motivated to activate feelings which for others are unpleasant, such as fear, sadness, anger, or shame. Some of us do risky things to get an adrenaline rush. Some watch a sad movie so we can have a “good cry,” while others of us hide our tears at the movie, having learned that to show sadness is a sign of weakness. Some indulge road rage because it feels good to get it off our chest. Some get a “kick” out of acting the fool or playing the “class clown,” while others would cringe to do so. And some of us aren’t troubled by the guilty pleasure or escape we get from reality TV.

Describing emotions as negative, undesirable, or weak becomes a gateway to feeling traps that get in the way of parents validating their child’s pain. The avoidance of the so-called negative emotions in the parent or in the child lays the seeds for the trap; the avoidance inevitably backfires, and the feeling becomes more powerful and overwhelming. It’s understandable that we all want to avoid what is painful, and that we’re more motivated to experience feelings that “feel good” than ones that “feel bad.” But the science of emotion tells us it just won’t work, and that “you have to feel it if you want to heal it.” We need to allow and accept, not avoid and suppress, our emotions. When emotions work as they should, they provide us with a kind of equilibrium.

Beginning with the premise that all emotions are valid, we want this book to be a counterbalance to the normative dichotomous evaluation of various emotions. We would rather talk about emotions in experiential terms, and explore them as pleasant or unpleasant; good, hard, or painful; or easy or difficult to experience. We also explore the experience of emotion in terms that are idiosyncratic to the person or context. For example, sadness is painful – sometimes almost unbearable. But it does not follow that sadness is a bad feeling. The sadness of grief, and the expression of it through crying painful and woeful tears, is essential to moving forward and eventually healing from death or loss. The absence of painful sorrow in the case of grieving is an example of how one might lay the seed for a future feeling trap.

The distinction between emotion and behavior is also important in this discussion. Anger is a prime example. We often treat anger as an unwanted, negative emotion

associated with aggression. But anger is of vital importance. It signals us to recognize what we don't want, and it is the emotion that helps us to assert ourselves. Aggression, on the other hand, is not an emotion. It is an action that can occur when the adaptive needs of anger are not met. We might become aggressive when we are prevented from maintaining a needed boundary, from asserting our autonomy, or when we are prevented from removing obstacles that are in the way of reaching our goal. In EFST, we advocate a balance of understanding anger as healthy, understandable, and needing validation; while also promoting the need to set limits in regard to harmful, aggressive actions and words. We can set limits on behaviors without labeling the underlying feeling as negative. It's important to note that for most of us, this makes sense "in theory." But when we are in the situation, and the other person, for example the parent's child, becomes aroused with anger, it's easy to forget our great theories. It is hard to validate in that moment. It's hard to validate anger at any time. We are more likely to try to shut that anger down, even if we "know better." We know we need to validate anger in order to have the person – parent or child – learn to manage it. But in the heat of the moment, when our own or the other person's emotion is high, most of us just feel like saying: "Stop! Getting angry like this is just not okay!" Discussion of this combination of validation and boundaries comes up again in the chapter on boundaries.

There are many ongoing theoretical discussions in the literature regarding how many fundamental emotions or emotional systems there are. In this book, we will not be delving deeply into varying theoretical views on emotions. The goal is for you to have sufficient knowledge of emotions in order to understand how they work. In EFST, we work with what we, in emotion focused therapy, have simplified as the seven fundamental emotions: sadness, anger, fear, shame, disgust, joy, and surprise or interest.

In addition to each emotion having a label or name, each fundamental emotion has a corresponding bodily activation and bodily experience, a fundamental emotional need, and an action to meet the corresponding need. Table 1 gives an overview of these components of the basic emotions. The table is used as supplementary material in parent workshops and counseling.

In addition to these basic emotions, there are many complex emotions, and states, and various forms of self-organization. Feelings like loneliness, irritation, grumpiness, or excitement, all come from basic emotions: loneliness from sadness; irritation from anger; grumpiness from sadness and anger; and excitement from fear, joy, or interest (Stiegler, 2015). Other important complex emotions are jealousy, envy, love, and pride. Simply put, we can say that jealousy is a mixture of fear and aggression – fear of

TABLE 1. Emotion chart

EMOTION	CAUSE	BODILY SENSATION	LIKELY ACTION	NEED
SADNESS	Someone has hurt you. You have lost someone or something that is important to you.	You feel low energy, you have a heavy feeling in your body, chest, and gut, and a lump in your throat.	You cry and seek closeness and comfort, for example by reaching out with your arms to seek solace in the arms of the other, i.e., you get a hug.	You need comfort and closeness.
ANGER	Your space has been violated, your autonomy has been threatened, or your goals have been blocked.	You feel hot, your heart is racing, your blood is boiling, your muscles are tense. You feel clear and strong.	You lean forward, eyes straight ahead, clenching your fists. You are ready to tighten your boundaries and create space between you and the other.	You have a need for space, to stand up for yourself, or protect what's important to you. You have a need for assertiveness and autonomy.
FEAR	You are exposed to danger - or risk - or expect something dangerous. Something or someone has scared you.	Your heart is pounding, your hands are sweaty, you're shaking, dizzy, nauseous, have diarrhea.	You scream and/or run away from the danger, seek protection, fight to protect yourself, or freeze.	You need safety and protection.
SHAME	You have done something that you experience as not being accepted by the "pack."	Your body sinks down, shrinking inside, and you feel small. You blush.	You look down or hide your face and act submissive toward the other(s).	You need acknowledgement, normalization, reassurance, and recovery after the collapse of self-esteem and self-identity. You need forgiveness and to be brought back into the community.

EMOTION	CAUSE	BODILY SENSATION	LIKELY ACTION	NEED
DISGUST	<p>You are exposed to something or someone you find repulsive or disgusting.</p> <p>An important need is met, or you achieve something that was important to you. Someone has said or done something nice for you, you do something that you are very good at (mastery) or see or hear something that you like and that creates excitement.</p>	<p>You feel "poisoned" and nauseous.</p> <p>You feel bubbly and tingly in your body, you feel light in your body, and you feel like you have lots of energy.</p>	<p>You pull back. You grimace, your eyes narrow, eyebrows draw together. You can gag or throw up.</p> <p>You feel like smiling and laughing, chatting, running, jumping, and dancing.</p>	<p>You need to be rid of whatever is triggering the disgust and get away from the person or thing or situation.</p> <p>You need to share your excitement, enthusiasm, and joy with others. Sharing joy with others creates bonds in relationships.</p>
JOY	<p>Something is unknown or unexplored. There is something you don't understand. Something feels important and you want to know more. Even if you've reached your goal, you're still curious and want to discover more.</p>	<p>You have lots of energy, your body feels activated, you are focused and concentrated.</p>	<p>You seek out more information/knowledge, ask questions, investigate, observe, learn.</p>	<p>You need more information, time and space to investigate, and support for better understanding.</p>
SURPRISE/ INTEREST				

losing something and a need to protect ourselves. Envy can be described as a mixture of slight sadness and slight contempt or aggression – the need to have something, the sadness of not having it, and the anger that others have it when we want it or think we deserve it. Falling in love is connected to sexuality and lust, and also has elements of joy and curiosity. Pride is a positive evaluation of one's self and one's own actions combined with joy, and is in many ways the opposite of shame, which has to do with negative judgements of one's self, through our own and other's eyes. Pride is a feeling that has to do with rewards for achievements and being recognized for something, both of which are indications to others of our strengths, and also a signal to ourselves that the opinions of others are important to us. It's easy to move from pride to shame, but unfortunately not so easy to shift from shame to pride (Stipek, 1995; Nathanson, 1987; Gilbert, 2000). Listening to emotions helps us to understand what we need, helps to prepare us for action, enables us to make good choices, and helps us to reduce stress and promote calm in the body. Emotions are, therefore, adaptive and useful.

Primary and secondary emotions

A primary feeling is a direct reaction to what is happening in one's surroundings. There is an important need associated with each primary feeling (Greenberg & Safran, 1989; Greenberg & Goldman, 2019). The child who cries at night because her mom is away misses her mom, and feels sad that her mom is unavailable. The inherent need of the child is closeness and comfort, and the child can be calmed down if the father or co-parent, or another close adult, meets the need.

Secondary emotions are reactions that come after a primary emotion is activated – a sort of reaction to the first feeling (Greenberg & Paivio, 1997). The secondary feeling “covers” or “hides” the primary emotion and this can happen so quickly that we don't even notice the primary feeling. Secondary emotions work to protect us against our more vulnerable and painful feelings; against our unpleasant feelings that we would rather not have; or against feelings we have experienced before that were not allowed, recognized, or validated. Secondary emotions can often feel confusing and frustrating, not just for the person experiencing them, but also for the people around them. Secondary emotions can be difficult to understand in the context where they occur, and can give misleading messages to those around us about what we need. This is because our basic emotional need is connected to the primary emotion, not the secondary one. When the crying child, in the example above, expresses rage and anger in response to feeling sad, the rage can be a secondary emotional “protest” against the

sadness, because the sadness feels too painful. It's possible that the child has developed an effective avoidance of sadness, and replaced it with anger, based on past experiences when the child felt overwhelmed and may not have had the need for comfort met. In this case, the anger is a misleading message for the father. It will require more work and skill on the part of the father to understand that his child is actually sad and misses their mother. In the absence of this ability in the father, and if the child does not receive the closeness and comfort they need, the need only increases.

All basic emotions can occur as either primary or secondary. Whether a feeling is primary or secondary is not about which emotion one experiences, but which emotion comes first, as the primary reaction to the situation, and which comes as the secondary reaction to the first feeling. Even though our emotional needs are mainly related to primary emotions, secondary emotions are also important. They can serve as shields, so we don't venture out into the world unprotected, wearing our vulnerability on our sleeve. Secondary emotions also need to be allowed and accepted.

Adaptive and maladaptive primary emotions

Our primary emotions are fundamentally adaptive and give us information about basic needs in a given situation. But if over time we don't get help in handling the situation and the feeling, adaptive primary emotions can develop into being maladaptive (Greenberg & Paivio, 1997; Stiegler, 2015). An example might be the two-year-old who is sad and wants contact from his father. He starts to cry and reaches his arms up so that his need for comfort can be met. If the child repeatedly seeks out his father, without the father responding and meeting his needs, then the tendency can be for the child to "switch off" and no longer seek out his father. Repeated experiences of seeking comfort and not receiving it can result in sadness becoming a more enduring and painful feeling of lonely abandonment. The child is left to deal with these feelings on their own, without the soothing provided by closeness with others. Similar situations later in life, and in other relationships, may then provoke a maladaptive sadness.

A primary emotion is an immediate and "fresh" response that gives access to new information about what you need here and now. Primary maladaptive emotions are also immediate reactions to a situation, but they are maladaptive because they are old feelings associated with unmet needs from the past that show up in new situations. In the new context, the emotions don't make sense, are no longer helpful, and do not bring you closer to your having your needs met (Greenberg & Paivio, 1997; Stiegler, 2015).

Imagine a child who has grown up with an aggressive and violent mother. When mom lashes out physically, or is angry, the child is frightened. This fear is an adaptive primary emotion and provides important information to the child that they are in danger and need to get to safety or act in a way that minimizes the damage. Suppose as well that neither the mother, nor any other adult, manages to help the child deal with the fear by validating, accepting, and putting the child's feelings into words. Nor do they meet the child's needs for safety and protection. When the child grows up, they may react with fear in situations that don't warrant it, for example, in response to someone raising their voice, or making a sudden move. Fear has become a maladaptive primary emotion – the old fear coming up in new and harmless situations, where feeling fearful is not required. The maladaptive fear shows up because the body, and the emotion system, interpret a loud voice or a sudden movement as dangerous, and informs them quickly of the threat. This type of maladaptive fear can get in the way of further growth and good relationships with others.

Instrumental emotions

“Crocodile tears” provide the best example or image of an instrumental emotion: the child who sobs because she wants ice cream, and abruptly stops as soon as she gets it. Instrumental emotions serve a purpose rather than coming from an authentic feeling state. Children and adults may use them to get a desired response. Instrumental emotions often have a quality of seeming not quite genuine, and they can sometimes stop as quickly as they start. An instrumental smile seems “put on” and doesn't show in the eyes, whereas a real smile lights up the whole face. Although it can make the parent feel that they're being “played,” it is misleading to interpret instrumental emotions as deliberately manipulative. It is in interaction with us as parents that our children learn to adopt a particular emotional style. If a parent is likely to respond more to one feeling than another, the child learns that certain feelings have more currency with that parent. If a parent is trying to set a limit, but the child knows that this parent backs down in the face of anger – then the child learns to show anger when they want to get out of doing what the parent asks. On the other hand, if a parent reacts to distress more than to anger, then the child may learn to show sadness and produce tears when they want something. In both cases, the child over-develops the ability to activate a specific emotional response.

It is important to emphasize that all children can show instrumental emotions and that they are a normal part of emotional development. They can serve the purpose

of testing out emotional expressions and boundaries. A problem develops only if a pattern of instrumental emotions gets in the way of expressing primary emotions and needs. Instrumental emotions can also make it harder for us to feel empathy. The person on the receiving end can feel manipulated, which elicits a negative and judgmental response – the opposite of empathy. When this occurs, it's important to keep in mind that vulnerability and unmet needs lie beneath the instrumental emotion. Focusing on the underlying vulnerability is also essential when we, as therapists, work with parents who display instrumental emotions.

Emotions and children's mental health

When we ask parents what they think led to their child developing mental health difficulties, it often evokes a fear that they'll feel "exposed" and made to feel that it was their fault. But the combined causes are more complicated than that. Mental health issues develop in a complex interaction between biology and environment.

Many of us, as parents, never learned how to respond appropriately to emotional pain, vulnerability, and anger. Our parents didn't have the emotion education or skills to teach us, and neither did their parents. A lack of experience in having our emotions seen and responded to, means that emotional vulnerability, and poor strategies for managing emotions, are passed down through the generations (Sharp & Fonagy, 2008; Stern, 1998). This difficulty in dealing with our emotions makes it challenging to have our needs met in a good way, and puts us at risk of developing symptoms in the form of behavioral or mental disorders (Hayes, Wilson, Gifford, Follette & Strosahl, 1996; Hayes, Luoma, Bond, Masuda & Lillis, 2006; Bennett, Sullivan, & Lewis, 2010). Carrying such difficulties forward into adulthood will have an impact on our relationships and on how we are able to approach our own children's emotions. Also, children are born with different temperaments and sensibilities. This will make them more, or less, vulnerable to being affected by the way others respond to their feelings (Olafsen, Torgersen & Ulvund, 2011).

A child's innate temperament; genes; social and cultural factors; and random, challenging life events are all factors that affect a child's mental health. All of these are out of a parent's control. It's a relief for parents to have an overview of all the factors that can play a role. Figure 2 illustrates various conditions that affect a child's health and well-being.

The diagram illustrates the many factors at play, and we can alter very few of them directly. Epigenetics looks at the way genetic predispositions end up being activated

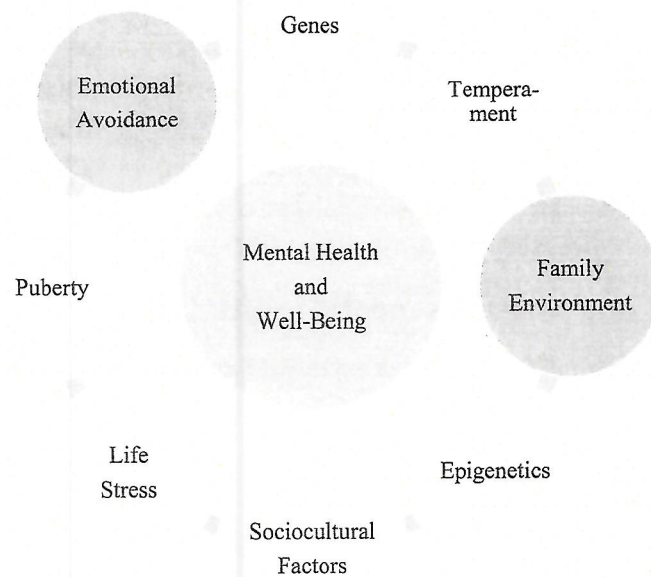


Figure 2. Factors that influence children's mental health, and which ones parents can control.

or not in interaction with the environment (Caspi et al., 2003). Children are born with different genetic conditions and different temperaments that can be a poor match with that of the parents. This can lead to greater challenges in the interaction between the child and the parents (Thomas & Chess, 1977; Smith & Ulvund, 1999; Sroufe & Siegel, 2011), but parents cannot willfully affect genetic outcomes. Random challenging stressful life events will also occur, no matter how parents try to protect their children. Cultural conditions and socio-economic status will also have an impact, and again are for the most part outside of the parents' control.

Family dynamics and emotion-avoidance are the two factors that parents can have a significant impact in changing. Even if these factors have some features that are inherited, still much of how we relate to each other and to our feelings is learned – and it is learned from our parents. If the eldest in the family is demanding, out of control, and gets yelled at a lot, then the youngest will often be calmer and try to avoid getting in the same trouble. The younger might work hard to be conscientious, follow

the rules, and be overly compliant. The fear of being yelled at could cause them to put aside their own needs for autonomy and exploration. Suppose one of the parents begins to approach the eldest differently, apologizes for how they've dealt with them in the past, and gets better at setting clear limits to reduce the acting-out. The relationship between the parents and the younger child will also change. The younger one will be less scared of getting in trouble and will see that conflicts can be resolved and that the parents do have the situation in hand. We find that when parents learn firsthand the power of apology, they will often in a case such as this apologize to their younger child as well. When parents take responsibility and free one of the children from being the "difficult" one, it usually results in a positive change in the relationship with the other children and in the sibling relationships.

It can be a relief for parents to find out which factors they can be responsible for changing, even if that responsibility means they may feel guilty for having contributed to their children's difficulties. It gives a feeling of hope to know that it's possible to change set patterns and repair old relationship injuries. If all of the causes were external, related to the environment or to the child's innate nature, then parents would be less empowered to see themselves as central to the child's recovery and well-being.

Emotion avoidance and impact on the family environment

I have no friends

Sarah, 17, gets home from school. She looks sullen and sulky. She moves slowly and can't be bothered to hang up her jacket. She shuffles into the kitchen, eyes to the ground, and slumps down heavily in a chair. Mom asks what's going on. Sarah doesn't answer. Mom sits down and asks Sarah to tell her. Sarah takes a deep breath and says that her whole class is going to a party tonight but she wasn't invited. Mom says that it must be a misunderstanding and that she should just call one of her girlfriends to see if she can go with them. Sarah answers sharply: "I don't have any friends! Don't you get it? Everyone is invited except me!" Mom says that she understands how awful that is, but that Sarah luckily has lots of friends on the volleyball team. And she's in the same class as two of them, so she could just call them up and get this all sorted out. Sarah is even more upset now. She has tears in her eyes and says angrily: "They aren't my friends. I can't just call them. And also, I hate volleyball!" She storms out of the kitchen. Mom follows her, surprised, and says in a slightly desperate voice: "But Sarah, what's going on? You love volleyball. All your friends there ... I don't understand. It can't be that bad ..." Sarah runs into her room and slams the door.

Many of us can recognize ourselves in this scenario. Our child expresses something painful or difficult, and, as parents, we try to comfort them and give advice, fix things, and bring them “back to reality.” There are good intentions behind these attempts to comfort or distract. We want to soothe their hurt feelings or help them get rid of the pain, and then show them the positive side so that things can be fine again.

Parents who attend our emotion skills workshop and counseling often feel a complete loss, confused and helpless, and don’t know what to say when their child expresses emotional pain. They’re afraid to make things worse. They’re afraid that the child will be even more upset if the parents acknowledge how sad and painful the situation is. Many parents also feel that it can be a struggle to understand why their child is having a hard time. From the child’s perspective, however, the parents’ efforts to “convince” the child that everything will be okay can feel like trivializing or denying their experience. They can then feel like no one sees or “gets” them or understands their pain, and so there’s no one who can help them get through these painful experiences. The message that the child hears can be: “Pull yourself together. Stop feeling like that. Don’t show your painful emotions. I can’t handle them, and I don’t want to hear about them.”

How can it be the case for so many of us that our intuition translates into these poor strategies? Why is it so hard to see, put words to, and acknowledge painful emotions? It’s because it’s also a natural instinct to try to avoid what we don’t understand or can’t handle. It is a human tendency to avoid discomfort and pain. Parents want to spare their children pain. Avoiding or suppressing a child’s emotions also has the secondary benefit of parents not having to deal with their own painful feelings. Seeing our child’s pain can trigger old emotional wounds and unmet needs in us.

How we understand and relate to different emotions is something we learn through the way others reacted to us when we ourselves were emotionally “activated.” For a child to have access to their emotions, and be able to experience, make sense of, allow, and handle those emotions, requires that the child be responded to with understanding and explanations from caregivers. Putting words to the child’s inner experiences and emotional states is something that parents do intuitively, especially when children are young (Smith, 2014). We put our baby into a warm bath, and we comment, depending on how the baby reacts: “Oh, that feels so nice,” or “That’s a little cold,” or “Oh no, you don’t like that.” Or when we comment “Oh, you got a little scared,” “What a happy girl, you like that, don’t you?” and “Yeah, you’re so mad!”

As children mature and develop language, they develop the capacity to put words to and express their own feelings and experiences. But well before they can speak, they

understand language, and they absorb emotion information. They will have learned in those early interactions which emotions their parents are comfortable with, and which ones they tend to avoid. The child will adjust their own emotional expressions accordingly (Marvin, Cooper, Hoffman & Powel, 2002) as this serves to maintain the close connection to the caregiver (Ainsworth, Blehar, Waters & Wall, 1978). The particular pattern of emotion avoidance that the child absorbs and adopts from the parent will then endure throughout the child's life.

Parents also tend to think that their children have better emotional competency than they actually have. One study showed that 91 percent of the parents of preschool children who participated, overestimated their children's emotional competency by an average of three years. Parents assessed their four-year-old as having the emotional skills of a seven-year-old (Kårstad, Kvello, Wichstrøm & Berg-Nielsen, 2014). The researchers found correlations between accuracy in parents' assessment and emotional competence in the children. The parents who were more accurate in their assessment also showed better parenting skills, as observed in interactions with their children. The researchers concluded that there is a risk that parents who overestimate their children's emotional competence may underestimate the child's need for parental help and support in daily life. A closely-linked implication of this is that parents with very high expectations of how their children understand and handle their emotions will provide less emotional support than the child needs.

Many parents also have an expectation that children can "speak reasonably" even when their emotions become powerful and overwhelming or when the child has misbehaved. Research in affective neuroscience tells us that the part of the brain regulating emotion and behavioral impulses is not fully developed until the mid-20s (Johnson, Blum & Giedd, 2009; Siegel, 2015b). Children need help well into adolescence to understand and handle their emotions (Gottman, 1997; Nordanger & Braarud, 2017). The child also needs to have experiences that teach them that all emotions are acceptable, that no emotions are too uncomfortable or complicated to handle, and that all emotions eventually pass and are replaced by other emotions (Greenberg, 2002).

Emotion avoidance and family environment interact with each other. If we can help parents to break their family pattern of emotion avoidance, the entire family system will change. The effect can also go both ways between generations. Changes parents make in how they relate to their own and others' emotions, can result in positive changes in both the relationship with their children and the relationship with their own parents. We will come back to these topics in Chapter 4 and 5 on transforming relationships.

Physical and psychological consequences of emotion avoidance

A metaphor in emotion focused therapy compares emotions to waves. If you go a little way out in the water and see a big wave coming, and you try to stand your ground against it, the wave is likely to knock you down and pull you under. While you're underwater, you don't know which way is up, you swallow water, and you struggle to get back on your feet. There is nothing to hold on to, your bathing suit is full of sand and you have to scramble to safety before the next wave comes to knock you off your feet again. If instead, you choose to move toward the wave, and dive under, everything will be calm and still when you pop up on the other side. This is what it's like with emotion. If you fight against powerful emotions, or you don't engage with them at all they create chaos. If you dive into them, investigating them and getting to know what they actually mean, they will be far less overwhelming. When welcomed in this way emotions can give you information about what your needs are, and then like the wave they will roll away.

Emotions, then, are fundamentally adaptive and useful. When we have the support we need to tolerate even painful feelings, we can be in the emotion, endure it, and have confidence that it will shift and pass. When we don't receive the understanding and support we need to deal with painful emotions, they can become maladaptive and destructive, and the learning from that experience stays with us. We may come to believe that others are hurt by our feelings; that they can't tolerate or are overwhelmed by them; or that our feelings are unacceptable, harmful, not allowed or even dangerous. These types of experiences can result in us actively avoiding or trying to suppress our emotions. The feelings that we avoid grow bigger, more powerful, and feel even more out of our control. As well, we lose the chance to get the information that our emotions are trying to send us.

The compulsion that protects and isolates

A five-year-old boy loses his father suddenly. He's sad and misses him terribly, but also doesn't understand. Mom is drowning in her own grief and spends most of her time curled up in bed. The little boy is often left in front of the tv to take care of himself. He doesn't get the help he needs to be in, or relate to, his own sadness and grief. The sorrow of losing his father is made worse by the fact that in essence he has also lost his mom. Gradually, compulsive behaviors begin. It begins with the front door being locked and unlocked, first 5 times and then up to 20 times, before bedtime. Next, he feels compelled to go up the stairs two at a time. After showering, he must dry himself in a particular order. All the items in his room have to be in a specific place. It's impossible for him to

fall asleep without singing “The Wheels on the Bus” to himself ten times. If he forgets, or counts incorrectly, mom might die. There’s something safe and comforting about the repetition that eases his mind and body, but it limits him; for example, he doesn’t dare visit friends anymore, and refuses to have them visit him.

When children experience something difficult in their lives, it’s not necessarily the experience itself that creates the most pain or trauma. The response they get from others in regard to the experience has a potentially greater and more lasting impact. This means that how adults respond to the child’s pain is of vital importance. If a parent responds by avoiding or distracting, there’s an increased risk for the child to develop symptoms of a mental health problem (Gottman, 1997). A child reports a difficult experience – for example, that they are being excluded at school, or have had an uncomfortable encounter of a sexual nature. If the parent responds with denial, reassurance, or avoidance, this leads to more complicated and painful emotions in the child than if the adult had simply listened and conveyed that they heard. The incident itself may have been problematic, but the greater problem arises when the child’s experience is devalued, or when they are not allowed to talk about the experience. The child is left alone with their painful emotions, and that becomes a bigger emotional burden than the original incident. This is what we mean in EFST when we say, “It’s not what happens. It’s what happens *next*.”

Emotion avoidance is not only problematic when things get really difficult, such as with traumas or very stressful life events. For some, avoiding emotion can simply be the way they operate. We often hear stories in therapy about children’s emotions being rejected, avoided, or ignored. For many, the family environment did not have space for certain emotions, or for emotions in general. Emotion avoidance does not occur as a result of bad intentions on the part of the parents, grandparents, or siblings. It is often simply the case that the adults themselves don’t have the tools to face certain emotions, and have not learned about, or practiced, how to accept a wide range of emotions. The underlying message the child receives is that they should pretend to be in a different emotional state than their own felt reality suggests, and often it’s the positive emotions that are welcomed. “Okay, enough with the tears and whining, now let’s see a smile!” Others experience that joy and curiosity are less encouraged, while sadness might get a favorable response in the family. Sadness then becomes the most acceptable and useful emotion to show.

A theoretical starting point for emotion focused therapy is that emotional experiences are stored in the brain as neurological networks that we call *emotion schemes*

(Greenberg & Paivio, 1997; Lane et al., 2015). When the brain forms an emotion scheme, it allows us to be better prepared for similar situations later in life. When we perceive something as resembling a previous emotional experience, the emotion scheme for that type of experience is activated. It's not a memory that you remember as an event, but it's a memory that is meant to put you in a better position to handle important situations. In this way, emotion schemes play a key role in helping us adapt to the world around us. However, they can also be problematic (Elliott, Watson, Goldman & Greenberg, 2004). In EFST, we have parents think of emotion schemes as *magnets* – old emotion schemes that scan for and get triggered by certain types of emotion data.

For example, a girl who is subjected to sexual abuse may experience terror and fear as the emotional response in the abuse situation. Memory of the event can be stored as an emotion scheme that activates fear when someone touches her, or acts sexually toward her. The fear is adaptive in the situation and increases the likelihood of survival because the fear can protect her against future abuse – she reacts with fear and avoids, or removes herself from, dangerous situations. But if she doesn't get help to process and handle the fear, the emotion scheme can be activated in situations where she is not actually in danger. We call this a maladaptive emotion scheme, and, in this example, it can create difficulties for her if the maladaptive emotion scheme is activated when she wants closeness and intimacy, or when she wants to have sex with her partner. She can experience fear in a situation that is safe and desired. In this case, the fear is hard to understand, and can be devastating in her current relationship.

Emotionally painful experiences in childhood affect the child's physiological, neurological, emotional, and sexual development (Siegel, 2015a; Schore 2001b). Felitti and colleagues showed that abuse, violence, emotional betrayal, deaths, divorces, and parental mental illness, or substance abuse, had a strong connection with the development of social, physical, and mental difficulties as adults (Felitti et al., 1998, Adverse Childhood Experiences, ACE). These studies have shown a cumulative risk – the more Adverse Childhood Experiences, the higher the risk of involuntary or early pregnancy, a bad financial situation, unemployment, poor diet, smoking and high alcohol consumption, physical and mental disorders, lifestyle illnesses, traumas, relationship difficulties, crime and an early death (Felitti et al., 1998). When children do not receive help with putting words to experiences or in processing emotions connected to negative experiences such as rape, sexual abuse, or bullying, there is a risk of developing avoidance strategies in order to cope with the painful primary emotions and unmet emotional needs. These avoidance strategies can include such things as depression and anxiety, or behavioral strategies such as self-harm, overeating or starving oneself, and the use of drugs and

alcohol (Felitti et al., 1998). More recent studies have shown that the ability to manage emotions reduces the risk of PTSD, depression, and physical ailments, in people who have experienced negative childhood events (Cloitre et al., 2019).

Children whose emotions are routinely overlooked or criticized will often spend a lot of energy avoiding emotions or keeping them in check. This type of emotion avoidance can create an inappropriately high bodily activation in the face of emotion, resulting in the release of stress hormones. Over time, the body is unable to return to a normal baseline (Ford, 2009; Schore, 2001b). The bodily activation can be experienced as discomfort, restlessness, heaviness in the body, or it can cause strong physical symptoms such as heart palpitations, nausea, numbness, or paralysis (Nordanger & Braarud, 2017). Both physical and mental symptoms can develop as the child's way of handling the "forbidden" emotional pain and stress. Children with parents who guide and help them to handle their emotions have lower stress, less bodily activation, better focus and attention, better social relationships, and fewer infections, than children who have less support in dealing with their emotions (Gottman, 1997). Gottman (1997) referred to these children as emotionally intelligent, meaning that they have high emotional competence. Reinfjell and colleagues (2016) found in a Norwegian study that for children aged 4 to 7 years who scored high on negative affect and low on willpower, parents' ability to assess the child's emotional competence accurately was a protective factor against later development of depressive symptoms. The researchers concluded that children with this type of temperament will benefit from having parents who are accurate in their understanding of the child's emotional competence. In other words, there is a large, preventive potential in helping parents to meet their children's emotions in a good way.

Our early experiences of receiving care have a significant impact on our development, from brain development, to physical health, to how things go for us in life in general (Siegel, 2015a; Tronick, 2007; Schore, 2001b; Nordanger & Braarud, 2017). We will now take a closer look at two fundamental needs in children's psychological development.

Attachment needs and identity needs

Attachment and identity are two important emotional issues that deal with how it feels to be close to others, and how we understand who we are. We will now describe how attachment and identity are interconnected and what role they play in EFST.

Attachment and identity are separate but related concepts or dimensions that have an impact on our emotional needs and our relations with others. We all exist on these two dimensions, with a sense of identity about who we are, and with emotional bonds or attachments to others. We have needs in relation to each of these dimensions. In the attachment domain, we have needs for security and belonging, and in the domain of our identity, we have needs for exploration and mastery (Blatt & Blass, 1990; Blatt, 2008; Greenberg & Goldman, 2008). Children are born helpless and depend on someone to protect them until they can take care of themselves. Attachment involves leaning on others and feeling cared for and secure in relationships with others. Identity is about independence and the feeling of being secure in oneself. Our innate temperament, and then the extent to which our attachment and identity needs are met and taken care of, help shape our emotional style and competence. They affect how we enter into close relationships, our experience of ourselves, and our ability to be and act in the world.

In what follows, we'll see how difficulties related to attachment and identity can arise and be expressed in children, adolescents, and adults. We'll then describe how we can use EFST to help parents prevent and repair existing attachment and identity issues in their children. Finally, we'll discuss what we, as therapists, can do to raise parents' awareness of their own attachment and identity challenges.

For most people, one of these two basic developmental needs will be more prominent. This is true for both children and adults. Attachment needs can appear as "I'm afraid of being rejected and abandoned. I'm going to be alone forever." Identity needs can come out as: "I'm afraid of not being good enough. There is something fundamentally wrong with me. I am worthless." The relational needs connected to identity are autonomy, acknowledgement, and acceptance, while the relational needs for attachment are physical closeness, protection, emotional availability, and help in dealing with painful emotions (Greenberg & Goldman, 2008).

It can be helpful to identify for each parent we work with whether their core emotional wounds and unmet needs are linked to attachment or identity. We then help them to answer the same question in regard to their kids. Think about this for yourself. Which one "tips the scales" when it comes to your own wounds? Which do you see in your own children? What hurts the most? As therapists, we use emotional pain as the compass. We follow the pain to find the sources of our own, our children's, and even our partner or co-parent's vulnerable needs. This becomes very helpful information in dealing with family dynamics as we go forward. This new perspective might allow for new understanding. For example, "I can see now that

he criticizes me *not* because he thinks I'm horrible and the worst mother in the world. He does it because he's protecting himself from his own feelings of not being good enough."

Knowing which tips the scale more in us, abandonment or disrespect, can make it easier to understand our own feelings and reactions. Abandonment tends to be a common trigger for attachment wounds, and disrespect for identity wounds: "If I see any signs of them pulling away from me, I pull away first. The most important thing for me is to feel a sense of belonging with the children, and that they feel a sense of belonging with me;" or, "I get defensive and angry to avoid feeling small. The most important thing for me is to feel competent and respected by the children, and that they feel competent and good enough just as they are." When parents become aware of their own vulnerabilities, it can help them to understand their child who is different from them on these dimensions, and it can also make it easier to engage the child who is similar to them.

Secure attachment promotes belonging and security

Attachment is a deep and lasting emotional bond that links one person to another (Bowlby, 1969; Ainsworth, 1973). Attachment research has shown that the quality of early attachment can affect children's emotional and social development, and their mental health (Bowlby, 1951; Bretherton & Munholland, 1999; Hoffman et al., 2017; Mikulincer & Shaver, 2003). In EFST, we mainly use the concept of attachment as it relates to the child's emotional bond with their caregivers. Children learn through the experience of how their parents responded to and mirrored them, and they internalize their care experiences from the time they are born and before they can speak. The first three years of life are especially important for internalizing a representation of the safe presence of others, which contributes to an inner calm in the child. Early attachment experiences form the basis for later relationships outside the family, and so adults also have an attachment style when it comes to close relationships (Bowlby, 1973; Greenberg & Goldman, 2008; Johnson & Greenberg, 1995).

Sroufe (1996) defines attachment as the dyadic regulation of emotion. Attachment emotions are primarily related to joy, sadness, and fear, with associated emotional needs such as closeness, comfort, and protection.

Rejection and/or abandonment can be typical precursors of attachment issues. Let's look at an example.

The lonely lion

Mom lies on the couch. She is quiet and feels down. The child finds the dress-up bin and puts on a lion costume. He runs to mom, who is still lying on the couch: "Look mommy, I dressed up like a lion. Do you wanna play with me?" Mom turns her back and says: "I can't handle that right now." The child's need for contact is rejected. His arms drop down beside his little body. His head slumps forward and a sadness spreads over his whole being. The message received is: "You have to take care of yourself. I can't play with you." The child's inner dialogue and understanding of the situation is: "She can't play with me. I'm alone again. Always alone. There's no point in even asking if she wants to play."

If scenarios such as this happen occasionally, it won't affect attachment. However, when children are sad and need closeness and comfort to deal with it, and they repeatedly have experiences of being rejected or left to deal with the feelings on their own, this can contribute to an insecure attachment to the caregivers. An insecure attachment will create a fundamental feeling of being sad and lonely without activating the healthy action of sadness to seek closeness and comfort. The experience of not having the need met, has resulted in the healthy action being "switched off." The assumption in EFST is that the lack of help in dealing with emotions is the issue. It's not the absence or rejection in itself, but rejection when a difficult feeling and associated need are activated.

Being unprotected is another typical precursor to attachment issues. Let's look at another example.

The scared lion

Mom and dad are arguing. Things are heating up. Dad is furious at mom, and the child is scared. The child finds the dress-up bin and puts on a lion costume, to try and distract his parents from the fight. He stands between them and says: "Look! I dressed up like a lion. Mommy, will you come on a walk with the lion?" Dad, already in a rage, yells: "I thought I told you to stay in your room!" and to mom: "You have no control over this kid!" He hits the mother, who is unable to protect herself. Neither parent is able to meet the child's need for protection. The message the child receives is: "No matter what you try, it's not going to help. Dad is going to be violent anyway. Mom is going to collapse. There's nowhere to hide, and no one to protect you." The child's inner dialogue and understanding of the situation is: "I am terrified and all alone. No one can protect me."

When children are exposed to frightening or dangerous experiences and are left to themselves with the painful emotions, without help to understand what happened or to feel safe again, they can develop an insecure attachment to their caregivers where the fundamental feeling is fear rather than loneliness and sadness. Traumatic incidents, such as the example above, where the child's emotional needs are not met, have a major impact on the child's development. One such incident could be enough to contribute to long term insecurity in the child. However, they are more likely to develop insecure attachments to a parent if a pattern of frightening events develops without the child's emotional needs being met. Attachment trauma is when one is left to cope alone with difficult feelings and unmet needs, without the possibility of having those needs met. The big attachment issue in the above example is not the violence itself, but that the parents are unavailable and don't see or respond adequately to the child's fear. Children who experience having to cope with overwhelming emotions on their own can go in one of two directions. They may "scream louder," pushing to elicit the right emotional response from the parents; or they may switch off their emotions, concluding that the only solution is to become self-sufficient.

If we're abandoned, scared, left unprotected, or left to our own devices when we're young, we develop *attachment wounds*. One significant attachment wound, or many minor wounds, can make us anxious, dependent, and clingy. We may have a need to keep people close in order not to feel alone. We will be vulnerable to feeling rejected and may be overwhelmed by an extreme feeling of loneliness in day-to-day life when we are left alone. As adults, we are at risk for staying in unhealthy relationships, because other desires and needs can seem less important than "just having someone there." Others will compensate for this feeling of always needing someone, by becoming excessively independent and refusing to be in relationships at all. We may lose trust and avoid becoming attached for fear of being rejected or betrayed. The feeling of being totally on our own without someone there, who will watch out for, protect, and keep us safe, can be overwhelming. Loneliness, a profound feeling of sadness, and a fundamental maladaptive fear of abandonment, can become recurring themes in our life. We develop ways to cope by protecting ourselves from those feelings. We may just keep all of that sadness inside; we may push the feeling away or "shove" it down (for example, with food); or we may self-isolate, keeping others at a distance to avoid the painful feelings we associate with closeness to another.

Although children are most vulnerable to attachment wounds during the first two years (Lyons-Ruth & Block, 1996), emotional wounds can also occur later in life. An important point about attachment security is that it can be relationship specific, in

that children can have a secure attachment to one caregiver and an insecure attachment to another. The quality of attachment in a relationship is also not static but will be influenced by how the relationship develops over time. A child may go from having an insecure attachment to a caregiver, to having a secure attachment to that same person, and vice versa. Attachment security will also influence and be influenced by relationships with others such as family, friends, and romantic partners.

A parent who was abandoned and left to fend for themselves as a child, can be vulnerable to feeling rejected by their own children. The fear of rejection can make it difficult to create healthy boundaries and make demands of the child because the parent may be afraid to “lose” their relationship with their child. This parent can feel that it’s more important to be perceived as kind and to be liked by the child than to meet the child’s need for clear, firm boundaries.

Children who have experienced secure attachment will develop a fundamental trust, that lasts into adulthood, that other people will be there for them. They will be able to recognize whether the relationships they are in are good for them, meet their attachment needs, and nurture their personal growth and development. When we have experienced secure attachment, we will be able to seek contact and support in a way that makes it likely for us to have our needs met. We will be more accurately selective in our choice of relationships and have more confidence in when to begin or end a relationship. When a relationship faces a break-up or a loss, it will be easier for those with secure attachment experiences not only to seek closeness and comfort and have their emotional needs met by others, but also to develop the capacity for self-compassion and self-soothing.

A secure identity promotes exploration and mastery

The shameful lion

A child finds the dress-up bin and puts on a lion costume. He runs to his mom, arms thrown in the air, and says proudly: “Look at me! I’m a lion!” Mom is just annoyed by it: “It’s time for dinner. Go take that stupid thing off! You look ridiculous.” The child’s needs for acknowledgement and admiration are not met. His expectation of mom’s delighted reaction is not fulfilled. He pulls back, and the expression on his face turns from proud to sad. His proud lion posture shrinks and he slumps down. He feels ashamed. The message he receives is something like: “I made a fool of myself. I thought I was a cool lion, but it turns out I looked silly. Mom doesn’t appreciate my enthusiasm or joy. I shouldn’t put myself ‘out there.’ There is something ‘wrong’ with who I am and I should hide rather than show myself and be exposed.”

The feeling and need activated in the boy in this example are different from the previous two examples. In this case, the child's pride, and his need for admiration, recognition, and for his parent to be pleased with him, are the main focus. When mom doesn't meet her child's feelings or needs, but instead ridicules him, the child feels ashamed and wrong. Shame is actually adaptive at the start. It's like a signal showing that we aren't unaware of what we did, and that we know it wasn't okay. However, if shame is activated when we are showing independence, interest, joy, or pride, the emotion does not serve that healthy purpose. Tomkins (1987) defines shame as an abrupt interruption in engagement of interest or enjoyment. The goal of interest is to explore and expand our experiences. When we're punished for being curious and playful, the resulting feeling can rob us of a sense that we have a right to be in and explore the world. If punishing interest becomes a pattern, the child's identity development will be affected, and maladaptive shame – the feeling of not being good enough or being “wrong” – can develop. This shame can then show up in new situations and prevent the child from showing emotions or seeking to have their needs met.

Identity is about earning our place in the pack, social comparison, and our place in the social hierarchy. Identity is also about our internal perception of ourselves, the feelings we have about ourselves, and the relationship we have with ourselves. Self-esteem is, therefore, closely linked to our identity. The evolutionary function of shame is to ensure that you behave in accordance with the norms and rules of the pack, so that you are allowed to stay. If you break with the pack's hierarchy or rules, you could be ostracized, or at least have a lesser chance of survival. In the worst case, you could be killed.

Identity development is primarily associated with emotions such as interest, pride, shame, and disgust. Identity difficulties will almost invariably have shame as the underlying difficult emotion (Whelton & Greenberg, 2005; Stiegler, 2015). When the shame becomes maladaptive, it is associated with emotional pain and mental disorders (Gilbert, 2000; Bennet et al., 2010; Greenberg & Paivio, 1997).

In order to have healthy identity development, children need a balance between two sets of responses from their parents. On the one hand, they need acknowledgement, acceptance, and unconditional positive regard from their caregivers. On the other hand, they need evidence that the caregiver has sufficient belief in their ability, for example to “do it themselves,” to handle adversity, and to have the “bar” set high and the expectation that they can reach it. You can think of it as a balance between needs for autonomy and needs for acceptance. It makes it easy for the EFST therapist

to validate the parent if things have not gone “perfectly,” as it is not obvious whether your child needs you to “show them how to do it” (and have their back) or whether they need you to “know that they can do it” (and support their autonomy).

In general, meeting identity needs means that the parents accept and show respect for the child and show that they like and enjoy the child, in such a way that the child can take it in and make it a part of their self-perception and self-esteem. It's as though we internalize an inner image of ourselves, based on how our caregivers mirror us: as someone who is worth liking, worth being with, worth listening to, worth taking seriously, worth enjoying, and worth being proud of; or as someone who is unlikeable; not worth being with; who is wrong, ugly, stupid, unkind, or not interesting. As children and adolescents, you mirror the way in which you are met by friends, family, acquaintances, and lovers, and you judge yourself against society's demands and expectations. Identity needs entail that we require acceptance and acknowledgement of our emotions, attributes, achievements, and how we practice our social roles (Greenberg & Goldman, 2008; Stiegler, 2015). When we have a secure identity, we experience that we have opportunities, rights, and recognition.

A child or youth's identity development can be damaged on the one hand if they are criticized, ridiculed, humiliated, met with disdain or disgust, or subjected to physical or emotional violations. This can create a feeling of inferiority; a fear of not being accepted, liked, or acknowledged; a feeling that there is something fundamentally wrong with them; and a sense of shame about who they are. On the other hand, identity development suffers as well when parents adopt a “snow-plow” approach, removing all obstacles, emotional and practical, from the child's path. This child receives the message that they are not capable, cannot get the job done and fight their own battles, that they are weak and somehow “handicapped,” and need a parent to do what they know deeply that they should be able to do on their own. Identity can also suffer if the child is under-stimulated, and systematically prevented from playing and exploring.

When identity needs are consistently not met, the result will be a fundamental feeling of being not good enough, not having inherent value, or being worthless. When you experience yourself as worthless, you also become inhibited and limited in development and exploration. The shame is often perpetuated by a stern and harsh inner critic or brain boss, which develops as a protective strategy to withstand criticism or to avoid making a fool of yourself or making mistakes. We all have an inner critic who oversees how things are going for us in the pack and lets us know when we're in danger of making a fool of ourselves, doing something wrong, or violating social norms and rules. We need this type of inner critic. But those of us who have identity issues have

a far more powerful inner critic that expresses contempt for parts of our personality (Greenberg & Paivio, 1997; Stiegler, 2015). The harsh criticism might tell us that we are ugly, fat, nasty, mean, unintelligent, boring, invisible, childish, unworthy, worthless, and so on. This inner critic tends to run on a loop in our minds, outside of our awareness and yet so persistent that we end up adopting its criticisms as truth. The self-critic activates and maintains old maladaptive shame that has not adapted to new situations and prevents us from restoring our self-esteem and seeking or accepting recognition when we need it. This kind of self-criticism can be extremely destructive if you have very few positive feelings about yourself, or little self-compassion, or if you lack assertive adaptive anger that helps you to stand up to your inner critic. The feeling of not being good enough, and the shame of who one is, can become overwhelming and can help trigger and maintain symptoms of depression, hopelessness, and worthlessness. The inner-critic can become extreme, telling us that we don't deserve good things, or that we deserve punishment. Self-harm or suicide can be the result of a dominant and extremely harsh inner critic.

The child develops a secure identity when others, especially parents, accept, acknowledge, and respect the child for who they are. This means that, among other things, the praise the child receives needs to be accurate and match their efforts and achievements. If children are praised too much, too generally, or without a performance or effort that deserves it, the child has a conflict between what they know to be true of their talent, skill, or effort, and the praise from the parent. Exaggerated or unspecific praise can lead to the child losing trust in the parents and developing an inner critic – one that is perceived as a more realistic and reliable source of self-evaluation than the parent (Kamins & Dweck, 1999; Brummelman, Crocker & Bushman, 2016). Excessive focus on achievements can cause weakened motivation and coping skills, and harm to self-esteem (Dweck, 2006; Gunderson, Donnellan, Robins & Trzesniewski, 2018). This can develop into perfectionism, where the individual sets extremely high demands for themselves and is very self-critical if they fall short of goals. Some will compensate for the shame of not feeling good enough by acting out, being arrogant or cold, or by having a perfectionist façade and expressing superior self-confidence. Others will pull back, isolate themselves, become introverted, become afraid to stand out, and may underachieve in that they don't "set the bar" to achieve what they realistically could.

Identity wounds, like attachment wounds, have their origins in the early years. We see shame in children as young as 13 to 17 months (Schore, 1998). Even earlier, having a caregiver who is severe and intimidating when it comes to limiting the

child's exploration will have a significant impact on identity development. While those first two years of life are crucial in attachment formation, children in their first year tend to elicit responses in most caregivers that are encouraging of exploration and not harsh in imposing limitations. Vulnerability for the development of emotional identity wounds increases between the ages of one and three years. The child has developed language and a stronger will, and both of these can evoke more frustration and problematic responses from parents. Identity challenges that develop in these early years can become exacerbated in the school age and teen years through experiences with peers such as social exclusion or bullying. These can appear as the more easily identifiable cause of identity wounds than the perhaps more important and subtler events like early criticism, ridicule, excessive praise, overly generalized praise, or having their interests as a young child not recognized by their parents.

Note that criticism, abrupt interruption of interest, ridiculing, and exaggerated praise, can be present in caregivers who generally have many good parenting skills. It may even seem absurd to attribute later identity struggles so conclusively to early parental praise or criticism in the context of otherwise healthy parenting. But by highlighting the importance of parents in their child's identity development, we help them see the importance of their role going forward in being able to support their child's recovery and well-being. We continue to emphasize that the parent can have no way of knowing how the child's in-born temperament will interact with the parents' own styles, and that their style may have been positive for one child and negative for another child in the same family.

When a parent themselves was criticized, ridiculed, or bullied as a child and youth, their own identity injuries may persist and influence the relationship with their kids. They may have a strong negative reaction to their children being disrespectful or not listening. They may be overly preoccupied with rules and values, have rigid boundaries, and insist that the child do exactly as they are told. They may have a need for their child to be seen as polite, kind, and obedient. If not, the parent risks being "exposed" as a failure and therefore shamed. On the other hand, when an adult is more secure in their identity, they like themselves more or less as they are. They accept the "not so great" side of themselves, while still being able to take responsibility for their own "bad behavior." They can accept their own emotional needs and vulnerabilities with compassion and self-care. A person with a secure identity does care about behaving according to the pack's values. It's just that they also consider themselves to have a rightful place in the pack, at basically the same level as the others. As adults with secure identities, we can tolerate criticism, corrections, or reprimands without these threatening our self-esteem

or self-perception. We will also have an easier time accepting constructive feedback than would a person with an insecure identity. When we have an insecure identity, are full of shame, and have negative self-esteem, the likelihood increases that we will be offended by criticism. Recognition and praise are far less likely to resonate with us, and so we will dismiss these as being unreliable or untrue. Tolerating criticism, and being able to accept the support and recognition of others, makes it easier to be social and outgoing, to challenge ourselves, to set goals, to believe we can reach those goals, and to have the motivation required to work toward them.

In EFST, we believe a person can have a secure attachment to their parents, but still develop identity challenges when parents are less skilled in meeting identity needs than attachment needs. Warm, comforting, and caring parents may get anxious when their child begins to venture out into the world, and so they might limit exploration. Of course, the experience of having a caregiver who is consistently present for us has a positive outcome for our self-experience, self-esteem, and self-worth, so we also believe it is possible to benefit from secure attachment even where there are identity “injuries,” and a secure identity even with many attachment wounds. We know, for example, that children who lose one of their caregivers, or another important person in their lives, may have considerable attachment wounds, but also a secure identity.

Most people will have at least some wounds and unmet needs related to both identity and attachment. No one emerges from childhood entirely unscathed – everyone gets some emotional scars. Children who have been subjected to serious trauma and neglect will have greater wounds and many more unmet needs connected to one or both areas, which will then be triggered in new relationships and could be passed on to their own children.

In EFST, we believe that attachment and identity are interrelated and influence one another, even though they are considered to be two distinct, fundamental systems of needs. The fundamental and innate attachment needs – to be with someone who protects you, makes you feel safe, who comforts and hugs you – is something most health care workers know well from attachment theory (Bowlby, 1969; Hoffman, Marvin, Cooper & Powell, 2006; Brandtzæg et al., 2011). It is perhaps a newer idea, for many, to think of identity needs as distinct from attachment needs. Identity needs are about our agency in the world, how we are separate from others, influence others, position ourselves, master things, explore, play, learn; and our need to understand ourselves and have good feelings about ourselves (Blatt & Blass, 1990; Blatt, 2008; Greenberg & Goldman, 2008). Identity development is its own independent tendency that exists from birth, with distinct needs from attachment. Identity needs become increasingly

important as children develop their own will and self-determination, at the age of two to three, and gradually increase their independence through adolescence and into adulthood (Blatt & Blass, 1990). Identity can be seen as an individual, relational, and social phenomenon (Greenberg & Goldman, 2008; Stiegler, 2015).

When we hold EFST parent workshops, we talk about children's various fundamental emotional needs related to identity and attachment, even if we don't always use the terms "identity and attachment." We may refer instead to how each of us, parents and kids, are "built," some being built more around "who I am" (identity) and others around "who I'm with" (attachment). In EFST, we believe that how one's development needs were met as a child, can create vulnerabilities in how one functions in relation to others as an adult, not just with a partner, but also with our own children (Greenberg & Goldman, 2008). The therapist's understanding of the parents' history, emotional wounds, unmet needs, and vulnerabilities connected to attachment and identity, is an important basis for understanding and validating the parents, and provides guidance for interventions in counseling. It is also important knowledge for the parents to have because it can encourage understanding and empathy for themselves and for their child.

Reflection

What kind of emotional wounds have you picked up along the way? Which tips the scale for you - identity wounds or attachment wounds? Which wound has affected you the most? Which hurts you more - when they leave you, or when they disrespect you?

In EFST, when we ask ourselves which is the greater problem area - identity or attachment - it's because this has implications for which unmet needs may emerge for the parents during counselling. It can affect how long parents require in order to feel secure in their relationship with the therapist. It can also affect challenges related to motivation, and what obstacles and feeling traps they face in themselves and in their relationships - with their children, their partner and/or co-parent, and with their own parents.

Attachment and identity are therefore considered two fundamental developmental needs in a person's life, which bring with them a great deal of emotional pain when

essential emotional needs are not met. We write more about attachment and identity wounds when we discuss apologies in Chapter 4. But how can we prevent such serious emotional wounds from occurring? Or more importantly: What do we do when the child is already burdened by feelings of not being able to trust that others are there for them, or feeling like they are not good enough as they are? How do we respond to the painful and difficult emotions that the child is experiencing here and now? In the next chapter, we will take a closer look at empathic validation.