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Abstract

We present an Emotion Focused Therapy perspective on working with grief and bereavement. This perspective considers emotions as a fundamentally adaptive signalling system that provides people with important information about their needs and goals. Thus the focus in working with grief and bereavement in EFT is to access and symbolise people's adaptive grief around their loss. When this grief is blocked by other emotional states, such as lingering resentments, guilt, or fear of emotional pain, it is important for these other emotions to also be accessed and differentiated from the grief. This emotional processing can be facilitated through an empathic relational stance and experiential interventions which are guided by emotion theory and process diagnosis.

Keywords: Emotion-Focused Therapy, Grief, Bereavement

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In this paper we will outline an Emotion-Focused Therapy (EFT; Elliott, Watson, Goldman, & Greenberg, 2004; Greenberg & Goldman, 2019; Greenberg & Johnson, 1988; Greenberg, Rice, & Elliott, 1993) perspective on working with unresolved grief and bereavement. EFT integrates principles, techniques and processes from the experiential therapy tradition. This includes a base of client-centred relational conditions (Rogers, 1957) with a distinctively evocative and exploratory empathic response style (Greenberg & Elliott, 1997; Rice, 1974). Into this relationship, the therapist implements various experiential interventions at markers of emotional processing difficulties. These interventions include Chair-dialogues (Perls, 1969), Focusing (Gendlin, 1996), Systematic Evocative Unfolding (Rice & Saperia, 1984) and couple enactments (Minuchin & Fishman, 1981). The relationship and interventions are guided by emotion theory (Greenberg, 2015; Greenberg & Paivio, 1997; Greenberg & Safran, 1987) and a dialectical-constructivist view of the self (Gendlin, 1962; Greenberg & Pascual-Leone, 1995; Whelton & Greenberg, 2001) that sees emotion as the fundamental datum of human experience which is then symbolised with narrative meaning making. All of these defining features of EFT are relevant to working with grief and bereavement, and in this paper we will outline a conceptualisation of grief, as well as considerations on how to adapt the general EFT approach to this presentation.

Current Theories of Functioning Regarding Grief and Bereavement

In common terminology (e.g., Stroebe et al., 2008) *bereavement* usually refers to the death of someone that was a significant relationship figure, such as a parent, child or partner. *Grief* refers to the emotional experience of a loss. The term grief can refer to losses other than a death, although in this article we are principally referring to grief around a death. The term *mourning* is sometimes used interchangeably with grief, although often it is used to refer more to the outward expressions of grief, including culturally determined rituals.

Theories of functioning in the grief and bereavement literature mostly focus on stages or tasks that the bereaved need to move through in order to adapt to the loss (Bowlby, 1980; Kübler-Ross, 1969; Neimeyer & Cacciatore, 2015; Worden, 2018). For example, Bowlby (1980) described people moving through four phases: 1) An initial *Phase of Numbness* as the death is denied; 2) a *Phase of Yearning* for the deceased often punctuated by bursts of anger; 3) a *Phase of Despair* as the death is accepted; 4) and finally a *Phase of Reorganisation* as the bereaved reorientates towards life, often with a sense of a continuing relationship with the deceased.

Contemporary models of grief followed closely, with several similar aspects and sequences to Bowlby's. For example, one of the most prominent contemporary models is Worden's (2018; 1991) *Four Tasks of Mourning*. According to this theory the bereaved need to first *Accept the Reality* of the loss. This involves overcoming the tendency to deny the reality or significance of the death and accept that the person will not return. The second task is *Processing Pain*. This is the requirement to actually feel the pain of the loss, and to overcome the tendency to avoid the pain by numbing or distracting. The third task is *Adjusting to a World Without the Deceased*, which involves the bereaved learning how to function without the deceased fulfilling their various roles. This stage also includes adjusting their sense of self and their narrative from the pre-death state; for example, shifting from seeing themselves as a loved-wife to a widow. The final task is *Remembering the Deceased While Embarking on the Rest of One's Life*. This task involves both finding a way to remember the deceased, without it preventing them from engaging in new life activities. This could include finding times to remember the past love, while also allowing for new relationships or experiences. Worden (2018) calls not fulfilling the task as being in a state of 'not living'.

Another quite influential model is Stroebe and Schut's Dual Process model (1999), which describes the need for the bereaved to oscillate between dealing with the *Loss* (similar to Worden's tasks 1 & 2, and Bowlby's Phases 1-3) and with the need for *Restoration* (similar to Worden's tasks 3 & 4, and Bowlby's Phase 4). The key emphasis in this theory is on the adaptiveness of *oscillating* between the foci, rather than viewing them as sequential stages. Other theories have similar stages to the models we have mentioned, though broken down into different chunks and orders (c.f., Kübler-Ross, 1969; Neimeyer & Cacciatore, 2015; Rando, 1993).

Current Humanistic Theories of Therapy for Grief and Bereavement

In the humanistic and experiential therapies working with grief has been described from a person-centred therapy perspective by McLaren (1998) and Haugh (2012). From this stance, they approach grief with the traditional Rogerian emphasis on the therapeutic conditions of empathic understanding, unconditional positive regard, and congruence, as well as engaging non-directively. The Rogerian conditions are argued to allow the individual's self-actualising tendency to direct therapy. These perspectives are more of an affirmation that the traditional person-centred stance is appropriate for grief, rather than a statement that the stance needs to be altered in this population.

Beyond a pure person-centred stance, Larson (2013) described working with grief from a foundation of the Rogerian conditions but also integrating more experiential perspectives, including drawing on the EFT literature. Larson described the importance of facilitating emotional processing and noted that the empty chair dialogues are useful to facilitate this processing. While we generally agree with the stance of Larson, we also think it's timely for a fuller consideration of an EFT perspective on grief and bereavement.

An Emotion Focused Therapy Theory of Grief

The grief literature frequently distinguishes between types of grief based on the nature of the symptoms, with ‘normal’ or sometimes ‘uncomplicated’ grief often defined as grief expression being within the cultural norm in terms of intensity, and especially in terms of duration. Grief expression that falls outside this norm, being either absent or prolonged, is frequently termed complicated or unresolved grief (e.g., Horowitz et al., 1997; Parkes, 2005; Prigerson et al., 1995; Stroebe et al., 2008), or sometimes traumatic grief (Prigerson & Jacobs, 2001). While we will keep this terminology, from an EFT perspective we consider the relevant distinctions between types of grief based on the underlying emotional aetiology, rather than based on the symptom expression. Hence, we suggest a broad distinction between a *normal grief process*, and *complicated grief process*, based on the emotional processes that are operating, not just symptom description, although the processes obviously effect the symptom expression.

Normal Grief Process

We view grief as a fundamentally adaptive complex emotional response to loss. In EFT emotions are generally viewed as an adaptive signalling system that serves a variety of functions: they alert people to important information about their needs and goals in the world; they are communicative and signal to others about our current state and intentions; they are action-oriented, and organise people for adaptive responses; and finally, they involve symbolic meaning (Elliott et al., 2004; Leijssen, 1996).

All these functional components are present in the emotional response of grief. As the bereaved person confronts their loss, including the inability of getting their relevant needs met, or of fulfilling the plans associated with the person in the future, it evokes the embodied

experience of the sadness of grief. This experience serves as an internal signal that the person has lost someone or something important to their needs, goals and future plans. The expressive component of grief also signals to others, through crying, painful vocal tones and facial expressions, about the internal pain. This signal automatically pulls for compassion, comfort and support from others. In a similar way, experiencing and witnessing of one's own pain pulls for self-compassion. Both the compassion from others, and from the self, help the person heal the pain of their loss. The grief also has a symbolic component, which involves the personal meaning and narrative representation of the relationship between the self and other that has been changed through the death.

Complicated Grief Process

While grieving is painful, it is essentially adaptive when faced with a loss. Problems arise however when another emotional process blocks this adaptive grieving from taking place. In our view, the presence of an unresolved blocking emotional process is what distinguishes a complicated grief process from a normal grief process. These blocks typically include other feelings, such as lingering resentments or guilt towards others, fear of being overwhelmed by the pain associated with grieving, or a sense of unfairness and 'meaning protest' stemming from a belief that things should have been different. When these other feeling states block the grieving process, it leads to unresolved, complicated grief where the person doesn't feel the pain of the loss, let go of their plans, and then rebuild through compassion for their pain. Thus, the unresolved grief can lead to problematic states of hopeless distress, as the person becomes unable to re-orientate to getting their needs met in the world, or it can lead to lingering bitterness at the unfairness at the loss. Consistent with this it has been shown that people who do not overtly grieve, have impaired general functioning compared to those who have been able to grieve (Bonanno et al, 2007). This is

also consistent with our clinical experience, that many people benefit from grieving by opening up and letting the tears flow.

The focus of EFT when working with grief and bereavement, is to help the person process the complicated feelings, undo the various blocks to processing that can interrupt the grieving process and access and symbolize adaptive grief around the loss. As the interruptions are undone, the pain of the adaptive grief leads to other adaptive emotions, such as self-compassion for the pain, anger at the unfairness, and nostalgic-joy in the positive memories of the relationship which can be internalised and carried forward, and together these emotions allow the self to rebuild.

Emotion Diagnosis

Given that grieving can involve complex mixtures of emotions, including the grief, but also at times anger, guilt, fear, shame and nostalgic-joy, it is important for a therapist to know which emotion to focus on at what time and for what purpose. Not all emotions are equal, and part of facilitating productive emotional responding requires a typology for *emotion diagnosis*. We distinguish between several broad classes of emotion response, and each one requires differential intervention (Greenberg & Paivio, 1997; Greenberg & Safran, 1987). The first are *Primary Emotions* which are the person's most immediate basic response to the situation. Some of these primary emotions are *adaptive*, meaning that they are providing the person with useful information about their needs and goals. Typically, the sadness of grief when faced with a loss would be a primary adaptive emotion. These emotions need to be expressed and differentiated for their adaptive information to be useful. Typically, the expression of primary adaptive emotions feels new, and have a sense of movement with them.

There are also *Primary Maladaptive* emotions which, in contrast, feel old, familiar and stuck. Typically, these are feelings of shame, worthlessness, insecurity, loneliness, and fearful vulnerability. These emotions are often part of people's identities, and stem from their developmental history of being humiliated, neglected, assaulted, or abandoned. Accessing these emotions is important, so they can be differentiated and transformed. Unresolved, enduring and complicated grief most often involves a primary maladaptive emotion.

Secondary emotions are emotions that are in response to other emotions, such as being ashamed of being sad. These emotions are reactive and need to be acknowledged in order to them move to the underlying primary emotion. In grief, rageful anger may often be a secondary emotion, as is the hopelessness of depression.

Finally, there are also *instrumental* emotions, which are emotions that are used to get a response from someone, such as crocodile tears. These emotions need to be explored so that their aim can be brought into awareness. In some situations, people could begin to use their grief to avoid taking responsibility for things they could do and manipulate to continue to get support when it is no longer needed.

Sequences of Emotional Processing

This distinction between classes of emotions implies different pathways of emotional processing and change. In this section, we present these emotional processing sequences as a linear order and believe that there is a naturally unfolding sequence in which some emotions tend to precede others, with the earlier states effectively being prerequisite to accessing subsequent ones. However, while there is an order, in reality they do not unfold discretely and people tend to oscillate between states, and collapse back from later emotional states to earlier ones in a two steps forward, one step back fashion (see Pascual Leone, 2009;

this is similar to the oscillating noted by Stroebe & Schuts, 1999). Here we're making a shift in emphasis towards moment-by-moment experiential states relative to the stage or task-based models (e.g., Worden, 2018). However, we note there is overlap and the emotional states we describe relate to some of the stages in those models.

From Adaptive Grief to Compassion and Nostalgic-Joy

Grief. Firstly, if someone is presenting with primary adaptive grief, then experiencing and expressing this grief is helpful and leads people to accepting the reality of the loss and letting go of the future orientated goals and plans, and of having that person meet their needs in the future. The extent of pain of the grief is directly tied to how entwined the future goals, plans and bonds are to the deceased, as well as to the extent that the implication of the loss is accepted. The more interconnected the lives and goals, and the more fully the loss is accepted, the more it deeply it hurts. Such acceptance is also a necessary component of adaptive functioning and is essential for being able to let go of what has been lost. This letting go process is experienced as a sad pain of loss, which is often the gateway to the restorative healing emotion of compassion.

This primary adaptive grief state can be found in most stage theories of grief, and parts of it can be seen in Worden's (2018) *Accepting the Reality* and *Processing Pain* tasks, and in Stroebe and Schut's (1999) *Loss* process, as well as in Bowlby's (1980) *Yearning* phase. However, while parts of the emotion state are evident in these theories, the theories are more focused on broader phases or tasks, rather than describing a discrete emotional state.

Compassion. The expression of the pain of grief functions as a signal to others that the person is hurting and in need for compassionate care. When others witness this expression, it can evoke the feelings of compassion which in turn motivate care taking. In a

similar manner, when people feel and experience the pain of their own grief, this can also elicit a spontaneous self-compassion arising from the awareness of the depth of one's own pain and loss. Here once the painful feeling is allowed and the person weeps there can be a spontaneous rush of self-compassion and the person soothes themselves. Often one can observe that people, while weeping, also stroke themselves in a self-comforting manner. We view this compassion, from others and from the self, as a curative element that helps to heal the pain of the grief.

Nostalgic-Joy. Experiencing the pain of loss can also lead to experiences of nostalgic-joy, in the memories of what was. Often this has a sweet-sadness and a reflective quality, as the joy in the memories co-occurs with the grief. As the person recalls all that has been lost, inherent in that experience are the memories of what was. Feeling the sorrow of loss, can lead to the recollection of memories of the times that the person was there, and the joys that they brought. These memories of the positive experiences of the past bring a sense of vitality to the self and celebration of the lost one. Thus, grief can elicit nostalgic-joy, and the experience of these positive emotions can help the person to heal (Fredrickson, Mancuso, Branigan, & Tugade, 2000). In line with this idea, expressions of joy and amusement, such as smiling and laughter, were found to be common in a sample who were mourning the death of a spouse 6 months prior, and these emotional expressions of joy were a predictor of recovery from the sadness of grief (Bonanno & Keltner, 1997). This suggests the nostalgic-joy of what was can help to transform the sadness of loss, and helps people integrate all that was received from the one lost into one's self to carry with one into the future.

Gratitude. As people recall the memories of joy and connection, they also begin to 'take in' or internalise the positive sense of the relational connection with the other and feel thankful for all they had and what they received from the deceased. This can lead to a

sense of a continuing bond and attachment with the deceased, and people will often say things as ‘I can still feel them with me’ or will continue to have a sense of ongoing dialogue with them, write to them, dream of them, or otherwise continue to mark the relationship (Bowlby, 1980; see Root and Exline, 2014, for an overview). In this way the bereaved takes in and integrates what was received and carries the other with them internally. There is an African saying that captures the importance of keeping the memory of the other alive. It comes from Xhosa and says “You die twice. One time, when you stop breathing, and a second time, when somebody says your name for the last time.” This highlights how people can experience the sense of keeping those who are lost physically alive by memory and reflection, and by incorporating them into the present by talking about them.

Thus, grief can often be a case of letting-go and accepting loss, whilst also taking-in and continuing to feel a connection. Together the two processes balance, enabling both an ability to let go, restore and move forward in life, while still carrying forward the positive image of the other in their psychological world. This position is consistent with the sequence of accepting reality before carrying forward the memory of the deceased described by Worden (2018; and also Neimeyer & Cacciatore, 2015).

Consolidation in Narrative. From a dialectical-constructivist position (Greenberg & Pascual-Leone, 1995; Angus & Greenberg, 2011), we see each of these emotion states as being needed to be accessed, and then symbolised in language and narrative as a process of meaning making. Thus, the transformation requires both feeling and reflecting on the feelings to make sense of them. Often the narrative meaning making will involve a reflection on the change that has happened in the person’s life, alternating between the past of how it was, and the present with how it is now that the deceased has died. In each of these reflections, the tacit or implicit implications of the loss that are imbedded in the emotion are

accessed, and then encoded and consolidated through symbolisation (Gendlin, 1962; Greenberg and Safran, 1987). Encoding the emotions into narrative has a strong function of making-sense-of, and inherently regulating the pain and making it less disorientating (Kennedy-Moore & Watson, 1999). Over time this helps the pain move from a present sense of being currently in pain, and being torn and broken, to a loss that is still there but is less visceral and is in a state of coherence.

These transformation steps from grief to compassion, nostalgic-joy, gratitude, and reflection require that the pain of the grief is felt, since it is that pain that elicits the compassion and holds the memories of joy and the resulting gratitude. While feeling the sadness is important, it does not need to be felt all at once, and people may find it useful to go through periods of feeling and reflecting on the loss, then setting it aside for a time, in order to come back to it later. This strategy of dipping one's toe into the pain can help people avoid feeling too overwhelmed (as noted by Stroebe and Schut, 1999). However, attempts to permanently avoid the pain, and just skip to the soothing while distracting or avoiding the pain is unhelpful, and problematic grieving arises when the adaptive sadness is blocked in an ongoing fashion.

Sequences of Emotional Processing in a Complicated Grief Process

When bereaved clients present with complex or secondary emotional reactions, such as numbness or undifferentiated global distress, then a more complex sequence of emotional processing is required. In these cases, the grief is mixed with other blocking emotions, such as anger at the other for past failings, or a hopelessness about ever getting unmet needs met, or unresolved feelings of abandonment, rejection or jealousy. In these

situations, these conflicting emotional reactions need to be differentiated and each allowed their full expression.

Secondary Emotional Reactions. The first starting point with complicated grief, is usually a secondary reactive emotional state. These typically could consist of numbness or dissociation, an undifferentiated general sense of distress, reactive anger, hopelessness or anxiety, all of which can obscure the primary grief. These emotions need to be acknowledged and validated in order to move past them to the underlying primary maladaptive emotions, but should not be amplified or elaborated. These secondary emotional reactions include what Bowlby (1980) referred to as the Phase of Numbing, as well as the reactive anger he noted is common in his Yearning Phase.

Primary Maladaptive Emotions. The central element in complicated grief are the primary maladaptive emotions, which underpin and cause the secondary reactions. For example, a sense of numbness could be underpinned by an underlying sense of worthlessness or rejection. Clients might express “I need to just put this hurt aside, get on with it and be there for others”. The starting point here is that there is a numbness, caused by the ‘putting aside’. But underneath the numbness is a deeper process, the sense that ‘my needs are/were not important, and the other’s needs always took priority’. This may stem from a sense of worthlessness, or as guilt when they pay attention to their own needs. Accessing the numbness by itself, is not productive, but rather the numbness needs to be acknowledged in order to access the underlying worthlessness. Prototypically we have found that there are a few primary maladaptive emotions that can present in this stage of processing, namely shame, worthlessness, insecurity, lonely-abandonment, and fear-based vulnerability. These emotions tend to be the centre of a complex grief reaction, both generating the secondary

emotions and blocking the primary adaptive emotions. The blocking function of these emotional states are the key factor that prevents complicated grief from resolving.

The primary maladaptive emotions are part of broader emotion schemes, which hold affective representations of the self, and of the self-in-relationship-to-other and are linked to affectively salient memories. These different aspects of the emotion scheme can manifest in the processing of a complicated grief. For example, if a parent who had been dismissive or unresponsive dies, then the death often evokes the emotions involved in that dynamic, such as the representation of the self as unworthy of getting needs met and of others as uncaring or unresponsive, and of historical memories of times the person was not responded to.

The blocking function of the maladaptive emotion scheme in complicated grief manifests as a negative self-treatment. In the case of the unworthiness scheme, it could manifest as a silencing or neglecting of the hurt, such as ‘don’t be cry baby, just suck it up’. This self-treatment effectively blocks the adaptive grief from being accessed out of the sense that their own pain doesn’t matter. Other self-treatments from other emotion schemes can have similar blocking functions, including a fear of the pain (‘it will hurt too much’) and a fear that grieving will mean losing the connection.

A further block comes in the form of ‘I can’t be angry at them’. When there have been unacknowledged emotional injuries, such as when a parent who had been harshly critical dies, the self-treatment of disavowing anger can also block the adaptive grieving. In this situation, the shame scheme of a defective self can manifest as blaming the self instead of being angry at the mistreatment. This leaves the bereaved unable to acknowledge and grieve what they needed from the parent and didn’t get. In this case, the grief is for a version of their

parent that they didn't experience, one that was accepting - 'I miss the relationship we could have had, of having a dad that thought I was enough'. In these ways, grief is blocked by the maladaptive emotion schemes, and unblocking grief requires transforming the maladaptive schemes. Primary maladaptive emotion schemes can be most directly transformed by accessing other adaptive emotional states (see Greenberg, 2021 for an elaboration). Thus productive processing of complicated grief requires that clients are guided from their secondary reactions, to their primary maladaptive emotions, such as shame, unworthiness, insecurity and vulnerability, and then on to the full expression of both the assertive anger at past failings and their grief at the loss, and their compassion and nostalgic-joy. Progress through this sequence of emotional processing has been associated with deepening in session experience (Pascual-Leone & Greenberg, 2007) and associated with positive clinical outcomes in across several clinical disorders and therapies (See Pascual-Leone & Kramer, 2019, for a review). One novel stage of this general emotion processing sequence that we observe in grief, that we have not noted as often in other presentations, is the nostalgic-joyful memories and gratitude. These states seem to be relatively specific to grief and seem to arise spontaneously after people access their adaptive grief.

Case Formulation of Complicated Grief

This conceptualisation of complicated grief has direct implications for case formulation. In EFT the centre of a case-formulation is the core painful emotion based on the primary maladaptive emotion schemes (Goldman, 2017; Goldman & Greenberg, 2015). In complicated grief, identifying this scheme helps to guide the therapy towards the central block to adaptive grief. The other central element of a case formulation is the identification of key markers that indicate how the emotion scheme is manifesting as a particular emotional-processing problem. Such markers could include unfinished business, which is lingering

unresolved feelings of blame and complaint, negative self-treatments, such as self-blame and self-criticism, or meaning protests. Each of these markers, then implies different techniques for facilitating the required emotional processing in order to transform the maladaptive emotion and facilitate adaptive grieving.

Working with Grief using Emotion Focused Therapy

When working with grief in Emotion Focused Therapy, most of general stance and techniques directly apply. Here we will outline the general approach, as well as highlighting some specific additional considerations for the population.

Creation of an Alliance for Grief Work

An important aspect of helping someone work on grief is creating a safe relationship and establishing an alliance by collaborating on the goal of grief work as the processing of unresolved emotion and that the tasks of therapy will involve imagined contact with the departed either in imagination or chair dialogues. It is important to establish a cooperative alliance that *the two of us are working together to overcome the problem*. In grief this involves the shared goal to help the client grieve and the perceived relevance of the process of evoking and allowing feelings. In working with maladaptive grief, the importance of differentiating the complicating and blocking emotions would also need to be understood as a shared goal.

Empathic Relational Stance

The general stance of Emotion Focused Therapy is genuine, empathic and highly attuned to affect. EFT also makes distinctions between various diverse styles of empathic responses that include understanding, affirmative, exploratory and evocative response styles

(Greenberg & Elliott, 1997; Watson, Goldman, & Vanaerschot, 1998). When working with bereaved, these different styles of empathic responding are differentially relevant at different times.

Most importantly, when the client has accessed their primary adaptive grief it is important to focus on more affirming, understanding, and closely mirroring empathic responses that function to support and hold the client. The healing and regulating properties of an empathic relationship are probably most important when the client is in their primary adaptive grief. The empathy and acceptance of the grief can lead to a therapeutic relationship that breaks the isolation, validates the loss, and strengthens and affirms the self. In our view the relationship with the therapist also provides a powerful buffer to the client's distress by the co-regulation of affect. A relationship with an attuned, responsive, mirroring therapist provides interpersonal soothing and helps clients regulate their overwhelming, disorganizing painful grief.

When clients express a primary adaptive grief, it is generally advisable to limit exploratory and evocative responses. In contrast, when a client is exploring their secondary, or primary maladaptive emotions, greater use of exploratory and evocative responses are appropriate. Empathic *exploration* responses are focused on the leading edge of client's experience. When a therapist's response ends with a focus on what seems most alive in a client's statement, the client's attention is focused on this aspect of his or her experience. The client then is encouraged to focus on and differentiate the leading edge of his or her experience. By sensitively attending, moment by moment, to what is most poignant in clients' spoken and non-spoken (non-verbal) narrative, a therapist's verbal empathic exploration can help capture clients' experience even more richly than can clients' own descriptions. This helps the client symbolize previously implicit experience consciously in awareness. These

types of responses can help in elaborating the other emotional reactions that are entangled in or blocking the grief.

When accessing primary maladaptive emotions, more evocative responses can help access the scheme in order to change it. This is necessary to undo the blocks that prevent adaptive grieving. In this style of responding vivid, connotative and metaphoric language can be used to help heighten experiencing.

Productive Emotional Processing

We have emphasised the importance of accessing primary adaptive grief for its necessary reorganising function, and similarly that it is important to access primary maladaptive emotions in order for them to be processed and then transformed. It is through processing these emotions that they become more regulated and differentiated. Hence, it is important when working with the bereaved to be able to monitor whether the emotion is being processed productively. To be productive emotional processing requires both that the emotion is aroused (Warwar, 2005) and is responded to in a productive manner. Auszra, Greenberg & Hermann (2013) detailed the following seven characteristics of a productive manner of emotional processing; 1) the emotion is *attended to*, 2) emotional experience is *symbolised*, most often in words, in order for it to be made sense of, 3) there is *congruence* between the emotional experience and the person's reaction and expression, 4) the emotional experience is *accepted* in an open manner and not avoided, 5) the emotional experience is *regulated*, such that it is aroused, but not overwhelming or disorganising, 6) clients feel that they have *agency* over their emotions and are not passive recipients of it, and 7) emotional experience is *differentiated* in terms of both the felt experience of the emotion and its meaning.

Enactment Tasks to Facilitate Emotional Processing and Transformation

Productive emotional processing can be facilitated by experiential interventions at appropriate markers. Here we will describe several variations of chair-dialogues for working with grief that are used to facilitate the differentiation and expression of emotions. The basic premise of these experiential tasks is to intervene in a way that maps the client's currently experienced emotional state. This facilitates accessing the emotional experience and structures the expression of the emotion. So, when a client is experiencing anger to a lost other, the intervention matches the client's experience by having the client imagining the other in front of them as they express their resentments. Similarly, if a client is silencing or neglecting their need for comfort, they would enact the part of themselves that pushes their needs aside. For a more extensive description of the various EFT markers and tasks and their implementation see Elliott et al. 2004.

Empty Chair Dialogues for Unfinished Business. One of the most common interventions for working with grief is the Empty Chair dialogue, in which the clients are guided to express their emotions to the deceased other. This is particularly relevant for complicated grief following the death of a parent or caregiver. This is an evocative dialogue used to activate the emotions to make them amenable to change, and also to guide the direct expression through a sense of contact with the other. It should generally not be used in the initial period of mourning as the normal grieving process should be honoured. But if after one or two years the person is still feeling unresolved this dialogue helps gain access to the unresolved feelings for therapeutic attention. In situations where the emotional arousal is already high, this task can sometimes be experienced as too evocative and overwhelming. However, if the client is not overwhelmed the task can also help with aroused emotions, by facilitating their direct expression which helps give a sense of direction to the feelings. As a

general rule, chair work is not indicated if the client is too dysregulated to be able to symbolise their emotions, if they are in a fragile state, or are oscillating strongly between feelings of love and hate.

The dialogue involves evoking the image of the other in an empty chair, then the client is guided to focus on their reactions and express these to the imagined other. This use of imagery and direct expression helps to facilitate the emotional processing, by both evoking the emotions toward the other, and then requiring the emotions to be symbolised in the expression. When there are lingering resentments towards the deceased, the process involves initially expressing and differentiating the sadness of the loss from the anger at the other for past failings. During this process, the client can also be directed to role play the other, in order to clarify the nature of past hurts, and to intensify the emotional reaction.

In the case of complex grief, expression of grief and assertive anger is usually blocked by a form of *negative self-treatment*, such as criticising the self, silencing their own needs, or interrupting their emotional reactions. When these negative self-treatments arise, it is a marker to shift to a Two-chair dialogue, which we describe below, to work on this self-treatment. Once the client has successfully resolved their self-treatment, they can be directed back to the empty chair dialogue, to continue to express their emotions uninhibited or unblocked by the self-treatment process. At this stage, clients typically have more intense expressions of their grief, anger, and unmet needs. Expression of these needs becomes the shift point to being able to then access self-compassion, the memories of joy, and relief.

These emotional shifts involve a change in view of the self and other. For example, someone who had previously felt that they were too needy and the other was uncaring, could shift to seeing the self as deserving of care and the other as flawed. In grief,

there is an additional component to the resolution, which involves a need to experience acceptance of the death, and a letting go of getting the relevant needs met by the person in the future. This would manifest as sense of acceptance and being at peace with the loss. If this were not achieved, the client could remain stuck not moving on for fear of losing the connection with the other.

Compassionate Soothing Dialogues. The healing potential of compassion is especially relevant for grief. The painful expression of primary grief naturally pulls for compassion. This can be harnessed in experiential work. Once the bereaved has accessed and fully expressed their primary grief, getting them to switch chairs and see their grief from an external position will naturally pull for compassion. If the bereaved has access to a mental representation of the deceased as at least a partly supportive figure, it is useful to express the compassion as the imagined other. This helps then internalise and take in the image of the caring other, facilitating the sense of a continuing caring bond that lasts beyond the death. The ability to express and take in the compassion from the other seems to require that any lingering resentments have been largely worked through in the Empty chair dialogue, and obviously that the adaptive grief has been accessed. Compassion from the other tends to flow as a natural segue following this. For further description of this technique see Sharbanee, Goldman and Greenberg (2019).

Two-chair Dialogues for Negative Self-treatment. When a negative self-treatment arises, it is a marker to shift to a two-chair dialogue between two parts of the self. Clients are directed to enact their self-treatment in one chair, such as a harsh self-criticism, and express it to their *experiencing self* in another chair in order to evoke the painful emotion, such as a sense of shame. This gives the client a sense of agency over the self-treatment and helps them to realise its painful effect. Feeling the pain helps the client to realise the need to

treat themselves differently, thus helping the client access a sense of self-assertion or pride. These emotions become the counteracting force to the self-treatment and transforms the shame or worthlessness.

Reprocessing Tasks for Meaning Making and Narrative Coherence

Reprocessing tasks are more directly focused on making meaning and sense of the death. These tasks involve re-examining and replaying events and the person's reaction to them, leading to a greater sense of narrative coherence (Elliot et al. 2004; Rice & Saperia, 1984). Given the substantial shift in one's life narrative and sense of meaning and purpose that can be involved in grief, these tasks can have a significant role. The main variant of these tasks that is particularly relevant to grief and bereavement is Meaning Creation (Clarke, 1991). Meaning creation is used at markers of 'Meaning Protests', which as it sounds, involves a sense of protesting at the unfairness of a life event. In grief this could occur when the death violates a core belief or expectancy of how things should be. For example, if a child died a protest of 'Parent's should not outlive their children' could occur. Alternatively, a spouse dying suddenly could be met with a protest of 'we were supposed to grow old together', or 'I was not supposed to raise the children alone'. This task is perhaps the most cognitive and meaning centric of the EFT tasks. Working with meaning protests involves clarifying the discrepancy between the event of the death, and the cherished belief of how things should be. The therapist facilitates an exploration of the origins and importance of the belief, including alternating between reflecting on the pre- and post-death states. This eventually leads to a revision or accommodation of the death into the person's life narrative.

Clinical example of working with Grief in EFT¹

We will illustrate working with complicated grief with the following example.

The example was selected as a successful outcome, where processing of the complicated grief was deemed to be a central part of the treatment. The client is a middle-aged female, who has complicated grief about her mother who committed suicide a long time prior. In the first section, the therapist initiates the empty chair dialogue, and the client accesses and expresses the painful primary maladaptive feeling of being worthless, unloved and abandoned. This section illustrates how the death initially did not evoke a primary adaptive grief, rather it evoked the maladaptive emotions of worthlessness and abandonment, as well as the associated negative self-treatment of self-blame. The self-blame blocks the adaptive grief, by transforming the death from the loss of a loving mother, to a sign of a unloveable self.

Therapist: Can you picture your mother here [points to the empty chair] and tell her about this?

Client: Mum, it's become quite apparent that I felt after your death that maybe I need to question how you felt about me before your death as well. After your death and I suppose, even as an adult I've never, I have these feelings, of, uh, of abandonment, a sense of you not - I don't know how to say this. You abandoned me. You left me and I feel like you couldn't have cared. And I need to know what was going on.

T: Tell her what you're wondering about what was going on. You're afraid that...

C: I'm afraid that maybe you were trying to get away from us not just my dad

T: Oh, I'm afraid that it was us that were causing it. I'm to blame right

C: And that you couldn't cope with us. I realize that you're, everyone tends to want to believe that it was dad that you couldn't cope with. But I believe that you could have got away from him fairly easily

T: But you couldn't get away from us. I'm afraid that

C: I'm afraid that you felt that you couldn't get away from us, that it was too much of a burden maybe you didn't want the responsibility of your children,

Shortly after accessing the pain, the client then begins to access feelings of assertive anger, and to express this to the imagined mother. The anger functions to shift the sense of responsibility from the self to the other. Hence the anger helps to undo the maladaptive worthless emotion, changing the sense of self from unloveable to acceptable, and the view of other from unloving to just flawed.

T: Can you tell her what it's been like living with all this doubt and

C: Because I feel resentful toward you for doing, I feel that you've given us the burden of carrying around perhaps something that as going on within you (voice breaking). I feel I carry it

T: Hm, I resent being saddled with this burden

C: [crying] I resent being, I resent being saddled with, I resent being pulled down with it

[shortly later]

C: And what you did to dad. He was dead the day you died. You destroyed him. The devastations. You caused that. I didn't cause that. You caused it.

T: hm. I don't forgive you for that, for what you've done?

C: I don't, no I don't. I'd like to, because I don't want to be riddled with this, I have to deal with it somehow. But I am angry at you.

T: I'm angry at you for torturing me with this my whole life.

This expression of anger spontaneously leads to the grieving of what she had missed. As the anger begins to shift responsibility from the self to other, she becomes able to feel entitled to what she missed, leading to the expression of a primary adaptive grief. The adaptive grief tends to come spontaneously once there has been a shift in the maladaptive emotions. The grief in this section is identifiable as a primary adaptive grief since it seems freshly construed around what has been lost and is not coming from a disempowered position.

C: I'm very angry at you for torturing me. It pulls at me, it affects me very often. It pulls at me, there are times in my life when it pulls on me, when, I really would like you to be around.

T: Hm, tell her what you want her around for. What you've missed.

C: I miss being able to go home at Christmas, I miss roots, I miss having something to belong to. If you hadn't done it. You'd be there too, for me to lean on, to take some responsibilities when I need things. So that I have someone to go to.

T: Hm. so I've missed having you to lean on

C: I've missed having you all of my life.

T: Can you say that again, I've missed having you. You've missed, this is where it hurts, how much you miss her?

C: [crying hard] It's very difficult to describe how much I miss you, the sense of loss inside is

T: [softly] Yes. This is incredibly painful, the loss. Yeah, this is important. Tell her about your tears

C: I cry very often, for no apparent reason, and I'm emotional even at happy times. I cry because I miss you

T: I miss you, can you say this again? I want you. I've wanted you. I miss...

C: I got married last year and one of the reasons why I didn't have a big, a huge wedding in a church was just, I couldn't have done it.

T: So I needed you to see me get married. To share my...

C: (crying) To share my happiness. To share my family. I needed you to be there when I graduated, I needed you to be there when I got promotions at work. I need you to be there when I'm sad about things, and when I'm happy about things

T: hm. so I've needed to share my life with you. I've needed your comfort

In the next section, the client reorganizes through accessing and witnessing her own pain of grief, which pulls for compassion towards herself. Here this is expressed by her imagined mother, first with a further shift in responsibility by apologizing, and then with expressions of compassion and love. The compassion could also have been expressed from the adult self to the younger hurting self. The effect of witnessing one's own pain here, is further facilitated through the chairwork which positions the client to look at the painful grief externally, from the other's position.

T: Hmm. Come over here [client changes chairs]. So it's like all the needs. I've needed you all these years, all the things I've missed.

C: [Speaking as the mother] (softly) I, I wish there was something that I could do to change it. What I did. To undo what I did. You're making me understand the devastation that I caused in the aftermath. It wasn't just about me, it was about a lot of other people. I know, I know that you've struggled all of your life dealing with something that's [crying], that was my problem and that's very unfair

T: that's unfair

C: Definitely, and I'm sorry

T: "It's my fault and I'm sorry"

C: I never should have done what I did, I never should have. That wasn't an answer.

T: what do you want her to know?

C: I cared about you children more than anything in the world. I can't make an excuse for what I did. I've no, I don't know why, it just was there. But I should not have left you children. I love you more than anything in the world and it's been very difficult for you children all of these years, and I never should have left you. [beginning of compassion]

T: I shouldn't have left you

C: I shouldn't, I'm sorry I abandoned you. It was wrong. You were my responsibility and it was wrong of me to leave you. I was in control of that, you were children. I should have dealt with it and I didn't.

T: and I'm sorry.

C: and I am sorry. I'm sorry. This wasn't, my suicide wasn't about you kids at all. You're probably the reason that I stayed as long as I did stay. It wasn't about you children. It was about a life that I just thought there was no hope and a sense of hopelessness. I need you to understand that it isn't about you. It really isn't about you. I did love you. I do love you. I do love you. [Compassion]

We have found that frequently, but not always, clients are able to forgive the other following the expressions of anger and grief, when they no longer feel responsible for not getting what they needed. Here the client spontaneously forgives the mother, which is part of

a letting go of the anger. The forgiveness segues into a fear of losing the connection with the deceased, which we have noted can contribute to blocking adaptive grief.

T: Can you come over here? [Client changes chairs] what happens to you hearing that?

C: [Speaking as the self] I think, I think mom. I think for the first time I'm starting to, I want to forgive you. [crying] I think, I do forgive you

T: What happens as you say that?

C: (crying) it's, oh I think that with the forgiveness I lose it, I lose her. I don't, I don't want to really forget you.

In this final section, the client continues to express compassion as her mother towards herself and begins to access memories of joy. The memories of joy in this section are part of the client taking-in the good aspects of the other, allowing for a sense of continuing relationship with the mother through holding the joyful memories alive.

T: I just. I really don't want to forget you

C: I loved you very much as a child and I love you very much now [voice breaking and crying]. I don't want to forget you, but I want to, I want to feel comforting when I think of you. I don't want the turmoil and aggravation, and the responsibility. I want to feel good. I want to feel warm when I think about you. I don't want to feel chilly and cold and upset. I want to think of you in a nice way

T: So I need the happy comforting part of you to stay with me. Can you come over here? [client changes chairs] What does she say?

C: [As mother] I love you, and I won't leave you. I want you to think about the times that you do think about as a child when you did feel loved, because you do, you were loved. It's not your imagination or your perception, you were loved, you were genuinely loved

T: I genuinely loved you

C: and I need you to focus and to think of me in those terms. Think about the good things and the good times. The laughing. And I need you to remember me like that. That was really me.

T: That was really me, that love

C: all, all that caring and nurturing for you when you were a small child

T: can you tell her about some of those good things and good times?

C: you remember, you remember my naturally curly hair and you used to sit there for hours, you and your sister insisted on doing my hair, not one way - two ways, three ways. I enjoyed you guys piling on top of me while we were watching T.V. and we would all pile on top of one another. I really enjoyed that. [Nostalgic memories of joy]

Through expressing these shifting emotions, the client here was able to take steps towards transforming her sense of herself as unlovable and a burden, and her mother as abandoning. Instead she was able to begin to experience her herself as deserving, and the mother as loving but flawed. Importantly these shifting perspectives involved accessing and expressing her various emotions, including the pain of being unloveable, her anger, grief, compassion and nostalgic-joy. The example shows the key elements we have outlined about a complicated grief process, including how the maladaptive emotions initially block the

adaptive grief, and how undoing these leads spontaneously to adaptive grief, and then finally how the client accesses the joyful memories which contributes to a sense of continuing relationship.

Conclusion

We have presented an emotion focused perspective on the theory of functioning and theory of practice for grief and bereavement. Key to our conceptualisation is a description of how maladaptive emotion schemes and the associated self-treatments block the adaptive grieving process, and how adaptive grieving can be facilitated by undoing these blocks.

Many other theories of grief and bereavement focus on moving from states of numbing or denial, to accepting and feeling the grief. In essence, these theories are emphasising moving from what we would consider secondary reactions (e.g., numbing) to primary adaptive grief. Our additional emphasis on considering the maladaptive emotion schemes and the associated self-treatments, is a relatively novel emphasis in the grief literature. Similarly, our emphasis on the healing role of compassion and nostalgic-joy are emotions that have typically not been highlighted in the literature.

Other parts of our description of working with grief and bereavement overlap with other positions in the field, including the sequence of first needing to ‘face the reality’ before finding a way to ‘continue bonds’, and the need to process the associated pain (Bowlby, 1980; Larson, 2013; Root and Exline, 2014; Worden, 2018). Our perspective adds to this with a greater differentiation of the discrete emotional states, and increased emphasis on tracking moment by moment shifts in experience.

Relative to other presentations, working with grief and bereavement requires a greater facilitation on accessing and expressing adaptive grief, followed by the healing emotions

including compassion for the pain, and taking-in the positive image of the other. We have also shown these states can be facilitated by experiential enactment tasks, and through facilitating narrative meaning construction.

Further Examples of Working with Grief and Bereavement with EFT

There are several examples of working with grief that illustrate several of the points we have made.

Facilitating Grief work using the Empty Chair dialogue. The following demonstration tapes show the use of the empty chair technique to facilitate emotional processing around grief and bereavement.

Watson, J. (2013). *Emotion Focused Therapy in Practice: Working with Grief and Abandonment* [DVD]. American Psychological Association.

Elliott, R., (2016). *Understanding Emotion Focused Therapy* [DVD]. The Counselling Channel.

Facilitating the Internalisation of the other using a compassionate soothing dialogue.

While this tape is not focused on grief work, it does contain examples of using compassionate soothing dialogues to internalise the positive relationship of a deceased parent.

Greenberg, L. S., (2007). *Emotion Focused Therapy Over Time* [DVD]. American Psychological Association.

Reprocessing Tasks with Grief. The following are examples of using reprocessing tasks with grief. In this first example the task is Systematic Evocative Unfolding for a grief related Problematic Reaction. This task has similarities to Meaning Protests, however, it centrally tracks a sense of confusion about an experience, rather than a protest.

Elliott, R. (2018). *Resolving Problematic Reactions in Emotion Focused Therapy* [DVD].

American Psychological Association.

An example of working with a meaning protest related to grief can be found in the following text:

Elliott et al. (2004) *Learning Emotion Focused Therapy*. American Psychological association.

[See section on Meaning Protests, pg, 208-217].

References

- Angus, L. E., & Greenberg, L. S. (2011). *Working With Narrative in Emotion-Focused Therapy: Changing Stories, Healing Lives*. American Psychological Association.
- Auszra, L., Greenberg, L. S., & Herrmann, I. (2013). Client emotional productivity—optimal client in-session emotional processing in experiential therapy. *Psychotherapy Research, 23*(6), 732–746. <https://doi.org/10.1080/10503307.2013.816882>.
- Bonanno, G. A., & Keltner, D. (1997). Facial expressions of emotion and the course of conjugal bereavement. *Journal of Abnormal Psychology, 106*(1), 126.
- Bonanno, G. A., Neria, Y., Mancini, A., Coifman, K. G., Litz, B., & Insel, B. (2007). Is there more to complicated grief than depression and posttraumatic stress disorder? A test of incremental validity. *Journal of Abnormal Psychology, 116*(2), 342–351. <https://doi.org/10.1037/0021-843X.116.2.342>
- Bowlby, J. (1980). *Attachment and Loss: Volume III: Loss, Sadness and Depression*. London: The Hogarth press and the institute of psycho-analysis.
- Clarke, K. M. (1991). A performance model of the creation of meaning event. *Psychotherapy: Theory, Research, Practice, Training, 28*(3), 395.
- Elliott, R., (2016). *Understanding Emotion Focused Therapy* [DVD]. The Counselling Channel.
- Elliott, R. (2018). *Resolving Problematic Reactions in Emotion Focused Therapy* [DVD]. American Psychological Association

- Elliott, R., Watson, J. C., Goldman, R. N., & Greenberg, L. S. (2004). *Learning Emotion-Focused Therapy: The Process-Experiential Approach to Change*. American Psychological Association.
- Fredrickson, B. L., Mancuso, R. A., Branigan, C., & Tugade, M. M. (2000). The undoing effect of positive emotions. *Motivation and Emotion*, 24(4), 237–258.
- Gendlin, E. T. (1962). *Experiencing and the Creation of Meaning: A Philosophical and Psychological Approach to the Subjective*. Northwestern University Press.
- Gendlin, E. T. (1996). *Focusing-Oriented Psychotherapy: A Manual of the Experiential Method*. Guilford Press.
- Goldman, R. N. (2017) Case Formulation in Emotion-Focused Therapy, *Person-Centered & Experiential Psychotherapies*, 16:2, 88-105.
- Goldman, R. N., & Greenberg, L. S. (2015). Case Formulation in Emotion Focused Therapy. American Psychological Association.
- Greenberg, L. S., (2007). Emotion Focused Therapy Over Time [DVD]. American Psychological Association.
- Greenberg, L. S. (2015). *Emotion-Focused Therapy: Coaching Clients to Work Through Their Feelings* (2nd ed.). American Psychological Association.
- Greenberg, L. S. (2021). *Changing Emotion with Emotion: A Practitioner's Guide*. American Psychological Association.
- Greenberg, L. S., & Elliott, R. (1997). Varieties of empathic responding. In A. Bohart & L. S. Greenberg (Eds.), *Empathy reconsidered: New directions in psychotherapy*.
- Greenberg, L. S., & Goldman, R. N. (2019). *Clinical handbook of emotion-focused therapy*. American Psychological Association.

- Greenberg, L. S., & Johnson, S. M. (1988). *Emotionally focused therapy for couples*. Guilford Press.
- Greenberg, L. S., & Paivio, S. C. (1997). *Working with Emotions in Psychotherapy*. Guilford Press.
- Greenberg, L. S., & Pascual-Leone, J. (1995). A dialectical constructivist approach to experiential change. In R. A. Neimeyer & M. J. Mahoney (Eds.), *Constructivism in psychotherapy* (pp. 169–191). Washington, DC, US: American Psychological Association.
- Greenberg, L. S., Rice, L. N., & Elliott, R. (1993). *Facilitating Emotional Change: The Moment-by-Moment Process*. New York, NY, USA: Guilford Press.
- Greenberg, L. S., & Safran, J. D. (1987). *Emotion in Psychotherapy*. Guilford Press.
- Haugh, S. (2012). A person-centred approach to loss and bereavement. *Client issues in counselling and psychotherapy*, 15-29.
- Horowitz, M. J., Siegel, B., Holen, A., Bonanno, G. A., Milbrath, C., & Stinson, C. H. (1997). Diagnostic Criteria for Complicated Grief Disorder. *Am J Psychiatry*, 154(7), 904-910.
- Kennedy-Moore, E., & Watson, J. C. (1999). *Expressing emotion: Myths, realities, and therapeutic strategies*. New York: Guilford Press
- Kübler-Ross, E. (1969). *On death and dying*. Macmillan.
- Larson, D. G. (2013). A person-centred approach to grief counselling. In M. Cooper et al. (Eds.) *The handbook of person-centred psychotherapy and counselling (2nd Ed)*, 313-326. Palgrave Macmillian.

- Leijssen, M. (1996). Characteristics of a healing inner relationship. In R. Hutterer et al. (Eds.) *Client-Centered and Experiential Psychotherapy: A Paradigm in Motion* (pp427-38). Frankfurt am Main: Peter Lang
- Mclaren, J. (1998). A new understanding of grief: A counsellor's perspective. *Mortality*, 3(3), 275-290.
- Minuchin, S., & Fishman, H. C. (1981). *Family Therapy Techniques*. Harvard University Press.
- Neimeyer, R. A., & Cacciatore, J. (2015). Toward a developmental theory of grief. In R. A. Neimeyer (Ed.) *Techniques of Grief Therapy*. (pp. 27-37). Routledge.
- Parkes, C. M. (2005). Complicated grief [Special issue]. *Omega: The Journal of Death and Dying*, 52(1).
- Pascual-Leone, A., & Kramer, U. (2019). How clients “change emotion with emotion”: Sequences in emotional processing and their clinical implications. In L. S. Greenberg & R. N. Goldman, *Clinical Handbook of Emotion Focused Therapy*. American Psychological Association.
- Pascual-Leone, A., & Greenberg, L. S. (2007). Emotional processing in experiential therapy: Why “the only way out is through.” *Journal of Consulting and Clinical Psychology*, 75(6), 875–887. <https://doi.org/10.1037/0022-006X.75.6.875>
- Perls, F. S. (1969). *Gestalt therapy verbatim*. Moab, UT, US: Real People Press.
- Prigerson, H. G., Frank, E., Kasl, S. V., Reynolds, C. F., Anderson, B., Zubenko, G. S., ... & Kupfer, D. J. (1995). Complicated grief and bereavement-related depression as distinct disorders: preliminary empirical validation in elderly bereaved spouses. *American journal of Psychiatry*, 152(1), 22-30.

- Prigerson, H. O., & Jacobs, S. C. (2001). Traumatic grief as a distinct disorder: a rationale, consensus criteria, and a preliminary empirical test. In M. S. Stroebe, R. O. Hansson, W. Stroebe, & H. Schut (Eds.), *Handbook of bereavement research: Consequences, coping, and care* (pp. 613–645). American Psychological Association.
- Rando, T. A. (1993). *Treatment of complicated mourning*. Research Press.
- Rice, L. N. (1974). The evocative function of the therapist. *Innovations in Client-Centered Therapy*, 289–311.
- Rice, L. N., & Saperia, E. (1984). Task analysis of the resolution of problematic reactions. In *Patterns of Change: Intensive Analysis of Psychotherapy Process* (pp. 29s–266).
- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 21(2), 95–103.
- Root, B. L., & Exline, J. J. (2014). The role of continuing bonds in coping with grief: Overview and future directions. *Death Studies*, 38(1), 1-8.
- Sharbanee, J. M., Goldman, R. N., & Greenberg, L. S. (2019). Task Analyses of Emotional Change. In L. S. Greenberg & R. N. Goldman (Eds.), *The Clinical Handbook of Emotion-Focused Therapy*. American Psychological Association.
- Stroebe, M. S., Hansson, R. O., Schut, H., & Stroebe, W. (2008). Bereavement research: Contemporary perspectives. In M. S. Stroebe, R. O. Hansson, H. Schut, & W. Stroebe (Eds.), *Handbook of bereavement research and practice: Advances in theory and intervention* (p. 3–25). American Psychological Association.
- <https://doi.org/10.1037/14498-001>

Stroebe, M. S., & Schut, H. (1999). The Dual Process Model of coping with bereavement:

Rationale and description. *Death Studies*, 23(3), 197–224. doi:

0.1080/074811899201046

Warwar, S. H. (2005). *Relating emotional processes to outcome in experiential*

psychotherapy of depression. Library and Archives Canada = Bibliothèque et

Archives Canada, Ottawa.

Watson, J. (2013). *Emotion Focused Therapy in Practice: Working with Grief and*

Abandonment [DVD]. American Psychological Association.

Watson, J. C., Goldman, R., & Vanaerschot, G. (1998). Empathic: A postmodern way of

being? In L. S. Greenberg, J. C. Watson, & G. Lietaer (Eds.), *Handbook of*

experiential psychotherapy (pp. 61–81). Guilford Press.

Whelton, W. J., & Greenberg, L. S. (2001). The self as a singular multiplicity: A process-

experiential perspective. In J. C. Muran & J. C. Muran (Ed) (Eds.), *Self-relations in*

the psychotherapy process. (pp. 87–110). Washington, DC, US: American

Psychological Association. <https://doi.org/10.1037/10391-004>

Worden, J. W. (1991). *Grief and grief therapy: A handbook for mental health practitioners*

(2nd ed.). Springer Publishing Company.

Worden, J. W. (2018). *Grief counseling and grief therapy: A handbook for the mental health*

practitioner (4th ed.). Springer Publishing Company.

Footnotes

The client in the example provided consent for their transcripts to be used for research publication. We have edited out or altered major identifying details, such as names, ages, and places.