

# Blame Gabriel: Acute Grief Following Death Of a Loved One a Study Of Self Empowerment Therapy

David Kaye

Director Professor Author Australian Trauma Research Institute, Sydney NSW 2001 AU Level 4, Suite 406, 12 O'Connell Street Sydney NSW 2000 AU

## \*Corresponding Author

David Kaye, Director Professor Author Australian Trauma Research Institute, Sydney NSW 2001 AU Level 4, Suite 406, 12 O'Connell Street Sydney NSW 2000 AU

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## Abstract

### Objective

*The objective of this study is to investigate the effectiveness of Self Empowerment Therapy in the treatment of acute grief following the death of a loved one.*

### Design

*Study is a single case study and questionnaire administration design.*

### Method

*A 26 year old patient diagnosed with acute grief following the death of her partner of 10 years was seen for therapy for 1.50 hours per week for 18 months.*

*Intervention consisted of Self Empowerment Therapy within the framework of the universal psychotherapy modality, using rapport as a barometer to test the effectiveness of interpretations.*

### Results

*Following the death of a loved one, utilizing a structured approach in establishing and maintaining a satisfactory level of functioning in the life domains of health, family, relationships, profession, education, finances and self, yielded significant outcomes in the treatment of acute grief.*

*This study demonstrates that following the death of a loved one, to establish and maintain an integrated self, a person needs to reduce the discrepancies between actual, ought and ideal selves, whilst at the same time reducing their undesirable behaviors and tendencies.*

### Conclusions

*Confronting the death of a loved one is one of the most traumatic experiences in life and brings us face to face with our own mortality.*

*Maintaining an integrated self is challenging as the death of a loved one forces the person left behind to redefine their sense of self. An integrated self is achieved by reducing discrepancies between actual - ought self and actual - ideal self, whilst at simultaneously reducing congruency between actual - undesirable self life domains.*

*Self Empowerment Therapy provides a structured approach in managing acute grief following the death of a loved one.*

*This study provides high efficacy for Self Empowerment Therapy in treating acute grief but requires further investigation.*

## Introduction

The hardest thing in life is losing a loved one. In fact, death of a spouse is considered one of the most disruptive and distressing events of ordinary life [1]. It forces us to confront our own mortality and the transience of life. It renders us so powerless that there is nothing anyone can do to bring back the loved one.

People cope with the death of a loved one in profoundly different and varying ways [2,3]. For some, it feels like the world as they have come to know it has come to an end and they can see no future. For others, ironically, the experience may lead to intense personal growth, even though it is a difficult and trying time.

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The intensity and duration of grief is highly variable, not only in the same person over time or after different losses, but also in different people dealing with similar losses [4]. Grief shares many characteristics of physical diseases, emotional distress, spiritual and psychological reactions to loss and a predictable symptomatic course and functional impairment affecting quality of life and level of functioning. Acute grief results from a sudden unexpected loss. Grief can transition from a normal response to a disabling condition requiring professional attention. This study intends to look at acute grief resulting from an unexpected and sudden death of a loved one [5].

Death of a loved one often forces the survivor to question the very nature of life itself. The sudden break up of a relationship from a loved one may appear to lead to a similar acute grief reaction, but the fundamental difference is that the loved one is still alive and therefore recovery from this sort of grief is much less intractable. Grief is not a state, but rather a process. The grief process generally proceeds in bursts, with attention oscillating to and from the painful reality of the death. The spectrum of psychological disruptions of grief is broad, ranging from seemingly unnoticeable alterations to profound anguish and incapacity. Sometimes, the lack of observable grief is mistakenly labeled as pathological, suggesting vulnerability to delayed intense grief or chronic complications. However, there is little empirical validation of this assumption and significant data to refute it [6,7].

Grief is not only about pain. In an uncomplicated grief process, painful experiences are fused with positive feelings, such as relief, joy, peace, and happiness that emerge after the loss of an important person. Frequently, these positive feelings elicit negative emotions of disloyalty and guilt in the bereaved. Of note, at least one investigator has found that positive feelings at six months following a death are a sign of resilience and associated with positive long-term outcomes [8].

For most people grief is never done with. However, there are two easily distinguishable forms of grief [9]. First, acute grief that occurs in the early aftermath of a death can be intensely painful and is often characterized by behaviors and emotions that would be considered unusual in normal everyday life. This form of grief is distinguished from a later form of grief, integrated grief, in which the deceased is easily called to mind, often with associated sadness and longing.

During the transition from acute to integrated grief, usually beginning within the first few months after the death, the wounds begin to heal, and the bereaved person finds their way back to a fulfilling life. Also, grief is not only about separation from the person who died, but about finding new and meaningful ways of continuing the relationship with the deceased [10,11,].

Physical reactions can include sleeping disturbances such as insomnia, changes in appetite and libidinal drive, physical deteri-

oration, or illness. Social reactions can include intolerance to previously enjoyed activities and people, escalation and shifts in feelings about taking care of others in the family, seeing family or friends or returning to work. Grief may be experienced as the presence of physical problems, constant thoughts of the person who died, guilt, anger, hostility and resentment cycle, and a change in the way one normally feels, thinks and acts [12].

One of the sad facts of life is that we have no control over this very precious source of energy that keeps us alive and when death knocks on our door there is nothing anyone can do to stop it.

### **Rationale**

This study will explore in depth an actual treatment involving therapy with a patient suffering acute grief in a private specialist outpatient clinic.

### **Case History**

The patient whom for anonymity reasons we shall call Mary Dante was referred by her treating local doctor for treatment of acute grief two weeks after the industrial death of her partner of 10 years, Roberto Pace. Therapy took some 18 months of regular sessions of 1.50 hours duration totaling 96 hours.

### **Methodology**

The therapeutic intervention used consisted of Self Empowerment Therapy within the framework of the universal psychotherapy approach of using rapport as a barometer to test the effectiveness of interpretations. The patient was given a copy of *Crossroads: Your Journey Within* and encouraged to read it. The Beck Depression Inventory (BDI-II) which is a 21-question multiple-choice self-report inventory was administered at the beginning of each consultation and was used as a barometer of Ms. Dante's progress, along with therapeutic rapport [13,14].

When someone comes in with an extreme tragedy like loss of partner, as in this case, it is necessary to go into first-aid mode and let the patient run the session, with the therapist providing reflective listening, empathy, and implicit permission to feel the pain. However, there does need to be some structure to the therapeutic process. The first stage involved conducting a formal Intake Assessment including a comprehensive history of the patient's health, family, relationship, profession, education, finances and self domains.

A therapeutic contract was negotiated which involved the patient committing to attending a consultation at the same time once per week, variable based on availability. In addition, the patient was asked to keep a diary of significant events and was encouraged to discuss these in the following consultations. The second stage involved psycho-education. The patient was given problem solving and assertiveness skills training. The patient was taught a framework from which to view problems: Antecedent events, beliefs/attitudes and consequences, informed about the relationship between

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thoughts, emotions and actions and to differentiate between rational and irrational thoughts and beliefs. The patient was informed about the evolution of personality as shaped by nature and nurture within the context of innate drives on the one hand and social and parental influences regulated by the conscience, on the other.

She was informed about life transition stages from childhood to adolescence and adulthood and potential hurdles such as achieving a compromise between the life choices we make and the life choices we are expected to make by those who are important to us. It is important for a therapist to consider the possibility that when facing a patient struggling with very recent acute grief, they may be unlikely to take in information and may experience severe attention and memory problems. In this case, she needed to survive for the moment, not to learn.

There was gentle exploratory questioning for any suicidal thoughts. In the absence of any such thoughts and as a precaution, she was given permission to phone the therapist anytime. An agreement was obtained from the patient that she would not harm herself until the next session. There was a primary focus on three things: her emotions, the practical problems of facing her responsibilities (work/will/funeral/relatives etc) and clarifying the rules of therapy to encourage her to engage with the therapy, take ownership of it and in doing so give her hope for the future. The third stage involved prescribing to her that she was required to think about, plan or do something each day to improve seven life domains including health, family, relationships, profession, education, finances and self. She was advised to give herself six to twelve months to turn things around. She was advised not to make any significant life decisions during therapy and to try to avoid taking on more responsibilities and stressful activities in the short term.

**Strategically and in a nutshell, she was advised to consider:**

**Health:** Physical: She was encouraged to do some physical activity each day, such as going to the gym, jogging, swimming, playing group sports and the like.

**Psychological:** She was encouraged to do something that was uniquely enriching for her such as attending a play or a movie, take up pencil sketching, photography, listening to her favorite inspiring and emotionally uplifting music.

**Spiritual/Religious:** She was encouraged to explore her spirituality, question her existential life purpose and seek answers for herself.

**Family:** She was encouraged to invest time bonding with, maintaining, repairing and cementing her relationship with significant family members. It was suggested that she exercise tolerance and forgiveness of insignificant differences or conflicts with family members and yet be firm and assertive of her beliefs and opinions.

**Relationships:** The patient was encouraged to consider whether

she could be herself in interpersonal relationships and to focus on the consistency between what people say and what they do as a barometer of trustworthiness as well as avoiding destructive or counterproductive activities or people. She was encouraged to monitor events outside her skin and the impact of these on her. Regarding her primary relationship, given her presentation, this aspect of her life domain was delayed until later in therapy.

**Profession:** She was encouraged to consider her profession and suggested she consider training for a profession which was consistent with her personality and was advised that investing a couple of years into training towards a preferred profession was a sound investment that she would not regret.

**Education:** She was encouraged to educate herself formally towards a profession and not a job. She was also encouraged to further develop her personal skills and consider taking up a hobby that she was passionate about.

**Finances:** She was advised not to spend more than she earned and to make sure that she earned enough to maintain her lifestyle.

**Self:** The patient was informed about the four components of the self, actual, ought, ideal and undesirable self, the relationship between them and the importance of achieving a balance and integration between the four components of the self [15]. Within this context and mutual understanding, the patient was engaged in a therapeutic relationship.

Ms. Dante was seen for an intake assessment. During the intake assessment she was unable to contain her feelings of loss and related grief. She presented as highly distressed and often broke down when recounting her relationship history with the deceased.

Ms. Dante was 26 years old. She had been in a relationship with Mr. Pace for over ten years and they were “joined at the hip”. They had been living together for over two years and had Mr. Pace not died, were due to hold an engagement party within three weeks and a wedding within nine months. Over the years they grew to support each other, were both working in two jobs and were effectively contributing jointly to a common household. They were saving for their future home and planning to spend the rest of their lives together. They were interdependent on each another in every way that would be expected from a couple enjoying a shared life full of hopes and dreams. Over time they had overcome a number of significant obstacles together and had bonded even stronger through those experiences. At the time of Mr. Pace’s unexpected death they were at the cusp of “legitimizing” a life together as they both came from highly conservative, traditional Italian families with strict rules and expectations about dating, relationships and marriage.

At intake, her baseline BDI score was 18 and at the subsequent consultation the BDI score was 21. Ms. Dante showed remarkably

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reasonable levels of depression given the significance of the loss. However, this was expected as she was still in a state of shock after having lost her partner only 2 weeks earlier. The true picture of her symptomology was expected to reveal itself over the next couple of months as she proceeded through the grief process.

Ms. Dante was grief stricken with her loss and her recovery was expected to be impeded by the fact that he had suddenly died three weeks before their engagement and his birthday.

The early phase of therapy was directed towards helping the patient come to terms with the facts of what actually happened to her partner, helping her pick up the pieces of what was left on her own and assisting her in giving her future some direction in seven domains in her life; health, family, relationships, profession, education, finances and self. She was encouraged to spread her conscious thoughts into thinking about, planning or doing something each day to improve the life domains. The patient was advised to return to her daily routines as much as possible and obtain a copy of the Coroner's factual investigation report. This was important as was the need to create gradual distancing, self differentiation and restoring her "single" state of mind. With these considerations as the foundation, the patient was allowed to direct the course of therapy and encouraged to take ownership of relapses and decisions that required immediate attention to move forward.

She had been prescribed valium by her local doctor immediately after the incident and reported that she had decided to discontinue taking the medication by the second session. Blunting emotions with medication or meditation or other means during grief interferes with its processing. As a therapist, the most daunting question was "How should I handle this patient?" The answer was not that complicated. First and foremost, the patient needed to be helped to confront her grief and to be helped to bring on the healing tears. This is a situation where there is no comfort to be offered, no solution to be miraculously discovered in the depths of the therapist or the patient's psyche, there is no magical trick or power that can bring back the deceased.

Both therapist and patient are totally rendered powerless. The therapist who has not confronted their own feelings about their own mortality or past losses is further disadvantaged as they will most likely be unable to give to their patient what they themselves need. Fortunately, we are not helpless. The therapist needs to guide the patient to sit with their loss and simply share their grief with them.

Most of the early sessions consisted of uncovering factual information and rapport building. These sessions revealed that the patient's biological mother had been killed in an accident when she was three years old suggesting possible miscarried grief, and both her and her older brother had been raised by a stepmother, who treated them like her own children and who did not approve of Mr. Pace as she felt he was not good enough for her.

Reportedly, her stepmother provided a solid foundation for a healthy mother-daughter relationship which appears to have been adequate for her need for "good enough mothering" during her formative years. The other major factor considered was whether there were any mixed feelings towards the deceased.

Mr. Pace was 24 years old at the time of his death. When he was four years old his parents divorced. The father then effectively abandoned the children and his mother was left with the burden of raising two young children on her own. He completed his High School education and began working in the building industry. He later obtained a diploma in residential building studies and obtained his rigging and scaffolding license. In her post assessment session, the patient reported that she had returned to work and had been "a basket case" at work. She was encouraged to continue and was advised that this was a normal reaction under the circumstances.

She also revealed that two weeks before his death Mr. Pace had phoned her, whilst they were apparently both driving home from work and asked her to tune in to the same radio station to listen to a James Blunt song that was a requiem for a lost lover titled "Goodbye My Lover" playing on the radio. After the song finished, Mr. Pace told her that "the song really makes you think about the end..." When recounting this experience Ms. Dante was allowed to take as much time as she needed to cry and unleash her feelings of loss and powerlessness. Once she stopped crying she said that the song was an ominous sign and that he must have had some feeling of what was going to happen.

It seemed appropriate at this time to raise two separate but related issues. One was whether there was any hint or evidence of Mr. Pace's suicidality which she was reluctant discuss. However, she did indicate that Mr. Pace had everything to look forward to and they jointly had their future all planned out. Secondly, the earlier agreement reached that no matter how bad she felt, she would not attempt to kill herself was reinforced. Given her persuasive argument that Mr. Pace had such an enriching life and a strong relationship, the first issue was never raised again.

It was necessary at this point to plant the seeds of differentiation from the deceased. It was suggested to Ms. Dante that her love for Mr. Pace was not lost or gone with his death and that her capacity to love and her love for him was hers and was not forfeited or depleted even though she might feel that a part of her had died with him. It was also suggested to her that the extent of the emotional pain she felt was equivalent to the importance and weight she had given to Mr. Pace and their relationship. This was done to bring the emotional loss to the surface and give her a sense of manageability and containment about her loss.

Ms. Dante revealed that between sessions some of her friends had asked her to go away for the weekend and she felt too guilty to accept the invitations. In addition, she felt it was too early and she

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could not reconcile any thoughts of having fun or enjoying any activity when her partner had just died. Her decision was validated and reframed by suggesting “You will know when you are ready to accept such invitations and when to make plans for holidays”.

Given the need for a radical intervention, it was decided to create some distancing for Ms. Dante with the deceased whilst at the same time building therapeutic rapport. The patient was asked to think about what she would have done if several weeks prior to his death she found out that Mr. Pace had been having an extra-relationship affair with one of her friends. To this, she responded by stating “I know what you are trying to do...”. However, she leapfrogged by revealing that several years earlier she and a close friend had agreed to resign from their jobs in Sydney and moved to London and work there for a while. She said that this was to test the relationship before fully committing herself to Mr. Pace. Apparently, four months later, Mr. Pace missed her so much that he also went to London to “bring her back and make a good woman out of her”. She said that she knew then that Roberto was “The One” and she was going to spend the rest of her life with him and readily agreed to return home.

After three months, the sessions were now becoming centered on the issue of family conflict. Ms. Dante revealed that she was resentful and angry towards her stepmother for not approving of Roberto as her future partner and “now that he is dead she wants to feel sorry for him”. In addition, she was angry and resentful at Roberto’s mother for telling her that she will “find someone else and move on” immediately after his death.

She was asked whether in fact very similar to her stepmother’s disapproval of Roberto, it was possible that Roberto’s mother may have disapproved of her as her son’s future partner given that Roberto did not consult his mother about their plans. Ms. Dante confirmed this and went further and revealed that Roberto’s parents had the audacity to ask for the return of his belongings in her possession. It was suggested to her that at some stage she will have to return his personal items to his family. She was reluctant to pursue this but confirmed her agreement. This was not further explored as it was too soon after Roberto’s death for them to be “dividing his estate”.

The BDI scores were still out of proportion with the severity of her loss and she was still experiencing shellshock and denial. She presented to the sessions as highly distressed, agitated and grief stricken. She was tearful throughout the consultations. Given the recency of her loss, she was unable to process thoughts, feelings and actions about her future as she was in a double bind. On the one hand she was unable to accept that her partner of 10 years is dead. On the other hand, she was expected to make a speedy recovery and move on with her life. She seemed unable to do this without feeling guilty about betraying her dead partner.

Thus far into therapy Ms. Dante had shut off from those around her

since the accident and had not confronted the reality of her partner’s death. The last time she saw Roberto was when she saw him off to work on the morning of the day he died. The funeral was a closed casket and she had not been formally advised of the factual circumstances surrounding his death. She was encouraged to take her time: “Everyone is different. You’ll move when you are ready, and it’s not for others to tell you when”. With Roberto’s death, Ms. Dante saw herself as having lost her past, present and future as they planned to marry, build a family house, have children and pursue a life together. She was not prepared for the death and was having serious difficulty adjusting to life without her partner.

Six months into therapy, Ms. Dante revealed underlying mixed feelings about the relationship with the deceased. Evidently, this was not due to the relationship lacking foundations for a long-term marriage but more so because it was driven by her. The question underpinning the mixed feelings put to her was “What would happen if she stopped and let him take over the direction of the relationship?”. Ms. Dante and Roberto evidently resolved these “power play” issues and decided to be together against the odds.

Nine months into therapy, the funding organization sent a letter requesting a progress report with a recommendation that Ms. Dante is referred into the public health system. After forwarding a formal progress report, Ms. Dante was advised to contact the funding organization and clarify the issue of continued funding. The therapeutic reason for this directive was to enable her to assert herself and learn to make demands on others. Ms. Dante apparently contacted the funding organization and gave them an earful as a consequence of which the funding organization was persuaded to approve on-going funding for a further six months.

This proved to be an interesting turning point but an anticipated one. The threat of another possible loss created a significant shift in Ms. Dante as she found herself in a position to fight for this possible loss and she was decisive. However, as is evidenced in therapy with a large number of patients over the years, once you create a shift in one aspect of the patient’s functioning, there is usually a myriad of shifts in other aspects of their lives.

Ms. Dante’s depression scores now started to increase, thereby slowly representing a more accurate picture of her symptomology. She was now reporting BDI scores in the high 20’s. She was no longer in shock. She was angry. This raised several issues. First issue was ensuring that she was not directing her anger towards herself for being confrontational as this could easily lead her into depression and misdirecting her anger for the earlier loss of her mother on the other. Second issue was that the anger resulting from her current loss needed to be brought to the surface without causing damage to the rapport established so far.

Ms. Dante was experiencing several double binds: Compromise between the conscious and unconscious, translated into a compromise between the repressed and repressing forces, the wish to

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conceal and the wish to reveal, which may lead the patient to give messages in disguise. The disguise often takes the form of speaking about an event that has obvious parallels to a current situation about which the message is being unconsciously conveyed. The therapist needs to be able to sense when this is occurring, detect the underlying messages and know whether, and if so, to what degree and in what language to translate the disguise. However, not all such communication should be responded with an interpretation.

Twelve months into therapy, to crystallize the multitude sources of anger and to reverse her sense of loss, Ms. Dante was given a clinical exercise directed specifically to provide her with amongst other things, a sense of grounding, like an anchor on a boat. She was advised to go to the local nursery, find a fruit bearing tree and plant it in a garden that was accessible to her. She immediately identified her parent's house without giving much consideration to any resistance from her father or stepmother. She was advised to consider the option of planting a fruit tree into a pot which she could then move to her permanent home and left to the task. The following session she reported that she had decided on a citrus tree but had not as yet found a suitable place to plant it.

Thirteen months into therapy, Ms. Dante reported feeling guilty about a planned boat cruise. When explored further, she revealed that she felt guilty about going on this trip without Roberto. It was pointed out to her that the guilt she was feeling might also be because her going on this trip may be perceived as her declaring her "singleness" to the public at large. There was an immediate deepening of rapport. Following a short silence, she was advised to start wearing her engagement ring on her right ring finger. This was to see if there had been any evidence of distancing as a result of the strategies discussed in the past sessions. Whilst she was initially resistant, towards the end of the consultation, she voluntarily put the ring on her right finger as she walked out of the consulting room.

In the subsequent session a month later, she reported that the cruise provided a break and escape from the issues at work and at home. She indicated that she was making enquiries about changing jobs. She also reported that she had taken the sympathy cards and Roberto's photo's off the mantelpiece and removed the picture in her wallet. It was noted that she kept the engagement ring which was now placed on her right ring finger. Fifteen months into therapy, Ms. Dante presented as pensive and reflective. She said that the more her stepmother and Roberto's mother criticized and attacked them for being together, the more they became determined to prove them wrong. When it was pointed out to her that this is a normal strategy for parents who see it as their duty to ensure that their children were not making the wrong choice of partner, Ms. Dante retorted that they both felt cornered rather than supported by the respective parents. Ms. Dante responded by revealing that it ensured that they took responsibility for the relationship. At this point, she became tearful and was allowed the silence and space to cry and grieve for her loss. Before she left, Ms. Dante reported that

she had lined up several job interviews and was due to travel to Canberra for a job interview. It was evident that the shift forced on her by her partner's death had reached the profession life domain and she was encouraged to explore her occupational options.

Ms. Dante reported various difficulties with the legal proceedings following Roberto's death. She discovered that despite being separated from Roberto's father and having been estranged for years, Roberto's mother was making legal claims of dependency on her son which directly challenged to her claims. Ms. Dante saw this as Roberto's mother manipulating the situation for her own financial advantage and was angry about it. Ms. Dante reported that she and Roberto's mother had reached a resolution where they would receive a fifty-fifty share payout of his superannuation death benefit. She said that she is planning a trip to the USA to get away from it all and on her return will probably resign from her job.

Sixteen months into therapy, Ms. Dante revealed that when she returned from her USA trip and went to work, she was advised that her job had been made redundant and she was now free to find a new job. Interestingly, her BDI score was stable which meant that she interpreted that redundancy as a positive thing, which it was. This is interesting, because following the loss of Roberto and the relationship, it was hypothesized that she may have an acute negative reaction to a job loss, another major loss in her life. Ms. Dante reported that following the redundancy, she had gone on a break to Canberra, had been attending job interviews and house hunting to secure herself a new home. By analogy, Ms. Dante was unwittingly revealing that she was also preparing herself for a new relationship. However, it was too early to interpret this for her as she would most certainly reject the suggestion and may even cut off to avoid the inevitable end of therapy. In the following session, Ms. Dante was offered a job by an events management company. She reported that she was surprised that she was offered the job. She was now beginning to negotiate her way through guilt associated with success without Roberto. The next several months were spent preparing Ms. Dante to regain her sense of self as a mature, independent adult woman and teaching her the micro-strategies to come to terms with her loss, to build on her successes and accept the belief that this is what Roberto would have wanted of her.

Seventeen months into therapy, Ms. Dante reported that she had secured a house and land package for herself and was planning to move there. She said "So I have this really lovely house but no one to share it with". She also revealed that she could see herself sleeping with someone but not getting into the "commitment thing". This was interpreted as evidence that she was ready to move forward and no longer needed to attend therapy and needed to disengage from the therapy process so she could explore a new life and new options in her health, family, relationship, profession, education, finances and self life domains.

Eighteen months into therapy, Ms. Dante reported that she had moved into her new home on her birthday as a birthday gift for

herself and planted a citrus tree in her back yard. This truly was a new beginning. At the end of the final session, her departing comment was “I would not be the same person who is standing here if it wasn’t for you”. She was teary eyed and said “Thank you”. We shook hands and said “Goodbye”.

### Discussion

The actual therapy with this patient was like walking through a minefield. Aside from transference and countertransference issues, resistance to explore hidden feelings, defensive and protective mechanisms, the intense emotion laden process of guiding this patient through the therapeutic process, and ensuring appropriate interpretations without the patient severing the therapeutic relationship was challenging.

### Conclusion

People react to the death of a loved one in profoundly different ways. It is one of the most traumatic and distressing of human experiences. Confronting the death of a loved one is one of the most traumatic experiences in life and brings us face to face with our own mortality. Navigating the intense and often paralyzing pain of the initial loss of the loved one to re-attaching to life in a new found way has been the subject of extensive study. Maintaining an integrated self is challenging as the death of a loved one forces the person left behind to reconfigure their life domains and redefine their sense of self. An integrated self is achieved by reducing discrepancies between actual - ought self and actual - ideal self, whilst at simultaneously reducing congruency between actual - undesirable self life domains.

Self Empowerment Therapy provides a structured approach in coping with acute grief following the death of a loved one in circumstances of significant and life changing emotional distress and turmoil. This study shows promise for Self Empowerment Therapy in treating acute grief but requires further investigation [16-23].

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