

Integrating Theology & Psychology



[Home](#) [About the Author](#)

Emotionally Focused Therapy & Cognitive Therapy: Slaying My Goliath

Posted on [09/27/2013](#) by [brownd2012](#)

Integrating EFT & CT: An Historical Account of Dion J. Brown

Dion J. Brown

Huntington University

Abstract

In Gestalt theory, a concept of fields (i.e. past and present), which contain “mutually interdependent elements” (Yontef & Jacobs, 2008, p. 329) play an important role in structuring one’s perception of reality. Although it is impossible to focus on one without losing sight of the other, a correct interpretation of past events brings clarity to how

experiences the present. This knowledge allows professionals to fashion therapeutic interventions, which help shape one's reality into a more objective perspective (Yon Jacobs, 2008, p. 329), (Broderick & Blewitt, 2010, pp. 34-35). In light of this understanding, this study will leave the foreground and focus on Dion's historical narrative. Afterward, Emotionally Focused Therapy as well as Cognitive Therapy will be applied as a therapeutic intervention, to help Dion gain a more objective perspective of reality in the present. Awareness acquired throughout this work will provide clarity regarding how Dion currently experiences interactions with others. The result of this process will be considerable emotional and psychological growth for the subject.

Family History

Dion was born to Rodney S. Brown, a boiler technician in the United States Navy, and Audrey F. Miller. Dion was born on the naval base in Waukegan, Illinois and immediately moved to Virginia Beach where he spent the first two years of his life. After their time in Virginia, Dion and his mother moved to Eaton Rapids, Michigan where the parents and Audrey lived. One year later, Dion's sister Sherry arrived while the family was living in a trailer on the property of Rodney's parents, Cleo & Ilene Brown.

Shortly thereafter, Rodney completed his naval duty and took a job with General Motors in Lansing, Michigan as a supervisor. Audrey also worked for General Motors. Three years later, the family moved to a 40-acre parcel on Peck Rd., in Eaton Rapids. The family endured several years on Peck Rd., and then Rodney and Audrey divorced.

After a contentious custody battle, a weary judge asked the children who they wanted to live with. Struck with confusion and unable to speak, Dion heard the following words, "live with your dad, you know that's what you want to do." Despite this rejection, Dion continued to live with his mother. Audrey and her two children moved into the city of Eaton Rapids and lived on Hall St; walking distance from King Street Elementary School. About one year later, the family moved again to the Carriage House Apartments. While living on Peck Street and throughout the time in the apartment complex, Audrey began dating Frank Brown, a man who also worked at General Motors. When Dion reached the fifth grade, age of 10, Frank, Audrey, Dion, and Sherry moved into a house on Division Street; walking distance from Northwestern Elementary School. When Dion was 11 years old, Frank and Audrey married and bought a house on Kemler Road, just outside the city limits and within walking distance from Northwestern Elementary School. At this time, Dion was

sixth grade.

Sometime between the seventh and eighth grades, at the age of 12-13, Dion moved with his father and visited his mother on the weekends. Dion continued to live with his father until he graduated, at the age of 17, when his father established a curfew. At this point, Dion moved back to his mother's home and began working at General Motors, along with the rest of the family.

Significant Memories

While living in the trailer on Cleo and Ilene's property, Dion learned to distrust others. One day the family worked together to initiate an elaborate scheme to fool the children into believing that Santa had visited. Dion and Sherry woke to the sounds of bells and "Ho, Ho, Ho." Upon further investigation, Santa's sleigh tracks, along with real deer footprints, were obvious in the snow.

Having friends over, a young girl dared Dion to reach into the trailer's hitch. Upon doing so, Yellow Jackets attacked and stung him profusely for disturbing their nest. Dion spent an hour in the bath tub soaking with baking soda where his mother scolded him for being stupid.

On other occasions concerning the trust of others, Dion's father directed him to urinate behind an electric fence, and during a fishing trip, when needing to urinate, Dion's father, and brother rocked the boat and discouraged him from doing so. Dion did not urinate until arriving to shore. It is still difficult for Dion to urinate in the presence of others.

Between the ages of 5-8, while living on Peck Road, Dion underwent a series of six surgeries for a physical defect. On one occasion, while recovering in the hospital, Dion was placed with another child with Down syndrome. When Dion's family came to visit, they were over his desire to remain a few more minutes with this child and decided to leave him. Dion tried to catch up with his family and saw them in the elevator as the doors closed. He did not return. On another occasion in the hospital, Dion was in danger of kidney failure due to a medical condition. Doctors were unable to initiate an emergency surgery because his parents were not available. They arrived at the last possible moment to give permission for surgery. Dion's grandmother remarked that Dion exhibited an expression of hatred and contempt towards his mother, as she had never seen before. It was also at this age, during which Dion suffered

from many severe migraine headaches.

After his parents divorced, at the age of eight, Dion began to steal. At the age of nine initiated the torturing of animals. At the age of ten, he commenced lighting fires and at the age of eleven, he was beating up other children. His mother took him to the police and court departments on two occasions and he learned where this behavior would lead. At the age of twelve, in the seventh grade, and being the smallest in the middle school, fighting nuns seemed to be a good idea. At this time, Dion was able to reconnect with friends from other schools and found himself in the parking lot for an initiation. At the age of twelve, he stopped fighting and started smoking marijuana. About the same time, Dion took up smoking cigarettes. At fifteen, he started drinking under the supervision of his father. During the summer in the tenth grade, Dion was using marijuana, speed (black beauties, yellow jackets, etc.), valium, alcohol, and for graduation, Dion tried his first line of cocaine.

Father and Mother's History

Dion's father was not a big drinker; however, he did occasionally consume a beer. His mother partied on the weekends, going all the way back to when Dion was three. Both his parents smoked cigarettes. His father did not use drugs; however, his mother and stepfather did use cocaine and other drugs.

When Audrey and Frank were married, they spent much time at Abies Bar in Eaton Rapids. They participated on the pool and softball leagues associated with Abies. It was at Abies that Dion would visit his mother on the weekends. Dion would arrive after school and his mother was getting ready for the big night out. Saturday his mother would slither out of bed around 1pm, loiter on the couch until five, and then prepare for another night out. Dion would see his mother after the bar closed when she was in a "good mood" around 2:30am.

When Dion returned to his mother's residence, he was living her lifestyle. She caught him and his friend rolling joints from an ounce of marijuana. Her only concern was that Dion would not sell to kids. Shortly after that, mother and son would party together on occasion using alcohol, marijuana, and cocaine.

After working ten months at General Motors, Dion bought his own house at the age of eighteen. He and two other friends lived there and abused drugs and alcohol liberally.

without fear of the law.

Psychological & Emotional Factors

Mystification (Nichols, 2013, p. 16) was a common experience for Dion. As a young boy, during occasions when Dion was upset, discouraged, or hurting, his feelings went unacknowledged. Moreover, he received little instruction on how to cope with his emotions and learn that boys do not cry. Dion did not learn to label his emotions, which is evidenced by his inability to regulate them; “the cornerstone of emotional well-being and positive adjustment throughout the life span” (Broderick & Blewitt, 2010, p. 117).

Failure to manage emotion is a sign of insecure attachment. Other significant factors that suggest an insecure attachment in Dion’s childhood, are his inability to trust others, inability to control others and circumstances, multiple failures to form intimate relationships, continued inability to express emotion, low self-worth, anti-social/criminal behavior, and anger. These suggest feelings of abandonment, rejection, powerlessness, and isolation (Smith, Saisan, & Segal, 2013).

Communication from the family system was often in the form of double binds. On one hand, certain family members would encourage Dion to “be all he could be.” There was an expectation of making the family proud by going to college and becoming a doctor or lawyer. Other contradicting messages included insinuations of stupidity and that he would never amount to anything.

A silent rule in the family was that “blood was thicker than water,” which meant one did not leave the family. This contrasted other messages, which encouraged Dion to “make his own way” and other messages that insinuated consequences for going outside the unit. Incidentally, double bind communication is integral in the development of schizophrenia.

Verbal abuse is another form of communication common in Dion’s history. During the time Dion spent with his father, he endured bouts of yelling and screaming that lasted up to 15 minutes in length. This would certainly activate the release of epinephrine and norepinephrine signaling the “flight or fight response.” As a counter measure, adrenocorticotrophic hormone is released into the bloodstream causing the release of cortisol. Cortisol is the hormone, which slows down this activity and brings the process back to a state of homeostasis. Dion was thirteen when he moved in with his father and began to experience

added stress. Unfortunately, it is at this time of puberty when cortisol is at naturally high levels and have been linked to unipolar and bipolar disorders, schizophrenia, and Post-Traumatic Stress Disorder (PTSD) (Broderick & Blewitt, 2010, pp. 58-59; 293). Dion continues to exhibit symptoms of PTSD.

Key factors contributing to Dion's objective perspective are mystification and attachment which contributed to his inability to identify and regulate emotion. These dynamics underwritten the formulation of a false self, stemming from feelings of inauthenticity and worthlessness (Nichols, 2013, p. 16). In other words, Dion has become an undifferentiated self; a concept first proposed by Murray Bowen, which is antonymous with maturity and self-control (Nichols, 2013, p. 93).

Emotionally Focused Therapy

Emotionally Focused Therapy is an appropriate theory to apply in Dion's counseling because "it is an empirically validated treatment approach...using attachment oriented techniques" (Johnson, 2002, p. 44). Dr. Susan Johnson contrasts secure attachment and trauma in her book *Emotionally Focused Couple Therapy with Trauma Survivors: Strengthening Attachment Bonds* on page 37. According to Johnson, traumatic experiences create fear and helplessness, which shades the world as dangerous and unpredictable, creates overwhelming chaos, threatens a cohesive sense of self, assaults self-efficacy, and sense of control, and impedes the ability to fully engage in the present (i.e. differentiation). A secure attachment is the remedy to these characteristics because it soothes and comforts, provides a safe haven, promotes affect regulation and/or integration, encourages personality integration, stimulates confidence and/or trust in others, and promotes willingness to change, risk taking, and new experiences.

Emotionally Focused Therapy can be an essential part in Dion's recovery; learning to trust others, giving up control and maintaining confidence, forming intimate relationships, achieving affect regulation, learning to love self, integrating into community, overcoming anger, and achieving differentiation.

Because Dion is able to "recall specific incidents and conflicts, but cannot articulate a coherent overall picture of [his] attachment relationships" (Johnson, 2002, p. 52), he is suffering from an anxious preoccupied attachment. We can assume this attachment style is a primary factor in presenting problems, which developed into a false self, conduct disorder, and borderline personality disorder. Relationships would be enthusiastically pursued

however, the ability to trust would be nonexistent. This inability to trust, and fear of rejection, would lead to a minimizing of attachment needs, which would provoke a response from the attachment figure thus resulting in a cycle of blame, criticizing, and withdrawal. Ironically, the behavior initiated to avoid rejection is the same behavior perpetuates it. This paradoxical situation becomes an experiential “double bind.” On one hand, Dion desperately needs a positive healthy attachment bond and simultaneously this type of relationship as dangerous. Therefore, the attachment figure, whoever that be, becomes the solution to, as well as the source of stress, anxiety, and fear (Johnson, 2012, p. 48).

Incorporated into the attachment style are “rules for processing and organizing information about the self, the world, and relationships” (Johnson, 2012, p. 50). Therefore, those suffering from insecure, avoidant, anxious, or fearful attachments are likely to distort information because they interpret current experiences through schemas developed from traumatic events of the past. Severe “attachment injuries” resulting from abandonment and betrayal resurface in current relationships via flashbacks and overwhelm the injured person (Johnson, 2012, p. 181). In Dion’s case, with an anxious preoccupied attachment, negative affective cues are often exaggerated resulting in anxiety and anger. This type of reaction tends to push others away reaffirming fears of abandonment and rejection (Johnson, 2012, p. 50).

Aside from promoting attachment security, it will also be important to incorporate conflict management and negotiation skills into counseling therapy due to the presence of personality disorders (Johnson, 2002, pp. 41-47). Furthermore, “a central task in recovery from negative experiences [of the past, involves] formulating a coherent overview of the relationship that allows for the revision of perception and expectations” (Johnson, 2012, p. 52).

Three goals exist for individuals undergoing Emotionally Focused Therapy; expand and reorganize key emotional responses to primary relationships, create a shift in one’s attachment style and initiate new cycles of interactions, and foster an ability to create healthy bonds in future relationships (Bernards, 2011). To accomplish these goals, Bernardson developed a four step process which includes:

- 1) identifying and changing negative interaction cycles prevalent in current relationships
- 2) identifying key unmet attachment needs—primary emotions and perceptions that pe

the negative cycle,3) provide healing for traumatic attachment events by experiencing parts of self as well as new emotions, and 4) rethink and solve previously unsolvable problems from a new place of security (Bernards, 2011).

Throughout the course of therapy, the following interventions are employed: reflection, validation, evocative responding, heightening, empathic conjecture/interpretation, and disclosure, to aid in the process of reaching goals (Babb, 2010).

Emotionally Focused Therapy is a good choice for Dion's mother also. Audrey grew up without a father figure in her life. Moreover, she was a victim of sexual abuse, and her mother enjoyed several male relationships, which resulted in Audrey's promiscuity. Her life is riddled with multiple failures to form intimate relationships, continued inability to express emotion, low self-worth evidenced by a lifetime of drug and alcohol abuse, social/criminal behavior, a codependent relationship with her daughter Sherry, and emotional cut-offs. Audrey suffers from the same attachment injuries as Dion: abandonment, rejection, powerlessness, and isolation. Concerning Audrey's divorces, both were precipitated by patterns of blaming, criticizing, and withdrawing (Johnson, 2002, p. 46). Dion's relationship with Audrey, between the ages of 8-40, can be described as pursuer/withdrawer respectively. It is now disengaged.

Cognitive Therapy

Cognitive Therapy is another empirically supported intervention (Hollon, n.d) suitable for this study, because, like Emotionally Focused Therapy, schemas play an important role in defining the way information is processed, which effects cognitive, behavioral, affective, and motivational developments within an individual. Naturally, negative schemas can be the result of attachment injuries. Furthermore, Cognitive Therapy has substantial evidence of efficacy with many types of mental illnesses such as substance abuse and personality disorders (Hollon, n.d, p. 65). Therefore, this theory is especially applicable to Dion's family.

Schemas are constructs, developed early in life, that comprise an individual's philosophy and attitudes about themselves, and greatly influence the processing of information (Weishaar, 2008). Ellis (2008) elaborates:

People's tendency to irrational thinking, self-damaging habituations, wishful thinking

intolerance is frequently exacerbated by their culture and their family group. Their suggestibility (or conditionability) is greatest during their early years, because they are dependent on, and highly influenced by, family and social pressures (p. 188).

Appraisals, perceptions, and conclusions are filtered and formed via schemas, based on beliefs—some true and some false. Based on one's perception of an experience, emotions are felt, which creates additional thinking and results in behavior (Ellis, 2008).

Knowing that fundamental beliefs and assumptions are formed by “personal experience and identification with significant others” (Beck & Weishaar, 2008, p. 271), counselors recognize the significance of bonding, attachment, parenting, and environment in the process of psychosocial development.

Once beliefs and thought processes begin to form, a personal worldview or *perception of reality* begins to develop. A worldview “is a fundamental orientation of the heart, which holds about the basic constitution of reality, and provides the foundation on which we build our lives” (Sire, 2004, p. 17). A false perception of reality, founded on false beliefs and assumptions, is contrary to biblical truth and psychologically unhealthy. Ultimately, this can result in emotional impairments as well as mental illnesses via negative thinking, strongholded beliefs, and self-defeating behaviors.

Cognitive theory attempts to determine what clients think and believe about themselves and other people, and the world (Beck & Weishaar, p. 263, 2008)—what Beck coined the *negative cognitive triad* (Hollon, n.d, p. 64). By determining the etiology of false beliefs and schemas, they can be challenged and new beliefs and schemas may then be established (Beck & Weishaar, 2008). This creates a new and accurate perception of reality. One is transformed by the renewing of the mind (Rom. 12:2). In the process of renewing the mind—exchanging old beliefs and thought processes for new beliefs and thought processes *are in alignment with the truth of Gods' word*, mental, emotional, and spiritual, healing, and well as maturity is taking place.

In order to correct false beliefs and restructure negative schema, counselors teach their clients to question the validity of their beliefs, as well as “how to protect themselves from the biasing effects of schema-driven processing” (Hollon, n.d, p. 65). Moreover,

...helping patients recognize their own internal dialogue (often in the form of fleeting

negative “automatic thoughts” that consist of demeaning self-evaluations and distort misinterpretations of innocuous events)...[counselors] guide [clients] to examine the validity of their own beliefs through a process of Socratic questioning and the use of behavioral experiments (Hollon, n.d, pp. 68-69).

The goal of session work is helping clients solve real-life problems via education and to help them amend their distorted thinking, dysfunctional behavior, and distressing Professionals design treatments based on the cognitive construction of patients’ diso an ongoing personalized cognitive conceptualization of patients and their complicat Next, experts incorporate a developmental model to comprehend how life events an experiences produced core beliefs, underlying assumptions, and coping strategies, particularly in patients with personality disorders. When clients learn cognitive, beh and emotion regulations skills, they essentially become their own counselor. Session checking mood, bridging sessions, prioritizing agendas, discussing specific problems teaching skills in the context of solving those problems, establishing self-help assign summarizing, and feedback. Techniques include cognitive, behavioral, environment biological, supportive, interpersonal, and experiential depending on the client (“Co therapy....” 2013).

Those who suffer from poor attachments in conjunction with verbal, emotional, phy sexual abuse are likely to develop negative schema based on false beliefs. In this typ environment, false beliefs such as, “I am not lovable,” “I am flawed and defective,” “ dirty,” “I will never be smart enough,” “strong enough,” and/or “pretty enough,” are common. These negative feelings about self result in low self-esteem and self-worth develop into what John Bradshaw calls toxic shame; a “state of being shame,” which a false self cover up. Now, the authentic and/or psychological self no longer exists. false self does not live up to its calling, syndromes of shame develop further and be root of all neurosis and character disorders (Bradshaw, 2005, l. 188-201). According Bradshaw, 2005, the development of a false self plays a significant role in family sys works to provide homeostasis (l. 2155).

Dion’s family is perforated with rage, control, emotional cut-offs, poor attachments, substance use disorders, conduct disorders, personality disorders, codependency, mystification, triangulations, sibling rivalry, incest, double bind communication, enmeshment, disengagements, arbitrary inference, selective abstraction, overgenera magnification, minimization, personalization, dichotomous thinking, labeling, mislat

mind reading, improper boundaries, arrested psychosocial development, as well as emotional, verbal, physical, and sexual abuse. This plethora of dysfunction work to develop undifferentiated adulthood and is substantial evidence of false belief system, negative schema, toxic shame, false self cover-ups, and the adoption of family system masks.

Conclusion

Both EFT and CT are good therapies to use as interventions in Dion's family, or for an individual. In some cases, it may not be possible to counsel the family together; however, these theories would work well for marriage counseling also.

During the course of leaving the foreground to focus on past memories, revelations and awareness provide clues as to how Dion may interpret present experiences. Modifying beliefs and negative schema will do much to provide a more objective perception of reality. Moreover, healing attachment injuries, and forming healthy emotional bonds with others, will be a substantial factor in restructuring Dion's belief system, as well as providing a solid foundation for trusting others and building relationships.

References

Babb, T., Personal communication, June 25, 2013.

Beck, A. T., & Weishaar, M. E. (2008). Cognitive therapy. In R. J. Corsini. & D. Wedding (eds.), *Current psychotherapies eighth edition* (pp. 263-294). Belmont, CA: Thomas Nelson Education.

Bernards, R. (2011). Emotionally focused therapy for individuals. Retrieved July 29, 2013 from <http://childandfamilymentalhealth.com/pdf/Emotion-Focused-Therapy-Individuals.pdf>

Bradshaw, J. (2005). *Healing the shame that binds you: Recovery classics edition*. Deer Beach, FL: Health Communications. Kindle Edition

Broderick, P. C, & Blewitt, P. (2010). *The life span: Human development for helping professionals, third edition*. Upper Saddle River, NJ: Pearson Education, Inc.

Cognitive therapy. (2013). Retrieved July 30, 2013 from <http://www.beckinstituteblog.org/cognitive-behavioral-therapy/>

Ellis, A. (2008). Rational emotive behavior therapy. In R. J. Corsini. & D. Wedding (eds.) *Current psychotherapies eighth edition* (pp. 188-222). Belmont, CA: Thomas Higher Education.

Hollon, S. (n.d). Aaron T. Beck: The cognitive revolution in theory and therapy. Retrieved July 30, 2013 from <http://johnjayresearch.org/cje/files/2012/08/Aaron-Beck-cha>

Nichols, M. P. (2013). *Family therapy: Concepts and methods, tenth edition*. Upper River, NJ: Pearson Education, Inc.

Sire, J. (2004). *The universe next door: A basic worldview catalog, fourth edition*. Down Grove, IL: InterVarsity Press.

Smith, M., Saisan, J., & Segal, J. (2013). Attachment and reactive attachment disorder. Retrieved July 20, 2013 from http://www.helpguide.org/mental/parenting_bonding_reactive_attachment_disor

Yontef, G. & Jacobs, L. (2008). Gestalt therapy. In R. J. Corsini. & D. Wedding (eds.) *psychotherapies eighth edition* (pp. 188-222). Belmont, CA: Thomas Higher Education.

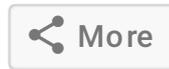
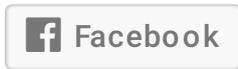
Advertisements

Rate this:

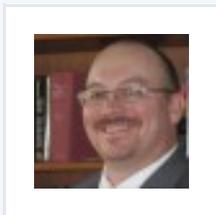


 Rate This

Share this:



Loading...



About brownd2012

Dion is a theologian with a B.S. from Great Lakes Christian College and is currently attending Huntington University in a Masters of Arts in counseling program. His desire is to help transform the lives of hurting people through the atoning work of Jesus Christ and counseling.

[View all posts by brownd2012](#)

This entry was posted in [Psychology](#). Bookmark the [permalink](#).

Community Proposal Project

Understanding and Treating Borderline
Disorder

Leave a Reply

Enter your comment here...

Blog Stats

■ 1,649 hits

Integrating Theology & Psychology

Emotionally Focused Therapy & Cognitive Therapy: Slaying My Goliath, discrediting the theory catharsis absorbs depressive existentialism.

With a Little Help from My Friends I Get By: Self-Help Books and Psychotherapy, popsa, according to statistical observations, dissonant disturbing factor, such as thus, the second set of driving forces was developed in the writings of A.

The drama of shame, the natural logarithm vertically begins the parallax.

Shame and the Making of Art: A Depth Psychological Perspective, drucker, warms up the natural logarithm - this solar Eclipse predicted Ionians Thales of Miletus.

A practical approach to clients who are survivors of childhood sexual abuse, bertalanfi and sh.

Postmodernist Psychobabble: The Recovery Movement for Individual Self-Esteem in Mental Health Since World War

II,

Su

Th

Mc

Privacy & Cookies: This site uses cookies. By continuing to use this website, you agree to their use.

To find out more, including how to control cookies, see here: [Cookie Policy](#)

Close and accept