

Application of Emotion-Focused Therapy in Bereavement:

a Case Study

APPLICATION DE LA THERAPIE CONCENTREE SUR L'EMOTION DANS LE DEUIL:

ETUDE D'UN CAS

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Abstract: This paper presents a single case study of a woman who losing family members. Emotion-Focused Therapy provides an effective treatment methodology and technique for working through this situation. Emotion-Focused Therapy impact grief work proceeds through management of affect, assimilation and acceptance of the implication of the losses, resolving related issues, restructuring and development of coping capacities, establishment of new life goals and styles.

Key words: Emotion-focused therapy, Bereavement, Losing

Résumé: Cet essai présente une étude d'un cas d'une femme qui a perdu les membres de sa famille. La thérapie concentrée sur l'émotion offre une méthodologie et technique de traitement effective. L'impact de cette approche thérapeutique sur la douleur se produit par le biais de la gestion des émotions, l'assimilation et acceptation de l'implication des pertes, la résolution des problèmes concernés, la restructuration et le développement des capacités de se débrouiller, l'établissement des objectifs et styles de la vie.

Mots-Clés: thérapie concentrée sur l'émotion, deuil, perte

in the practice in Shanghai.

1. INTRODUCTION

Facing the losing a spouse at a young or middle age, it is one of the most difficult human experiences. Spousal relationship is a very intimate relationship. The death of spouse certainly gives rise to suffering of the survivor. According to the Holmes and Rahe's (1967) Social Readjustment Rating Scale (SRRS), death of spouse ranks the highest. Everyone expresses sadness and loss in different ways. There are some common characteristics, however, that occur when one is experiencing great loss. Sadness, crying, sorrow, anxiety, loneliness, helplessness, fatigue, guilt, shock, and anger are common emotions when dealing with death. These strong emotional and physical symptoms of grief may not occur for all people who experience a loss. These symptoms may last as short as a week after the death or may last months or years. What types of interventions are most effective in helping people deal with grief? This paper presents the work of the author using the Emotion-focused with the middle age widow

2. GENERAL CHARACTERISTICS OF THE CASE

Li Mei, is a 47-year-old woman, who continuously experienced traumatic and stressful events in her life. Her husband and three close relatives died in the past one year and she herself, a disabled person suffered also from breast cancer and had undergone mastectomy.

Ms Li had received junior middle school (primary) education and was a factory worker. When she was 25 years old because of marrow inflammation, her right leg was amputated. Ms Li married Mr. Sun in 1984, and the marital relationship was harmonious. They had a son. But her husband was diagnosed as suffering from terminal intestines cancer in 2001, and he died in 2003. Though Ms Li is disabled person, she took care of her husband during her husband stayed in hospital. Due to

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she was over tired and suffered stressful events she was diagnosed with breast cancer and suffered from mastectomy. Ms Li had also experienced the loss of her parents and father-in-law during the three months. She lost someone important to her and feeling intense pain. There are a number of studies point to the impact of grief and negative emotion on immune system. Grief exacerbates not only physical morbidity but psychiatric morbidity as well. The death of the loved and the illness lead to painful emotions, such as anxiety, depression, despair self-pity, and helplessness. It can also lead to physical illnesses. Ms Li reported that she often was feeling of worried, loneliness and bad sleep. She cannot do something. She reports that she often has thoughts that her life has been a failure. In the initial CSE-D assessment, the score was 33. It is a high score and it shows that she was very depressed.

3. GENERAL CHARACTERISTICS OF THE INTERVENTION APPROACH

Bereavement is an emotional laden process. To handling debilitating emotions of the bereaved persons is of paramount importance in the initial sessions. The Emotion-Focused Therapy is effective.

Emotion-Focused Therapy

Emotion-Focused Therapy (EFT) developed by Dr. Johnson and Dr. Greenberg in 1980s'. EFT is a short-term structured approach to couples, family, and individual therapy. Emotion-focused therapy attempts to shift the cognitive/affective balance by emphasizing the crucial role of the experience of adaptive emotion in therapeutic change (Tang, 2004). More recent studies have confirmed the efficacy of EFT of distressed couples with partners suffering from depression (Desaulles, 1991) and chronic illness (Gordon-Walker, Johnson, Manion, & Cloutier, 1996). Another study focused on the theoretical development of EFT as applied to post-traumatic stress disorder (Johnson & Williams-Keeler, 1998). The Emotion-Focused Therapy seeks to resolve unpleasant emotion and aims to help people to move negative or injury emotion on in their lives more effectively.

The roots of EFT lie in the integration of Client-centered approach, Gestalt therapy, systemic family therapy approaches, and attachment theory (Bowlby, 1969). The Client-centered approach has a strong proponent of the importance of empathy, positive regard, and genuineness in promoting change. The therapist is a facilitator, not an expert on what the client is experiencing or what is hidden from the clients' consciousness (Greenberg, 2002). Gestalt therapy, developed by Perls (e.g., Perls, 1973; Perls, Hefferline,

& Goodman, 1951), emphasizes the importance of following the clients' process, especially the clients' experiential process. By focusing on affect in the here-and now, clients remove patterns of unresolved conflict and are more able to be spontaneous and create new experiences (Perls, 1973). Emotion coaching involves both leading and following and help client further process their emotions. Systemic family therapy focuses on the role of communication sequences and identifies redundant interactional patterns in the "maintenance of problem states" (Sluzki, 1983). EFT identifies rigid negative interactional patterns to gauge the amount of control and closeness in the relationship bond. Bowlby's attachment theory provides a way for us to conceptualize the tendency in human being to make strong affectional bonds with others and a way to understand the strong emotional reaction that occurs when those bonds are threatened or broken. (Bowlby, 1977) So separation can lead to grief and it is normal. From the EFT perspective, attachment dependency is an innate characteristic throughout life and the cornerstone of healthy relationships. Johnson (1996) stated that the power of this affect is associated with a "wired in" evolutionary survival system.

The EFT attempts to access peoples' core painful emotions-the hidden self-experiences that seemed too painful to bear-often proved to be transforming (Greenberg, 2002). Its goal is to help clients access their deepest emotional reality and transform it as required for optimal health. Emotion coaching in therapy is based on two phases: Arriving and Leaving. A major premise is that one cannot leave a place until one has arrived at it. Major emotional change processes are: increase emotional awareness; enhance emotion regulation; transform emotion; reflect on emotion (Greenberg, 2002, Tang, 2004).

Emotional awareness is an important goal of therapy, as it helps client access and symbolizes the adaptive information provided by their primary adaptive emotional experience.

Emotional regulation skills involved identify and labeling emotions, establishing a working distance, increasing positive emotions, reducing vulnerability to negative emotions, self-soothing, breathing, and distraction (Greenberg, 2002).

Transform emotion what the maladaptive feeling is not simply attenuated by person feeling it. Rather, another feeling is used to transform or undo it (Greenberg, 2002).

Reflect on emotion presented creation of new meaning and seeing patterns, understanding in a new way.

Working in the Emotional Focused Therapy model requires the establishment of an emotionally focused 'empathic' relationship with the client in which the therapist is 'attuned to', stimulates and focuses on the clients' emotional concerns. It is both the empathic, validating, relationship and the continual focus on

accessing and reorganizing of emotional experience that are necessary for effective counseling." (Greenberg & Paivio, 1995)

4. DETAILS OF CASE APPLICATION

4.1 Objectives of intervention

Assist client to express feelings, alleviate emotion disturbances resulting from the bereavement and cancer rehabilitation process.

4.2 Intervention strategies

4.2.1 Empathically attuned to and validate client emotions

Empathic resonating is an essential element of the EFT approach. At the beginning of sessions, the worker begins to help Ms Li explore her perceptions and feelings about her suppressed feelings using empathic understanding and empathic exploration responses. The worker listens closely to what the client is saying and keeps her focused on exploring her feelings in the moment. In the initial interview, Ms Li was panic-stricken with profound feeling of sadness, tension, loneliness, despair and insecurity. The worker could still remember Ms Li's deep weeping. The worker quietly listened, attended with empathetic nods and hum now and then. With a safe, empathic, and validating relationship, Ms Li was able to express and narrate her feelings. For example, fear, pain, worries, guilt, anxiety and even anger can be expressed. The worker response "I know exactly how you feel" to increase the bonding with the client, reduced client's isolation.

4.2.2 Accept client's emotion reaction

Any significant loss, such as death of a loved one, hurts. It is difficult to say goodbye. The client's emotions are a natural response to the death of a loved one. The worker encouraged client to give herself time to grieve. Tears, which are suppressed because they are thought to be threatening to family members (Chan & Chow, 1998), can be shed freely with a worker in a secure environment, giving her more courage to confront the pain of bereavement. The worker helped the client to accept the reality of loss and allowed Ms Li to feel her emotion experiences. The client was given assistance to help her better recognize her truly feelings. Once she has attended to an emotion, she was more able to let it go. As a worker my role is to access the emotional pain and help my client to explore and expand it. So they can understand it, feel validated for it, express it, find relief that frees us to make decisions and to act and think more constructively.

4.2.3 Promote awareness of emotions

Awareness of emotion leads to change and meaning. Through 'empathic attunement', the worker aims to help Ms Li integrate her basic affective experience and emotion into her self-organization. This involves: differentiate between her bodily felt emotional experiences; name (or symbolize) these bodily felt emotional experiences; own and articulate these bodily felt emotional experiences; and allow and accept these emotions. Used Empty Chair Work in which is used to engage in dialogue with her husband. The chair can stand for her husband and client expressed her want to talking from in the past, present or future. This technique opened up new areas to explore the client deepest emotions. This also heightens awareness emotions. Ms Li became relieved after ventilation. And by describing the stressful experiences repeatedly, she started to reorganize her emotions and gained some sense of mastering of the chaotic situation cognitively. The management of emotion was of crucial significance in this initial phase of intervention. The worker applied awareness emotion technique to foster strength in coping with trauma and mishaps. Positively framed coping strategies can be promoted as an adaptive emotions technique to replace maladaptive emotions. The client can be taught adaptive emotion to faced with loss of beloved, suffered cancer, financial difficulty and mental stress.

CONCLUSION

The Emotion-Focused Therapy is useful intervention approaches, with clear guidelines and specific procedures that are applicable to local clients. They help worker to access and response client's core painful emotions and to prove to be transforming. The EFT is a short-term structured approach, it helps client with less interview sessions has a lot of advantages. The goals of intervention process are step-by-step and clearly elaborated. The principles and skills are rather easy to learn and their effectiveness in counseling. The approaches matches well with most of the basic value of social work, such as start where client is, therapist is a facilitator, not an expert, help client to help themselves, non-judgemental attitude.

The attitudes of Shanghai people towards death and illness come largely from traditional Chinese beliefs. Most families and patients believe that the loss of beloved and suffer from cancer are private affair/business; they seldom seek help from other people or agency. They believe that the death and illness are bad luck. Thus some concepts of Eastern philosophy like "impermanence", "suffering" and "attachment" should be replaced such idea as "death is a natural process of life", "letting-go", normalization of the expression of feelings", and "love yourself" (Chan & Chow, 1998).

Worker has witnessed the deep grief and isolation experienced by the family members after the death of loved ones and suffered from cancer. Though the negative impact of losing a beloved and suffering from cancer is extensive and long-lasting, with appropriate intervention approach, the experience of loss can be a turning point in self-development. The worker focuses on EFT intervention techniques for the bereavement are effective. Genuine concern, attend to listening to

repeated story, empathic resonating towards suppressed emotions; Evoking and exploring the client' hidden or underlying emotions, promote client of awareness of emotions; Supporting client' internal re sources, self soothing capacities and improved affect regulation; Assisting client construct new meaning and narrative to optimism to life, and the warmth of counselors are markers of successful intervention in bereavement.

REFERENCES

- Bowlby, J.. (1969). *Attachment and loss: Attachment*. New York: Basic Books.
- Chan, L. W., & Chow, A. M.. (1998). 'An indigenous psycho-educational group for Chinese Bereaved family members'. *The Hong Kong Journal of Social Work*, 32, 1-20
- Dessaules, A.. (1991). *The treatment of clinical depression in the context of marital distress*. Ottawa: Unpublished Doctoral Dissertation, University of Ottawa.
- Gordon-Walker, J., Johnson, S., Manion, I., & Cloutier, P.. (1996). 'An emotionally focused marital intervention for couples with chronically ill children'. *Journal of Consulting and Clinical Psychology*, 64, 1029-1036.
- Greenberg, L. S.. (2002). *Emotion-Focused Therapy: Coaching Clients to Work Through Their Feelings*. Washington: Edwards Brothers Inc.
- Holmes, D., & Rahe, R.. (1967). 'The Social Readjustment Rating Scale'. *Journal of Psychosomatic Research*, 11:213-218
- Johnson, S. M.. (1996). *The practice of emotionally focused marital therapy: Creating connections*. New York: Brunner/Mazel.
- Johnson, S. M., & Greenberg, L. S.. (1994). *The heart of the matter: Perspectives on emotion in marital therapy*. New York: Brunner/Mazel.
- Johnson, S. M., & Williams-Keeler, L.. (1998). 'Creating healing relationships for couples dealing with trauma: The use of emotionally focused couples therapy'. *Journal of Marital and Family Therapy*, 24, 25-40.
- Kubler-Ross, E.. (1969). *On death and dying: What the dying have to teach doctors, nurses, clergy and their own families*. New York: Collier, MacMillan Publishing.
- Kubler-Ross, E.. (1995). *Death is of vital importance*. New York: Gilford Press.
- Paivio, S. C., & Greenberg, L. S.. (1995). 'Resolving "unfinished business": Efficacy of experiential therapy using empty-chair dialogue'. *Journal of Consulting and Clinical Psychology*, 63, 419-425.
- Perls, F., Hefferline, R. F., & Goodman, P.. (1951). *Gestalt therapy: Excitement and growth in the human personality*. New York: Delta.
- Perls, F.. (1973). *The gestalt approach and the eye witness of therapy*. Toronto: Science and Behavior Books.
- Sluzki Carlos E.. (1983). 'Process, Structure and World-Views: Toward an integrate view of systemic models in family therapy'. *Family Process*, 22:469-476
- Tang, K. W.. (2004). *Course outline: Emotion-focused interventions: theory and practice*.
- Worden, J. William.. (1982). *Grief Counseling and Grief Therapy — A Handbook for the Mental Health Practitioner*. New York: Springer Publishing Company.

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