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CASE REPORT

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Guiding task work in the context of an emotion-focused relationship

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Abstract

In undertaking the complex process of being an emotion-focused therapist, one needs to strike a careful balance between providing a safe relational environment, while navigating with clients through their emotional world. In response to in-session verbal and non-verbal indicators, they invite clients to engage in chair work tasks designed to facilitate emotional exploration and deepening with a goal of emotional transformation. Therapists may be daunted by the prospect of introducing chair work tasks, and concerned about the impact on the relational bond. However, chair work tasks can deepen emotional exploration and shifts, and streamline the process of change. The case of Emma* will illustrate how therapists navigate the interplay between striking an empathic relationship and facilitating chair work tasks. The case will demonstrate how the therapist addresses hesitation or reluctance expressed by the client, while strengthening the bond and deepening emotional processing (*Pseudonym).

KEYWORDS

alliance/therapeutic alliance, emotion, empathy, expressed emotion, therapeutic relationship

Rhonda Goldman and Zoë Goldstein should be considered joint first author.

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1 | INTRODUCTION

Emotion-focused therapy (EFT) is the birth child of Carl Rogers' client-centered therapy and Fritz Perls' gestalt therapy (Elliott & Greenberg, 2007; Goldman, 2019), updated with modern emotion theory (Fridja, 1986; Scherer, 2005; Tomkins, 1962). At the core of EFT is the theory that emotions are embodied signals orienting us to a situation's meaning, our arising needs, and how we can best fulfill these needs. Emotions rapidly organize the self in an attempt to best respond to a situation. Emotions can be adaptive, in that they help us fulfill our goals, or maladaptive, if they keep us stuck in rigid states. Emotions can also be primary, as our initial responses, or secondary, as protective reactions that conceal primary states (Greenberg, 2021). EFT's aim is to help clients transform primary maladaptive emotions through contact with newly experienced adaptive emotions. The goal is to change emotion "at the level of its generation rather than by controlling already generated dysfunctional emotion" (Greenberg, 2021). In the example of a client struggling with generalized worry, the goal in EFT might be to access the underlying primary maladaptive fear associated with having been abandoned. A basic sense of insecurity can be transformed through the novel bodily experience of self-compassion, self-acceptance, and protective anger (Watson & Greenberg, 2017).

With the Rogerian relational conditions as a base, the developers of EFT found that including experiential interventions could further stimulate emotional processing on a path toward emotional transformation (Rogers, 1957; Elliott et al., 2004). The main experiential interventions in EFT are tasks involving two-chair dialogues, adapted from the Gestalt empty chair technique to the framework of emotion theory (Elliott et al., 2004). Chair work tasks involve the use of two chairs in session, set up for enactment and dialogue between different parts or voices within the self. Chair work tasks facilitate the emotional deepening and transformation process, as well as serve to bolster the relationship established at the outset of therapy. Clients can rapidly gain access to their emotions during chair work, leading to a clear focus of therapy and relational closeness. Clients can also develop a greater sense of efficacy in the process of internal exploration, and can discover novel emotions. There are two major forms of chair work used in EFT: chair work for negative self-treatment (self-self), also referred to as an evaluative conflict split, and unfinished business with a developmentally significant other (self-other) (Elliott et al., 2004; Watson & Greenberg, 2017). EFT chair work can be traced back to Gestalt therapy (Perls et al., 1951; Perls, 1969). Fritz Perls', founder of Gestalt therapy, wrote about the polar aspects of self (also known as the topdog and underdog), where two parts of the self are in conflict (Perls et al., 1951; Perls, 1969). This was later adapted by Greenberg (1979) into two-chair work for negative self-evaluative splits. Perls (1969) also wrote about the concept of unfinished business to represent chronic lingering unmet needs with a significant other. Perls (1969) would often facilitate 'hot-seat' work wherein clients would have dialogues with significant others with whom they had unfinished business. The following sections will explore the way in which Emma, our current case, and the therapist navigated through all different forms of chair work.

Introducing active exploratory techniques is always done within a safe humanistic relationship and at the right time. EFT is marker-driven, in that interventions are introduced only in response to client in-session behaviors, emotions, and statements that indicate they are ready to work through a specific issue (Elliott et al., 2004). Case formulation in EFT involves therapists listening for and asking themselves what markers are emerging and which tasks would be most suitable (Goldman, 2017; Goldman & Greenberg, 2015; Goldman & Goldstein, 2022; Greenberg, 2021). At times, clinicians might stumble over when and how to introduce chair work. Clinicians are often concerned with how to prioritize the therapeutic relationship while incorporating chair tasks into their work with a client. The following case of Emma will illustrate how chair work can strengthen and streamline the therapeutic relationship and facilitate the change process.

The paper will also illustrate core EFT concepts through the case of Emma. Through an unfolding of the case formulation and the therapeutic process, we will demonstrate how EFT therapists form the therapeutic alliance as well as address potential challenges to it. Illustrations are designed to show how evocative empathy might help deepen core painful emotion, and how chair work tasks are introduced to help clients access, deepen and ultimately

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transform painful emotions to more positive emotions. Common difficulties encountered through the chair work process are shown, as well as what to do when clients express reservations or hesitancy with task engagement.

2 | CASE ILLUSTRATION

2.1 | Presenting concerns and client description

Emma is a 34-year-old Caucasian woman struggling with depression and social anxiety. She is a breast cancer survivor and has been cancer free for 2 years. While she had experienced bouts of depression at various points in her life, having children triggered an influx of much stronger depressed feelings that she felt she could not bounce back from. She married early in life, at the age of 20, and began having children at the age of 21. She entered therapy after an increase in depression relating to her identity as a mother, the challenges of being a cancer survivor, and the anxiety she experiences around her peers. Emma's relationship to her faith, Christianity, has always held a central importance in her life. Her participation in her Church community grew even more important when she became a mother, and she continues to long for the acceptance of other community members. She struggles with feelings of isolation and "unbelonging," and questions if those around her like her or are interested in what she has to say. Her anxiety spikes specifically in social situations, when she hosts community members for meals or attends social events. During these social interactions Emma feels awkward and uncomfortable in her own skin. Her husband is comfortably integrated into their community and plans to become a bishop in the near future. He struggles to understand Emma's discomfort around their peers, which compounds her feelings of isolation.

2.2 | Case formulation

Throughout Emma's life she received messages that her primary role was to have children and be a good mother, a role she values and aspires to fulfill. When she was in college she neglected to choose a major that truly mattered to her, knowing that she would "only ever be a stay-at-home mom anyway." She was excited to marry and have children, and felt determined to "do it right." The past 8 years have posed significant emotional challenges for her, as she has found the transition to motherhood far more bewildering and painful than she expected. Over time she has come to feel that she has failed at what she "was created to do," as mothering does not feel natural to her (C: Because it's like this expectation of, like, wow, this is what I was made to be. I don't know, similar to someone who chooses to be a doctor, and then they realize it's not gratifying for them or just the wrong profession. They're like, well, now what?). She came to therapy expressing feelings of deep inadequacy and worthlessness. She does not currently have other areas of life that offer her a sense of self-efficacy or value, leading to an increased emphasis on her role as a mother. (C: How I say I am just a mom, and I really feel that is all it is, because I do not have other things that drive me as a person).

2.3 | Course of treatment

2.3.1 | Establishing the therapeutic relationship and the working alliance

A safe and secure relationship is the necessary backdrop for any experiential task. Engaging in an experiential task can lead to feelings of vulnerability as core painful emotions are often experienced. The Rogerian relational conditions—empathy, unconditional positive regard, and genuineness—are fundamental as they allow clients to feel interpersonally soothed by the therapist (Rogers, 1957; Watson, 2019). The client is given the opportunity to freely

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focus on their own emotions when they sense that they are safe and accepted in the presence of an attuned therapist. The energy they would normally exert towards monitoring their environment dissipates when self protection is no longer necessary. This energy can now be turned towards the uncharted territory of unprocessed emotion, giving them the chance to move towards painful experience. Greenberg et al. (1993) write, "removing the need for interpersonal vigilance liberates the client's processing capacity, increasing attentional breadth as well as access to memory." When the therapist genuinely functions with unconditional positive regard towards the client, experiences that would normally be too shaming to allow into awareness can be accessed. In the beginning, the therapist's primary focus with Emma was establishing a secure relational base. The therapist refrained from introducing experiential tasks for a number of sessions at the beginning of therapy. There is no set rule for the number of sessions a therapist must wait before introducing chair work, although typically it can be introduced after two sessions. The length of time depends on the client's needs, presentation, and emotional processing style. The choice to introduce chair work tasks is thus mitigated by the therapist client relationship. The therapist remains attentive and attuned to the development of the relationship, implicitly assessing how comfortable the client feels. Emma entered into therapy with a high level of anxiety about the process. She felt unsure about what her time in therapy would involve and felt overwhelmed and dysregulated by her distress. Her first encounters with the therapist included marked anxiety about the relationship and working alliance. Emma wanted clarity about an exact timeline for when her pain would be resolved and "never come back."

She began therapy with the assumption that she would be the "student" and her therapist the "teacher." When in this mode, she was anxious to receive rapid advice that she could implement to see immediate results (C: So you're just going to tell me what to do right? I have my notes and a pen right here. What's our plan? What are we going to learn today?). She felt distressed and frustrated with the therapist when she did not receive clear direction (C: I don't know if it would be helpful for me to talk about my emotions… I need a solution for this. Right now. So can you tell me what you think?). In response to the perceived demands, the therapist felt a little anxious whether or not she could establish a bond with Emma and meet her therapeutic needs. This prompted the therapist to work toward the establishment of an empathically attuned relationship and a task alliance.

The therapist recognized that with a directive approach, Emma might not be able to move towards the ambiguity of a self-led therapy process. The therapist also recognized that she was feeling anxious within herself. The therapist explored her own discomfort and felt it important to address the alliance issues directly. She framed Emma's concerns as partially born out of a lack of understanding of her role as a client. The therapist thus initiated an alliance dialogue (Elliott et al., 2004) and made clear to Emma that the therapeutic relationship was different than a "student-teacher" one. Rather, she explained that she would be allowing Emma to determine the direction of the content of the sessions, and asking her to explore within herself. The therapist plays more of a role of facilitator of emotional exploration than a teacher. She also explained there was no need for a pen in this process. Emma felt more comfortable with this clarity of understanding and they proceeded. The therapist did not suggest active exploratory techniques until she felt grounded in the therapeutic relationship and in agreement about the tasks of therapy.

In the first three sessions, the therapist validated Emma's experience through reflecting and affirming her present underlying emotions. The therapist also attuned to the poignant and painful aspects of Emma's experience, while continuing to refocus her inside on what it feels like (Goldman & Goldstein, 2022; Goldman & Greenberg, 2015). The therapist helped her to repeatedly take an experiential focus inside, as such helping to prepare her for beginning chair work. This is a bidirectional process where the therapist helps the client focus inside, leading them to explore deeper, which stimulates further understanding in both therapist and client about where experiential interventions may best be aimed. At this stage it is common for clients to feel some apprehension surrounding emerging emotions. It is important for the therapist to acknowledge and validate any discomfort, while reaffirming the benefits of exploring inside. Acknowledging that experiential awareness can be scary often reduces anxiety surrounding the process, ultimately bolstering client confidence.

T: What's that part that says, 'stop, I don't want to feel this'? Is that what it's saying?

C: I'm just afraid of what it would be, I guess (begins to cry).

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T: Yeah… it's so scary to let that in right now.

C: I don't know if I want to go there.

T: Something intense is coming up right now, and there is also this huge fear about what it is, yeah? (pause) What's the fear saying, can you put words to it?

C: If we were to go there then I would have to sit there. And what's the use of that?

T: Like, 'If I go towards this feeling I'll just get stuck'. That is a strong feeling… something sounds important here.

C: I don't really know what it is. But there's truth if we talk things through. Okay, I'll try.

In this segment the therapist remained both curious and validating, modeling for Emma that it is both natural to feel apprehensive and still safe to explore. This early experiential work set the stage for more evocative tasks to come. As Emma began to grasp what experiential work feels like, she naturally responded to the therapist's attunement and began to calm down. She understood that while it can be uncomfortable for her to attend to difficult feelings, it would ultimately be beneficial and offer her relief. This awareness on her part, integral to the working alliance, made it possible for her to stay in the therapeutic zone of proximal development (Watson & Wiseman, 2021). This zone refers to the optimal degree of experiential deepening that would help Emma explore further, while staying regulated. Meaning, the therapist did not push Emma too far into an experiential space she was not comfortable entering, while also supporting her as she readied herself. It was as if Emma dipped her toe into a cold pool and slowly sensed that she was able to go further, while relying on the therapist's empathic presence for support.

2.3.2 | Navigating chair work for the first time

At the fourth session, Emma presented with a high degree of worry and anxiety. In response, the therapist suggested a "worry dialogue" (Timulak & McElvaney, 2016). This is a form of self-self chair work where a client dialogues with a part of them that makes them anxious. The goal of a "worry dialogue" is to help a client separate from their "worrying voice," so that they can access the self-compassionate and healthily assertive part of them and respond back to the "worrying voice." Emma initially expressed some degree of hesitation, but the therapist helped navigate her through,

C: I have an event at my church tomorrow… and I'm really worried, really worried. You know, other mothers will be there, and I won't be bringing my kids but, but either way I know they will be asking about them. How they're doing, you know, this and that about school and teachers.

T: I hear that, there's so much worry.

C: Yeah, yeah. But I really need you to help me. I really need to find a way to not freak out, I need to be fine. So what can we do? What can we do to make sure I don't feel this way?

T (gently): So there's this real feeling of being overwhelmed right now, right?

C: I guess… (becomes tearful).

T: Yeah, you're not fine… almost like you feel alone inside? When you have to face them? And that's painful and hard. Can we try something with this? I want us to get a sense of how you worry yourself, because I think this is what you do, and then you end up feeling pretty afraid. And that is a difficult feeling for you. It can even be somewhat paralyzing sometimes. So what I would like you to do is come over to this chair (therapist points to an empty chair across from her).

C: Well, I am not sure about doing this in chairs. Can't we just sit and talk like this?

T: Well, we could but I hear that you're really struggling with the idea of going to this event tomorrow, and I wanted to try to help you with that. This is often very helpful for calming down the worry voices. Would you be willing to give it a try?

C: Okay (she somewhat reluctantly comes over and sits in the other chair). I guess I just feel awkward doing this in front of you. I don't know if that makes sense. It just feels kind of embarrassing, if you know what I mean…

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Here the therapist recognized that Emma felt some performance anxiety. It is natural for clients to express similar feelings at the beginning of chair work, even in the context of a safe and secure relationship. In response to this, the therapist offered reassurance, helping Emma feel attuned to, validated, and encouraged. The therapist also offered a rationale for chair work (Goldman et al., 2021). A study by Muntigl et al. (2020) examined the ways in which clients verbally and nonverbally expressed reluctance to engage in chair work, and what kinds of therapist responses were successful at resolving client hesitation. They found that clients expressing reluctance can benefit from hearing an elaborated rationale of the intervention before beginning (Muntigl et al., 2020), reflecting the moment-by-moment responsive attunement characteristic of EFT. This prompted the therapist to provide a rationale which has been shown to be helpful to support the working alliance and ease performance anxiety. The therapist responds,

T: I can see how this is bringing up some discomfort. That makes sense, I know this is new and might feel strange at first. I'm going to be here to help you through it the whole time. This is a safe place to try this out. Most people get comfortable quickly.

C: Okay. I guess I just don't fully understand why we're bringing chairs into it.

T: That's a good question. It can help to put the worrying voice in another chair so that you can get distance from it, and have a conversation with it. Talking with it that way can help you get in touch with another part of yourself that is more calming and comforting, so you can transform this worry and get out of this stuck place.

C: That makes sense to me, I think. Okay, well I'm willing to try it out. Let's do it.

T: Okay, let's try. So can you imagine yourself over there?

C: Yes.

T: Okay, so what I would like you to do is worry her. What do you say to her to make her afraid? What do you say to her… like 'don't go tomorrow, all the mothers are going to be there and they are going to ask you how your kids are doing and you know Josh has not been doing so well in school on account of your cancer treatment and you not being available for him, and they are going to ask you about it, and you are going to have to explain all of this to them'… Is that what you say to worry her?

C: Yes, that is about it.

T: Okay, so yeah, can you tell her that, try doing that now, saying that to her. Let's actually try to see if you can worry her now.

C: Well, consider not going tomorrow and if you are going to go, be prepared to answer a lot of questions, and you know you haven't been doing your best and they are going to judge you as a bad mother…

T: Yes, okay can you now come back to this chair? (client returns to the original chair and looks sad and afraid). Yes, so now you look scared, what do you feel over here?

C: Well, I do, I feel afraid. She is right.

T: Yes, so she worries you and she makes you feel afraid. This is how you do it, right? And she even judges you a little, I guess. Can you tell her what it is like for you when she worries you like this?

C: Yes (expressing to the other chair). I don't like it when you talk to me like this. You scare me. I am afraid you are right. And I begin to feel scared…

T: And what do you want from her?

C: Well, I want her to back off. Go away. Stop scaring me.

T: Okay, good, can you tell her?

C: Yes, back off.

The above example demonstrates how a therapist can empathically respond to initial client hesitation, while still reaffirming the benefits of chair work and instilling confidence in the client. The therapist first validated Emma's performance anxiety and remained empathically attuned to her, letting her know that their relationship and her comfort came first. When Emma expressed confusion surrounding chair work, the therapist readily provided an explanation of chair work in plain language. Emma was then freed up to drop down into her experience during the intervention, finding that she was quickly able to engage and access her emotions. She was able to make contact with a sense of assertive anger and set boundaries with her internal "worrier," providing her with distance and relief.

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2.3.3 | Chair work for self-evaluative splits

The following section will further explore negative self-evaluative splits or chair work for negative self-treatment. When a client experiences one part of the self as negatively evaluating, bullying, or silencing another part of the self (which is often the more adaptive and fundamental aspect of self) (Greenberg et al., 1993; Elliott et al., 2004), therapists might introduce chair work to address the issue. Early on Emma revealed a marker for two competing parts of the self,

C: I just feel like I'm such a terrible mom [critic], but I don't want to be hopeless… I don't want to give up on myself [experiencer].

In this example, one voice was staunchly critical, while the other voice bore the pain of the criticisms. This marker suggests that there is a maladaptive emotion scheme that may be informing her emotional process (Goldman, 2019). While this represents a theoretical understanding of what may be at play, what guided the therapist's attention in the moment was the contemptuous voice that seemed to be obscuring Emma's ability to access her wants and needs. Emma had strongly internalized societal and cultural expectations surrounding mothering and her role in life. These expectations were reflected by her family and faith community. While her siblings felt comfortable and capable in the roles set out for them, Emma ended up feeling differently. She ignored her desire to explore other options in life, feeling as though they would not be available to her (C: I feel like I've never tapped into who I am and what my potential is. I never got the chance to explore who I am, what I could be). When she became a stay-at-home mother and struggled, she began to blame herself for what she was experiencing.

C: Well, if I'm not good at this, it doesn't matter what I'm good at. I mean, if I can draw a picture… but who cares if I can draw a picture if I can't, like, nurture my people.

T: It's almost like, 'if I am incompetent at this… I don't matter?'

C: It's a failure. I'm a failure. There's nothing, there is nothing that can compensate for… for letting them down. I'm supposed to know how to do it. And other people do know how to do it. Which is really tough.

T (clarifying the critic): There's a voice that says, 'Other people know how to do it. Why don't you know?'

C: It just… makes me feel so awful to think about.

T: Like this real feeling of being devalued? As if… 'there's something really wrong with me for not being good at this'? Is that what it's like?

C: Yeah. Everyone knows better than me. I just don't understand why I don't get it. The whole experience has just continued and it hasn't gotten better.

In this segment the therapist placed close attention to maintaining an empathic relationship with Emma. Empathic and evocative responding functions dialectically—the therapist was able to sense the marker and reflect this back to Emma, who was then able to further articulate it and voice the issue with growing differentiation. The therapist was looking to cultivate collaborative agreement as to what needs to be the focus of chair work. At this point the therapist introduces the task,

T (gently): Why don't we try something? It involves another chair. Can you come over here for a moment? (points to a chair the therapist has placed across from the client).

C: Oh you want to do the chairs thing again (laughs). I see.

T: Yes (laughs). I think it would be helpful here… for us to work with that part of you, that part that criticizes you so much.

C: Well I know you're good at separating those parts of me. But that doesn't feel like a foreign voice to me. That is just me. My truth. This is just me telling you.

Here Emma expressed the sense that she was fused with her critic. Her critic felt so overwhelming and dominant that the critical narrative was experienced as her "truth." She was unable to distinguish between her critic and experiencing self from that perspective. This is common in clients struggling with depressed feelings, and is also referred to as the "collapsed self." The collapsed self comes up when a client holds the stance of, "my critic is right," and they are out of touch with their developmental growth edge. In the above segment Emma moved into a

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secondary state of resignation and hopelessness. With her critic dominating her inner world, she was overrun with shame. This moment between Emma and the therapist also represents an alliance issue. Emma, in a state of collapse, could only access her critic's voice and therefore could not see it as external to her experiencing self. The task felt pointless to her in this moment of resignation. Therapists new to chair work may feel that this obstacle is an indicator that facilitating a critic dialogue will not work. Or, a therapist may feel drawn into a convincing mode, where they may attempt to persuade the client that their critic voice is not their own. While this may feel like a stuck place for Emma and the therapist, working with a collapsed self in chair work is a valuable therapeutic opportunity as it helps clients separate and externalize the negative voice. The therapist's validation of the hopelessness and helplessness also makes it possible to transform a fundamental impasse underlying depression and chronic self-criticism. The goal of the work at this point is to explore the collapsed self, to help the client feel into what it is like to be told "you are a failure." Drawing the client's attention to what it feels like to receive these critical words is what helps differentiate the experiencing self from the critic. The therapist proceeded to take a validating and accepting stance towards what is coming up for Emma, to help her feel through her core pain and find adaptive strength with herself.

T: I hear that, this just feels like the whole truth right now. Like there's nothing redeeming here… nothing of value in you?

C: It is like that. This is just me… (cries) just me.

T: What's that like inside? To be in this place? I wonder if you feel kind of helpless right now.

C: Yeah, I do feel that way, like there's no hope. There's nothing I can do to be better, and I just feel so… I feel so awful.

T (gently): Here is how you end up here, in such a hopeless place. It makes so much sense that you get to feeling this way, feeling like there's nothing you can do. Like you almost don't even deserve to fight back?

C: Yeah, yeah, yeah (begins to cry more). It is like that. Like there's no point in trying.

T: And this just hurts so much, feeling like there's no point. This is what we can work with, that feeling that you're a failure no matter what. We can work with it because it's really keeping you stuck right now, and let's move you out of this place.

C: I'll try, I want to try.

Through empathic exploration of her resignation, Emma was able to get in touch with the pain underneath her critic. Once she was able to take ownership of that pain and see it as an experience she could explore, she recognized the need for chair work and experiential intervention. The therapist was able to provide validation and acceptance of this common experience, helping turn Emma back towards chair work and the possibility of relief and transformation it offers. The therapist was able to navigate momentary alliance conflicts with empathy and exploration, which led to repair and a refocusing on the task.

T: What do you say we try this out? We figure out together how you end up feeling so stuck?

C: Okay let's do it.

T: Why don't you come over here to this chair? (points to the chair across from the client).

C: Okay (moves to critic chair).

T: How do you make yourself feel this way? Feel like a failure as a mother? Tell her what you say inside (points to the empty chair).

C (as critic): You're clearly not a good mom (cries). And, um… somehow you lack the skills you're supposed to have, and you lack the desire to develop those skills. Those aren't things that you are. Those aren't things that you can learn. These aren't things that… you came to Earth without this in your harddrive.

T: There is just something defective about you… something missing.

C: Yeah. There's something defective. And because of that, because of your defects, everyone in your family has to suffer for it.

T: Let's switch to the other chair (waits for her to move). What happens for you when you hear her (critic) say this to you?

C: It hurts, so much. She makes me feel so worthless (cries).

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T: Yeah, this hurts so much. I can see how much that hurts. Let that feeling come, just speak from the tears and tell her how it hurts.

As Emma made contact with the core of her pain in the experiencer chair, the therapist provided increased empathic support. The therapist was aware that Emma was descending into deeper and more vulnerable emotional pain. At these moments, therapists may wish to to amplify empathic reflections and affirmations in order to solidify the therapeutic relationship. Therapists are sometimes uncomfortable with the intensity of emotion that can be evoked during chair work, especially the voice of the critic (Goldman et al., 2021). While accessing core pain can be intense for a client, this does not mean that it is negative. On the contrary, transformation of core pain cannot occur until the emotions are active. Even if chair work is enacted in a session without a resolution, clients often feel tremendous relief just at having externalized their critic. It is important for therapists to identify what may be their own discomfort with intense displays of emotions. This is important in discerning what degree of emotion arousal is truly above the productive range and moving into dysregulation. Further, experiencing long disavowed emotion in the context of an actively supportive relationship leads to a strengthening of the relationship. When clients feel that their emotions are valid and allowed to be expressed, they are able to make contact with buried unmet needs. In the following segment the therapist encourages the expression of Emma's underlying feelings and needs.

C: It does hurt, so much. Because, while I'm just a casualty on the family tree, I'm only me. I'm my only one. To me I'm the only one I got. I don't want to give up (cries).

T: Her words leave you feeling so devalued… and you're saying to her, 'I don't want to give up on me'.

C: Yeah, I want to improve, I really do want to get better at this, and I can't do that with her pressing down on me all the time. With her putting me down all the time. It's making it impossible. It's not fair, it's not fair.

T: What are you feeling inside as you say this?

C: I feel frustrated. I need her to go easier on me. I can do this if I have the chance.

T: Can you tell her that? 'I need you to give me a break.'

C: I need you to give me a break. I need your support.

T: Let's switch chairs here (client moves to the critic chair.) What does she say to that?

C: That… that makes sense. That's fair (cries). I'm sorry you feel so bad. I'm sorry I'm making you feel so bad.

T: What's coming up for you right now?

C (in critic chair): I feel really… badly. I don't want to put her down. I'm trying to help her be better. I just want her to be a better mom. (facing self-experiencing chair directly) I'm sorry to put you down so much. I know you're trying your best. I can support you.

Emma was able to make contact with the underlying pain brought up by her critic's words. The therapist closely responded to the emergence of the adaptive emotions and supported her in articulating her unmet need for support. This support bolstered her contact with the assertive anger she spontaneously felt toward her critic. Once Emma was able to take ownership over the pain felt by her critic's invalidation of her, she was able to access the action tendency embedded in her adaptive emotion of anger. She naturally felt drawn to stand up for herself and set boundaries with her critic, an action that came from her emerging sense of empowerment and self-protection. This freshly experienced assertiveness led to the softening of the critic. The critic witnessed both her expression of primary pain resulting from criticism and a newfound sense of assertive anger. The expression of pain and assertion of boundary-setting anger, witnessed by the critical aspect of self, allowed for a softening of the critic in compassion, a realization of fear as the driving force behind her critic in an attempt to protect herself, as well as the expression of empathic distress and a therapeutic apology by the critic. This was a shift to a place of softened understanding.

2.3.4 | Chair work for unfinished business

This section will review chair work for unfinished business, as well as examples where the use of chair work is challenged by the client. This form of chair work is used when a client has unresolved painful unmet needs

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associated with a developmentally significant other. It is common for unfinished business to underlie the critical voice worked with in evaluative splits. In Emma's case, the softening of her critic led to the clarification of where this voice first originated before being internalized. She began to make the connection between the quality of this inner voice and the way her father spoke to her throughout her childhood. As she began to bring up her relationship with her father with more poignancy, it became clear that an unfinished business marker was emerging.

C: What came to me when we were doing the chair work with my critic was an image of my dad. Both my parents, like my mom and my dad, we weren't extremely expressive. We weren't very physically expressive. One, because my dad was more of a stoic man, and two, because my mom was a very busy mom and my other siblings got more time and affection because they required it. […] I was expected to know right from wrong. I was expected to behave without really having to be taught. We were just expected to be good.

T: So there was this real sense of— mhm, yeah, like expectation without support…

C: It wasn't just that we didn't have support. Far… from no support. If we didn't do well, like how they— well mostly my dad. It was mostly him, who expected perfection. If we didn't do things right (tries to hold back tears).

T: I see this is touching something for you. Something is tender here. I see that.

As the therapist responded to a marker for unfinished business, she followed the "pain compass" towards what was the most salient in the moment, Emma's relationship with her father. Emma began to disclose her history of both emotional and physical abuse from her father. She found the topic very difficult to talk about. The therapist recognized the possibility of unfinished business chair work and suggested the intervention.

T: Why don't we try using chairs with this? Can you put your father in the chair? Can you see him there (points to the chair across from her)?

C: Okay, yes, I can see him.

T: And what is he doing? What is the expression on his face?

C: Well, he has his arms crossed and he is very stern and he is looking down on me.

T: Ok, yes, mean and looking down on you. And what is the feeling you have when you look at him?

C: Well, I am afraid of him.

T: Ok, yes, you are afraid, can you tell him that?

C: I feel afraid of you. I was always afraid of you growing up. I can feel myself sinking in my chair even now. And I want to look away from you. Look down.

T: Good. It is really good that you can tell him what it was like for you. Just a feeling of fear… all over your body?

C: Yes, all over my body, it is like a burning sensation in my stomach, going all the way up to my mouth… and it is hard to breathe.

T: Stay with that feeling even though it is a difficult feeling. Tell him what it is like for you, what it was like for you, always afraid…

C (soft voice): I hated him.

T: You hated him, yes, tell him, 'I hated you'.

C: I loathed the ground you walked on. I hated you.

T: So those are difficult feelings… but you really felt that, and you are really letting him know.

C: I hated you when you used to hit me. You had no right to do that. You disgust me when I look at you.

T: Yes, tell him, 'I am just disgusted with you.' You had no right to do that to me.

C: Yes (gritting teeth). I am disgusted with you.

T: Yes, good, you are really standing up to him. What do you want from him?

C: Nothing. I just wish he would die. Go far away. I want you far away… (pushes chair back).

T: Ok, so you are so angry with him and you just want to push him away. It is really good that you are getting in touch with the anger. And standing up to him. Can you come and sit in his chair now?

C: No way. I cannot do that. Never. I just cannot stand him.

This was a difficult moment for the therapist. She felt panicked and froze. She worried that she had pushed Emma too hard and crossed a line, and immediately apologized and backed off. The therapist worried that the

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relationship was ruptured and needed repair. She consulted with a colleague as to what direction she might go next in therapy and how to address Emma's reluctance. Emma did not want to be in the father's chair and identify with him. This is more likely to come up when the significant other has transgressed boundaries with the client, such as through physical or sexual abuse. In such instances, people often feel reluctant to identify with the abuser. As loss of control is a commonly felt experience in complex trauma, traumatized clients require a strong sense of control over the work (Paivio et al., 2010).

When clients have difficulties such as this in the chair work process, it is important for the therapist to take a deep breath and move into an understanding and curious mode, making sure not to stick rigidly to their agenda and force chair work. At the same time, it is important that the therapist understands that the reluctance is often fear-driven, and stems from a need for self-protection. On the other hand, the working through process, which often involves the outward expression of assertive anger toward the internalized abusive other, is an important step in the undoing of self- shame, as well as the process of resolution and letting go (McMain et al., 1996; Paivio & Pascual-leone, 2010). After consultation, the therapist and Emma found a different way toward emotional expression, paving the way for Emma to let go of unmet needs. Th therapist guides Emma,

T: Okay, yes, I do understand it is difficult for you to sit in his chair and even consider being close to him, given everything he put you through. And at this moment you just want him far away from you.

C: Yes, that is right. It is not that I don't want to do the work, it is just that I find him so disgusting at the moment.

T: Yes of course. What if we were to put him outside the door where you could feel safe? C: That would be much better. That is where I would like him (closes eyes and imagines him outside the door.) (Long pause.)

C: Actually I would like him to be in the room but in the garbage can… so I can put him just where I want him and keep him there.

T: Okay, great. Let's do that then.

C: Okay, yes, so you are right where I want you now. And this is where you belong. Because what you did to me was wrong. I did not deserve that.

T: Great, tell him again, 'I did not deserve that.'

In this particular session, Emma did not move into her father's chair, but felt a great deal of power and strength in being able to express her anger and disgust toward him. The session ended with Emma feeling empowered. In later sessions, Emma felt a greater sense of control. After further meaning-making sessions, where Emma came to de-identify with her father, realizing that she was different from him, they returned to unfinished business chair work. Eventually, Emma was able to sit in her father's chair and offer a heartfelt apology.

C (as father): I am sorry. I should not have done that to you. It was wrong and you did not deserve that. I was a coward and I should not have hit you. I was afraid and I did not know another way to discipline you, but that was wrong and I am sorry. I really feel I lost out on a close relationship with you because of what I did to you. I am sorry and I hope you can forgive me.

T: Ok, good, come back to the other chair (Emma's chair). (Emma moves back) What is it like to get that from him, 'I am sorry'? How does it feel inside your body, to hear that now?

C: Well, it feels good to be honest. A little bit overwhelming but amazing, I never thought I would hear that from him. It makes me feel sad actually…

The above interaction is an example of how therapists can track the client's unique needs and closely accommodate them, while still following the model of resolution. The therapist's attunement to Emma's initial discomfort with embodying her father strengthened their therapeutic relationship. The therapist's readiness to shift to a modified version also sent Emma the message that her relational safety is the priority. This protected their relationship from a rupture or misattunement or "going too deep too fast." The therapist understood that Emma required more time to develop comfort with the experiential task, and helped cultivate feelings of empowerment in her before moving forward. As demonstrated, modifying chair work does not mean abandoning the model or resorting to permanent modifications. Furthermore, whether chair work is undertaken or not, the emotional

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exploration process still continues. It is likely that beginning with a modified version can eventually lead to a full dialogue as the client becomes more empowered. Further, research has shown that approximately two thirds of clients with complex trauma can engage in traditional unfinished business chair work (Paivio & Nieuwenhuis, 2001). It is up to the therapist to assess when the client requires reassurance, encouragement, and support to re-engage in an empty chair task, and when adjustment is indicated.

In related work by Paivio and colleagues who investigated the empty chair technique with complex trauma clients, it was found that a substantial minority of clients with complex trauma do not feel comfortable putting their abuser in the chair (Paivio & Nieuwenhuis, 2001). For these clients, the prospect of confronting their abuser, even imaginally, may be too evocative or overwhelming. Paivio and Pascual-Leone (2010) developed a modified reexperiencing intervention in these situations, referred to as empathic exploration (EE). EE follows the exact framework of intervention as unfinished business chair work, except that it is done in communication with the therapist and not in dialogue with an empty chair. Clients can move through an experiential dialogue in their mind's eye alone. The client is encouraged to move through the inner dialogue vividly and express their thoughts and feelings directly to the therapist. Like the adjustment demonstrated in the transcript above, EE makes it possible for the client to approach their experience without becoming overwhelmed, while remaining aligned with the model of unfinished business. A study by Paivio et al. (2010) comparing EE with traditional unfinished business chair work did not find significant differences in efficacy between the two intervention styles. In their explanation of these findings, the authors attribute the similarity between the two interventions to their comparable experiential foundation and resolution model. Both versions evoked client experiencing, expression, and the accessing of adaptive emotions and unmet needs in the context of a developmentally significant other.

2.3.5 | Outcome and prognosis

The case of Emma explores the therapy experience of a breast cancer survivor confronting feelings of depression and anxiety. Emma came to therapy with an enduring sense of social anxiety, loneliness, and dampened self-worth. Early on in therapy she demonstrated a self critical marker, commonly presented by socially anxious clients. Namely, Emma expressed repeated negative self-criticism and feelings of inadequacy that were often accompanied by a sense of worry and depression. Emma and her therapist moved through multiple experiential tasks while navigating hurdles along the way. By therapy termination, Emma felt less anxious and more able to access adaptive boundary setting anger which helped to quell her worrying voice. She explored core shame that had emerged out of her early developmental environment. Dropping into the painful shame allowed her to access unmet needs for acceptance, belonging, and validation. Through self critical chair work Emma was able to access disowned needs and develop self-compassion. By the end of treatment Emma felt a budding sense of confidence in social situations. She proudly told the therapist that she had successfully shared a meal at a restaurant with peers, hosted a social gathering for her community, and delivered a 20-minute sermon to her church. These experiences helped her access her core needs to be seen, validated, and enthusiastically included.

Emma and her therapist also engaged in unfinished business chair work with her father. Expression of assertive, boundary-setting anger helped her gain a stronger sense of self worth. Through chair work, her imaginary father apologized and took ownership of his mistreatment of her as a child. This brought about an important emotional shift for Emma, where she felt more forgiving and understanding (Greenberg & Woldarsky Meneses, 2019). This was crucial in unrooting some of her depressive and anxious symptoms, which stemmed from her feelings of undeservedness and generalized isolation. By the end of Emma's time in therapy, she had begun to touch on feelings of sadness emerging from her painful childhood and relationship with her father. This signaled to the therapist that there was still more work that could be done related to processing core grief at being robbed of a secure and validating childhood. If Emma and the therapist had more time, sadness, grief, and letting go would have been the likely and natural next step in their work together.

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2.3.6 | Clinical practices and summary

Guiding task work in the context of an emotion-focused relationship requires consistent responsive attunement. Effective task facilitation does not involve rote application of theory, but a moment-by-moment grasp of the therapeutic relationship and the client's needs. The present paper reviewed common barriers to chair work that can arise during experiential interventions. First, performance anxiety preceding chair work was explored, including ways therapists can empathically respond and increase client comfort embarking on the task. Second, the uncovering of a collapsed and depressed sense of self during chair work was explored. This is a particularly common roadblock for therapists, who may feel stuck when their client adamantly agrees with their critical voice. Last, the paper explored an interpersonal trauma response in the context of unfinished business chair work. EFT therapists utilize experiential interventions exclusively within an empathic, safe, and secure relationship, where tasks are employed to strengthen the bond and working alliance. Roadblocks in chair work are not signs of failure but notable opportunities for deeper therapeutic work. Employing this attitude makes it possible for therapists to respond flexibly when they encounter initial anxiety, doubt, or discomfort with the experiential process. Therapists can learn to harness these moments to reaffirm the benefits of chair work, deepen the relationship, and stay course on the path of emotional transformation.

3 | FUTURE APPLICATIONS

Emotion-focused chair tasks have been shown to be helpful for clients struggling with social anxiety and depressive symptoms (Goldman et al., 2006; Shahar et al., 2017). The introduction of chair tasks is most effective when done exclusively in a safe relationship, in consistent attunement with the client's moment-by-moment needs, and with constant readiness for flexibility and accommodation. The future applications of the interplay between guiding task work and the emotion-focused relationship include quantitative analyses of these client-therapist interactions. Muntigl et al. (2020) recently analyzed therapy tapes of chair work using a Conversation Analysis approach. They investigated which moment-by-moment therapist responses were most helpful when client's conveyed discomfort pertaining to the suggested chair task. Future research may consider analyzing this topic through a process-outcome approach, where client-therapist interactions are quantified using different measures. For example, there is the potential to research different categorizations of possible therapist responses to client performance anxiety, such as assessing the effectiveness of employing humor or reassurance. Future considerations also include applications in different client populations. It would be useful to explore this subject with different client presentations where it may be more challenging to cultivate a strong therapeutic relationship. For example, the interplay between experiential tasks and the relationship may look different with personality concerns and may require further modifications. In conclusion, future concerns include the expansive application of this fundamental principle—guiding task work requires balancing emotion-focused theory with continual flexibility and accommodation across all client moment-by-moment presentations.

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REFERENCES

Elliott, R., & Greenberg, L. S. (2007). The essence of process-experiential/emotion-focused therapy. *American Journal of Psychotherapy*, *61*(3), 241–254.

Elliott, R., Watson, J., Goldman, R., & Greenberg, L. S. (2004). *Learning emotion-focused therapy: The process-experiential approach to change*. American Psychological Association Press.

10974679, 2023, 7, Downloaded from https://onlinelibrary.wiley.com/doi/10.1002/jclp.23472 by Cochrane France, Wiley Online Library on [01/08/2025]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

Frijda, N. H. (1986). *The emotions*. Cambridge University Press.
Goldman, R., & Goldstein, Z. (2022). Case formulation in emotion-focused therapy. *Journal of Clinical Psychology*, *78*(3), 436–453.
Goldman, R. N. (2017). Case formulation in emotion-focused therapy. *Person-Centered & Experiential Psychotherapies*, *16*(2), 88–105.
Goldman, R. N. (2019). History and overview of emotion-focused therapy. In L. S. Greenberg & R. N. Goldman, (Eds.) *Clinical handbook of emotion-focused therapy* (pp. 3–35). American Psychological Association.
Goldman, R. N., & Greenberg, L. S. (2015). *Case formulation in emotion-focused therapy: Co-creating clinical maps for change*. American Psychological Association.
Goldman, R. N., Greenberg, L. S., & Angus, L. (2006). The effects of adding emotion-focused interventions to the client-centered relationship conditions in the treatment of depression. *Psychotherapy Research*, *16*(5), 537–549.
Goldman, R. N., Vaz, A., & Rousmaniere, T. (2021). *Deliberate practice in emotion-focused therapy*. American Psychological Association.
Greenberg, L. S. (1979). Resolving splits: Use of the two chair technique. *Psychotherapy: Theory Research & Practice*, *16*(3), 316.
Greenberg, L. S. (2021). *Changing emotion with emotion*. American Psychological Association.
Greenberg, L. S., Rice, L. N., & Elliott, R. (1993). *Facilitating Emotional Change*. Guilford.
Greenberg, L. S., & Woldarsky Meneses, C. (2019). Forgiveness and letting go in emotion-focused therapy.
McMain, S., Goldman, R., & Greenberg, L. (1996). Resolving unfinished business: A program of study. In W. Dryden, (Ed.) *Research in counselling and psychotherapy: Practical applications* (pp. 211–232). Sage Publications, Inc.
Muntigl, P., Horvath, A. O., Chubak, L., & Angus, L. (2020). Getting to "yes": Overcoming client reluctance to engage in chair work. *Frontiers in Psychology*, *11*, 582856.
Paivio, S. C., Jarry, J. L., Chagigiorgis, H., Hall, I., & Ralston, M. (2010). Efficacy of two versions of emotion-focused therapy for resolving child abuse trauma. *Psychotherapy Research*, *20*(3), 353–366.
Paivio, S. C., & Nieuwenhuis, J. A. (2001). Efficacy of emotion focused therapy for adult survivors of child abuse: A preliminary study. *Journal of Traumatic Stress*, *14*(1), 115–133.
Paivio, S. C., & Pascual-Leone, A. (2010). *Emotion-focused therapy for complex trauma: an integrative approach* (1st ed.). American Psychological Association.
Perls, F., Hefferline, G., & Goodman, P. (1951). Gestalt therapy. *New York*, *64*(7), 19–313.
Perls, F. S. (1969). *Gestalt therapy verbatim*. Real People Press.
Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, *21*(2), 95–103.
Scherer, K. R. (2005). Unconscious Processes in Emotion: The Bulk of the Iceberg.
Shahar, B., Bar-Kalifa, E., & Alon, E. (2017). Emotion-focused therapy for social anxiety disorder: Results from a multiple-baseline study. *Journal of Consulting and Clinical Psychology*, *85*(3), 238–249.
Timulak, L., & McElvaney, J. (2016). Emotion-focused therapy for generalized anxiety disorder: An overview of the model. *Journal of Contemporary Psychotherapy*, *46*(1), 41–52.
Tomkins, S. (1962). *Affect imagery consciousness: Volume I: The positive affects*. Springer publishing company.
Watson, J. C., & Greenberg, L. S. (2017). *Emotion-focused therapy for generalized anxiety*. American Psychological Association.
Watson, J. C., & Wiseman, H. E. (2021). *The responsive psychotherapist: Attuning to clients in the moment*. American Psychological Association.

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