In this chapter, we will look at helping people resolve emotional injuries. Physical injury threatens life or causes damage to the integrity of one’s body. Interpersonal emotional injuries threaten or cause damage to the integrity of one’s sense of healthy self-identity or threaten or cause damage to the secure attachment with the injurer. Processing and letting go of unresolved emotions over time is crucial in resolving emotional injuries and often leads to forgiveness.

WHAT ARE FORGIVENESS AND LETTING GO?

Forgiveness can sometimes seem highly mystifying, as we all know what it is until we are asked to give an account of it. Forgiveness has been described as an unjustly hurt person’s act of deliberately giving up resentment toward
an offender while fostering the undeserved qualities of beneficence and compassion toward the offender. In this definition, “fostering beneficence and compassion” are added onto a central aspect of forgiveness, which is “giving up resentment.” There is a common element in different definitions of forgiveness—that of “letting go,” giving up, or cessation of emotion connected with memories of a hurtful act. The victim feels anger and resentment; the offender feels guilt and possibly fear of consequences. Forgiveness, in the sense used here, means to cease feeling any of these emotions. Thus, both offended people and offenders can experience forgiveness similarly as a cessation of their respective emotion.

Important characteristics of interpersonal forgiveness are

- an internal process that does not require anyone else;
- the renunciation of hostility against the offender;
- giving up the wish or hope that the past will change;
- giving up resentment, negative evaluations, and the desire for revenge or punishment, as well the wish that the other person suffer; and
- charitable or compassionate concern for the offender and truly wanting what is best for them.

In addition to this it is important to note that forgiveness is not

- acquiescing (allowing harmful actions to continue),
- condoning (not recognizing any harm or unfairness),
- forgetting (people rarely forget); reframing memories,
- denying (excusing what happened),
- reconciling (possible but not essential),
- overlooking consequences or giving up on justice,
- granting amnesty or pardon, or
- resigning oneself to what can’t be changed.

Forgiveness-oriented coaching involves helping people let go of many emotions, central of which may be hurt, sadness, and pain of loss; anger, revenge, and resentment at violation; and shame at humiliation. Positive affects of compassion, love, and caring also result from arriving at forgiveness, which in itself is a core feeling. Once one feels forgiving, one acts differently. On the basis of findings from our research, we have concluded that forgiveness involves two important distinct emotion processes: the first is the letting go process, and the second involves the development of positive feelings like compassionate understanding, loving kindness, and empathic concern toward the injurer. People forgive emotional injuries by reducing their bad feelings and by increasing positive feelings.
FORGIVENESS VERSUS LETTING GO

Letting go of or reducing unforgiveness is not the same as promoting forgiveness (Greenberg, Warwar, & Malcolm, 2008). Although there are times when it is a wholly adequate response to reduce unforgiveness until a person arrives at an emotionally neutral stance toward an offender, I differentiate this process of letting go from forgiveness. Worthington and Wade (1999) defined unforgiveness as the combination of a set of negative feelings toward an injurer, and they showed that people can decrease unforgiveness without increasing forgiveness. Letting go involves the release of, and sustained relief from, distressing negative feelings and thoughts that have been felt in relation to the injurer and injuring event. There is a sense of letting go of, or putting down, a burden. Letting go also involves the end of expectation and longing for the offender to meet the hurt person's need for acknowledgement, acceptance of responsibility, and/or repentance in regard to what happened. Letting go thus involves getting rid of the hurt, anger, and troublesome memories. When the other is encountered or thought about, the hurt person feels resolved, calm, or neutral rather than hurt or angry, and the memory is no longer troublesome. Letting go does not involve a change in perception of the other, and the person’s feelings toward the other are neutral.

Forgiveness goes beyond letting go by the transformation of feelings from hurt and anger to compassion and loving kindness. Not only is there a putting down of a burden, but also a giving out of loving kindness. Positive relationship memories are retrieved, and the hurt person’s perceptions change from seeing the hurtful other as simply “all bad” to a more complex, compassionate understanding and acceptance of the other.

When a person is successful in letting go, he or she can, in effect, walk away from the experience, and it no longer has the power to intrude or distress. There are times when this is a wholly adequate response to a hurtful event. This is often the case when working with clients who are survivors of childhood abuse or adult victims of partner abuse or domestic violence, particularly when the offender remains unrepentant. It can even be unwise to urge forgiveness when therapy is taking place without the offender being present to take part in the further process of repairing relationship. This caution is particularly important when the hurtfulness is ongoing or egregious and the offender is unrepentant.

EMPTY-CHAIR DIALOGUE FOR EMOTIONAL INJURIES

Gestalt therapy empty-chair dialogue, in which the client expresses unresolved feelings to an imagined other in an empty chair, has been found to be very helpful in resolving unfinished business and emotional injuries.
emotion-focused therapy (Greenberg, Warwar, & Malcolm, 2008; Paivio & Greenberg, 1995). This type of imaginal confrontation with the other in an empty chair forms the centerpiece of the emotion injury treatment. Empty-chair work is designed to assist clients in processing their unresolved emotions and in finding new ways to come to terms with past hurts instead of dwelling on them in unproductive ways that only serve to entrench the clients in chronic, maladaptive unforgiveness. It is important to remember that empty-chair work is a way of helping clients come to terms with hurtfulness that happened in the past and is not recommended when current hurtfulness is taking place in the present in the context of an important ongoing relationship. In the latter case, clients, if asked to engage in an empty-chair dialogue, may mistakenly see the intervention as a way of figuring out how to respond to the other in the present to make the other person stop being hurtful or use it as an opportunity to rehearse the elements of a confrontation and, in so doing, may unwittingly escalate the risk of the other’s continued hurtfulness. Empty-chair work should be reserved for its intended use in resolving unfinished business from the past.

One of the premises of the emotion-focused therapy (EFT) approach to emotional injury is that the interruption or blocking of primary biologically adaptive emotions subverts healthy boundary setting, self-respectful anger, and grieving necessary in overcoming emotional injuries. Therefore, this chapter emphasizes the importance of helping clients overcome blocks to these emotions and to accessing and expressing the emotional pain and distress and the primary feelings of pain, anger, and sadness associated with an emotional injury. In all phases of the emotion-coaching process, there is an emphasis on heightening the intensity of primary emotional experience to access previously unacknowledged core emotion schemes related to the injury to make them amenable to change.

For example, instead of discouraging clients from expressing their revenge fantasies, the desire to retaliate is normalized as a sign of how damaged the injured person feels. Such expressions of anger also teach clients to accept and tolerate their anger and to work with it, rather than against it. The potential forgiver’s feelings of resentment and desire for revenge or restitution are of considerable importance. This generates a sense of self as a person of worth who has been treated unfairly and deserves to be treated differently, and it helps form new adaptive emotion schemes that contribute to the transformation of the client’s ability to respond. Although initial resentment and self-protecting anger in the face of personal injury are appropriate, and are even positive responses that convey self-respect and self-worth, a transformation of these feelings is required if forgiveness is to take place. Such transformation leads to revisions in self-concept and the self-identity narrative. What needs to be transformed in therapy is not the initial animosity, but excessive, misplaced, or vindictive resentment that may become “brooding” resentment.
Research has demonstrated that there are two distinct forms of resolution of unfinished business and emotional injury (Greenberg & Malcolm, 2002). The first form involves boundary setting rather than empathy for the offender. This involves a process of client self-validation and self-assertion that permits the client to step back from the attachment bond to find the strength to hold the other accountable for harm done. It is commonly the form of resolution sought by individuals who have been victims of traumatic abuse or violence at some time in the past when they were too vulnerable or too dependent on the hurtful other to successfully prevent the hurtfulness. It is also likely to be a safer, more appropriate form of resolution for clients who are dealing with the pain of being in a current ongoing relationship with someone (like a parent or spouse) who was hurtful in the past and either denies his or her hurtfulness or acknowledges what happened but insists that he or she was not responsible for the client’s suffering (often by blaming the client or some feature of the situation as having caused the hurtful behavior). This results in letting go and not forgiveness.

The second form of resolution involves working toward a new view of the hurtful other, such that the client comes to understand what may have motivated the other person’s behavior and, without minimizing or dismissing the hurtfulness, also possibly comes to see the other as forgivable. This becomes possible because in the process of enacting self and other in the empty-chair dialogue, the client can imagine and believe that if the hurtful other fully grasped and understood the pain and suffering the client had experienced, he or she would take responsibility for the harm done, would be remorseful, and would be willing to participate in the process of repairing the attachment bond and making changes that would make the relationship safe and trustworthy (for more information about empty-chair work, see Chapter 5). Wanting to find a way to understand and forgive the hurtful other is usually motivated by the desire to come to terms with hurtfulness that is no longer being inflicted within a current ongoing relationship or by the desire to retrieve a sense of psychological attachment with someone the client cares about but has been separated from (by here-and-now distance or by the death of the hurtful other).

Working with unresolved emotional injuries in empty-chair work generally begins with the client’s expression of a lot of secondary, reactive emotions, especially protest, blame, or complaint. For example, one client in the first session expressed both blame and resignation about her father, saying, “He was a terrible father. He still is, just never there. I’ve given up on trying to have a relationship with him. He always told me I would amount to nothing. I have nothing to say to him now. I’ll never forgive him for what he has done.” At the therapist’s suggestion, in the third session, she imagined him in the empty chair, and this dialogue began with her expressing
her blame and resignation. After two sessions of this type of dialogue, she
contacted her rage and said, “I hate you. They should have castrated you
in the concentration camp. You shouldn’t have been allowed to have chil-
dren.” After this acknowledgement and expression of her rage, and after
grieving the loss of the father she never had, she began in the dialogue to
soften toward him acknowledging his difficulties in life and his abilities,
and she went on to forgive him and have a closer relationship with him in
the world.

Regardless of the type of resolution attained—holding the other
accountable, or understanding and forgiving the other—assisting clients to
imagine the hurtful other in the empty chair and facilitating a dialogue with
the imagined other serves to bring alive the clients’ representation of the
other in ways that create opportunities for clients to make changes in how
they experience themselves and the other. Changes in how clients experi-
ence themselves could include a shift from weak and vulnerable to strong
enough to take care of themselves and cope with the suffering that derived
from the hurtfulness or a shift from enraged impotence to a grounded and self-
respecting assertion of boundaries. With shifts like these, clients are helped
to experience themselves as free to choose how best to respond to the other
and as capable of taking responsibility for those choices, independent of what
the other does. Or clients may shift from feeling lonely and unloved to feeling
cared for and comforted.

Before we move into a description of the therapist and client tasks
involved in successful empty-chair work, it is important to note that empty-
chair work could be unwise and possibly harmful when the unresolved expe-
rience was severely traumatizing and there is a risk of retraumatization, or
when the client has a recent history of behaviors that are self-harming (e.g.,
self-mutilation, suicide attempts) and/or other harming (e.g., aggressive and
violent acting out behaviors, impulsive risk-taking that puts others in dan-
ger). When such behaviors have become part of the way the client responds
to intense distress or arousal, it is recommended that the therapist use less
evocative interventions, initially at the very least delaying introduction of
interventions such as an empty-chair dialogue until after a particularly strong
therapeutic relationship is well established and a safe place that the client
can go to internally has been established as a resource. Establishing sufficient
internal and external support to face an imagined hurtful other is essential
before introducing empty-chair dialogue.

Trauma-based empty-chair work is typically more intense than the emo-
tional injuries related to parental neglect or abandonment or to poor parent-
ing. In trauma-based injury, the person is fragile and suffers from unwanted
memories and debilitating emotional pain. To promote enduring change, it
is important to deal with the dysregulated emotion. People with this type of problem are often ambivalent about whether they want to return to face the source of the trauma or to engage in an empty-chair dialogue. On the one hand, they present the issue in an attempt to rid themselves of the intrusive memories, but on the other hand, there is significant pain that threatens to retraumatize them. As a result, the empty-chair work should be suggested only when safety has been established and the clients feel ready to face their abusers (Paivio & Pascual-Leone, 2010).

Also note that the process of resolving the injury can be done without actually having the person speak to an empty chair. You can follow the resolution process by empathically following and guiding without enactment by saying such things as: “What would you say to him if he were?” and “What kind of things did he say?” Imagery also can be used in a variety of other ways to evoke the unresolved emotion. The visual system is highly related to emotion so imagination can be used to evoke an unresolved emotion, to enact dialogues in imagination to experience a new emotion, or to imagine adding people or resources to situations or scenes to help one experience the scene in a new way. Thus, one can ask the client to imaginally restructure an originally damaging scene by imagining the child expressing what was needed or by bringing one’s adult self into a childhood scene. The adult protector can offer the protection that was missing or bring in aids that will empower or protect them, like a lock and key to secure their room or a cage in which to put the feared person (Greenberg, 2002).

**TREATMENT**

What follows can be thought of as a road map for the steps of forgiveness-oriented, emotion-focused process. The first phase of treatment always involves creating a safe relationship and developing a working alliance. In this stage, while getting acquainted with the client, the therapist hears the narrative of the injury that brought the client to therapy and empathically understands why he or she is coming to therapy at this point in time.

In all likelihood, clients may not have told the story of their emotional injury to any one, or if they have, they may have become used to family and friends doing one of two things: either withdrawing from them and signaling that they don’t want to hear the story again, or energetically moving in and offering advice about how to get over the hurt and how they should get on with their lives. Clients come to therapy hoping that things will be different when they recount their story to someone trained to listen and help. Therapists thus need first to help clients unfold their stories.
BEGINNING THE DIALOGUE

When clients show that they are ready to work on their unresolved past hurts (by producing or reproducing verbal and expressive markers of the hurt), validate these feelings and begin to move the process toward setting up a dialogue. Ask the client to imagine the key other in the empty chair. At the beginning of this dialogue, ensure that the client is making contact with the imagined other. Evoking the sensed presence of the other, making sure the person is currently experiencing the imagined presence of someone or something in a direct and immediate way, is important in evoking the emotion schematic memory.

You might introduce a dialogue with “Let’s bring her in here and tell her this,” or “I hear that you have a lot of lingering feelings toward her. Let’s try something . . . can you put her in the chair and tell her what you feel?” If clients initially have a positive or nonaroused initial response to the other in the empty chair, ask them first to express this current feeling and then focus on the unresolved feelings by saying, “So now tell her how she wronged you.” If clients are having difficulty sensing the other, you might say, “Can you see the person here or sense the person in some way?” Or you might suggest, “You may want to close your eyes during imagery work.” If the client can’t imagine the other in an emotionally provoking way, then you might say, “Can you think of a time when he or she hurt you most?”

Enacting the other person performing the hurtful behavior also is important in evoking the emotional reaction to the person. The goal of playing the other is to heighten the stimulus value of the other’s behavior to in turn evoke the client’s affective reaction to it. Differentiate what the other did that was injurious by guiding the client to enact in the empty chair what the other did (e.g., ask what the other said or did specifically, and ask the client to do this). Get the details of their “insults,” “neglects,” or “hurtful behaviors” toward the client. Enacting the significant other is not to promote a debate between self and other in the chairs, but to arouse emotions. Play the other a number of times to evoke more feeling. Guide the person to enact what the other did and flesh it out. Slowly the memory begins to unpack. This sets the stage for the arriving phase of emotion coaching. Now the coach, according to the early steps of coaching laid out in Chapter 4, will help the person become aware of his or her emotions, welcome and accept them, and regulate them when necessary. The client will be encouraged to describe his or her feelings in words and discover what his or her primary feelings are.

Once the other has portrayed its negative actions and attitudes, the client’s affective reaction to this becomes the focus. Ask the client to move to the self chair and inquire, “What happens inside in response to the other chair?” With your careful and attuned tracking and reflection, relevant feelings toward
the other will emerge. Generally the client starts with attacking anger, such as “you’re a jerk,” but then shifts to owned anger, such as “I’m angry at you for violating me. You said you would protect me and you betrayed that promise. I resent you for that. It was the betrayal that hurt most.”

It is important to help clients both make contact with their feelings and put these feelings in contact with the object (the other) of the feeling. There thus needs to be (a) an awareness of the feeling and (b) expression of the feeling. If the client is too reluctant to face the other, don’t force the client to do this; rather, explore the reasons for not wanting to face the other. You can turn the chair away or put it far away at first (progressive approximation to contact with the other), or you can identify and explore the blocks to contact.

Help the client define the injury specifically and identify what the wrong was. It’s important early on to identify what exactly the wrong/injury was. The more clearly the wrong is defined, the better (e.g., “Tell him what he did that hurt the most”). We call this identifying the idiosyncratic impact of the injury. An important general issue, especially in early sessions in working with the empty chair, is the balance of following and leading. The goal is for the balance of initiative to be weighted in favor of the client leading and you following—that is, for you not to take too much initiative too early, by leading too much; rather, you want the person to become engaged in a self-motivated experiential process. If the client sits back expectantly with an attitude of “Ok now ‘treat’ me or tell me what to do,” you want the client to understand that the task is to coexplore the issues. The initial task is to get the client engaged in an experiential process. You, however, also do not want the client taking too much initiative, often in the form of external storytelling, which prevents access to inner experience. If the client takes all the initiative to stay away from his or her emotions and you are left in a passive role, you have to work to regain a balance of initiative for your presence to be felt. If clients are fully directing the process, they probably will get stuck as they have in the past. Therapy needs to involve a true co-construction, and both partners need to contribute to achieve a resolution.

EVOCATION AND EXPLORATION

When clients talk about an unresolved past emotional injury, they typically first express a “fused” combination of hurt and resentment of sadness and anger. The outrage or protest against the unfairness of what happened comes out as complaint. A sense of defeated resignation and hopelessness is possible as well. Client’s feelings are currently felt, but they are expressed in the form of suppressed primary emotions or constricted secondary, reactive emotions such as hopelessness, rather than as full, uninterrupted expressions.
emotion-focused therapy
of primary adaptive emotion. For example, a client may express resentment through protest (“Why did you beat my mother?”) instead of a grounded, self-respecting anger (“I resent/am furious at you for beating my mother”), or they may talk about what happened with a hopeless longing that the past be undone instead of fully expressing the grief they feel about the innocent trust and unquestioned sense of safety that is now irreparably gone from the relationship as a consequence of the injury.

Once the client’s experience of the other has been sufficiently evoked, the goal of the dialogue is to move beyond these initial reactions into differentiating underlying feelings and meanings and encouraging the expression of primary emotional states. Primary emotions are often first experienced and expressed in a jumbled manner and all mixed together. For example, the fused anger and sadness of complaint often comes out in question form: “Why couldn’t you be more . . . ? Why did you . . . ? I just want to know why?” Complaint must always be differentiated into its more fundamental components of anger and sadness, which need to be experienced, symbolized, and expressed separately. The typical secondary emotions expressed in empty-chair work of hopelessness, resignation, depression, and anxiety are often expressed in an outer-directed manner and in a blaming tone. The therapist acknowledges these and helps clients work through these secondary emotions to encourage the direct expression of primary emotion, such as “I resent you” or “I missed having you around” rather than “You were a bastard” or “Why did you neglect me?”

You have to coach people to tolerate their painful emotions. It is important to help clients to accept and stay with their emotions rather than rushing too quickly into change. It is important not to set the expectation of positive feelings toward the other too early in therapy (if at all), as you could mistakenly foster the idea that negative emotion has no place in the experience of the forgiving person. An EFT principle is “You can’t leave a place until you have arrived at it.” Staying with an emotion involves approaching the emotion, being able to focus attention on it, experiencing the emotion rather than avoiding it, and having the ability to tolerate it. Tolerance also may occur through the process of getting an observer’s perspective on an emotion one is currently feeling, somewhat like standing a little distance outside the emotion to have what may be likened to a metarelationship with the emotion (an attentional allocation shift is required). The person needs to have the emotion rather than the emotion having the person. This helps create a working distance from the emotion and enables the person to symbolize the emotion rather than be overwhelmed by it. It is useful to note that worrying often is a way of avoiding emotion and is helped by accepting the underlying emotion.

Homework may involve highlighting any discoveries already made in the session (e.g., “Become aware of this feeling of anger whenever you see
him or during the week,” or “Become aware of how your anger collapses into sadness”). More generally, you might ask people to note how they experienced their emotions during the week and what they did to stop themselves from feeling emotion. Ask clients to keep a diary of what they are feeling toward the other and of what happened in the session to affect this; if a client is very cut off from feelings, ask the person to keep an emotion diary during the week or to write down once a day at least three emotions they felt that day or use the emotion awareness training sheet in Exercise 7 in the appendix.

At the beginning of further sessions, check where the person is now and how the week was. Then ask them about how they felt after the empty-chair dialogue in the last session. It now is a matter of clinical judgment as to whether to use another dialogue. If you don’t introduce a dialogue in one session, then use a chair dialogue in the next session. Sessions without chair dialogues will deepen the exploration of the injury and the context and also look for possible past links to the present injury. If the injury is with a recent relationship, like a spouse, does this mirror any earlier relationships? Does the injury relate to relationships with parents, an earlier marriage, or a past loss? This exploration of links to the past is part of a general gathering of information about the narrative context that will take place in the first half of the treatment. Dialogue with an injuring spouse or boss often reverts to dialogue with parents or other attachment figure. Listen carefully, and if a past scene comes up, guide the client into the scene and go for what is most salient. During guided visualization, when you ask a client to go back to the original scene (imaginial reentry), the client can either go back, with the current feeling and meaning (I’m angry), or contact what it was like then (I’m afraid) or lonely. You can ask the client, “What do you want to say?” or “What was it like for you, be the little boy, what do you feel as the little boy?” and ultimately, “What do you need?”

When a client is enacting the other in the empty chair, to get a sense of the impact of the other on the self, ask, “What was the message she gave you? What did her face or voice say?” Too much concern with the content of the client’s narrative takes the therapist away from the affective tone. Stay attuned to the emotional tone that is evident in the discourse. Listen to the music. Check in with the client to determine whether he client is “feeling” what he or she is saying. Ask the client, “As you say this, what do you feel?”

If the intensity of affect/experiencing wanes in the self chair, the client should take the part of the other briefly to restimulate the affect. Spend time enacting the negative other, highlighting what’s negative so it becomes clearer what the insult/injury/offense is. Get to the nature or the quality in which “you betrayed me”—the particular manner. It may not be what was said that hurt so much, but how it was said. Thus, if the client depicts the other as being disdainful or not caring, ask the client, “What’s the core meaning of
what the other did to you that so upset you? Get at the metamessage delivered by the other. Use the other as a stimulator of affect, not as a debater! It may also be sufficient merely to ask the client in the self chair what the other looks like right now (i.e., facial expression, body posture) to reevoke the emotion. Ask, “What does his face look like now? What would he say to that?” Pay attention to what appears most alive to the client at the present moment and follow and heighten that.

Generally, “why” questions don’t deepen experience. “How” and “what” questions are better. Analyze how this person is expressing, then turn the process into content. The manner of expression is what is important, not the content. Thus ask, “As you’re doing this, how are you saying it?” or “What are you expressing, what’s your manner?” Pay attention to body language. How the person delivers the message shifts toward being the message—for example, if the style and manner of the client is contempt, then direct the client to tell the other, “I feel contempt for you.” Change the process into content. An advantage of using chair dialogue is that it adds the expressive dimensions, and it brings out the how: timid or hostile. Track the emotional process, not the content. Notice present nonverbal expressions and feed them into the dialogue (i.e., if the client’s hand goes up as a shield; this may be a bodily sign that perhaps there’s a need for protection from the other).

Interventions should elicit a present-tense stance. Don’t ask questions in the past; bring the client into the present to evoke feeling now. Link the content/story with the feeling in the moment, focusing on the latter (e.g., “How are you feeling now as you tell this story?” “What’s happening in your body?”), then direct the client to express this to the other. It is true that all emotions are embedded in an important story, and all-important stories are based on significant emotions. People are more used to telling and listening to the story; we want to privilege the emotion over the story.

In working with the injury, validate the legitimacy of the feeling of being wronged with interventions such as “Tell her, I was wronged . . . you violated my boundaries.” Validate anger and intensify emotions by saying, “It’s okay to feel anger.” At the crescendo of the anger, ask “What did you need?” or “Is there something you want from the other to finish this?” It is important to get a sense of whether clients’ statements such as “I need” or “I deserve” are grounded enough in heartfelt loss or empowered anger or in feelings of legitimacy. If not, promote empowered anger or heartfelt grief.

Ask clients to be where they are, not where they are not. If the client does not want to tell the other about his or her experience of the affect associated with the injury, he or she should be encouraged to express the unwillingness to tell: “I don’t want to tell you.” However, when working on letting go of an unmet need, you need to heighten the loss. For example, with a client who has had difficulty accepting that the other was “not there” for him or her
and is unable to give up hoping for what will never be, say, “Tell the other
what died that night for you . . . tell her about the pain of facing up to the fact
that she won’t ever be available . . . tell her how hard it is to give up the wish.”

Help clients distinguish differences between emotions: “What’s the most
important feeling right now? What’s the most alive for you? What’s the strong-
est?” Feed clients a sentence to help identify and express what is felt: “Can
you say ‘I despise you’ or ‘I miss you?’” Treat this as an experiment—that is,
say, “Try this and see what happens . . . does it fit? . . . what does it feel like?”
Try to catch where the client is at with a word of correct intensity, that is,
resent, angry, furious, hate. Say to the client, “Tell him ‘I’m angry that you.’
Tell him what you hate. Tell him what you resent.” Say to the client, “puts
words to the tears,” “it really hurts,” “I missed having a father who cared.” To
promote the making of distinctions in experience, you can use a contrasting
sentence. For example, tell the client to try “I love you” and then “I hate
you” or to say “I won’t” rather than “I can’t” and then ask the client, “What
do they each feel like?” To address guilt feelings over an expression of anger
or hate toward a parent, it is sometimes helpful to split the parent into the
“good parent” and the “bad parent” and express the negative to the bad par-
ent with the knowledge that that is not all there is. You also can combine
feeling sentences to promote integration (e.g., “Say one thing you resent and
one thing you appreciate about what you resent”).

DIFFERENTIATING FORMS OF ANGER AND SADNESS

In helping people become aware of and welcome their emotions, describe
their feelings in words, and discover their primary feelings, it is important to
access primary anger and sadness. Therefore, it is important to distinguish
between secondary and primary emotions.

Primary anger, or anger in response to violation, is essential; it must be
validated and its expression encouraged. This anger may have been disavowed
because it was unsafe to express it in the original relationship. In not being
able to access primary anger, people lose access to healthy resources that can
promote adaptive behavior. Thus, the expression of anger and standing up to
the other by saying, for example, “I am angry at you for hurting me like that,
you were sick and I did not deserve to be treated like that,” is empowering and
healing. In contrast, secondary anger has a more blustery, destructive quality
to it and serves to push the other away or obscures the expression of more
vulnerable emotion. It is not empowering, and its expression does not bring
relief or promote working through of experience. Often anger can be sec-
ondary rage. This rage masks core powerlessness, or hopelessness, or helplessness:
“What’s the point of talking?” Powerless anger is a difficult experience: It is
anger that has nowhere to go. There often is a lot of frustration at anger that has no impact. Therapists can reflect how bad it feels to have all this anger and to feel it can have no impact. When the question of how to overcome the anger arises for someone who is stuck in anger that has no impact (e.g., “I don’t want to feel this anger. How do I stop?”), an important new place has been reached: The client realizes this anger is useless and potentially destructive to the self. Keep this question alive and ponder it together. Letting go of the desire for retribution and grieving the loss of the hope for justice is important. Sometimes the anger a client expresses is instrumental in quality; for example, “I deserve it since I’ve always been a good girl. So give it to me!” This often is tied to low self-esteem. Instrumental anger is like that of a spoiled child, as opposed to primary adaptive anger, which is part of the deeper grieving process involving both sadness of losing something important and anger at one’s needs or goals being thwarted (i.e., “I’m angry that you are not the father I wanted you to be”).

Primary sadness or grief at loss is essential and must be validated and its expression encouraged. This sadness may have been disavowed because in the past there was no one there to comfort the person or he or she was afraid of being weak. In not being able to access primary sadness, people lose the ability to let go and move on. For example, the expression of sadness and grieving the loss by saying, “I missed having your love, just spending time together and feeling wanted” helps one grieve and feel legitimate in the need for connection. In contrast, secondary sadness has a hopeless, helpless quality and serves to obscure or protect from the experience of the more vulnerable emotions of lonely abandonment and ultimately grief and longing. It is not healing, and its expression does not bring relief or promote working through of experience. Sadness that is instrumental in quality is a sadness of “poor me” or an expression of tears to evoke support. The instrumental quality of sadness in, for example, “Why does this always happen to me” or I just can’t take this anymore” often is tied to low self-esteem. Instrumental sadness is like that of a dependent child as opposed to primary adaptive sadness, which is part of the deeper grieving process involving the sadness of losing something important.

If anger and sadness are both present, be sure that once they are differentiated, to keep them separate and distinct as much as possible. They often occur together because “I’m angry at not getting what I wanted and I’m sad at what I’m not getting.” As we have seen, fused anger and sadness leave people stuck in disempowered hurt that is expressed as complaint. In working through emotional injuries in abusive relationships, anger needs to be expressed to the abusive other. Often, however, it is better not to express sadness to the abusive other. Each emotion needs to find its appropriate object, and so sadness may need to be expressed to the therapist or to someone else in the person’s life like a protective other, as opposed to expressing it to the abusive other.
In cases of abuse, combinations of maladaptive fear and shame need to be accessed, validated, and reprocessed to the point at which the client is later able to access primary adaptive anger and sadness (Greenberg, 2011). In experiences of severe abandonment, the crucial painful emotions generally are maladaptive fear and sadness that come from the injury to attachment. It is at this point that the coach helps the client evaluate if the primary emotion underlying the injury is a healthy or unhealthy response (Step 5 of coaching). Is the fear of closeness or the shame of inadequacy an adaptive response to real current threats or a residue of past unresolved experiences that is now maladaptive? Is one's anger maladaptive rage or healthy empowering anger? Is the sadness healthy grief or an old feeling of lonely abandonment that is no longer a response to the present? If the emotion is found to be maladaptive, then the negative voice associated with the unhealthy emotion is identified (Step 6). Beliefs such as “I am worthless” or “the world is a dangerous place” developed from past learning are identified.

Once emotions have been differentiated and interruptions dissolved, the emotional arousal that is a necessary precondition for resolution of the injury emerges. Emotional arousal has been found to be an important precursor of the next step toward resolution, a change in view of the other. Without arousal, this step is far less probable (Greenberg & Malcolm, 2002). In working with emotions at this stage, therapists need to know that once primary emotions are fully and freely expressed, they move quickly. Anger and sadness tend to follow each other in sequence and are circularly related in diminishing spirals. Finally, when primary sadness is fully expressed, primary adaptive anger emerges rapidly and the creation of boundaries occurs. Conversely, the full expression of adaptive anger allows clients to acknowledge the pain of losses and betrayal and fully grieve for what they missed.

SELF-INTERRUPTIVE WORK

This aspect of therapy involves interventions at client markers of interruption such as emotional constriction, resignation, or hopelessness. These interventions are aimed at turning the passive, automatic process of interruption into an active one. This phase, which clearly is not independent of the evocative work and often precedes it, aims to heighten clients’ awareness of how they interrupt themselves and then to undo these interruptive processes. Self-interruption is essentially giving oneself the instruction: “Don’t feel. Don’t need.” Interruption involves complex physiological, muscular, emotional, and cognitive processes that inhibit experience and expression.

In a two-chair enactment, clients are encouraged to enact how they stop themselves from feeling, to verbalize the particular injunctions used,
or to exaggerate the muscular constrictions involved in the interruption (Greenberg, Rice, & Elliott, 1993; Greenberg & Watson, 2006). Eventually this provokes a response from the suppressed aspect, often a rebellion against the suppression; the experiencing self challenges the injunctions, restraining thoughts, or muscular blocks, and the suppressed emotion bursts through the constrictions. This undoes the block.

Blocks range from dissociation to stifling tears to deflecting. Helping people first become aware that they are blocking and then how they are blocking aids them in becoming aware of their agency in the process of blocking their emotions. This in the long run helps them allow the emotional experience that is avoided. In working with interruption, the therapist cannot know what is being suppressed but only that something is indeed being suppressed. Thus working with self-interruption needs to be approached “from the outside in.” This task requires three essential steps:

1. Bring the client’s attention to the fact that he or she is interrupting/suppressing (i.e., by noting that the client looks away whenever he or she mentions certain things, changes the topic, or smiles).

2. Turn the passive to active and the automatic to deliberate by inquiring and ascribing personal agency to the client (i.e., “How do you stop yourself or interrupt yourself?”). This is an awareness task and can be used to elaborate conscious experience and specify what the interrupters are (i.e., “What do you say to yourself?” or “What do you do muscularly?” or “How would you do it to me?”).

3. Eventually, what is being suppressed becomes evident to both client and therapist.

Examples of standard interventions to access blocks are: “How do you make yourself feel helpless?” or “How do you prevent yourself from feeling angry or sad?” If a client is interrupting anger or tears, ask the client to change chairs: “Stop her now. How do you do this? Stop her from being angry” or “How do you squeeze back her tears. Do it now.” Resignation and deadness often are the result of squashing and suppression of emotional arousal. “What’s the use” often captures this feeling. “I don’t care” often is an expression of cynical resignation in the face of unfinished business. A client may say, “He never gave me what I wanted so what’s the use of feeling or needing it.” Work using two-chair enactment for interruption is shown next:

**Client:** I’m so angry at him (directed at father in the empty chair).

**Therapist:** Tell him.

**Client:** I couldn’t do that. I just hold it all in.
Therapist: Come over here and stop him from being angry.
Client: Who am I here?
Therapist: Be a part of yourself that stops him.
Client: Well my father just seems so superior, so powerful I just retreat.
Therapist: As yourself, make yourself retreat. How do you do that, what does this voice inside you say?
Client: Well, you have no legitimacy. Don’t get angry. I get scared. It’s not okay, it’s dangerous.
Therapist: Make him scared. What do you say?
Client: Watch out. You won’t be able to speak.
Therapist: Make him not able to speak.
Client: Well you’re stupid. You don’t have what it takes. Also you’ll get too emotional and you’ll cry or you’ll damage the relationship. So just retreat.
Therapist: Yeah tell him this again.
Client: Retreat, just shrink away, disappear.
Therapist: Change. What do you say to that?
Client: But I do feel like I have a valid point of view. And I just feel so angry.
Therapist: (redirecting to the father) Put your father there, tell him, “I’m angry at you . . .”

As shown in this example, after working on a self-interruption, once a client gets to a point of feeling more deserving and says, “I do deserve it. I didn’t do anything wrong,” the therapist now directs the newly accessed feelings and needs back toward the other.

EMPOWERMENT AND LETTING GO

Coaches now work to help the client to access the heartfelt need in the core painful emotion plus alternate healthy emotional responses and to construct a new narrative to challenge. (Steps 7, 8, and 9). This final process entails accessing previously unexpressed maladaptive and adaptive primary emotions, mobilizing and promoting the entitlement of unmet needs, and supporting changes in the way the client views the injurer. The shift in view of the other is facilitated by emotional arousal in the self and mobilization and a sense of entitlement to previously unmet needs. Elaborating the worldview of
the other by enacting the other aids empathy toward the injurer, and the therapist helps the client to better understand or to hold the other accountable.

Expressing emotions, at least at a moderate level of arousal, and mobilizing unmet needs have been found to facilitate a softening in the other toward the self (Greenberg & Malcolm, 2002). The shift in the other can occur on one of two major dimensions: a shift from a neglectful other toward a more affiliative loving other or a shift from the other being a powerful figure to the other being weak and pathetic. The latter is often the case in an abusive context where the client says, “Now I’m an adult and I see what kind of a sick person you really were.” Here, sensing the other as less powerful is empowering to the client. Once a person does shift, you facilitate elaboration and consolidation by asking him or her as the other to “tell yourself more about what life was like for you.” This helps the client to get more into the shoes of the other.

Evoking emotion involves not only expressing emotion but also expressing and validating the basic unmet interpersonal needs for attachment or separation or validation. These are needs that were never expressed in the original relationship because people felt they were not entitled to do so or that their needs would not be met. For therapy to be productive, needs must be expressed as belonging to and coming from the self and with a sense of entitlement, rather than as protest about deprivations or as accusations of the other. Thus, the person is asserting that he or she deserved to have the need met rather than expressing desperate neediness. This step is crucial in helping people establish their sense of the self as agents, separate from the other, and as existing in their own right. Self-affirmation and self-assertion are an important part of resolution.

At this stage, the therapist encourages the expression of both emotions and needs. In addition, the therapist helps clients to symbolize and assert boundaries—to say no to intrusion, for example, or to reassert their rights. Therapists are aware that in early experience, people often found it necessary to disavow their basic needs, and as a result, they do not automatically attend to or express those needs. Therapists therefore listen for needs to arise and, when they do, quickly validate them and encourage clients to express them; a thorough exploration of feelings is typically followed by a statement of related needs.

In situations in which the need cannot or will not be met by the other, clients must still come to recognize their right to have had their needs met by the other in the past. This often allows the important process of letting go of the unmet need. At this point in the dialogue, the therapist supports and promotes the letting go of the unfulfilled hopes and expectations. Therapists help clients explore whether the unfulfilled expectations can be met by the other, and if not, therapists can help clients explore the effects of hanging
on to the expectations. Therapists can consider asking clients to express to the significant other, “I won’t let you go” or “I won’t let go of the hope you’ll change.” Letting go often produces another round of grief work in which the client works through mourning the loss of the possibility of getting the need met from the attachment figure. This is often the most poignant and painful experience of the process. Once people, for example, can grieve the parent they never had, then they are able to let go and move on.

If clients can’t let go of unmet needs and, for example, still need a parent’s love, you can ask, noncritically and empathically, “Will you still need this when you are 65 years old?” This confronts the hanging-on tendencies. Putting the person in the other chair helps empathy and letting go, and it is in this chair that often the shift takes place. When you move the person to take the role of the parent, you can test for a softening in view of the other by saying, “Come over here. What do you say to her need?” But don’t overload by saying, “Come over here. Can you feel compassion for her?” as you may get compliance. Empathy for the other can be facilitated by enacting the other as conveying sympathy or empathy or by enacting the self as empathizing with the other.

If the other does not soften and the client says something like “I’d want her to feel sorry but she never would. She’d never get it,” you could say, “How sad it must have been for you that she is so unable to respond, that you got so little.” This helps to get to more feeling to reprocess and provides soothing through therapist empathy. I have found that when people have difficulty letting go of trying to get the other to meet the unmet need, deeper grieving often is needed to promote the letting go. Here, the person has to grieve the loss of the primary attachment figure to let go. Hanging on to the negative other provides security because it is all one had and it is what one understands love to be. To let go of it feels like the self will shatter. This desperate fear of annihilation must be recognized as such, and all the things the client does to avoid that anxiety must also be brought to light. Articulating and considering such a yearning (e.g., “If mommy is not there, then I’ll die!”) might make more meaning out of the experience than just feeling desperate as he or she may have in the past. At this point, you can encourage the client to do some cognitive reorganizing and to work on affective regulation, especially self-soothing. This can be done by having the client consider “What do I need in order to survive?” Finally, concretizing the loss may make the grieving less overwhelming: “Say goodbye to the things you are going to miss,” or “What do these things do for you?” This is complemented with “How can you integrate the positive and take it with you” or “How can you do it for yourself?” In letting go of unmet interpersonal needs, what was missed or lost thus has to be acknowledged, grieved, and relinquished. Letting go is giving up the hope that you are going to get what it is that you want. It also is giving up on trying to change the past. A sense of relief may ensue.
FORGIVENESS

As many theorists of emotion have observed, key to forgiving is developing some form of empathy toward the other (McCullough, Pargament, & Thoresen, 2000). This involves seeing the world from the other’s point of view and having some compassion or understanding of this view. A shift in view of the other or a new experience of the other is a very important part of the change process. To feel empathy for the other, there must be a more complex view of the other (a shift); for example, seeing the perpetrator as being motivated by something other than the pure intent to hurt helps see the other in a new way. Therapists can attempt to stimulate understanding rather than forgiveness per se, and this may lead to forgiveness. Forgiveness also is promoted by a realization that the self could also do wrong (there but for the grace of God go I) and also of the benefits of forgiveness to self. Maybe the person will shift his or her view of the benefits of holding a grudge or the perception of the other as “all bad” and develop a more complex view. You can promote the client’s existential awareness by considering, “What is it like to have done wrong in my life, and have I been forgiven for it?”

In our study of forgiveness (Greenberg, Warwar, & Malcolm, 2008), we found that a key process in forgiveness, rather than being empathic to the other, is the client’s ability to imagine the other as being empathic and compassionate to his or her pain and to imagine the other as having the capacity to feel concern for him or her and thereby feel remorse and be apologetic. This process can be facilitated by asking the person in the role of the other, “Do you hear the pain?” of the self and “What do you feel or want to say to that?” If the injurer shows empathy or remorse, then promote its expression to the self. Then ask the self to respond to the injurer’s empathy by asking, “How does that feel to hear that?” and then, “What do you feel toward the injurer?” Resolution of the injury then occurs either by holding the other accountable or by means of empathy or understanding and feeling more affiliative toward the other. Forgiveness will occur with imagined empathy from the other for the pain caused and with empathy for the other by putting oneself in the other’s shoes emotionally.

When an unfinished business situation is resolved, there is no more negative feeling as one goes back to or thinks about the situation—no bad body feeling. This feeling of acceptance may also affect other relationships, or the resolution can generalize to other relationships. An experiment (in session or out of session) would be to try to see if any feeling is left when the client imagines seeing the person/target in a future situation. In forgiving and letting go of previously unmet interpersonal needs, the forgiver then is released from the traps of (a) trying to make the offender understand the magnitude of harm done and (b) of trying to get the offender to take responsibility.
The ideal state of forgiveness would be characterized by the absence of animosity and a foreshewing of the desire for revenge and restitution. In therapy, however, it is conceivable that the resentment, which the therapist and client may both perceive to have been expressed and relinquished, might resurface at a later time. We would expect this more often in situations in which the individual is working through the unresolved issues of a long-standing relationship rather than in situations where a single trauma has precipitated a crisis of forgiveness. The surfacing and resurfacing of resentment and animosity may not be symptomatic of a failure to forgive so much as it may indicate that other transgressions need to be forgiven as well.

Self-soothing can also be used when forgiveness does not occur. In this type of imaginal transformation process (Greenberg, 2011), the therapist might say, “Close your eyes and remember the experience of yourself in a situation. Get a concrete image if you can. Go into it. Be your child in this scene. Please tell me what is happening. What do you see, smell, and hear in the situation? What is going through your mind?” After a while, the therapist asks the client to shift perspectives and says, “Now I would like you to view the scene as an adult now. What do you see, feel, and think? Do you see the look on the child’s face? What do you want to do? Do it. How can you intervene? Try it now in imagination.” Changing perspectives again, the therapist asks the client to become the child. “What as the child do you feel and think? What do you need from the adult” Ask for what you need or wish for. What does the adult do? Is it sufficient? What else do you need? Ask for it. Is there someone else you would like to come in to help? Receive the care and protection offered.” This intervention concludes with the therapist saying, “Check how you feel now. What does all this mean to you about you and about what you needed? Come back to the present, to yourself as an adult now. How do you feel? Will you say goodbye to the child for now?”

CONCLUSION

Resolving emotional injuries, in whatever way it is done, ultimately is about changing emotion schematic memory. Emotions are often embedded in relational contexts. They connect self to other in the memory. Thus, for example, people have memories of feeling shame in the face of a contemptuous parent, anger at an intrusive other, fear of an abusive other. Therefore, accessing views of others helps evoke emotion, and accessing alternate views of others and mobilizing new responses to others helps change emotion memories.

Personally relevant events are stored in memory at their emotion addresses. Hence a current disappointment links to other disappointments, a
feeling of shame to other losses of face. Present emotional experiences thus are always multilayered, evoking with them prior instances of the same or similar emotional experiences. We need to help people have new lived experience in the session and to restructure their emotion memories. Accessing a new emotion is one of the best ways to change an old emotion memory. Once a previously inaccessible emotion memory is evoked, the new emotional experience is integrated into it, and when the memory reconsolidates, the new emotion fuses with the old memory and transforms it.

New emotion memories, however formed, help change narratives. No important story is significant without emotion, and no emotions take place outside of the context of a story. The stories people tell to make sense of their experience and to construct their identities are, to a significant degree, dependent on the variety of emotion memories that are available to them. By changing their memories, or the accessibility of different memories, people change the stories of their lives and their identities.