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Emotion and Therapy: Connecting with Leslie Greenberg*

Michelle Webster**

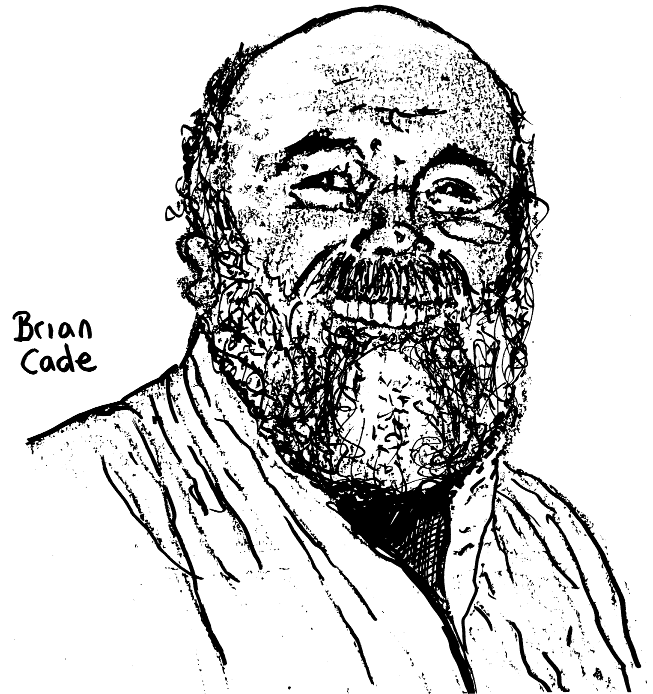
At the invitation of the Department of Psychology, Macquarie University, Leslie Greenberg gave seminars during 1997 *on emotion in clinical practice and on current research endeavours. He is Professor, Department of Psychology, and Director of the Psychotherapy Research Centre, York University, Toronto, where he trained in psychology before going to the University of British Columbia for twelve years. His mentors were Laura Rice, one of Carl Rogers' students, who introduced him to psychotherapy, and Pascual Leone, one of Piaget's students in developmental psychology. He learned to integrate a type of client-centered/process-oriented approach with a Piagetian approach to psychotherapy research. He has had further training in Gestalt therapy and family therapy, and exposure to dynamic and cognitive therapy within the Society for Psychotherapy Research. Leslie Greenberg was a founding member of the Society for Exploration of Psychotherapy Integration (SEPI) and the Society for Constructivism in Psychotherapy. He is the co-author of* ***Emotion in Psychotherapy*** *(1987),* ***Emotion, Psychotherapy and Change*** *(1991),* ***Emotionally Focused Therapy for Couples*** *(1988),* ***Facilitating Emotional Change*** *(1993) and most recently,* ***Working with Emotions in Psychotherapy*** *(1997).*

Michelle: *Welcome to Australia! A good place to start would be to talk about what led you into Emotionally Focused work.*

Les: I came into psychology as an engineer and discovered that there were no courses on emotion. I had a lot of initial experience in my training in encounter groups. I mean, that was a part of the client-centred and general 1960s experience, being in encounter groups where everyone was dealing with feelings, in some way or another. So I was puzzled, thinking emotion is certainly the most important thing in life, but nobody's talking about it.

Michelle: *How did you draw from your personal and the professional experience to develop a theory of emotion?*

Les: I think process research is the integrating element there. In conjunction with Laura Rice, who was studying the effect of particular empathic interventions on the vocal quality and the expressive stance, I initially attempted to model mathematically the moment by moment influence of therapists' interventions on clients. We developed an approach which was called the events-based approach to research, based on a what–then paradigm: what is it that the client is doing, then what does that move the therapist to do, and then exploring the impact of the therapist's actions on client process. I was looking at emotion and depth-of-experiencing as the critical variables. While I was interested in meaning, I saw emotion as at the basis of meaning.



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Michelle: *From looking at the event and the moment to moment process, you were looking at the depth of experience and its connection to both meaning and clients' actions.*

Les: Right, right. Yes. My interest in emotion was always tied in with the creation of meaning. I didn't see these as separate domains, but basically meaning was emotion-based. It's interesting for me to articulate that now in very explicit and elaborated terms, because I came with that view as a non-psychologist, and my journey has been a process of explication.

Michelle: *Yes, I hear that. And when you look at emotion as a basis of meaning, what is your theory saying to a clinician?*

Les: I think it's saying to a clinician that you really need to be attuned to the emotional experience of your client; that emotion is a signal as to where and when to intervene; listen for changes in emotion as markers of when the person is beginning to open their inner world; and that it's very important to pay attention to nuances of emotion.

At the most global level, emotion signals us what to attend to, emotion is telling us what is significant to us. I mean, emotion is a significance-system. When I'm feeling something, it says, 'This is significant to my well-being'. As a therapist, I want to listen to what's most significant to the client's well-being. Also, I think it's important to recognise that emotions both move and inform us. In my view, and I believe this is now a generally shared view, emotions have an action tendency and are based on some sort of concern, based on a need or a goal of the person. So when I'm listening to emotion, I'm also trying to listen to the intentionality in the emotion and what direction it's suggesting. For example, I'm not just angry, I'm always *angry at someone or something*. Anger, if it's basically primary adaptive anger, is telling me that I'm being violated and I want to break free or to stop the attack. Sadness tells me I've lost something, I want to get it back and I cry out for the lost object. So it's important always, not only what you feel, but what direction it suggests. There's a kind of a directional compass in feeling to be attended to.

Michelle: *And this is the action tendency that you're referring to?*

Les: Right. The need or goal that the emotion is telling us is relevant here and is either being met or not being met, is also important. So there's a lot in emotion, not just the feeling itself. When I would initially train students in empathy, they would say, 'Well, once you've got to the person's feeling, or understood their feeling, what then?' And I would always say that the feeling also has a directional tendency to it, and you need to get that as well as the wants or needs.

Michelle: *Can you make some comment about what the goals and needs are in this approach?*

Les: In an adult there are hundreds of psychological needs and the issue is somehow helping people to get clarity on their own needs, in the moment. And by that, I'm not meaning basic biological needs, but psychological concerns—that's why the notion of goals and concerns must be added to the notion of needs. Two needs stand out, theoretically and clinically. People are highly attachment-oriented, they require contact and comfort. They are also oriented towards mastery or efficacy, and have a curiosity, an interest and desire, to be an agent in their world. These two global needs are fundamental human motivations.

Michelle: *Les, as a clinician I'm very interested in the application of your ideas, but before we go on, where has this taken you in the research area?*

Les: I think that because emotion and process-oriented therapies are complex, they've been under-researched or little researched; and my efforts started off by trying to understand how people change. I have intensively studied what I call emotional problem-solving in therapy, in a Piagetian-style task analysis, to try to understand what are the components that lead to the successful resolution. In my research around emotion I've learned some things about how people solve particular kinds of emotional problems, particularly the problems of self-criticalness, self-annihilation and self-denigration, and problems of an interpersonal nature, such as maltreatment from, or unresolved bad feelings towards, a significant other, which moves into the problem of dependence and interdependence. As this is fine-grained research, I do believe that there are specific human processes, like compassion towards the self, that are critical in solving self-criticalness; and that mobilising previously unexpressed feeling and the associated need is very important to the process of resolution of maltreatment or trauma.

One thing that's emerged out of all psychotherapy research is that the therapeutic alliance seems to be the core variable in the effectiveness of any kind of treatment. I think this helps us explain why all treatments work, because of the provision of a relationship—the collaboration and working together, which is the basic working alliance. In addition, we've gone on to demonstrate in three major studies that an Emotionally Focused Approach to couple therapy works. We've demonstrated that the use of dialogues with significant others, using the empty chair technique, helps to resolve lingering bad feelings towards the significant other. In a recent study, Emotionally Focused Therapy involving empathy, plus more active stimulating methods of focusing on emotional problems, was shown to lead to the alleviation of depression. We have discovered that people who resolve the emotional tasks, particularly in depression, self-criticalness and/or dependence, the feeling of a basic insecure self, do remarkably well two years later—whereas many clients who hadn't resolved the self-critical or unfinished business task, but who had benefited from a globally supportive relationship, relapsed. So I'm pursuing the hypothesis now, that true

deeper emotional restructuring around significant problems will lead to maintaining change without relapse.

Michelle: *Those long-term results are very exciting information.*

Les: Yes. One of my most fascinating recent findings from the research is the concept of enduring session change. For example, somebody may appear to resolve what we call 'unfinished business' in a single session, but the process of resolution, either forgiveness of the other, or holding the other accountable for some kind of maltreatment, and [thus] feeling more self-affirmed, correlated highly with the final outcome only if they still felt resolved during the next week. And I think what this says at a clinical level is that the real issue is whether shifts and changes can hold over the week till the next session. There's a whole domain of experience, which can be called inter-session experience, and this has just begun as a domain of research, of trying to understand what happens, what sustains people in therapy and what helps them change between sessions.

Michelle: *Do you have any ideas currently about how some changes are sustained and others not?*

Les: Not clearly. One interesting piece of research by David Orbinsky is about how much the therapist is held in mind during the week. People who are seeing, imagining or talking to their therapists in their head during the week may well be internalising and sustaining the whole process. I have often had my clients report back, as I'm sure many people have, 'Somehow I have you in my head, and I could hear your voice in my head'. I think this is true internalising of the whole experience.

Michelle: *From your work, are you developing different ideas or are you coming down in support of any particular ideas about the self?*

Les: I believe the self is a dynamic organising system. I think emotion is the language of the self, and we're saying, when you work with self and with emotion, people change. That's what I can say from my research. One thing that we've studied is the phenomenon of human pain, psychological pain, and that seems to be related to the person's sense of self: that the self has shattered, that their sense of wholeness becomes broken. We've done phenomenological qualitative research, asking people about their experience of pain, and what they all say is something about feeling broken or torn or shattered; and they seem to be referring to the sense of self. Pain is trauma to the self.

Michelle: *And Les, where would you position Emotionally Focused work with respect to other therapies?*

Les: I would see it as an intrapsychic therapy in the first instance, but also as an interpersonally-oriented, interactional therapy, which puts it into the middle of an intrapsychic–systemic continuum. It's a two-person psychology, seeing emotion occurring at the interface between self and other. So the self, I think, actually comes into existence in the interaction, and so it's an attempt to sort of integrate both inside and outside. But there are more similarities between Emotionally Focused work and object-relations and self psychology than there are with, say, behaviour therapy. I think in Emotionally Focused Therapy we're dealing with anxiety and the avoidance of internal experience, whereas the behaviourists are dealing with anxiety and avoidance of things in the world. Working with a couple using Emotionally Focused Therapy is highly integrated with systemic ideas. So I see it as a treatment that integrates, and given that emotion is both internal experience and behaviour, it is a type of integration of intrapsychic, interactional and behavioural perspectives.

Michelle: *What have other theorists said to you about your ideas on emotion?*

Les: One really interesting phenomenon is many people saying, 'Yes, that's the way I practise'—especially in relation to couples therapy, but also in individual. So when I present to cognitive behaviourists, they say, 'Yes, that's basically what I think and [what] I'm doing,' even though, very clearly, cognitive theory says that cognitions produce emotions, and in a simplified version, I'm saying emotions produce cognitions although I think they are all integrated. Then, when psychodynamic people hear this, they say, 'Yes, that's what *we* are talking about'. But that's not true of pure systemic people, because in general there's been a distancing from emotion. I think they have been focusing on what I would call instrumental emotion, which is emotion expressed in order to influence the other. They are not dealing with primary emotional experience.

Michelle: *They're not really taking the client back to the primary emotional experience; they're operating at one particular band of emotion.*

Les: Right. Right. So a marital couple, when they're blaming and attacking and defending, they're treating the emotion that's to do with the attack and defence, whereas I see that as a secondary or tertiary emotion, an instrumental experience. They're not going back to the fundamental emotion of what's driving the blaming, which is often a deep sense of abandonment or fear. Actually, Virginia Satir was saying this in the first instance.

Michelle: *If you were working with a couple and you were moving to access a primary emotion, would you then want to be able to—in that joint session with the partner present—help the person experience and express that emotion?*

Les: Yes, yes, very much. We interviewed all our clients in our first marital therapy project, and found the most potent reported change mechanism was when partners saw each other experience and express a new emotion, they then saw their partners in a new way. They saw the blamer as fundamentally alone and isolated, and then they had a different experience of their partner, a

new perception; this led to a change in their interactional response to the partner, and that set up a new positive cycle. So I think that's been one of the most important contributions which we've made in Emotionally Focused Couples Therapy, to highlight that accessing new emotional experience in Partner A leads to a change in Partner B's perception and thereby a change in the interaction. And then that begins—provided you can sustain it—it begins a new interactional cycle.

Michelle: *And are you saying that the partner gets to both understand that there's more to the blame, and also to be empathic to the primary emotion that is evoked?*

Les: Right, right, exactly, both of those. And that empathy to the primary emotion is then usually experienced. That's why the emotion has to be alive and expressed and experienced by the partner, not talked about. Because if you talk about feeling lonely, it doesn't evoke my compassion or empathic response, but if I actually experience you as weeping for the first time, in vulnerability, it changes the whole nature of the emotional relationship.

Michelle: *Certainly, as a clinician, it brings up issues like balance, where you will have one person that you're moving to help find the primary emotion and the other person can be left, and then you have some skewed system; but they're more clinical issues.*

Les: Yes. But the issue is that this process needs to occur in both partners over the treatment, and one has to be able to hold the other partner, at any one moment, while the work is going on with one person, with some sort of promissory note that this is not all there is, and so on.

Michelle: *And with the more psychodynamic therapies, what would be their reactions to this work?*

Les: Our differences are in the arena of directiveness. As psychoanalytic work is more non-directive, their concern is that there's too much therapist action. In addition, we talk about balancing, following and leading. However, the leading is not 'content' leading, so it's not like an interpretation, where I interpret or presume to know what it is you're experiencing. I'm directing, and I'm evoking or stimulating by saying things like, 'Can you pay attention to what's going on in your body right now'. Some analytic people have trouble, perceiving that this may be too intrusive. In addition, we don't use the concept or notion of transference, nor do we focus on working with the transference. I use the concept of the real relationship and authentic contact—and so analytic people see these differences, that we're somehow not dealing with the transference.

Michelle: *You do not use transference because you don't see it's important, relevant or appropriate?*

Les: Well, firstly, I don't have a deterministic view, I am not involved in trying to explain and understand why people do what they do. I think people's actions and experience are so multi-determined that to focus on any one thread doesn't capture the reality. So my interest is not in a search for causes. Further, I don't believe that everything that's going on in the room between us is a projection of the past onto the present. I believe people learn, and that their past relationships highly influence their current experience, but our method of working in therapy is designed to deal with present emotion, and this does not come only from reactions to the therapist. My concern with transference is that the concept reduces everything to a relationship in the past. I believe the interpersonal relationship is important and working with what's going on between us is at times important. Transference also tends to reduce my responsibility in the current interaction; it's as though you're transferring everything from the past onto me. I think, clearly, people have interpersonal patterns that are significant, but they're going on in-between, and between us. They need to be viewed in that way. And linking present patterns to the past is sometimes useful, sometimes not, it's not the essence. What's really the essence, I think, is dealing with what's going on between us and being able to handle that well.

Michelle: *My sense of the current literature in psychodynamic work is that there is a move to talk about the real relationship. The more this occurs, the more authentic feeling and interpersonal relating have to be dealt with, as well as transference and projection. But moving away from there, I am thinking about emotions and feelings and the struggle with how to define terms. And I'm wondering whether you'd like to say something about that?*

Les: Yes. The field has been incredibly muddled; different theorists used these terms to mean different things; and at first, in my writing, I used those words interchangeably. In my new book, called *Working with the Emotions*, I've taken a position that we need to use the word 'affect' to refer to the neuro-chemical and physiological processes that are clearly going on. Some of the most exciting work is clearly demonstrating emotion in the brain, with PET scans showing different parts of the brain lighting up when emotion is being expressed or experienced. And so I think we should use 'affect' to refer to all these processes. I'm suggesting we use 'feelings' to refer to the bodily *sense* of feeling that we have, what goes on in our flesh, in our kinaesthetic sense; because I may sense or feel something, that is not yet an emotion, it may not be anger or sadness. It's the bodily sensory nature of it that makes it a feeling. Then, within this, there are basic and complex feelings. Complex feelings are the combination of bodily sense and meaning, such that we get feelings like, 'I feel all washed-up,' or, 'I feel on top of the world,' and this sense of myself I see as a complex feeling. And I think we should use 'emotion', which in some way I see as the highest level term, because it includes affect and feeling, to refer to categorical emotions, like anger,

sadness, fear—these involve the coordinated significant and expressive action systems. And we can get slightly more technical, saying that emotion integrates the situation and the action tendency, whereas feeling doesn't.

Michelle: *And when you talk about emotions, are you saying that people are born with these?*

Les: Yeah, I believe we come into the world with at least six basic emotion systems, that are fundamentally adaptive, and these are anger, fear, sadness, disgust and then interest/excitement and joy. These are actual inwired programs; so that the infant feels joy at a facial configuration and smiles, feels fear at a looming shadow, demonstrates anger at restraint if its arms are being restrained. A lot of things evolve then from that and I think why emotion is so important is that ultimately it integrates biology, experience and culture.

Michelle: *So really, my sense would be, as a therapist, that if I can support a person, create a good working alliance, and help them deal with the sort of socialisation they've had to suppress their feeling, that their own adaptive responses will come forward.*

Les: Yes. And I believe that, too, with a caveat; that it's not a simple process, nor is it simply that getting in touch with feelings is healthy, as a lot of maladaptive and secondary emotion might come forward first, but ultimately we're working towards finding the internal resources and strengths which are emotionally based. This also involves the therapist actively focusing clients on their primary feelings. Ultimately, people are trying to survive and grow in adaptive ways. And there might be lots of blocks to that. People can have maladaptive emotionality, that has to be worked with in ways in which they can understand that it is maladaptive. The rage is maladaptive, but ultimately there is something in there, like the sense of powerlessness, which, if acknowledged, will eventually lead a person to the most fundamental desire, which is probably a desire to have contact comfort. So we have rage, we have powerlessness and we have contact comfort. And we're trying to work back to that basic adaptive contact comfort.

Michelle: *So what you're saying to the therapist is, 'Have patience, stay with it to get to that primary emotion, and to facilitate that adaptive response'.*

Les: Right, right. But again, I'll add, 'Stay with it, be highly empathic, and be highly discriminating or perceptive about what emotion is which, because you can, sometimes, stay with or focus on the wrong feeling, and then that's not going to help the process unfold'. I'm more speaking from a point of talking to people who are not that familiar with, or working with, emotion. Sometimes they take this message and go in and try to work with it, but they find all these blocks or where things don't move, so it's not just a matter of staying with it.

Michelle: *If you had someone in a rage place, my sense would be, at times, you might help them experience that, but there may be times, and this is again your clinical assessment and intuition, where you might help them move past it. But there's always that question about when do you help someone do that, because some people, in expression of rage, can then move to the powerless feeling. Other people may not have that connection, so do we act to facilitate that part?*

Les: If one feels powerless, then identifying this and finding alternate internal resources to cope becomes the therapeutic task. And that highlights that the therapist is not non-directive, just waiting, but is an active party in a co-exploratory process, and helps by facilitating a shift to this powerlessness if it's not spontaneously emerging. I mean, a therapist doesn't push somebody, or direct them, but is facilitating constantly to help something new unfold.

Michelle: *In drawing this to a close, Les, are there any other new aspects in the area of emotion, research and therapy?*

Les: Well, I think one of the exciting emerging areas is work on trauma. And this, again, highlights the role of the integration of emotion and reason, or emotion and cognition; and I think, ultimately, we're working to[wards] an integration of the head and the heart, and that's the integration that's important to obtain emotionally-based reasoned action. Our actions ultimately should be based not on reason alone, not in emotion alone. Emotion informs us, it helps narrow the options, then reason is needed to sort out what exactly is the best in this context.

Michelle: *It's like having your relationship with your heart, and having your relationship with your head, and your head and heart having a relationship with each other.*

Les: Yes, we are highly interdependent beings, and my emotions are so much about my social bonds, my intimate bonds, my relationships with others, and that we really need each other. Connecting is really an important part of what it is to be human, so it's been an interesting experience for me to come here for the first time, to connect with Australians and to find CTC (NSW), an Emotionally Focused training centre, which I didn't know about.

Michelle: *Well, we've been working with a lot of your ideas and they have been inspirational to us here.*