

PHASES



Leslie S Greenberg
ISEFT Meeting, 2024



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Reflection

As I look back on the development of EFT theory of functioning and practice, I see six phases of development in my own views.

- These phases represent my view of how ***my thinking*** developed and how this both influenced my practice and how my practice influenced it
- Does not necessarily represent how all my colleagues would see the way EFT has evolved.
- I focus here on how my views changed over time.

Phases of Evolution of EFT: Foundation

- 0) Methodological Pre-phase
- 1) Emotion Theory Phase
- 2) Process Experiential Therapy : Markers and Tasks Phase
- 3) Focus on Emotion Phase
- 4) Differential Treatment Phase
- 5) Case Formulation Phase
- 6) Changing Emotion with Emotion Phase



P0) Methodological Pre-phase 1975-1984: Foundation

Patterns of Change (Rice & Greenberg 1984)

- Methodological foundation
- Event based Research
- Change Process Research
- Markers & Tasks



Methodological Pre-Phase

The very beginning of the development of EFT, in my mind, **involved a pre-phase**, in which the focus was on the development of a methodology for studying change events and processes.

Before we ever attempted to conceptualize an approach to therapy, Laura Rice and I were involved in exploring and developing methods of investigation to study **how client change occurred** in psychotherapy sessions.

At this time, we had no plan to develop a new approach, in fact *were opposed to the development of another brand name therapy* as there were already over 250 brand name therapies at the time and we didn't want to add to the chaos.

Patterns of Change

- In 1975 in my dissertation, I presented ideas of markers and tasks, and task analysis, and exemplified these methods on Conflict Splits and Two Chair Dialogues
- In the edited book *Patterns of Change: An intensive analysis of psychotherapeutic process* (Rice & Greenberg, 1984) we presented chapters on Problematic Reactions and Systematic Evocative Unfolding and and Conflict Splits and Two Chair Dialogues.
- This was followed in 1986 by my editing of a Special Issue of the *Journal of Consulting and Clinical Psychology* on **Change Process Research**, with invited submissions on ways of studying how clients actually change in therapy sessions.
- Published an edited book, **The Handbook of Process Research**, with Bill Pinsoff (Greenberg & Pinsoff, 1986), in which we collected existing process research instruments to promote process research efforts.d

Phases in Evolution of EFT

Phase 1: Emotion Theory 1980-1990

- **Emotion in Psychotherapy**
(Greenberg & Safran 1986)
- **Emotionally Focused Couples Therapy**
(Greenberg & Johnson (1988))
- **The Working Alliance (Horvath & Greenberg 1989)**



Emotion in Psychotherapy (Greenberg & Safran 1986)

- We presented an *emotion theoretic view of functioning*.
- A description of different emotion types, **primary, secondary, and instrumental** and introduced the notion of schemes as basic units of processing and **maladaptive emotion**.
- Separated from my mentor, Laura Rice, I began developing my views independent of constraints, stemming from her concerns about being too directive.
- I was an ardent believer in the important role of empathy, non-directive following and a 'not knowing' attitude, but during this period I struggled a lot with **my internal tension between non-directive following, versus leading**, by being directive in process by guiding to focus internally and work on tasks.

Process Directive

- I was recognising that I was engaged in a moment by moment influencing process *by guiding the client's manner of processing* and that by being marker guided and process directive I was no longer just following.
- Process directive meant I was *not guiding the content* of the therapy by interpreting what the client experienced, but I was guiding the manner of processing *by trying to deepen experience and focus the client internally.*
- I also was also seeing the benefits of using *Gestalt therapy methods and Gendlin's focusing, and of the need to be more guiding in couple therapy.*
- Through practice I became more comfortable with *guiding attention to bodily felt experience, being more process directive and task focused.*

Research Grants Were Important

In 1980, I received *my first Social Science and Humanities grant* relating the process of two chair decisional split resolution to outcome and the results were published in the *Journal of Counseling Psychology (Greenberg, & Webster 1982)*.

- At this time my **focus was also on understanding how to work with emotion in individual therapy, and in couple therapy.**
- Wrote *Integrating affect and cognition: A perspective on the process of therapeutic change*, & *Hot cognitions: Emotion coming in from the cold. A reply to Rachman & Mahoney. (Greenberg & Safran, 1984)* and *Affect in marital therapy (Greenberg & Johnson 1986)* the first paper on the theory of EFT-C.
- I received a second and third Social Science and Humanities research grant to study the **resolution of couple conflict** and this supported the writing of the seminal book on ***the couples' approach Emotionally Focused Couples therapy (Greenberg & Johnson 1988)*** with Sue Johnson, my student at the time.

Emotionally Focused Couples Therapy

- This book, and the grant, yielded a treatment manual which allowed for *the first studies* (Johnson & Greenberg 1985, 1986), *on the efficacy* of an emotionally focused therapy and on relating process to outcome.
- The results of Johnson's dissertation study were published in an article entitled "**Differential effects of experiential and problem-solving interventions in resolving marital conflict**" (Johnson & Greenberg, 1985) in the Journal of Consulting and Clinical Psychology.

Emotionally Focused Couples Therapy

- The success of our couple therapy research program introduced me to *the impact of a brand name therapy combined* with doing even *a single randomized trial*.
- This was the first introduction of the name *Emotionally Focused Therapy (EFT)* but the origins of the approach were laid down earlier in the context of individual therapy in the book *Emotion in Psychotherapy* (Greenberg & Safran 1986).



The Working Alliance

- In 1974 I met *Ed Bordin*, and his ideas about the Therapeutic Alliance, at the SPR and brought back the idea of studying the alliance to my student Adam Horvath where we developed and tested, the *Working Alliance Inventory (WAI)*.
- At UBC I received my *fourth grant to develop a measure and test the effects of the working alliance*.
- Adam Horvath developed and tested the Working Alliance inventory in his *dissertation*.

The Working Alliance

- This study led me to see that *collaboration* (agreement on goals and perceived relevance of task) were even more important than bond (Horvath & Greenberg 1989).
- This led to a big *shift in my view of the role of empathic understanding* to see that collaboration was more fundamental than empathic understanding.
- This ultimately led to an appreciation of *both relationship and work* as important ingredients of therapeutic change.



Collaboration

- This started me on a journey to see that client therapist *collaboration and establishing agreement on task* were more an aspect of, and *more fundamental than*, the Rogerian relational conditions.
- For the first time my resolve on the absolute *primacy of empathy*, as the basis of therapeutic helping, *began to weaken* and I began to broaden my perspective
- I understood that if the client *essentially liked and agreed* with what they were asked to do in therapy, and willingly engaged, they would *benefit*.
- I saw, however, that *empathic understanding implied getting agreement and collaboration* as a base line.

Phase 2: Facilitating Emotional Change (Greenberg, Rice & Elliott 1993)

- Following (PC)
- Marker guided (Research)
- Process Directive (Gestalt)
- Schemes (Neo-Piagetian Theory)



Process Experiential Therapy: Markers and Tasks

- *Facilitating Emotional Change*: The moment-by-moment process (Greenberg, Rice & Elliott 1993) and a *NIMH grant* to study the *efficacy in treatment of depression*, of a marker-guided process-directive approach, embedded within a facilitative relationship.
- We named the approach *Process Experiential Therapy* to capture the moment-by-moment *process and experience-oriented* nature of the approach.
- Guilford, our publisher, had encouraged us not to use Process Experiential as a title, due to its obscurity, and given the success of the book “Emotion in Therapy” asked us to *include emotion in the title*.

Process Experiential Therapy: Markers and Tasks

- This was now *a brand name manualized* approach that underwent comparative trials (Greenberg & Watson 1998, Goldman, Greenberg & Angus 2006, Watson et al 2005)
- At a theoretical level this phase presented an *experiential theory of functioning based on a theory of schematic processing and a dialectical constructivist view*
- The focus was *not yet directly on emotion*, but more on markers and tasks.



Phase 3: Working on Emotion 1997-2004

- Working on Emotion (Greenberg & Paivio 1997)
- Emotion Focused Therapy. Coaching clients to work through their feelings. Arriving and Leaving Emotion (Greenberg 2002)
- Learning Emotion Focused Therapy (Elliott, Watson, Goldman & Greenberg 2004)



Working on Emotion

- Starting around 1996 the *term Emotion Focused Therapy began to be adopted* for the individual therapy. This occurred first in the book **Working with Emotions** (Greenberg & Paivio 1997)
- In this book, again with Sandra Paivio, one of my doctoral students, we laid out *three phases of treatment*, bonding, evoking and exploring, and an emotion restructuring approach and the *focus was on emotional change by accessing emotion and changing emotion.*
- We were seeing, mainly from studying videotapes, that change occurred when *painful maladaptive emotions changed, and that new more adaptive emotions and needs emerged in their place* although this was *not yet conceptualized* as changing emotion with emotion.

Emotion Focused

- **Working with Emotion** book was followed by **Emotion Focused Therapy: Coaching clients to work through feelings** (Greenberg 2002), *a more general approach to working with emotions for helpers*
- This book was designed to lay out an approach to working with *emotion without the specific notion of marker guided, task interventions*, and was intended for an audience, including but broader than psychotherapists, who might benefit from understanding how to work with emotion



Emotion Focused

- The notion of *arriving at and leaving emotion* was introduced here and there was more emphasis on psycho-educative *experiential exercises* for emotion awareness and change.
- The *name Emotion-focused Therapy was now used* as the name of the individual approach and later the name of the couple approach was changed to Emotion Focused, in line with North American usage in academic psychology.



Learning Emotion Focused Therapy

- **Learning Emotion Focused Therapy** (Elliott, Watson, Goldman & Greenberg 2004), was written *using the term Process -Experiential in the body of the text.*
- Influenced by the publisher, *the title was changed*, right at the end of the writing process, to be Emotion-Focused and helped us transition from the name PE to EFT.
- The book was for *training/teaching/learning the approach*, and it was to be written by authors who had had to learn the approach, and so were *closer than I was to the learning process*, and to what learners needed.
- This book laid out a fully articulated, emotion schematic, marker-guided, process directive, approach and became a *key teaching text.*



Phase 4: Differential Treatment 2005- 2013

Phase 4: Depression, Anxiety, Complex Trauma, Eating Disorders (Greenberg & Watson 2006, Watson et al 2005, Paivio et al, Dolhanty & Greenberg 2008)

- **Emotion Focused Couple Therapy: Attachment & Identity** (Greenberg & Goldman 2008)



Differential Treatment

- Subject to *pressures* in the field by both granting agencies and academics who were emphasizing the need to specify what treatment for whom to what end, we, somewhat *against our humanistic inclinations*, began developing and studying different treatments for different disorders.
- *EFT for depression, trauma, anxiety, and eating disorders* (Greenberg & Watson 2006, Watson & Greenberg 2017, Dolhanty & Greenberg 2008).



Differential Treatment

- We distinguished between a *contemptuous self-critical split in depression and a catastrophizing anxiety or worry split in anxiety* an *anorexic voice* in eating disorders and *trauma narratives* in trauma cases.
- An expanded approach to couples was developed now calling it *Emotion Focused Couple* therapy as opposed to Emotionally Focused Couple therapy.
- Both *attachment & identity needs* were important (Greenberg & Goldman 2008) and saw them both as *constituted by emotion* rather than being inborn needs.



Presence & Narrative

- This was a period of fleshing out two additional aspects of the approach that I sensed were underrepresented - that were at the opposite ends of the continuum - *relational presence and narrative consolidation*
- Rogers, before he died, had referred to presence and it was a quality that I had seen in therapists which was **hard to teach as it was not fully articulated**
- I supported **Shari Geller in developing a measure of Presence** in her Doctoral dissertation



Presence & Narrative

- With the articulation of Presence, in **Therapeutic Presence** (Geller & Greenberg 2011) I felt more able to **teach it and be clearer on its role as precursor** to the Rogerian conditions
- Writing **Working with Narrative in Emotion-focused Therapy: Changing Stories, Healing Lives** (Angus & Greenberg 2011) with Lynne Angus introduced me to the notion of narrative, which caught my interest as way of fleshing out the importance of **conceptual consolidation of emotional change, in the dialectical construction of meaning, and the capturing of narrative themes** in practice



Phases 5: Case Formulation & Core Pain 2013-2019

An important development and **re-organization occurred** in Case Formulation (Goldman & Greenberg 2015)

This involved articulating what up to this time **had been implicit**

- **Working to a Focus**
- **Follow the pain**
- **Trans-diagnostic approach**



Developing a Focus

- Starting around 2008, a significant shift began in my thinking, a shift towards *working to a focus* for this client.
- This was a *move beyond* seeing practice as only involving the *relational aspects* of presence and empathic attunement to affect, and the *task aspects of marker guided process directiveness*.
- A new element important in practice was added - a combined focus both *on case formulation and following the core pain* (Greenberg & Goldman 2007, Goldman & Greenberg 2014).
- Now, *in addition to markers and tasks* I saw that developing a focus on core underlying pain was important.

Case Formulation

- Initially I was opposed to any form of person assessment - being concerned about the *power imbalance* if the therapist took a more knowing stance
- Over time, however, once the seed had been planted, by writing chapters in the Handbook of Psychotherapy Case Formulation (Ells 1997, 2007, Goldman & Greenberg 1997, Greenberg & Goldman 2007), my students and I started to look at whether we did develop an *understanding of our clients that we carried across sessions as a theme and* whether we *worked to a focus*.
- We found that as well as being in the present and marker guided, we transcended these with *understanding themes and developing a focus*



Case Formulation

- Having been so focused on moment by moment and markers as the method I always wondered about the *place of an overall understanding of the client, the problem and the story across sessions*
- Through practice and research, we found that successful therapies developed a focus on a limited number of themes, *self-self, self-other and I added existential themes* and ultimately on the clients' core painful emotions.
- I came to see that forming a focus was tantamount to a case formulation and that successful therapies, in early sessions, developed some sort of *understanding of the client's core pain* and continued to focus on that.



Follow the Pain

- **Case formulation** focused on identifying *core emotion schemes* (Goldman & Greenberg 2015, Pascual Leone & Greenberg 2007, Timulak 2015).
- It was important ,however, that case formulation **not lead to adopting a more knowing position.**
- It involved *following what was most painful, and poignant*, as it emerged, rather than hypothesising about patterns or underlying mechanisms.



Follow the Pain

- The adage was “*follow the pain, the pain is a compass*” that will guide you to the core concern” and this kept the focus on process.
- This was *process-guided formulation* not content based.
- Formulations were to be co-constructed and *developed collaboratively*, by client and therapist.
- Formulations, rather than being a reified views of a person’s character structure or dysfunctional patterns, were *formed and reformed* continuously, as therapy progressed.



Beyond Markers

- Prior to this point trainees were trained to be empathic and mainly to resolve tasks
- They would see themselves as needing to *be present and empathic and when a marker arose*, to view this as an opportunity for a particular type of intervention which would lead to a particular *type of task resolution*.
- Up till now *training focused* on teaching the markers and the steps *toward task resolution*.



Shift to Focus on Core Pain

- In supervision, however, I saw too many therapists *trying to get people to resolve tasks*, putting the focus for example on getting softenings, in chair work, rather than focusing on activating and processing the core emotion.
- Now in this case formulation phase my focus in practice, training and supervision *shifted to core pain and its transformation*.
- Essentially, I was now seeing *tasks as a means to access core pain*.



Person Formulation

- This led, for the first time, to *having a type of person formulation of the persons* core emotion scheme, which the therapist *carried across sessions*.
- The understanding of the client's core pain *influenced which markers to attend* to, e.g. if the sadness of abandonment was core this might incline to working on unfinished business rather than self-criticism.



Getting to Core Pain

- It was important still to respond to live markers and *not lead the client to hypothesised underlying feelings based on a formulation* as this would be too content directive, a therapist e.g. would not say “let’s work on your feelings of lonely abandonment with your father” but *only work on an alive marker when it occurred.*
- Tasks were now seen as *a way of getting to core painful emotions* and the aim was to *process the core pain* more than to resolve the task and processing the pain would generally *lead to task resolution.*



A Trans-diagnostic Perspective

- Having focused, in phase 4, on different dis-orders, we saw that *all treatments were pretty much alike*, and this began pointing us to a transdiagnostic view (Goldman & Greenberg 2015, Timulak 2015).
- *Returning to our roots*, where initially we basically treated all clients, regardless of their diagnostic group, with the same treatment, with *slight variations for different diagnostic groups*.



A Trans-diagnostic Perspective

- Treatment was now much more *guided by an individualized case formulation for this person* more than by any diagnosis.
- This view emphasized both a formulation for this client and commonalities in disorders rather than their differences and suggested a *similar treatment applicable across all disorders*.
- The transdiagnostic treatment then was *processing unprocessed emotions*.



Current Focus on Trans-Diagnostic Perspective

- Emphasizes **commonalities** in disorders rather than their differences
- Suggests a treatment applicable across all disorders
- Aim: To correct **emotional processing** problems
- **When people are able to process their emotions, they won't have disorders**



Phases 6 Changing Emotion with Emotion 2015 -2024

More emotion transformation focused, than task focused

- Trans-theoretical (Greenberg 2021)
- Emotional Processing
- More process guiding to core emotion schemes



Changing Emotion with Emotion

- This phase overlaps somewhat with phase five but focuses on the *mechanism of change rather than on formulation*.
- This is more emotion, than task, focused.
- It also is more *trans-theoretical*, and the aim of treatment now is enhancing emotional processing (Greenberg 2021).
- When people are able *to process their emotions*, they won't have disorders.

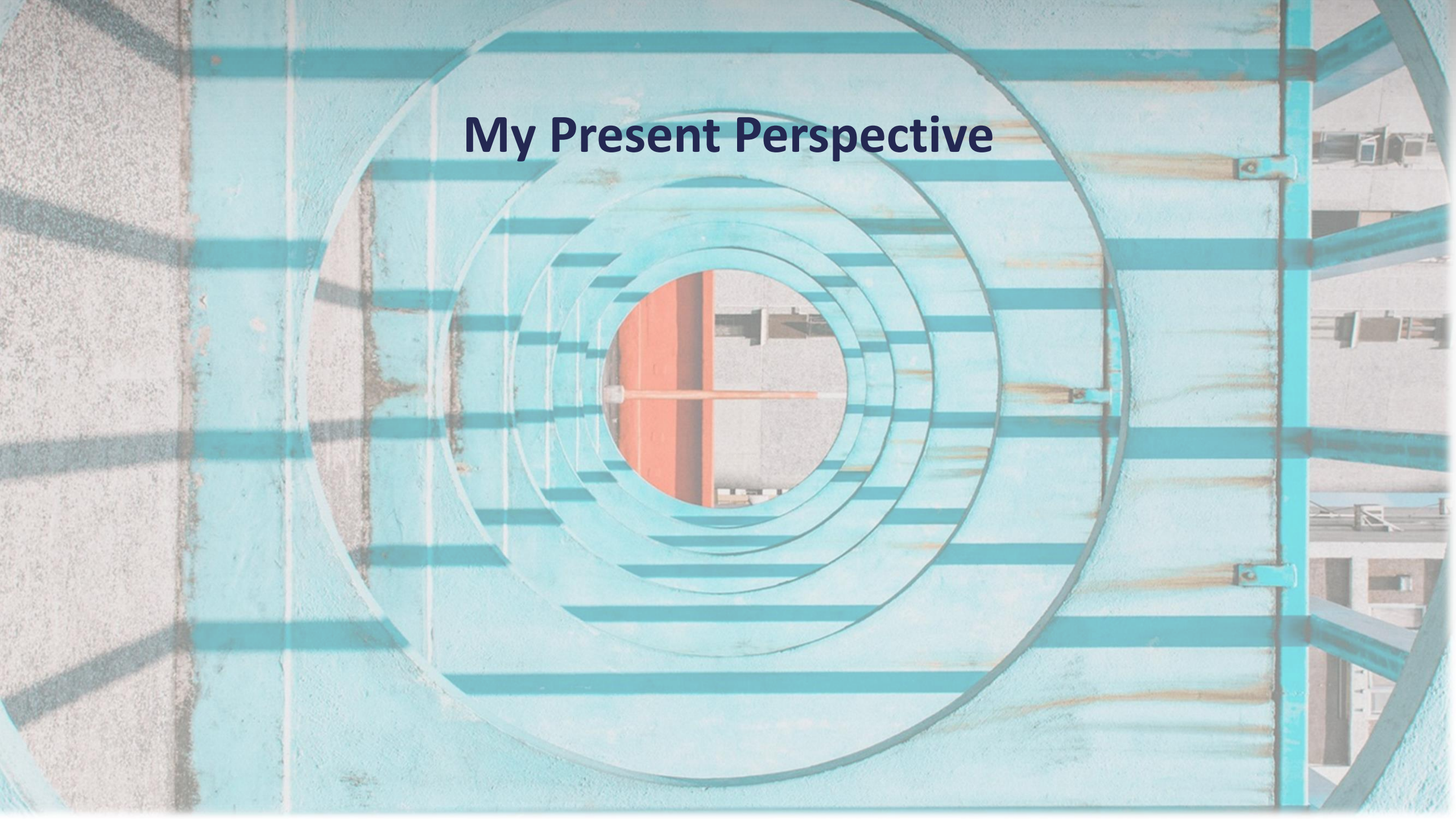


Changing Emotion with Emotion

- The key aspects of emotional processing *involves accessing core painful* emotions, processing them productively by symbolizing them, accepting them and *transforming* them, when necessary, by accessing new emotions.
- So changing emotion with emotion *privileges productive processing of core pain over task resolution.*
- Tasks are seen as the *best means to access* and process core painful emotions.



My Present Perspective



My Present Perspective

- Presence, Empathy and Responsiveness are fundamentals
- Case Formulation guides work toward the core emotion scheme
- Changing emotion with emotion privileges changing core pain over task resolution
- Productive emotion processing is the aim, tasks are the means
- Trans-theoretical emotion processing view applicable to all theories



Two Tracks: Emotion Arousal and Felt Meaning

- My focus on changing emotion with emotion has highlighted *two distinct aspects* of EFT in training.
- Processes and teachings which focus more on:
 - a) Emotion and its arousal and transformation,*
 - b) Exploration and meaning creation.*
- In my practice and supervision, I focus on getting to core emotions and seeing these as the key part of a clients *enduring problem that needs change*, while still focusing on skills in relational and task work



Emotion and Meaning

=

- So now I see two tracks emerging in EFT, *one focused on core affect the other on felt-meaning creation.*
- A focus on emotion involves a type of *person formulation*, with structural features, not a process formulation which involves more of a *focus on current experience and situation.*
- Both are relevant but *I privilege working on core affect* and emphasize it in my training and supervision.



Emotional Arousal and Depth of Experience

- *Vocal Quality and Depth of Experience* were the two measures I cut my teeth on, as a process researcher
- *Depth of Experience and Focused Voice* *were capturing development of felt-meaning creation.*
- At York we developed two more measures *Emotional Arousal* (Warwar & Greenberg 1999) and *Productive Emotion Processing* (Auszra , Greenberg, &Herrmann 2012)
- Arousal and Productive processing were *focused on core affect*



The Advanced Basics

- Out of this I saw two tracks emerging in EFT: *Meaning Creation and Emotion Transformation*
- Students benefit in being taught the more meaning creation tasks of Trauma Retelling, Systematic Evocative Unfolding, Meaning Creation and Focusing.
- These interventions *focus more on current experience and on situations*
- Involve working on an unclear felt sense” about all of it” or what occurs at organism /environment boundary and *refers to events involving, puzzling, or shocking experiences* and differs from chair-work and imaginal transformation which refer more to *core characterological pain*.

The Advanced Basics

So, in my view we end up with three training foci:

- Relational processes
- Creation of meaning processes
- Arousal and transformation processes



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Situation Resolution vs Character Structure Change

- Exploration is important processes for exploring idiosyncratic *felt meanings, related to situations as well as to existential concerns.*
- It focuses of felt meaning of situations and might, or might not, lead to core characterological concerns.
- Chair-work, and related imagery tasks, however, are more characterologically based, focused on *chronic enduring pain, often involving childhood wounds, age regression and changing emotion with emotion.*



Two Foci

EFT work can now be seen as having *two main foci*:

- One with more *meaning focused* work, coming from empathic *exploration*, developing *awareness*, focusing on *situations and creating narrative meaning*;
- The *other more emotion-focused* work involving activating and processing emotion by *expressing and viscerally experiencing previously disclaimed emotion* that come from a learning history of abandonment, neglect, and maltreatment, and leading ultimately to changing emotion with emotion.



And Beyond...

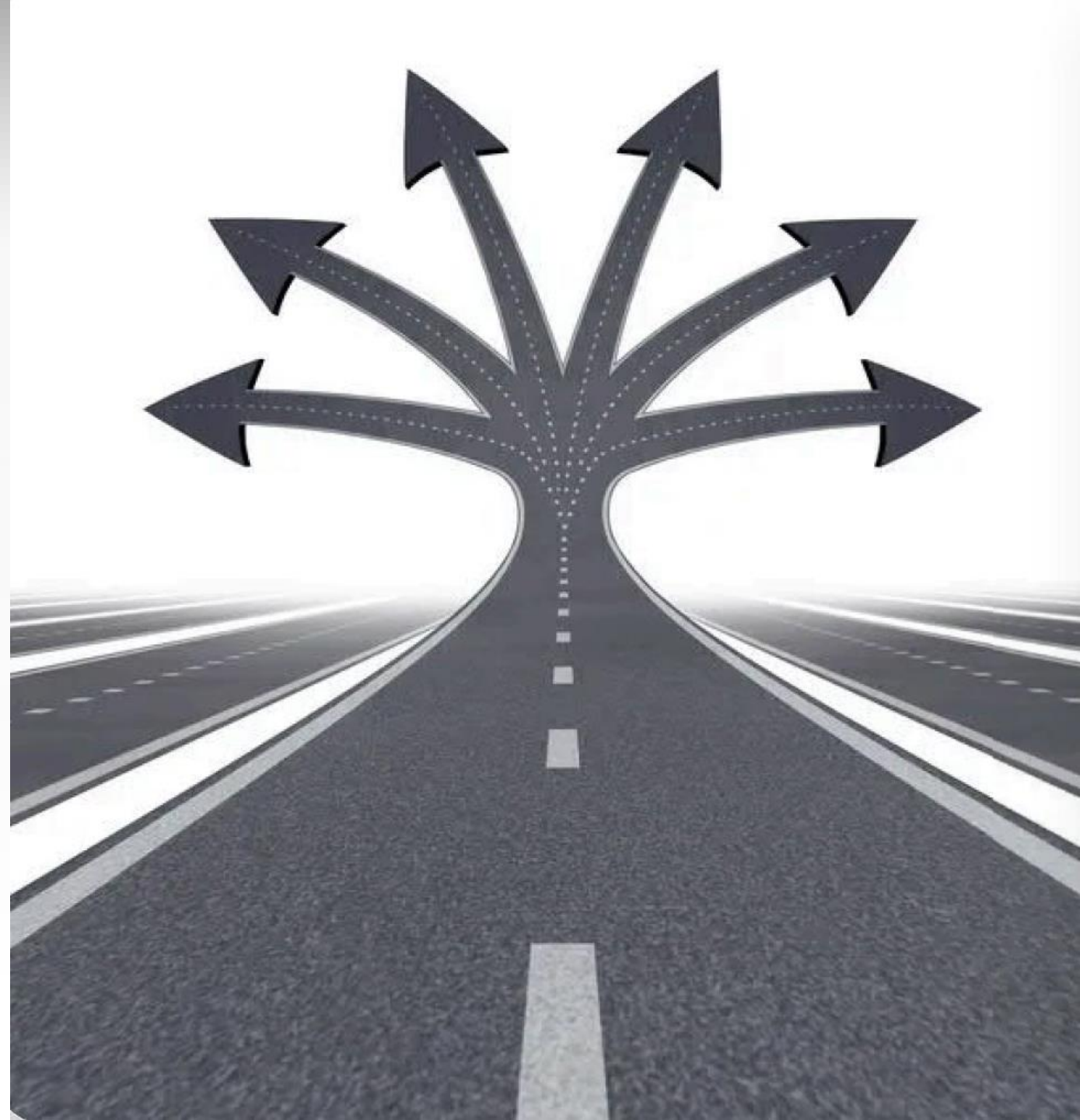
No longer is there one *simple face* of Emotion Focused Therapy.

There is EFT-C, EFT-F, EFST, EFT-Y, EFT-G, all with different degrees of following and leading

Emotion Focused work is developing many faces and being taught in different ways and *new voices are developing.*



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Start with

- Be human. Be humble. Be genuine. Be present, Be empathic and be responsive
- Adopt a non-expert, not knowing, curious exploratory stance.
- Don't be afraid of your client's emotions
- Approach clients' emotions with comfort, care and curiosity.
- See clients as doing the best they can and don't blame clients for difficulties
- Contact before contract.
- Collaboration is key.



Emotion Tips

- Emotions are friendly, they developed to aid survival.
- Focus on re-owning the disowned
- Make space for emotion rather than reveal the hidden
- Emotion is a process: One thing follows another.
- Emotions are feelings not facts and are products of construction.



- Affect is in the domain of value, good or bad for me, like it or dislike it.
- Cognition operates in the domain of truth, true or false, right or wrong.
- Emotion first and foremost provides action tendencies.
- Pay attention to bodily felt sense
- Validate secondary emotions but guide toward primary emotion.
- Separate complaints into anger and sadness.



Skills

- End a reflection on a feeling not only “you felt so discarded, thrown on the dump heap” but add “that left you feeling so ashamed.”
- The client is eight times more likely to focus on what you put your focus on in your last response.
- Always respond on the client’s internal track. Not “so your husband neglects you but “that leaves you feeling so lonely.”
- Listen for a focused voice, it is a window into the client’s internal world.



- Validate clients' fears of emotion while gently encouraging access to them
- Empathic conjectures of affect ("My guess is that must have felt xxx) is important for clients who are not emotionally aware
- Awareness: is a form of knowing arises from focusing on bodily experience "what's that like inside"
- Expression is a form of doing arises from contact "Tell her" (speaking to an empty chair).
- In chair work, follow a reflection with a direction. Not just you felt really sad but also "what's that like in your body right now" (awareness) or "tell him" (expression)

- What are you feeling is one of the worst interventions
- Only ask “what are you feeling” when the feeling is already evoked otherwise you get thinking.
- In very difficult moments focus on a *positively connoted need* that guides the client’s behaviour not to what the client felt or did that is problematic. Rather than “could it be that your intensity drove her away” reflect “You really needed the closeness and that led you to be so intense”
- Need to feel it to heal it.
- Both acceptance and change are needed. Not only arousal, but transformation are needed.

- Evoke feelings by using the other chair enacting the negative voice.
- Evoke feelings through accessing episodic memories and by guiding into childhood regression.
- In chair dialogues when the person is narrating, ask “what are you feeling now as you say this?”
- Use parts language when referring to feelings “ so this part feels really ---”
- Experiment with “try this”, as much to discover blocks as to have new experience, so see what stops people
- What one resists persists

- Get a clear idea of the two voices and stick to your guns guiding back to them when client veers off
- One thing leads to another, so be alert for emergence of core maladaptive
- Access the heartfelt need only after accessing core maladaptive
- Possibly go for fear or protective function of critic
- If critic is a destructive introject assert to get rid of it



- Important to get the message sent by the other.
- The other may not have said I loved your brother more than you, but it may have been conveyed or received in that way.
- Always work with client's reality, what the client experienced, not whether it is true or false
- Current interpersonal conflict clarify feelings, what you need to do , and don't go to the other chair at the end
- Current interpersonal conflict move to UFB if you can



- The introjected critic is not Unfinished business. It is the parent in the client's head, the internalized voice of the parent across many situations and the person now does it to the self.
- In two chair work three people can occupy the critical chair: the self as the critic; the introjected other; the projected critic.
- Unfinished business on the other hand involves unresolved feeling, like sadness fear or shame coming more from the gut, not an internalized critical voice. "Be the other and abandon him."

- Follow sequence see, feel (aware), say (expression)
- Important to get the global critic , specific critic, and harsh affect or attitude message
- When self collapses into hopeless/helpless stay with this feeling and search for underlying core maladaptive
- This is where the magic of one thing leads to another happens
- Once the core maladaptive emotion has been processed go to the heartfelt need
- Can use the preliminary need earlier to lubricate the dialogue

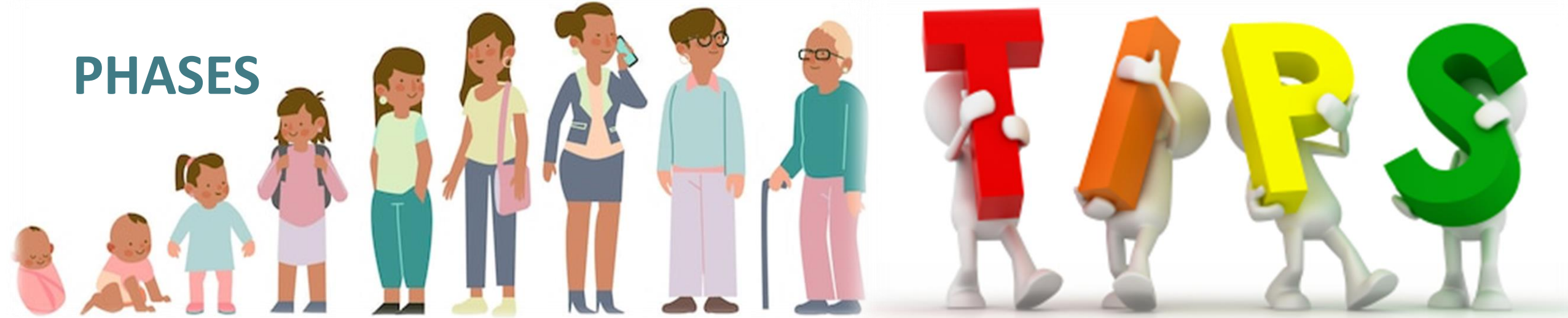


In Unfinished Business five ways to get change in the other

- Softening in attachment figure
- Replacing the other with a person in their life who had been responsive to their need;
- Evoke an abstract symbolic spiritual force that is responsive.
- An adult-centric understanding view of the other.
Empathize with the others inability to meet one's need.
- Self-soothing. Provide compassion and soothing to oneself from adult self to wounded child.



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