Emotion

Means for connection or disconnection

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Purposes of this presentation

• A dialogue about the pragmatic of working with emotion in therapy.
• A small part and not the whole story in therapy
• Base on Common presentations in CYMHS
• Pragmatic use of emotion
• Discussion on how focusing on emotion help family to connect
• Discussion on how focusing on emotion might not be suitable.
• A brief guide to utilise emotion in therapy.
Think about the following common scenarios:

• A mother brought a teenage boy to you, complaining that he was oppositional and aggressive. When the sessions started, they started arguing...
• Teenage girl presented to ED for self-harming behaviours. Natural parents appeared sensible and caring.... But confused about how they can help... and they appeared to be emotionally disconnected...
• A single mother brought in a 6 years old boy. The boy was from a previous DV relationship. The mother complained that the boy was so difficult to manage that she believed he deliberately made her life hell...
Presupposition on Emotion

• "An emotion is a complex psychological state that involves three distinct components: a subjective experience, a physiological response, and a behavioural or expressive response." (Hockenbury & Hockenbury, 2007)
• Emotion has an action tendency – reflect intent & direction
• Primary Emotion versus Secondary Emotion
• Emotion has an intra-personal and interpersonal dimension
First Scenarios

• When both mother and son are arguing from the start of the initial session, how do you engage them to talk with you?
• Would you explore their emotional experience or feeling about each other?
• How do you determine?
Possibilities

• Interrupt them – Acknowledge the expressed emotion and shift their attention to what they want from each other
• If the physiological arousal is too high, help them to ground themselves, de-escalate first.
• Listen to the intentionality of the emotion and the underlying primary emotion, if any.
• Establish a connection through recognising the emotional system at work – eg: "Mother: I was really worried and disappointed, I scared that he might turn out to be his dad, I just want him to grow up to be a decent human being. Therapist to son: "Are you aware that your mother was so worry about you and scare for you?"
Scenario 2

- Assuming the risk assessment was done and you start assessing the family regarding the whole incident. Would you choose to focus your questions on the family emotional experiences or more on objective descriptive information such as events that led to the latest incident?
- How do you determine?
- If you decide helping the young person to connect with the parents... How do you assist the parents and the young person to connect?
- Would you focus on past, present or future emotional experiences? How do you determine?
Possibilities

- Explore the emotional experience in-between – the relational space
- Shift the young people from focusing on his emotional distress to focusing on the primary emotion triggered in his parents – fear, worried etc.
- Focusing on the young person's internal emotional experiences might not be as helpful as that might evoke further negative emotions and increase risk of self harm.
- Assisting the parents to access previous/imagining emotional resource that facilitate connection. E.g. Early attachment experiences or miracle question…
- Restructure the emotional experience from individually felt emotions that isolate family members to connected emotional experience that support and care for each other on a deeper level.
- Mentalisation-based work – facilitating family members to develop skills to hold others' mind in their mind.
Scenario 3

- It was evident to you that mother was traumatised by her previous DV relationship. She was constantly triggered by her son's minor non-compliant behaviours. She reported this intense anger towards her son… How do you work with her on this intense anger?
- How do help the mother and son to connect, more accurately, help the mother to connect with her son?
Possibilities

- De-escalate first... Symptoms stabilisation & Safety – phase 1 trauma treatment.
- Gently assist mother to be distracted from her anger (and fear) emotion triggered to the present. (The emotional was directing to the past trauma – a memory triggered by the current interaction)
- Elicit the mother's love towards her son – Re-associate to a previous present moment with her son... the moment she looked at her son's face when he was born etc.
- Elicit the mother's hope & dream on her son and her responsibility in guiding and nurturing him – evoke primary positive emotions that reinforcing the connection, parental responsibilities, and separation from the past trauma.
Brief Guide to work with emotion in family therapy

1. Safety First – de-escalate negative expressed emotion to establish emotional safety
2. Avoid focus too much on "Emotion that reinforce individual to internalise their emotion and inhibit people to move forward."
3. Some negative emotion maybe secondary to a primary emotion, for example, anger might be secondary to fear and love – exploring the underlying primary emotion and use it as a new frame of reference for the relationship might help to unstuck.
4. Pay attention to the intentionality of the emotion and what direction it's suggesting.
5. Ask for information, acknowledge with constructive emotion eg. Tell me about what happen...Oh, I can see how much you scare for your son... you love him so much...
6. Emotional resource can be generated through past, present and future focus with an imaginative frame. Key Question - "When & Where should I send this family to get the resourceful emotional experience that they need?"
Thank You!
Reference:

- Crawley, J & Grant, J (2005) Emotionally Focused Therapy for Couples and Attachment Theory, Australian and New Zealand Journal of Family Therapy, vol 26, no. 2, pp. 82-89