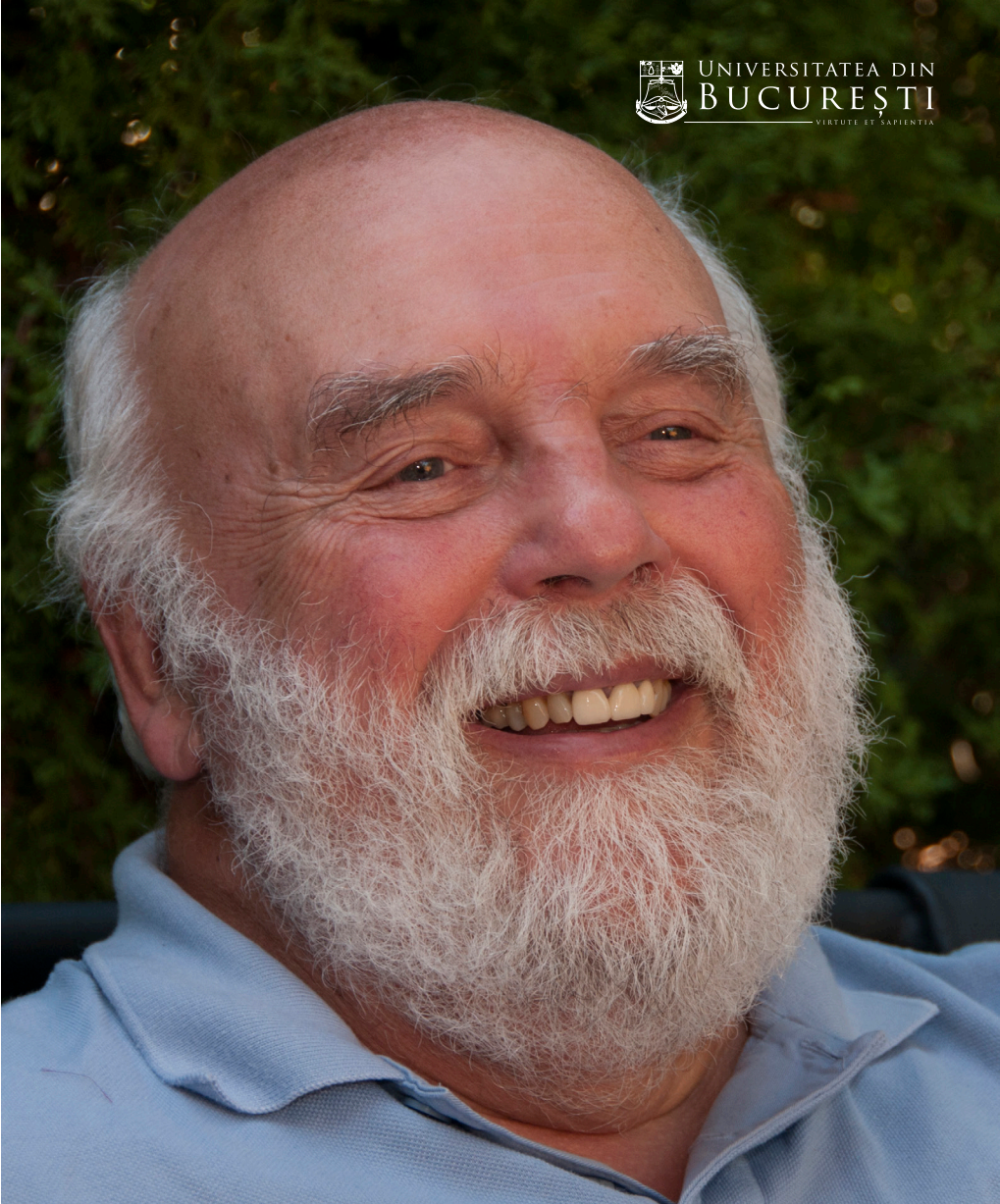




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VIRTUTE ET SAPIENTIA

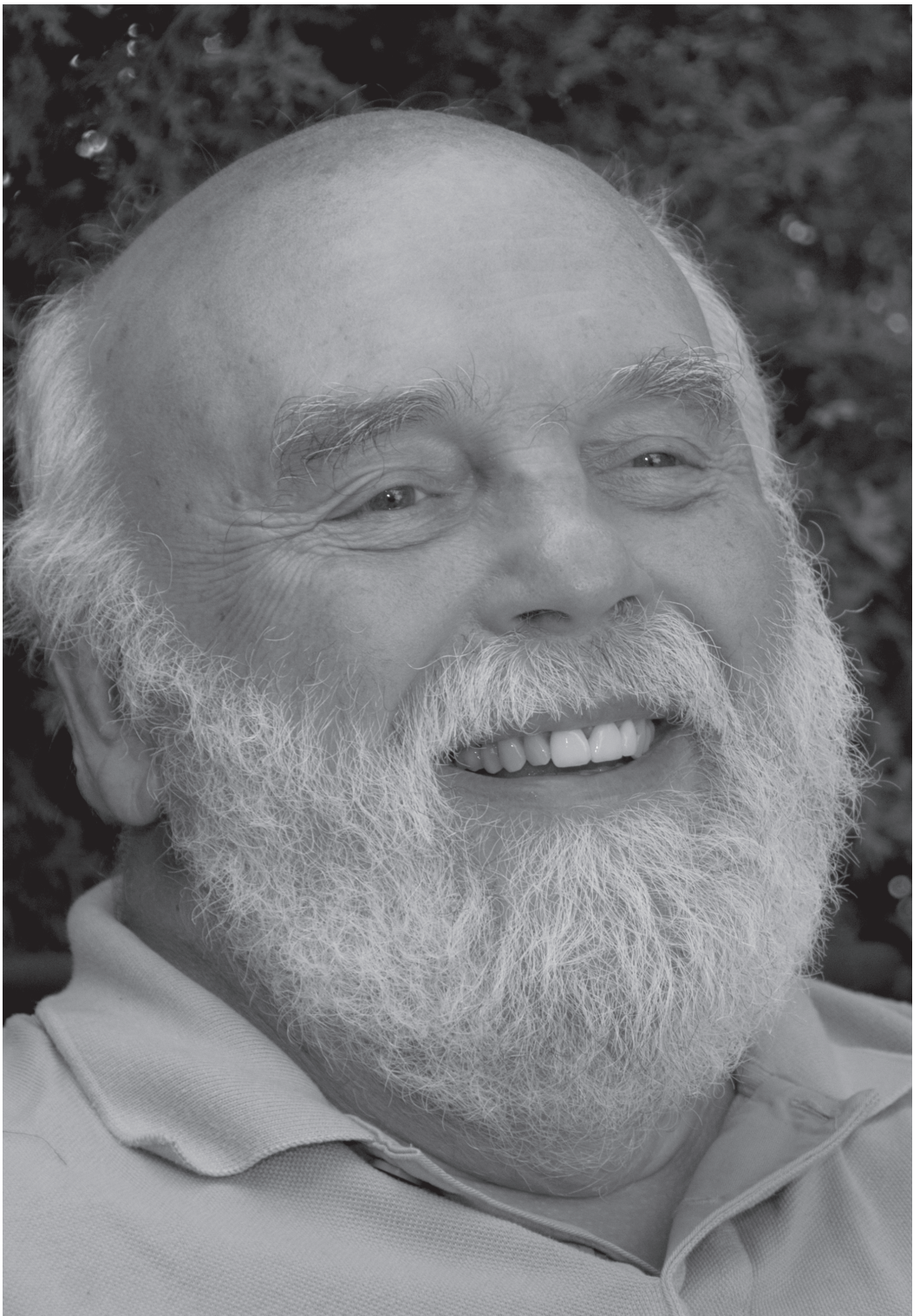


UNIVERSITATEA DIN BUCUREȘTI
LESLIE GREENBERG

Doctor Honoris Causa

LESLIE GREENBERG
DOCTOR HONORIS CAUSA





In this paper I outline my development over fifty years as a therapist, researcher and theorist. I started with empathy as a core helping process seeing it as a moment-by-moment information processing aid as well as a provision of the curative effects of human understanding. Over the years I added a focus on emotion as central to change, and proposed a number of necessary distinctions that needed to be made when working with emotion and concluded that one of the best ways to change emotion was with another emotion. In addition to my focus on moment by moment process I saw that identification of in-session experiential states and case formulation went beyond just being in the moment and helped provide more focus to an essentially phenomenologically based experiential approach.

Dr. Leslie Greenberg



Laudatio | Leslie Greenberg

Stimați colegi, distinși invitați și academicieni ai Universității din București,

Astăzi, celebrăm împreună contribuțiile remarcabile pe care dr. Leslie Greenberg le-a adus domeniului psihologiei, prin conferirea titlului de *Doctor Honoris Causa* în cadrul Universității din București. Activitatea academică și practica clinică și terapeutică a dr. Greenberg sunt caracterizate de o încercare neîntreruptă de explorare și de înțelegere a naturii emoțiilor umane și a modalităților prin care intervenția psihoterapeutică poate contribui la alinarea suferinței inerente vieții.

Munca sa de pionierat în dezvoltarea și perfecționarea terapiei focalizate pe emoții (EFT) a produs un efect indelebil în comunitatea psihoterapeutică internațională. Dr. Greenberg se numără printre fondatorii International Society of Emotion Focused Therapy (ISEFT), a cărei misiune constă în aprofundarea, înțelegerea și aplicarea EFT în contexte practice și de cercetare, servind drept o platformă prin care psihoterapeuții, psihologii clinicieni, profesorii și studenții pot împărtăși idei și practici, pot dezvolta noi aptitudini și pot contribui la aprofundarea înțelegerii acestei abordări în întreaga lume.

De asemenea, dr. Greenberg a adus contribuții semnificative la dezvoltarea Society for Psychotherapy Research (SPR), una dintre cele mai importante organizații internaționale în domeniul psihoterapiei și al cercetării în psihoterapie, contribuind la misiunea acesteia prin cercetarea, publicațiile și ghidajul său în știința psihologiei. Fără îndoială, cea mai prețioasă contribuție adusă de dr. Greenberg la amplificarea orizonturilor cunoașterii derivă din plenitudinea operei sale academice, o distinsă manifestare a excelențului său intelect și a dăruirii sale inestimabile întru iluminarea științifică.

Această contribuție se reflectă într-un impresionant corpus de publicații academice de prim rang, cu un număr remarcabil

de peste 135 de articole, 29 de cărți, și 94 de capitole în lucrări de referință. Înțelegerea sa profundă în privința centralității emoțiilor în procesul de transformare terapeutică a revoluționat întreaga practică a acestui domeniu, oferindu-le practicienilor și beneficiarilor un cadru profund necesar proceselor de schimbare și de creștere, în care este valorificată libertatea de a fi a ființei umane.

Implicarea dr. Greenberg în activitatea organizației Society for the Exploration of Psychotherapy Integration (SEPI) reflectă angajamentul său în ceea ce privește promovarea și integrarea diverselor abordări și metode psihoterapeutice în întreaga lume, valorificând diferite perspective care au sporit eficiența intervențiilor terapeutice în tratarea și vindecarea suferințelor umane. Mai mult decât atât, într-o lume preocupată de teorii și metode, dr. Greenberg este și va rămâne unul dintre cei mai importanți îndrumători care ne-au ghidat către și ne-au amintit de importanța umanității noastre.

Impactul muncii dr. Greenberg se extinde dincolo de realizările sale academice, depășind astfel granițele geografice și diferențele culturale. Spiritul său creator și preocuparea pentru binele comun au stimulat dezvoltarea unei comunități globale de cercetători și practicieni care s-au unit cu scopul de a contribui la dezvoltarea științei și practicii psihoterapeutice. Dr. Greenberg este un mentor și un susținător dedicat al practicii și formării EFT în România, fiind implicat în procesul educațional al unor generații întregi de psihoterapeuți, facilitând accesul practicienilor noștri la resurse și expertiză în acest domeniu, contribuind astfel la creșterea calității serviciilor terapeutice oferite în țară, făcând o mare cinste psihologiei românești.

Dr. Greenberg este un arhitect al schimbării, un spirit revoluționar care a construit poduri între teoria și practica psihologică, între terapeuți și beneficiari, între oameni. El este cel care ne-a reamintit că vindecarea provine din relaționarea autentică, din acea conexiune

care transcende cuvintele și conceptele și care sălășluiește în inimile noastre, lăsând astfel o moștenire care va continua să îmbogățească viețile generațiilor următoare. Dr. Greenberg a fost distins cu numeroase premii și recunoașteri pe parcursul vieții sale, printre care amintim și noi de prestigioasele American Psychological Association Award for Distinguished Professional Contribution to Applied Research (2012), Senior Distinguished Research Career Award of the Society for Psychotherapy Research (2004) și Outstanding Early Career Achievement Award of the International Society of Psychotherapy Research (1984), distincții care reflectă nu doar excelența sa activitate științifică, ci și impactul acesteia asupra domeniului psihoterapiei în întreaga lume.

Astăzi, prin acordarea titlului de Doctor Honoris Causa, nu realizăm doar un gest formal, ci recunoaștem și cinștim o viață dedicată înțelegerii și vindecării sufletului uman. Dr. Greenberg este un profesor, un mentor, un prieten și un luminător al drumului nostru către autenticitate și înțelegere. În numele Universității din București și al întregii comunități de cercetători și practicieni, adresăm sincere felicitări dr. Greenberg pentru această binemeritată distincție și mulțumiri pentru onoarea de a-l avea prezent alături de noi în aceste momente. Fie ca acest titlu să servească drept dovadă pentru impactul său în domeniul psihologiei și să ne inspire pe fiecare dintre noi în drumurile noastre comune către un viitor mai luminos!

Dear colleagues, distinguished guests and academics of the University of Bucharest,

Today, we celebrate together the outstanding contributions that Dr. Leslie Greenberg has brought to the field of psychology by being awarded the title of Doctor Honoris Causa at the University of Bucharest. Dr. Greenberg's academic work and clinical and therapeutic practice are characterized by a relentless attempt to explore and understand the nature of human emotions and the ways in which psychotherapeutic intervention can help alleviate the suffering inherent in life.

His pioneering work in developing and refining Emotion Focused Therapy (EFT) has had an indelible effect on the international psychotherapeutic community. He is among the founders of the International Society of Emotion Focused Therapy (ISEFT), whose mission is to deepen the understanding and application of EFT in practice and research contexts, serving as a platform through which psychotherapists, clinical psychologists, teachers and students can share ideas and practices, develop new skills and contribute to the deepening understanding of this approach worldwide.

Dr. Greenberg has also made significant contributions to the development of the Society for Psychotherapy Research (SPR), one of the leading international organizations in the field of psychotherapy and psychotherapy research, contributing to its mission through his research, publications and guidance in the science of psychology. Undoubtedly, his most valuable contribution to broadening the horizons of knowledge derives from the plenitude of his academic work, a distinguished manifestation of his excellent intellect and his invaluable dedication to scientific enlightenment.

This contribution is reflected in an impressive body of leading academic publications, with a remarkable number of over 135 articles, 29 books, and 94 chapters in refereed works. His profound

understanding of the centrality of emotions in the process of therapeutic transformation has revolutionized the entire practice of the field, providing practitioners and beneficiaries with a profound framework for processes of change and growth, in which the freedom of being is valued.

Dr. Greenberg's involvement with the Society for the Exploration of Psychotherapy Integration (SEPI) reflects his commitment to promoting and integrating diverse psychotherapeutic approaches and methods around the world, harnessing different perspectives that have increased the effectiveness of therapeutic interventions in treating and healing human suffering. Moreover, in a world preoccupied with theories and methods, Dr. Greenberg is and will remain one of the most important mentors guiding us towards and reminding us of the importance of our humanity.

The impact of Dr. Greenberg's work extends beyond his academic achievements, transcending geographic boundaries and cultural differences. His creative spirit and concern for the common good have stimulated the development of a global community of researchers and practitioners who have come together to contribute to the advancement of psychotherapeutic science and practice. Dr. Greenberg is a dedicated mentor and supporter of EFT practice and training in Romania, having been involved in the educational process of entire generations of psychotherapists, facilitating our practitioners' access to resources and expertise in this field, thus contributing to the increase in the quality of therapeutic services offered in the country, doing great credit to Romanian psychology.

Dr. Greenberg is an architect of change, a revolutionary spirit who has built bridges between psychological theory and practice, between therapists and beneficiaries, between people. He is the one who reminded us that healing comes from authentic relationships, from that connection that transcends words and concepts and dwells in our hearts, leaving a legacy that will continue to enrich

the lives of generations to come. Dr. Greenberg has received numerous awards and recognitions during his lifetime, including the prestigious American Psychological Association Award for Distinguished Professional Contribution to Applied Research (2012), Senior Distinguished Research Career Award of the Society for Psychotherapy Research (2004) and Outstanding Early Career Achievement Award of the International Society of Psychotherapy Research (1984), which reflect not only his excellent scientific work but also its impact on the field of psychotherapy worldwide.

Today, by awarding the title of Doctor Honoris Causa, we are not just making a formal gesture, but recognizing and honoring a life dedicated to understanding and healing the human soul. Dr. Greenberg is a teacher, a mentor, a friend, and a light on our path to authenticity and understanding. On behalf of the University of Bucharest and the entire community of scholars and practitioners, we offer our sincere congratulations to Dr. Greenberg on this well-deserved honor and our thanks for the honor of having him with us at this time. May this title serve as a testament to his impact in the field of psychology and inspire each of us in our shared journeys towards a brighter future!



Curriculum vitae | Leslie Greenberg

I. BIOGRAPHICAL DATA

Name: Greenberg, Leslie Samuel, PhD

Present Rank: Distinguished Research Professor Emeritus

Place of Birth: Johannesburg, S. Africa

Date of Birth: 30 September 1945

Citizenship: Canadian

Sex: Male

Marital Status: Married

Children: Two

II. EDUCATION

a) Undergraduate

- University of Witwatersrand, South Africa, B.Sc. (Eng.) cum laude 1967

b) Graduate

- M.Eng., McMaster University – 1970
- Ph.D., York University – 1975

c) Special Professional (e.g. internships, Residencies):

- Gestalt Institute of Toronto, 3 year training program 1972–1975
- Counselling & Development Centre York U Practicum 1971–1973
- Dept. of Psychology Clarke Institute of Psychiatry Practicum 1974–1975
- Advanced clinical externship in Family Therapy Mental Research Institute Paolo Alto 1981 82
- Internship in Family Therapy. Veterans Administration Hospital, San Francisco 1981 82

d) Academic awards and distinctions (prior to final degree):

- Electricity Supply Commission Scholarship, 1964–1968
- National Postgraduate Scholarship of S. Africa, 1969–1971
- McKenzie Prize for Engineering, 1968
- Canada Council Doctoral Fellowship, 1972/73/74

III. PROFESSIONAL EMPLOYMENT RECORD

Current Position:

Distinguished Research Professor Emeritus Department of Psychology,
York University, Toronto

Previous Positions:

- 1967** Industrial Engineer, Anglo Vaal, South Africa
- 1968** Junior Lecturer, one year appointment Dept. of Mechanical Engineering, University of Witwatersrand, South Africa.
- 1970** March September. Research Engineer Westinghouse, Dept. of Production Engineering, Hamilton, Ontario.
- 1975** Assistant Professor Dept. of Counselling Psychology, University of British Columbia
- 1980** Associate Professor Dept. of Counselling Psychology, University of British Columbia
- 1985** Professor Dept. of Counselling Psychology, University of British Columbia
- 1986** Professor Department of Psychology York University
- 2009** Distinguished Research Professor of Psychology, York University
- 2013** Retired

VISITING SCHOLAR:

- Katholiek University of Leuven 1993 April-May
- Macquarie University in 1996 Australian Research Jan- Feb
- University of Valencia 1996 March -June

TEACHING RESPONSIBILITIES:

- York Psych. 6540(06). Theories of Psychotherapy
- York Psych. 6445(06). Advanced Clinical Skills
- York CNPS 4060 (06). Theories of Counselling

COMMITTEES:

- Department Recruiting Committee – 1986, 1988, 1990–present
- Clinical/Counselling Curriculum Revision Committee – 1990–present
- Senior Promotion & Tenure Committee – 1990, 1991, 1995 1999–present
- Departmental Executive – 1991–1994

IV. PROFESSIONAL ACTIVITIES

a) Memberships in professional and learned societies:

- American Psychological Association 1976–present (Fellow Div 32, 2007)
- Canadian Psychological Association 1975–present (Fellow 1991)
- B.C. Psychological Association 1976–1986
- Society for Psychotherapy Research 1975–present
- Association of Humanistic Psychology 1974–1977
- American Personnel and Guidance Association 1976–1982
- Canadian Guidance and Counselling Association 1976
- Fellow of the Gestalt Institute of Toronto 1977–1982
- Association for the Advancement of Behavior Therapy 1990–1994
- Society for Exploration of Psychotherapy Integration 1984–present
- Association for the Advancement of Gestalt Therapy 1995–present

b) President

- President of The Society for Psychotherapy Research 1989–1990
- President of International Society of Emotion Focused Therapy (ISEFT) (2015–2020)

c) Academic or professional awards and distinctions:

- 1984 Early Career Contribution to psychotherapy research. Society for Psychotherapy Research: An international multidisciplinary scientific organization
- 1984 Donald K. Sampson award for outstanding contribution to Education and Teaching of Psychology in British Columbia. British Columbia Psychological Association

- 1994** York University, Faculty of Arts Leave Fellowship
- 2003** Deans award for outstanding research: Faculty of Arts
- 2004** Distinguished Research Career award of the International Society of Psychotherapy Research
- 2006** Canadian Council of Professional Psychology programmes

AWARD FOR EXCELLENCE IN PROFESSIONAL TRAINING

- 2007** Canadian Psychological Association Professional Award for distinguished contributions to Psychology as a profession
- 2007** The Harvey Brooker Ontario Psychological Association award for Excellence in Clinical Teaching
- 2010** Carl Rogers Award of the APA Society for Humanistic Psychology
- 2012** American Psychological association Award for Distinguished Professional Contribution to Applied Research

d) Editorial Boards

- 1984–1986** – Cognitive Therapy and Research
- 1985–1995** – Journal of Marital & Family Therapy
- 1985–1998** – Cognitive Therapy: An International Quarterly
- 1986–present** – Journal of Psychotherapy Integration
- 1988–1990** – Journal of Consulting & Clinical Psychology
- 1988–2000** – Journal of Family Psychology
- 1990–1998** – Psychotherapy Research
- 1995–present** – Constructivist Psychotherapy
- 1998–present** – Journal of Marital & Family Therapy
- 1998–present** – Journal of Clinical Psychology: In Session
- 1999–present** – Journal of Clinical Psychology
- 2000–present** – Person Centered & Experiential Psychotherapies

e) Reviewer

- 1977–present** – Ad hoc reviewer for 9 journals and 3 granting agencies



Publications | Leslie Greenberg

BOOKS (selection):

- Greenberg, L. & Pinsof, W. (Eds.). (1986). *Psychotherapeutic process: A research handbook*. Guilford.
- Greenberg, L. & Safran, J. (1987). *Emotion in Psychotherapy: Affect, cognition and the process of change*. Guilford.
- Greenberg, L. & Johnson, S. (1988). *Emotionally focused couples therapy*. Guilford.
- Safran, J. & Greenberg, L. (Eds.) (1991). *Emotion, Psychotherapy & Change*. Guilford.
- Greenberg, L. Rice, L. & Elliott, R. (1993). *Facilitating Emotional Change: The Moment-by-Moment Process*, Guilford. (Translated into Spanish, Italian, German & Japanese).
- Horvath, A. & Greenberg, L. (Eds.) (1994) *The Working Alliance: Theory, Research and Practice*. Wiley.
- Greenberg, L. & Paivio, S. (1997). *Working with Emotion in Psychotherapy*. Guilford. (Translated into Spanish & Italian).
- Bohart, A. & Greenberg, L. (Eds.) (1997). *Empathy Reconsidered: New Directions in Theory Research & Practice*. APA (Translated in Romanian).
- Greenberg, L. Watson, J. & Lietaer, G. (Eds). (1998). *Handbook of Experiential therapy*. Guilford (translated into Italian).
- Greenberg, L. (2002). *Emotion-focused therapy: Coaching clients to work through feelings*. APA. (Translated in German). 2nd edition 2015.
- Elliott R, Watson J Goldman, R, Greenberg L. (2004) *Learning Emotion focused therapy*. APA.
- Greenberg, L. Watson, J. (2006). *Emotion-focused therapy of Depression*. APA.
- Greenberg L. (2010) *Emotion-focused therapy: Theory and practice*. APA, 2nd edition 2016.
- Geller, S & Greenberg L. (2011). *Therapeutic Presence*. APA.

- Goldman, R. & Greenberg, L. (2015) *Case Formulation in emotion-focused therapy*. APA.
- Watson J., & Greenberg, L. (2017) *Emotion focused therapy of Generalized anxiety*. APA.
- Greenberg L., & Tomescu, L. (2016). *Emotion focused therapy model of supervision*. APA.
- Greenberg L & Goldman R. (Eds.) (2018). *Clinical Handbook of Emotion Focused Therapy*. APA.
- Greenberg L (2021) *Changing emotion with emotion; A practitioner's guide*. APA.
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- Greenberg, L. & Higgins, H. (1980). The differential effects of twochair dialogue and focusing on conflict resolution. *Journal of Counselling Psychology*, 27, 221225.
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- Greenberg, L. (1986). Change process research. *Journal of Consulting and Clinical Psychology*. Special Issue: Psychotherapy Research, 54, 49.
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- Paivio, S. & Greenberg, L. (1995). Resolving Unfinished Business: Experiential therapy using empty chair dialogue. *Journal of Consulting & Clinical Psychology*, 63(3), 419-425.
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- Warwar, S, Links, P, Greenberg, L, & Bergmans, Y. (2008) Emotion-Focused Principles for Working with Borderline Personality Disorder. *Journal of Psychiatric Practice*.14,94-104.
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Article | Leslie Greenberg

PROCESS AND BEYOND

In this paper I outline my development over fifty years as a therapist, researcher and theorist. I started with empathy as a core helping process seeing it as a moment-by-moment information processing aid as well as a provision of the curative effects of human understanding. Over the years I added a focus on emotion as central to change, and proposed a number of necessary distinctions that needed to be made when working with emotion and concluded that one of the best ways to change emotion was with another emotion. In addition to my focus on moment by moment process I saw that identification of in-session experiential states and case formulation went beyond just being in the moment and helped provide more focus to an essentially phenomenologically based experiential approach.

In 1970 I entered a doctoral program in Counseling and Clinical Psychology having completed a master's degree in mechanical engineering. As part of the transition, I completed one year of make up courses in psychology. Coming from a different field and not having been schooled in undergraduate psychology greatly influenced the way I thought, and I looked at psychotherapy, change and research in a way far less influenced by undergraduate schooling than my peers. I entered psychology with an epistemological interest to explore tacit knowledge, what Polanyi (1966) in his book *The Tacit Dimension*, articulated as “we know more than we can say”. Seeking an explanation of this phenomenon led me ultimately to emotion as the fundamental process of human knowing - that emotions tell us if things are going our way and give us information about our reaction to situations - with the implications that we ignore them at our peril. More formally, at a psychological level, one way emotions are generated is from appraisal of situations in relation to needs, so emotions tell us if our needs are being met and they give us information by speaking to us through our bodies, without saying a word.

When I entered psychology my first love however was empathy, emotion only emerged as my second love after a few years. I went into a Psychology doctorate at York university, in Toronto, with one year of makeup work having never previously read a psychology text book. There, at York, under the guidance of my supervisor Laura Rice, a student of Carl Rogers, I encountered Client Centered Therapy, the core condition of helping and psychotherapy process research. I was also mentored by Juan Pascual-Leone, a student of Piaget's, and so my academic lineage was third generation in both humanistic and cognitive developmental psychology.

My learning from Laura Rice was that what I did as a therapist in this moment affected the type of processing my client engaged in, in the next moment. From this I learned that process rules. I saw empathy, not only as providing safety and human understanding, but as being an information processing device that could influence the type of processing the client engaged in. My initial research efforts, under Laura's tutelage, were to show mathematically that therapist moment by moment vocal quality affected client vocal quality and vice versa. It was out of the failure of being able to mathematically model moment by moment interaction in a clinical meaningful way that a whole new way of studying psychotherapy process emerged – a study of the process of change in clinically meaningful events by means of task analysis. My engineering background had instilled in me a study of modeling concrete phenomena and when I was introduced to task analysis, I saw it as far more viable way to study change than anything I had met in any of the current forms of psychology research.

From Juan Pascual-Leone I learned that the mind was an active system, that schemes were the basic units of mental processing and that learning far transcended associative and stimulus response processes. I saw that the mind operated as a dynamic system, and that cognition and experience were constructed by synthesising

existing schemes to create newer higher-level abstractions. I also learned from him a research method - task analysis which involved the study of actual performance, which would allow me to study change in the room where it happens – a study of in session change performance.

These mentoring experiences with Rice and Pascual-Leone provided the building blocks of my development as a clinician-researcher. I started as a rational engineer believing that meaning was central in determining experience and behavior. I came to see that emotion was actually our primary meaning system and that emotion determined cognition and behavior far more than the other way around, especially in domains of great personal significance.

Right from the start, on entering psychology, I was already committed to an experiential perspective and, as an engineer, had read existential philosophy and saw choice as an important human process. I found a comfortable home in Client Centered therapy and then in Gestalt therapy. Both saw clients as active agents and as experts on their own experience, implying a non-interpretive form of therapy. These humanistic/experiential approaches viewed experiencing as more helpful than “talking about” and the distinction between conceptual and experiential processing has remained central in my understanding of therapeutic change. I saw depth of experiencing, and later emotional arousal as necessary ingredients of change in meaning. In this view you have to feel something to heal something. These two processes, experiencing and emotional arousal, describe a person’s manner of processing, and are important because they indicate a high degree of involvement in what is being talked about. Gendlin (1964), with his articulation of depth of experience, highlighted that it was not what was said but how it was said that was important in therapeutic change, and this has remained a central principle of my view of change. Feeling something in a visceral manner is akin to a form of

doing, or behaving, and offers a phenomenological behavioral view that suggests that when one experiences something one is behaving in a new way and that this change in behavior will lead to change in meanings and actions.

Further important influences on me were my three-year training in Gestalt therapy from 1972 to 1975, and my externship in systemic therapy at MRI in 1981. In my Gestalt training, I learned about being in the moment, about awareness and about presence. I also learned about the experiment, as a form of intervention which involved, “try this” followed by “what do you experience” and this expanded my response repertoire to go beyond empathic responding. I learned to be more process directive, to guide the process, as well as follow.

In my externship at MRI in Palo Alto, I absorbed a systemic interactional perspective. I learned about cycles in couples and the use of enactments from Minuchin and from this went on to develop an approach to couple therapy and was quite engaged in practice and research on couple and family therapy for a number of years and developed Emotionally Focused Couple therapy at the University of British Columbia.

Through all my training and experience, and through a combination of personal work, clinical experience, and through research that involved listening to and coding tapes of sessions I came to see that the most important process was that when people, myself included, were more emotionally aroused, they went deeper into their experience, and that this created change in meaning in individual and change in interaction in couples. I learned that it was most helpful to work at a deeper emotional level, and to help clients access chronic enduring painful emotions that were the underlying determinants of their difficulties and dis-ease. Arriving at the core painful emotions opened these emotions to new input. Having made a space for the previously disclaimed feelings clients could leave the place they had arrived at by having new experiences. It was the

having a new emotional experience that changed the old emotional experience. From working with clients and observing session tapes I saw that what occurred in change-producing sessions was a process of transformation by synthesis, rather than learning or insight. People developed new ways of being by synthesising different aspects of experience and that produced the most change and preceded any cognitive or behavioral change. I therefore came to see that transformation by synthesis, changing emotion with emotion, was a key change process.

Early on and prior to fully articulating this perspective I was involved in the development and testing of the Working Alliance Inventory (WAI). This research showed me that collaboration between client and therapist (agreement on goals and perceived relevance of task) was more important than bond. This led to a big shift in my view of the role of empathic understanding I saw that collaboration was a fundamental process that promoted therapeutic work and that empathic understanding and bond were only helpful to the extent that a client was open to, and felt, their relevance. This started me on a journey to see that establishing collaboration, a sense that the two of us are working together to overcome the problem was even more fundamental than the relational bond, and the Rogerian relational conditions, and that perceived relevance of task was even more important. For the first time my belief in the absolute primacy of empathy, as the basis of therapeutic helping, began to weaken and I began to broaden my perspective to understand that therapeutic work was also important, and that if the client essentially liked and agreed with what they were doing in therapy, they would benefit. I however still saw empathic understanding as a key means of getting agreement and collaboration. I now came to see that relationship and work both were important ingredients of therapeutic change. The genuine relationship between the client and therapist still played a vital role. It was curative in and of itself, helped establish collaboration, but

also was a necessary aspect of creating the right environment for deeper emotional work.

The additional things I have learned from my fifty-five years of experience are captured by what I see as the four main compasses, that guide the practice of an emotion-focused form of practice. These essentially constitute a theory of practice and are first *Emotion assessment*. One needs an assessment of moment-by-moment expression of emotion to guide differential intervention. Second, *principles of emotional change* are needed to know what to do with emotion to facilitate change. Third, emotion focused *case formulation* is needed as guide to working with this particular client. The fourth and final compass is affective/cognitive *marker identification*. Marker identification guides therapists in what problem state or state of mind the client is in, in this moment, in the session, and what exploratory task to engage the client in for that problem state. A key learning underlying these principles is that it is not what you do as a therapist that is most important but when you do it.

EMOTION TRANSFORMATION

This is the most important and most novel principle and involves two processes. 1) Changing emotion with emotion from within, which emphasizes the transformation of maladaptive emotions through the activation of more adaptive emotions that are generated from within. 2) Corrective Interpersonal Emotional Experience which focuses on changing emotion with emotion from without, in which the therapeutic relationship is the source of the new emotion and provides an opportunity for corrective emotional experiences.

Changing emotion with emotion from within involves accessing and experiencing primary adaptive emotions, such as empowering anger or contact-seeking sadness, that provide action tendencies and feelings that can counteract and undo maladaptive emotional states,

and establish new ways of being. The principle of transformation applies most centrally to changing primary maladaptive emotions such as fear, shame, and the sadness of lonely abandonment. These withdrawal emotions can be transformed by accessing adaptive emotions that counterbalance and oppose them with approach tendencies. For example, empowering anger can be utilized to set boundaries and overcome obstacles, while a contact-seeking form of sadness associated with grief can promote connection and self-compassion and soothing.

The essence of this process is that when clients' core maladaptive fear, shame or sadness, is accessed, core needs for connection and validation embedded in these emotions are mobilized. Emotion is generated by appraisal of situation in relation to a need, so access to emotion makes the need available. When the need is raised in salience, the brain automatically evaluates that the need was not met and automatically generates anger at violation or sadness at loss. Once the need is articulated, the therapist validates the need, and this helps the client feel deserving of the previously unmet. Thus, when clients feel that their need to be loved or protected was valid and that they deserved to be loved or valued the emotion system automatically appraises that needs were not meet and generates either anger at having been unfairly treated or sadness and having missed the opportunity of having one's needs met. These new adaptive feelings become a new emotional response to the old situation, and they act to transform the more maladaptive feelings. For example, accessing implicit adaptive anger at violation by a perpetrator can help change maladaptive fear in a trauma victim. When the tendency to run away in fear is transformed by anger's tendency to thrust forward, or the reaching out for comfort and care in sadness, a new relational position of holding the abuser accountable for wrongdoing is formed, or there is a grieving for the loss of what was missed, and self or other comforting is experienced.

The generation of new emotion all occurs implicitly. The repeated or sustained co-activation of a more adaptive emotion along with a maladaptive emotion, to the same stimulus, helps to synthesize a new experience thereby transforming the maladaptive emotion. There appear to be a number of processes involved in the transformation through the co-activation of different emotional states to synthesize new emotional responses. At the most fundamental level the action tendencies in the new emotion oppose the actions tendencies in the old emotion leading to a novel response. A person cannot withdraw in fear if anger, when a tendency to thrust forward, is co-activated. It is important to note this is not a process of one emotion *replacing* another emotion, rather it is that one emotion *undoes or transforms* another emotion by a process of a dialectical synthesis, to produce a new, novel, form of experience. Just as yellow combines with blue to make green, so do approach tendencies combine with withdrawal tendencies to make up a new response tendency, possibly of boundary setting or calm. At the schematic level of processing different schemes synthesize to form higher level schemes. As Hebb (1949) stated, the first law of neuroscience is that neurons that fire together wire together and continue to fire together. So, new emotion schemes are formed by the synthesis of two or more schemes co-activated by the same stimulus. There also is evidence that emotional memories, including those associated with maladaptive emotions, can be changed by activating the old emotional memory and then experiencing new emotions within a specific time frame .With new action tendency, new scheme formation, and changed memories there is new bodily felt experience and changed orientation to the world. This new feeling is now consolidated by the construction of a new narrative. This leads to new meanings and new articulated views of self, world and other. Once emotion changes, cognition and narratives also change. Now people, neglected as children, who no longer feel unworthy, change their narratives that they were

unlovable to ones in which others were incapable of love, while people who blamed themselves and felt ashamed or guilty about abuse now see themselves as not responsible.

It is intuitively clear to most people that feeling good can change feeling bad, but I am not primarily talking about replacing so called negative emotions with positive emotions. Rather in therapy we are talking about undoing the maladaptive emotion with an emotion with an opposing action tendency. Probably the most important way of dealing with maladaptive emotion in therapy thus involves, not only its acceptance, understanding or regulation, but its transformation by other emotions. An important goal in working with emotions then is first to arrive at the maladaptive emotion, not to accept it for its good information and motivation, as if it were an adaptive emotion but to make it accessible to transformation. In time, the co-activation of the more adaptive emotion, along with, or in response to, the maladaptive emotion, helps transform the maladaptive emotion. The paradox of this path to emotional change, is that it does not start with trying to change emotion but with the opposite, to fully accept the painful emotion. Emotions must be fully felt, and their message heard, before they are open to change by new emotions. Emotion transformation thus is always preceded by emotion acceptance. You have to feel an emotion to heal an emotion.

Maladaptive emotional states thus can be undone by the activation of a more adaptive emotional state. This involves a process of transformation by synthesis which goes beyond traditional notions of catharsis, letting go, completion detachment, habituation, or extinction. In this process, the maladaptive emotion is not purged nor is it simply attenuated by exposure, rather it is transformed or undone by another emotion. Change thus is produced by transformation by synthesis, not by exposure, cognitive restructuring, or insight. In my view, to be less afraid, people need to experience (learn) not only that they can survive fear but that they

can generate an alternate response rather than merely tolerating exposure to fearful situations until the fear declines. People, once they experience both that they do not die by facing the dreaded emotion but also that they can triumph over it, by having a new emotional experience, experience themselves as becoming agents of their own survival.

In addition to changing emotion with a new emotion from within, the therapeutic relationship can provide a new emotion from without by a corrective interpersonal emotional experience. For instance, having a new lived relational emotional experience in which one's expression of anger at having been misunderstood is accepted by the therapist rather than rejected or having one's shame or fear, understood and accepted, rather than scorned can lead to new ways of being and relating. This involves changing emotion with emotion but now it is a lived experiences with the therapist, that provides the new emotional experience. A genuine relationship between the client and therapist that gives the client a new emotional experience thus can play a vital role in facilitating emotional transformation. Clients have corrective interpersonal emotional experiences whenever they perceive the therapist as attuned to and validating their inner world. This genuine and consistent relationship between the patient and therapist serves as a powerful tool for healing. Positive interactions in therapy disconfirm and help overcome pathogenic ways of being, such as mistrust or feeling controlled. For example, for clients who fear abandonment, the therapist's attention and caring can become a corrective emotional experience that helps heal past wounds, while therapists who provide freedom to clients who fear control, provide them with a corrective emotional experience. Within the therapeutic relationship, clients can express vulnerability and anger without fear of punishment and assert themselves without censure. This transformative experience allows them to recognize that they are no longer powerless children facing powerful adults, fostering a sense

of empowerment and growth. Clients thus can experience corrective emotional encounters, both through the consistent therapeutic relationship and through specific new emotional experiences with the therapist.

BEYOND PROCESS: CASE FORMULATION, MARKER IDENTIFICATION AND THERAPEUTIC WORK

Over my years of practice I also have come to see the importance of developing a treatment focus, and to customize my approach to fit each person, by making a case formulation. In addition, I have learned that interventions are best guided by markers, which are identifiable in-session statements and behaviors that indicate specific problematic emotional processing states and clients' readiness to work on these states. These markers afford opportunities for particular types of effective interventions to address the client's emotional processing difficulties. While maintaining a focus on moment-by-moment process this all took me beyond a focus only on the moment to incorporate the development of understanding more structural features of the person that endure over time across sessions.

CONCLUSION

Over my career as a therapist, I have moved through a series of steps that built on each other, to develop an approach which values empathy, collaboration, depth of experience, emotional arousal, core emotion schemes, emotion transformation, narrative construction, marker identification, task interventions and case formulation. Each of these steps has provided a building block for an emotion focused approach to treatment. In this journey, I have travelled from valuing process above all else to combining moderating moment-by-moment process with marker identification and case formulation.

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