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Family therapy as a process of Social Sharing of Emotion (SSE):

Application of the model in family therapy with depressed adolescents.

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Rimé, B. (2009). Emotion elicits the social sharing of emotion: Theory and empirical review. *Emotion Review, 1*, 60-85. DOI: 10.1177/1754073908097189

Adolescents and "emerging adults" depression

Some figures:

- Prevalence: 3% - 9%
- Teenage lifetime incidence : 20%
- Antidepressant medication Flanders – Brussels within the age range 0 – 25 in 2013: **29.385** children/youngsters

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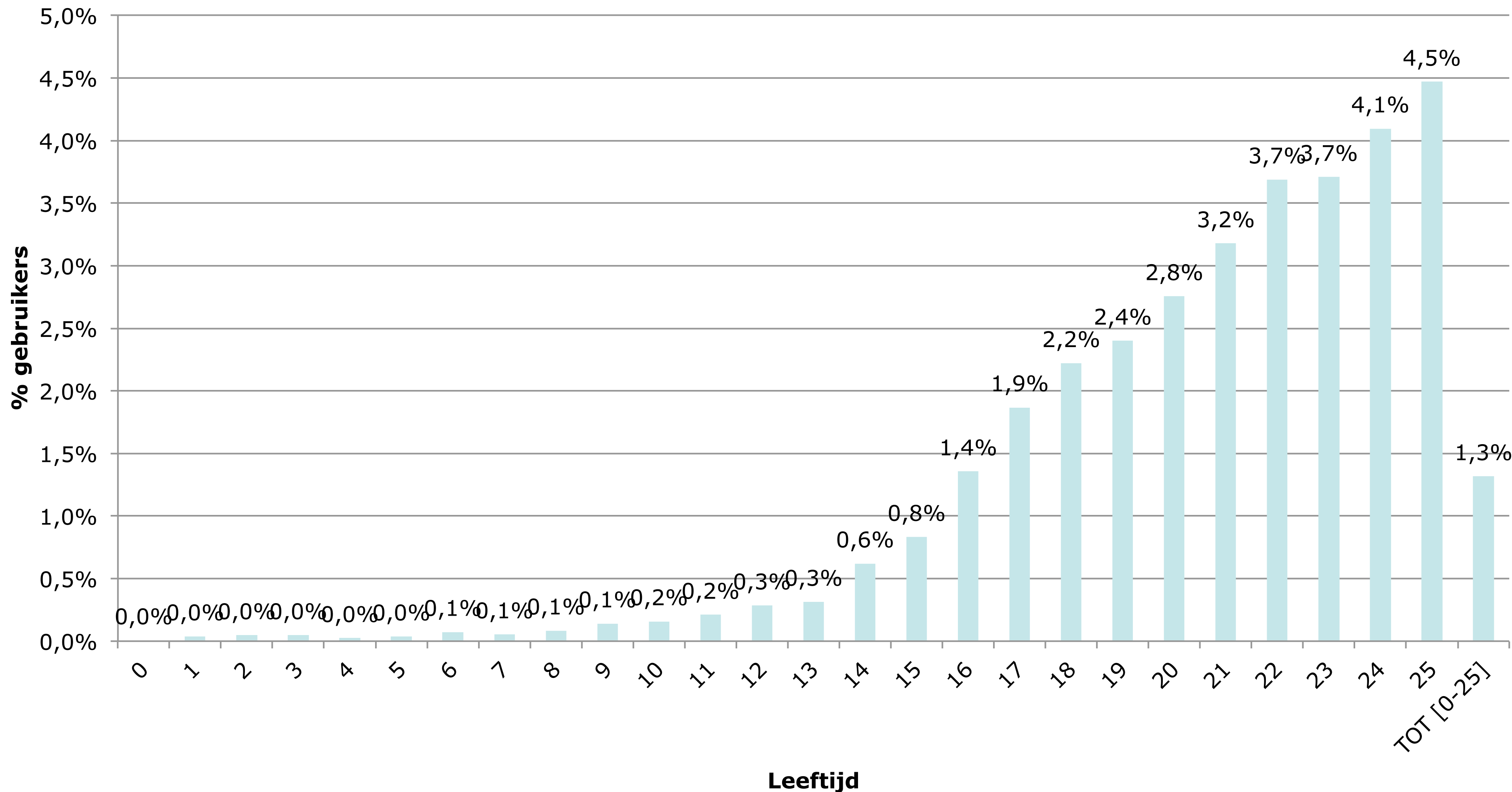
% gebruikers (0-25 jaar, Vlaanderen + Brussel) van antidepressiva (min. 1 aflevering): per leeftijd in 2013



Features of depression

- Depressed mood
- Diminished interest or pleasure in most activities
- Significant change in appetite or weight
- Insomnia or hypersomnia
- Psychomotor agitation or retardation
- Loss of energy and fatigue
- Feelings of worthlessness or guilt + RUMINATION
- Thought and concentration problems
- Recurrent thoughts of death and suicide

→ Problems with **EMOTION REGULATION**

Why family therapy?

- Eco-systemic approach:

  Focus on emotion regulation as an INTERPERSONAL PROCESS embedded within broader SOCIAL and CULTURAL CONTEXTS

  - ➢ Most interventions regarding adolescent depression focus on the individual (CBT, IPT-A)

  - ➢ Most family interventions regarding adolescent depression do not include broader social and cultural context

Why family therapy?

- Major theme of adolescence =
  - Process of ***separation – individuation***, including **ambivalence** of adolescent and other family members, **and meeting the social complexities outside the family**
  - Constructive separation and individuation (identity construction) is only possible when the persons involved have a **sense and feelings that they had good moments together**

Why family therapy?

- Main assumptions:

  - By addressing in family therapy complexities for adolescents within the broader social discourse, the family is approached as a resource to facilitate interpersonal processes of emotion regulation, for the adolescent and the other family members

  - Adolescent depression has a huge impact on the family, and this massive engagement is constructive when also (like the other family members) the depressed adolescent is approached as a **full agent** (what he/she feels-thinks-says is not mentally deficient), which facilitates the process of separation – individuation

Why family therapy?

"*Agency means considering individuals as* ***actors*** *with the ability to* ***make sense of the environment****,* ***initiate change****,* ***make choices,*** *and* ***resist***"

Kuczynski, L., & De Mol, J. (in press). Dialectical models of socialization. In R.M. Lerner, W.F. Overton, & P. Molenaar (Eds.), *Handbook of child psychology and developmental science, 7th edition*: *Volume 1: Theory and Method.* New York: Wiley.

Theoretical framework:
SSE = SOCIAL SHARING OF EMOTION (Rimé)

- Emotion elicits the social sharing of emotion: emotion regulation is an interpersonal interdependent process
  - Negative and positive emotions
  - Cross-cultural phenomenon
  - Each SES
- Paradox of SSE:
  - During social sharing the negative emotion is reactivated, but people report that this social sharing is good for them, not an aversive experience
  - Falsify the "catharsis"-idea: just talking does not change the emotion

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SOCIAL SHARING OF EMOTION

- Difference between SOCIO-AFFECTIVE and COGNITIVE-SYMBOLIC modes:
  - Socio-affective mode: support, comfort, consolation, legitimization, attention, bonding, attachment, empathy ➔ **Social recognition, validation, understanding of the narrator's inside**
    = perceived partner RESPONSIVENESS (Reis)
  - Cognitive-symbolic mode: EMOTION FUELS COGNITIVE WORK: accommodating models and schemas, recreating meaning, social reframing ➔ **Social comparison, narration, reconnecting to social representations**

- Socio-affective modes of SSE: **only temporary effects, no emotional recovery**

SOCIAL SHARING OF EMOTION

- No or less SSE (people who visit our practice):
  - Shame
  - Guilt
  - Social constraint (also reason why socio-affective modes do not work at the long term)

- Conclusion:
  - Emotional recovery demands cognitive-symbolic modes of SSE, i.e., a cognitive – social process that reconnects people to social representations
  - But, initially necessity of socio-affective modes, then possibility of cognitive-symbolic modes

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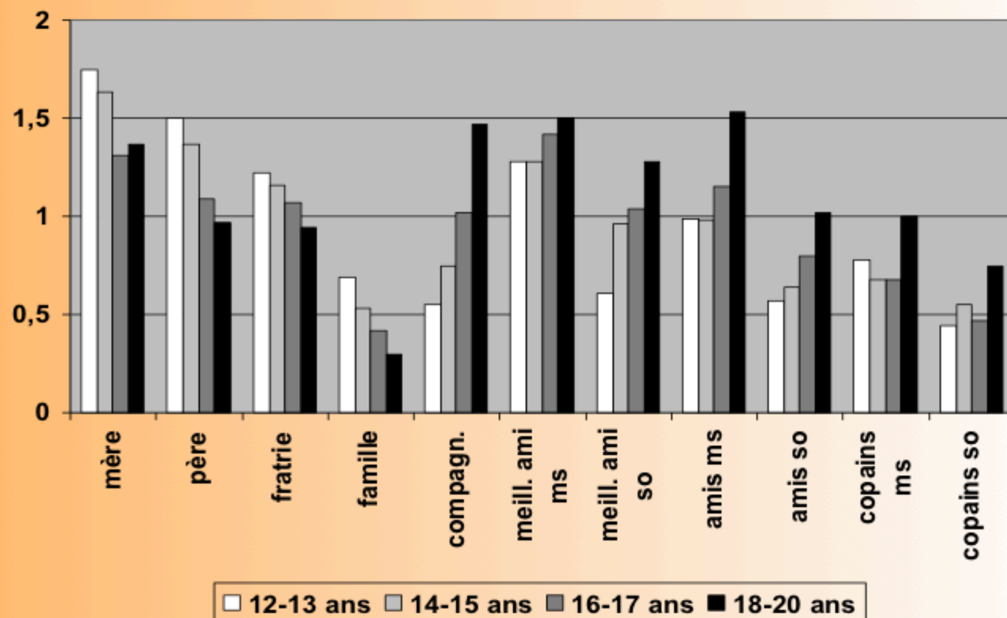
SSE partners for youngsters



First research: Dominant social representations for depressed adolescents

- In-depth individual interviews with 18 hospitalized adolescents (age range 14 – 19)
  - Interpretative Phenomenological Analysis
- Three master themes emerged out of the data:
  - **Impossibility to fail**:
    - Failure is personal responsibility
    - Correct approach produces correct outcome
    - Proper social skills are normal
  - **Obligation to have an intimate relationship:**
    - You can feel with whom it clicks
    - You know what an intimate relationship is
  - **Feeling bad is not allowed and not normal:**
    - Feeling good is normal and self-evident

Therapeutic principles

1. Main therapeutic objective:

Facilitating the process of separation-individuation in the family by facilitating a process of SSE for the adolescent within the social context of the adolescent, not only within the family, but in particular within the social context outside the family.

- Integrating in the social context outside the family is possible when processes of emotion regulation are possible in those contexts

Therapeutic principles

2. Meeting the family (starting point)

MASSIVE mutual engagement-commitment-concern in families with depressed adolescents (suicide attempts, self-injury,…)

Taking a family focus

- by searching for and giving words to this engagement: facilitating the socio-affective modes within the family
- not by focusing immediately on the problem but on the agency of the family: parents want to help and consequently take too fast a cognitive mode
- but also “between the lines” as a therapist giving the message to the family that you know depression (not psychoeducation), also important for the construction of a therapeutic alliance.

Therapeutic principles

3. Moving to the adolescent

Addressing the agency of the adolescent by exploring the social complexities with her/him, using a SOCIOGRAM, in the presence of the parents

- Starting with socio-affective modes
- But, by addressing the agency of the adolescent: "For whom you can/will (sometimes, a little bit,…) be a resource?": SSE is a BIDIRECTIONAL process
- Then "To whom you can/will tell something (sometimes, a little bit,…) about yourself?"
- Moving to the cognitive-symbolic modes
- First, addressing the agency of the adolescent by asking his point of view regarding social complexities
- Then discussing what and how others might think (research into social representations gives the therapist ideas): reconnecting to the social discourse

Therapeutic principles

4. Moving to the parents

Addressing the agency of the parents

- By recognizing their difficulty for keeping distance
- By asking what the narrative of their adolescent mean for them: facilitating socio-affective and cognitive-symbolic modes of SSE within the family (sometimes parents are surprised and learn something from their adolescent regarding social complexities)
- By exploring with the parents their social complexities in the presence of the adolescent (sociogram)

"We haven't failed as a family, and we can learn things from each other"

Therapeutic principles

5. …and the therapist

Addressing the agency of yourself

- By exploring and understanding the social representations by which you are influenced
- By allowing yourself not to understand the adolescent and the parents too quickly, in fact sometimes not to understand them at all.

Research project

3 phases:

- Single case study
- Effectiveness research: multiple case study
- Efficacy research: randomized controlled trial

Research project

Single case study

- Currently running
- Main objective: Refining therapeutic principles

Research project

Effectiveness research

- Multiple case design
- Measurement variables of depression and family functioning at the beginning and the end of the therapy
- Calculating effect-sizes
- Monitoring therapeutic alliance and change in therapy (SRS and SCORE)

Research project

Efficacy research

- Randomized controlled trial
- Two groups: experimental and control group
- Measurement variables depression and family functioning
- Calculating effect-sizes
- Monitoring therapeutic alliance and change

Je vous remercie pour votre attention

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