

to explain this process (Greenberg & Pascual-Leone, 1995, 2001; Greenberg et al., 1993; Pascual-Leone, 1991; Watson & Greenberg, 1996a; Greenberg & Watson, 2005). In our view the self is a multi-process, multilevel organization emerging from the dialectical interaction of many neurochemical, physiological, affective, motivational, and cognitive component elements within the self, and from interaction between self and other. In this view meaning is created by the dialectical synthesis of ongoing, moment-by-moment implicit experience influenced by biology and experience, and higher-level explicit reflexive processes influenced by culture and language that interpret, order, and explain elementary experiential processes. In addition to possessing biologically based inwired affective meaning and expressive systems, individuals thus are active agents constantly constructing meaning and creating the self they are about to become.

Affectively toned, preverbal, preconscious processing is seen as a major source of self-experience. This itself is a function of many dialectical processes at many levels that produce affective experience. Articulating, organizing, and ordering this experience into a coherent narrative, however is another major element. This too involves many dialectical processes that generate cognition. In our view two-way communication then occurs between the implicit and explicit systems. In addition, the self is construed as modular in nature with different voices in dialogue constituting a dialogical self (Hermans & Kempen, 1993; Whelton & Greenberg, 2004; Stiles, 1999). The goal of the complex self-organizing process is both affect regulation and adaptive flexibility.

Dysfunction can arise through various mechanisms: through the creation of meanings and narrative that are overly rigid or dysfunctional (meaning creation); from incoherence or incongruence between what is reflectively symbolized and the range of experienced possibilities (disclaimed or unsymbolized experience); from the maladaptive experience that is generated by the schematic syntheses formed on the basis of prior negative experience (learning); and from problematic shifts between a plurality of self organizations or lack of fit or integration between them (conflict or splits) (Greenberg & van Balen, 1998).

Emotion Schematic Processing

The emotion schematic system is seen as the central catalyst of self-organization, often at the base of dysfunction and ultimately the road to cure. For simplicity, we refer to the complex synthesis process in which a number of coactivated emotion schemes coapply to produce a unified sense of self in relation to the world as the emotion schematic process (Greenberg & Pascual-Leone, 1995; Greenberg & Watson, 2005). The experiential state of the self at any one moment will be referred to as the current self-organization. In depression, for example, the self generally is organized experientially as

unlovable or worthless and
tion of emotion-schematic n
ure in prior experience (Gree
ories are evoked in response
to lose resilience and collaps
by clients and reported as fe
cure.

We also refer to a level
matically based self-organiza
a narrative identity (Whelton
Angus, 2004). This identity i
ence and of various self-repr
narrative. Identity cannot b
sume coherence and meaning
In this process, events are or
rate actions and experiences
narrative. These stories are i
plex rules about the form m
tell us who we are emerge i
encing and the explaining a

Emotional change in EF
emotion awareness and expr
emotion by reflecting on it, a
tion (Greenberg, 2002; Gree
the ability to integrate vario
for restructuring maladaptiv
overcoming psychological dy
avoidance of disowned inter
cies and shifting from the ne
more self-accepting stance. V
tion tendencies comes an inc
the development of a sense
With the development of a c
sense of efficacy and master

In this approach, empa
therapist's primary medium
to make psychological conta
the client's internal experien
ually tracks what is importa
stantly responding to what a
approach involves the thera
frame of reference, resonatin
client's attentional focus to v
gnant for the client at a p