

Ego State Therapy for the Treatment of Grief and Loss After Death

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Abstract

Losing a parent causes grief that impacts the development among adolescents. This often leads to self-internalization problems, such as depression and trauma. Without intervention, grief due to parental death may cause various effects over time. This study used a single case research technique with AB design to analyze the effectiveness of ego state therapy in reducing grief. The subjects consist of 2 adolescents living in the Orphanage with prolonged grief disorder. The results of the study showed a decrease in the level of grief during and after treatment. Ego state therapy can be used to improve the conditions of adolescents experiencing grief.

Key Words: grief in adolescents, ego state therapy, single case research design

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In the human body, various organs form systems¹ and keep the body healthy.² However, the body experiences pain that leads to psychological disorders in case the normal functioning of these organs are interfered with.³

Parental death has severe impacts on adolescents, including weakening the family bond. It comes with many changes that cause grief reactions such as deep sadness, self-blame, self-injuring anxiety, shock, and anger. However, parental death may also result in positive responses, such as feelings of peace, maturity, empathy, and other reactions that affect the quality of life.⁴ Grief is a response from a crisis experienced when something valuable is lost. According to Hogan et al,⁵ grief due to the death of a loved one triggers crisis that declines the quality of life and well-being of an individual. Although the reaction is intense during grieving, it often decreases with time.^{6,7} Grief is an individual's negative response to the loss of someone, an object, or a concept that is highly valued. It includes specific emotional and behavioral

reactions, such as depression, loneliness, and longing for the deceased.⁸

Ross⁹ explains 5 stages of grief experienced by individuals. The initial stage is called denial and represents the phase during which an individual rejects the reality. The second stage is anger, where the individual cannot resist the sense of denial and develops anger, jealousy, and hatred. The third stage is bargaining, where one is no longer able to face the sad reality. In most cases, anger is directed toward God. In the fourth stage of depression, the individual cannot deny the things that cause the grief response, and there is evidence of something causing sadness. This reality changes the attitude of the individual concerned, starting from the denial and anger experienced as a sense of loss. Finally, in the acceptance stage, the affected person accepts what has happened.

Neimeyer and Hogan¹⁰ believe grief is an emotional sadness and suffering caused by loss of ties with the deceased, leading to sadness and suffering. In addition, it is considered as an adverse condition when it has a destructive impact on individuals. In this case, it is characterized by negative stress responses, both physically and psychologically. The common symptoms of grief include sadness, self-blame, self-injuring anxiety, shock and denial, anger and betrayal, and variations in peace and personal growth.^{4,5,10} Moreover, grief raises other issues, such as internalization problems within 2 years after losing a family member.¹¹ Adolescents experiencing parental death have a grief response marked by feelings of guilt. Although they have a better understanding of the reality and effects of death, feelings of guilt affect them significantly.

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Moreover, response is often manifested through poor performance in school. Adolescent students might be too pre-occupied with their thoughts, mood changes, and self-worth problems. The issue of independence and self-identity is also part of the grief reaction.¹²

Grief response in adolescents varies greatly. According to Malone, the reactions include headaches, sleep disorders, muscle tension, abdominal pain, difficulty eating, joint pain, lumps in the throat, tightness in the chest, arm and leg ache and heaviness, muscle weakness, dry mouth, lack of energy, and eating disorders. There are also social responses, such as feeling different from peers, being intolerant, social isolation, risk-taking behavior, increased maturity, unkind comments from peers, avoiding reminders, withdrawal from normal activities, changes in a peer environment, and self-destructive behavior. In addition, emotional responses also appear in the form of confusion numbness, shock, fear, frustration, depression, anxiety, feeling guilty and uncomfortable, sad, vulnerable, angry, and aggressive. Moreover, cognitive responses include decreased school performance, hallucinations, anxiety, thinking about death and the presence of the deceased, distrust, confusion, difficulty concentrating, disturbing thoughts, low self-esteem, and memory problems.¹³

Haris examined 11 teenagers aged 13 to 18 struggling with the death of parents. The results showed that they had a high level of sleep disturbance, poor concentration, and decreased school performance. In addition, some of them struggled with depression, alcohol abuse, skipping school, and delinquency.¹³ Losing a family member often leads to loneliness and a lack of guidance, causing negative behaviors that adversely affect their lives. The sorrow suffered may be shown by drug disorders, alcoholic addictions, and promiscuity. At a vulnerable age, adolescents need more affection and guidance to lead a better life.^{4,12} Therefore, counseling/therapy interventions are required to help grieving adolescents grow on their own, solve the problems, and deal with the crises experienced.^{6,7,13}

Several counseling/therapy models have proven to be effective in overcoming grief. This includes grief therapy, which is useful in helping children accept conditions after being abandoned by families. In its

interventions, it integrates the use of art and play.¹⁴ Furthermore, research on complicated grief therapy help individuals successfully manage severe depression, posttraumatic stress disorder, and complicated grief.¹⁵ The application framework of Cognitive Behavior Therapy (CBT) is considered a pattern of cognitive distortion that leads to emotional distress and suffering.⁶

Ego state approach is also a strategy that can be used to help grieving adolescents. Grief is defined as a part of the individual injured and requires empowerment from a more mature ego state.¹⁶ Primarily, ego state therapy is a brief therapeutic technique that assumes a personality premise consisting of separate parts called ego states. This strategy involves determining an injured state due to trauma and then looking for a situation that calms and helps to be productive.^{17,18}

Reducing grief can be achieved by giving ego state therapy because it is swift and strong and provides causal solutions rather than coping strategies. According to Emmerson,¹⁹ ego therapy offers direct access to problems and provides ways of changing circumstances that cause trauma, pain, frustration, misunderstanding, or anger, making the affected feel relieved, empowered, and valued. It is a simple technique that heals a person's traumatic experience through the process of expressing, releasing, and appeasing an injured ego.¹⁸ Research on the application of ego state therapy show that it is effective in managing anger,²⁰ and in overcoming posttraumatic stress disorder,²¹ public speaking anxiety,²² eating disorders,²³ and dissociative disorders.²⁴ This study examines the effectiveness of ego state therapy for the treatment of grief and loss after the death.

METHODS

This study used an experimental design by providing interventions on research goals. The main procedures adopted in the AB design include the measurement of target behavior²⁵ in the baseline phase. After the trend and the data levels are stable, the intervention is given.²⁶ Ego state therapy protocol was used to help individuals experiencing grief to regain their normal life. The model consists of 12 stages

of action.¹⁶ The clients are 2 adolescents at the Orphanage, each experiencing grief. Client 1 is a 15-year-old boy and the fourth of 5 children. Client 2 is a 13-year-old girl. Since childhood, the counselee has lived with his grandmother because the father died, and the mother left for town. The instrument used was the Teenage Grief Scale that measures the conditions of adolescent grief. Specifically, it focuses on aspects of deep sadness, self-blame, self-inflicted anxiety, denial, anger, and the decline of feelings of peace and personal growth.²⁷ The scale of the grief of adolescents consists of 2 parts, including the grief and the peace and personal growth subscales. The first form measures 5 parts consisting of deep sadness, self-blame, self-inflicted anxiety, denial, and anger felt in the past month on the basis of Diagnostic and Statistical Manual of Mental Disorders.²⁸ Respondents were asked to answer the question items according to what they felt. This was based on a Likert scale, ranging from 1—almost never felt, to 5—very often felt. The second part measures the subscale of decreased feelings of peace and personal growth. Respondents were asked to answer items on the basis of what they experienced by a rating scale ranging from 1—not suitable to 5—very appropriate.

The teenage grief scale contains 56 statements that can be worked on for 20 minutes. This measuring instrument has a level of internal reliability between 0.89 and 0.93.²⁷ This shows that the degree of reliability of adolescent grief instruments after the reliability test was very high and produced scores consistently. Data were analyzed on the basis of visual²⁹⁻³¹ and

statistical analysis.³² The number of data points that do not overlap with the lowest value is summed and multiplied by 100. In case the percentage of nonoverlapping data (PND) value is >100%, the intervention is very effective. In case the PND value is between 70% and 90%, it is said to be effective, while a value of 50% to 70% is questioned. Suppose the PND value is <50%, the intervention is ineffective.

RESULTS AND DISCUSSION

The measurement involved symptom profiles of Client 1's grief, feelings of peace, and personal growth before the intervention for 3 weeks and 1 month following 4 therapy sessions. On the basis of the measurement results, there was a decrease and an increase in the grief, and in the peace and personal growth subscales. Figure 1 shows a reduction in grief symptoms and an increase in peace and personal growth.

Figure 1 shows a direct decrease in the level of grief after an ego state therapy intervention. More graphical analysis shows a reduction from the baseline to the intervention phase. Specifically, the baseline level of 40.67 decreased to 16.75 during the ego state therapy phase, as shown in Table 1. The level in all phases shows that the symptoms of Client 1's grief decreased over time. Trend analysis indicates a moderate downward trend and therefore the symptoms of Client 1's grief decrease during ego state therapy. The calculation of the quadratic regression line shows a significant intervention effect and signifies a strong relationship ($R^2 = 0.864$,

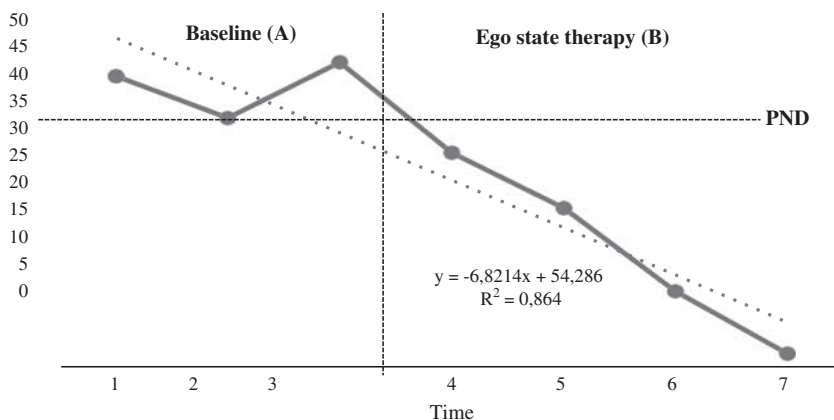


FIGURE 1. Level of grief symptoms. PND indicates percentage of nonoverlapping data.

TABLE 1. Descriptive Statistics and Effect Size for Clients 1's Grief Symptom, Peacefulness, and Personal Growth Scores

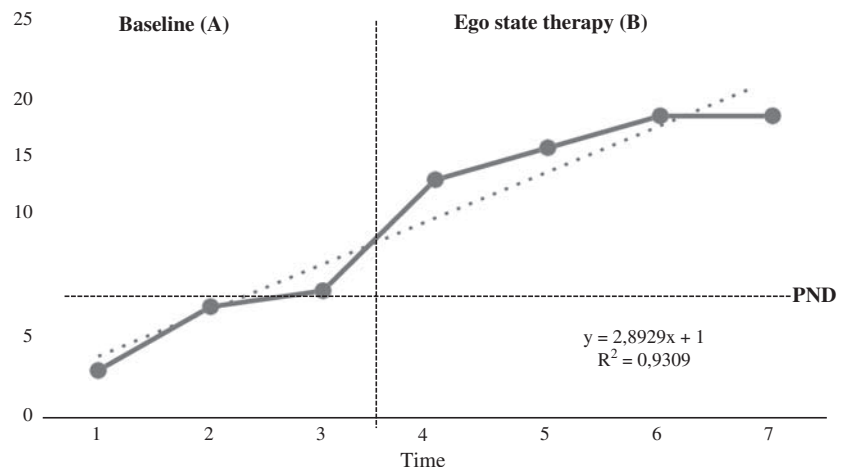
| | Baseline | | Ego State Therapy | | Gain |
|----------------------------------|----------|------|-------------------|-------|--------|
| | Mean | SD | Mean | SD | |
| Grief symptom | 40.67 | 4.16 | 16.75 | 12.82 | -23.92 |
| Peacefulness and personal growth | 6 | 2.65 | 17.5 | 1.91 | +11.5 |

$r=0.93$) between the intervention and time. Further analysis shows a low variability between the initial situation and the intervention conditions. The SD in the initial phase was 4.16 and 12.82 in the intervention conditions.

Figure 2 shows an increase in the subscale of feelings of peace and personal growth after the intervention. Graphical analysis shows the increase from the baseline to the intervention phase. The level of peace and personal growth at baseline 6 rose to 17.5 during the ego state therapy phase, as shown in Table 1. Therefore, the level of peace and personal growth in client 1 increased with time. Trend analysis shows increasing trends during the interventions. Calculation of the squared regression line shows a significant intervention effect and signifies a strong relationship ($R^2 = 0.9309$, $r = 0.965$) between intervention and time. Further analysis shows differences in variability between initial and intervention conditions. The initial SD was 2.65 in the initial phase and 1.91 in the intervention conditions.

To further examine the magnitude of the effect of the intervention, a PND was tested. Because ego state therapy aims to reduce the symptoms of Client 1's grief, the horizontal line was drawn from point 36 in the initial phase. This is the lowest point of the baseline phase and extends to the intervention phase, as shown in Figure 1. The results show that 100% of the data points in the intervention phase have values <36 . On the peace and subsidence subscales, the PND line is drawn from point 8 in the initial phase, which is the highest point in the baseline phase. The results show that all the 4 data points in the intervention phase have values of <8 . Therefore, ego state therapy interventions are very effective at reducing symptoms of grief, as well as increasing feelings of peace and personal growth in Client 1.

The measurement of symptom profiles of Client 2's grief included feelings of peace and personal growth before the intervention for 3 weeks and 1 month following 4 therapy sessions.

**FIGURE 2.** Levels of peace and personal growth. PND indicates percentage of nonoverlapping data.

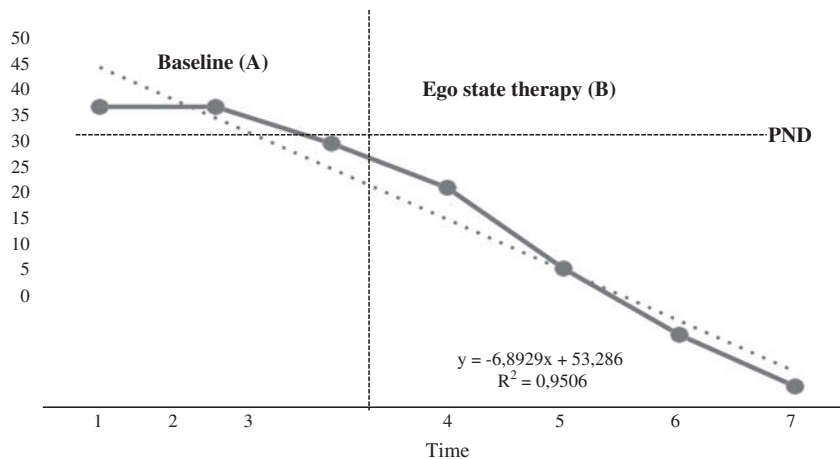


FIGURE 3. Levels of grief symptoms of client. PND indicates percentage of nonoverlapping data.

The measurement results showed a decrease and an increase in the grief and feelings of peace and personal growth subscales, respectively. Figure 1 shows a reduction of grief symptoms and an increase in feelings of peace and personal growth.

Figure 3 shows a direct decrease in the level of grief after an ego state therapy intervention was given. More graphical analysis shows a reduction from the baseline to the intervention phase. Specifically, the baseline level 39.3 decreased to 15.5, as shown in Table 2. Therefore, the symptoms of Client 2's grief decreased over time. In addition, trend analysis shows a downward trend, which indicates that the symptoms of Client 2's grief decreased during the interventions. The calculation of the squared regression line shows a significant effect and signifies a strong relationship ($R^2 = 0.95$, $r = 0.975$) between intervention and time. Further analysis shows low variability between initial and intervention conditions. The initial SD was 0 and 5.85 in the intervention conditions.

Figure 4 shows the increase in the subscale of feelings of peace and personal

growth after an intervention. Graphical analysis shows the increase from the baseline to the intervention phase. The level of peace and personal growth at baseline 6 rose to 11.75 during the ego state therapy phase, as shown in Table 2. It visually indicates that the feeling of peace and personal growth of Client 2 increases. However, it decreased at the first session intervention before increasing again. The analysis reveals an increasing trend during ego state therapy. Calculating the square regression line shows the intervention effect, indicating a healthy relationship ($R^2 = 0.73$, $r = 0.85$) between intervention and time. Further analysis show differences in variability between initial and intervention conditions. The initial phase SD was 0 in the initial phase and 5.85 in the intervention conditions.

To further examine the magnitude of the effect of the intervention, a PND was tested. As ego state therapy aims to reduce the symptoms of Client 2's grief, the horizontal line was drawn from point 36 in the initial phase. This is the lowest point of the baseline and extends to the intervention phase, as shown in

TABLE 2. Descriptive Statistics and Effect Size for Client 2's Grief Symptom, Peacefulness, and Personal Growth Scores

| | Baseline | | Ego State Therapy | | Gain |
|----------------------------------|----------|------|-------------------|-------|-------|
| | Mean | SD | Mean | SD | |
| Grief symptom | 39.3 | 2.89 | 15.5 | 11.68 | -23.8 |
| Peacefulness and personal growth | 6 | 0 | 11.75 | 5.85 | +5.75 |

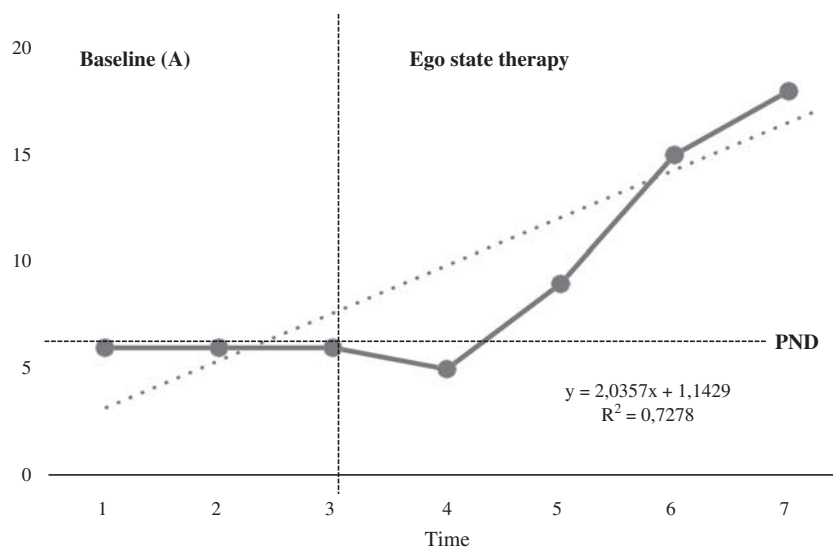


FIGURE 4. Levels of peace and personal growth. PND indicates percentage of nonoverlapping data.

Figure 3. The results show that all the 4 data points in the intervention phase have values <36 . On the peace and subsidence subscales, the PND line is drawn from point 8 in the initial phase, which is the highest point in the baseline. The results show that 3% or 75% of the data points in the intervention phase have values <6 , as shown in Figure 4. Therefore, ego state therapy intervention is very effective in reducing the symptoms of grief and increasing feelings of peace and personal growth in Client 2.

The purpose of this study was to determine the effectiveness of ego state therapy in reducing grief due to parental death. The results showed that the reliability of ego state therapy was effective. The visual analysis showed a consistent reduction in grief symptoms in the baseline and intervention phases for both participants. Similarly, the subscale of feelings of peace and personal growth had a consistent increase from the baseline and the intervention phases.

This finding shows the significance and reliability of ego state therapy in handling various emotional and behavioral problems. According to Emmerson,¹⁸ ego state therapy is effective because the counselor deals directly with the injured and traumatized part. Changes occurred in both participants

because of the counselee's access to the negative ego state and the facilitation of communication of the injured part to become more positive, healthier, and adaptive. In other words, grief is the process of reconstructing and changing suffering, sadness, and loss into a transformative meaning with independence. Individuals begin to accept the death of their parents and reconstruct the meaning of the events of suffering into positive personal growth.³³

Ego state therapy helps individuals to release negative emotions and reconstruct feelings to become more manageable and positive. It effectively helps in dealing with emotional and behavioral problems.^{18,19,34,35} Another research shows that the approach can be used for sexual assault problems,³⁶ managing anger,³⁷ and overcoming posttraumatic stress disorder,²¹ public speaking anxiety,^{21,22} eating disorders,²³ and dissociative disorders.²⁴

Analysis of changes that occur in controlling the individuals with grief involves bringing up a more mature part of themselves and empowering them to be more adaptive. Part of the counselee helped the injured aspect due to grief. This is proof that ego state therapy is based on the premise of personality consisting of separate parts called ego state.³⁸ Each part of an individual can be a source of the power used to overcome

the problems at hand. Furthermore, changes in terms of understanding and accepting the loss of a loved parent gives the counselee a deeper level of understanding.

The conceptualization of individual changes is divided into facts about the reliability of ego state therapy in dealing with various psychological problems. Ego state therapy can be more effective in dealing with emotional and behavioral problems than other approaches. It provides a faster solution compared with CBT.¹⁸ This is because CBT focuses on unwanted symptoms and trains the counselee to respond in different ways. Contrastingly, ego state therapy uses adverse symptoms to determine the cause of the disorder to make resolutions to unresolved problems, and therefore the interventions can be effective and quick.

CONCLUSIONS

The adolescents grieving due to the death of parents were counseled with the ego state approach. There was a decrease in the level of grief after following complete therapy sessions. Client 1 showed a fairly noticeable change before and after therapy intervention and could manage sadness due to the death of the father. Similarly, there was a significant improvement in Client 2 after treatment. The Client could manage sadness and realized that there was a positive meaning from the condition. This study concluded that ego state therapy is effective in reducing grief and increasing feelings of peace and personal growth. The effectiveness of this intervention can be seen from several aspects, including a decreased grief score and increased feelings of peace and personal growth based on the graphical analysis in the baseline and intervention phases. In addition, the PND test showed that ego state therapy is very effective in reducing the grief score of clients.

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