

Appendix D

HEALING FAMILY WOUNDS VIA THERAPEUTIC APOLOGY

PREPROCESS–SELF-CHAIR

This experiential activity is meant to prepare caregivers to initiate a therapeutic apology with their loved one to strengthen the relationship, share the burden, or relieve their self-blame, as relevant.

To begin the process, invite the caregivers to sit on your left (in the self-chair) to clarify the event(s) or caregiving style for which they wish to deliver a therapeutic apology. Once clear, invite caregivers to take a breath and to picture their loved one in the opposite chair, as they are today.

Step 1: Self-Chair–Caregiver Communicates the Apology

1. Using the following prompt, invite the caregiver to name the event(s), its idiosyncratic impact, as well as to acknowledge the insufficient emotional support that was available, if relevant:

I want to talk to you about when _____ and how hard that must have been for you. Especially because _____ (idiosyncratic impact). And I know that you didn't get the emotional support you needed (from me).

2. Guide the caregiver to label and validate the painful emotions and experiences associated with the event. Encourage the validation of at least three emotions or emotional experiences, ensuring there are at least two or three related “because” for each statement to deepen the healing.

I can imagine that you felt SCARED because . . . and because . . .

I can imagine that you felt SAD because . . . and because . . .

I can imagine that you felt ASHAMED because . . . and because . . .

I can imagine that you felt ANGRY because . . . and because . . .

Then, invite the caregiver to validate the pain associated with the experience of these emotions without sufficient support from the caregiver (if relevant).

I can imagine that you also felt really lonely going through all of this on your own/without my support.

3. Support the caregiver to communicate a sincere apology, free of shame, using the hanging sentence:

I am so sorry . . . (for the pain you suffered/that this caused you)

4. Encourage the caregiver to share what he or she “should have done,” using the framework of the crystal ball and the benefit of financial and social support resources. Doing so maintains the focus on the fact that all caregivers did the best they could with the resources to which they had access at the time.

- a. “If when your loved one was born you had a crystal ball that could show you the future, what would you have done differently in response to what you saw?”

- b. “Imagine you had access to sufficient financial and social support throughout your loved ones’ life, what would you have done differently?”

(Name of loved one), I should have . . . (asked for a second opinion when the family doctor said you were okay; protected you from _____; helped you to move through the pain when _____ occurred).

Then, invite the caregiver to share with their loved one what change they will initiate to move forward together. Most often, this step will involve a shift in the way emotional pain is dealt with in the dyad or family.

Starting today, I will . . . (check in with you more often; I will ask you how you are really doing; I will validate your fear/sadness/anger/pain.)

Switch the caregiver to the “other” chair on the right.

Step 2: Other-Chair–Loved One Reacts to the Apology

1. Invite the caregiver to take a breath and picture himself or herself in the opposite chair. Guide the caregiver to embody the loved one, as the loved one is today. Then, use the following prompt:

Be your loved one. (Name of loved one), tell your (mom/dad/etc.) what happens when you hear what has been shared.

2. Encourage the communication of an authentic response (including silence) without making any attempts to guide or correct the expression of the “loved one’s” experience. Switch the caregiver to the “self” chair on the left.

Step 3: Self-Chair–Caregiver Validates Loved One's Reaction

1. Invite the caregiver to identify the type of reaction received from the loved one (blast, silent blast, denial, or reassurance). Then, invite the caregiver to take a regulating breath (more than one if necessary). Invite the caregiver to respond to the loved one's reaction with validation (with two or three because's) followed by reassurance using the following prompts.

If blast (assume anger): *I can understand why you would be angry because . . . (It probably feels like too little too late . . .) because . . . , because . . . [validation] I am going to own this as long as it takes to work through it. [reassurance]*

If silent blast: *I don't blame for remaining silent because . . . (You might not trust my capacity to handle your anger . . .) because . . . , because . . . [validation] I am ready and willing to take this on. Seriously. I am stronger than you think, and I've had support to get here. [reassurance]*

If denial: *I can understand why you would deny the impact of it all . . . (We've avoided talking about the tough stuff in the past, and so it can be really uncomfortable) because . . . , because . . . [validation] I am committed to working this through. I'm not going to give up. [reassurance]*

If reassurance: *I can understand why you would want to reassure me because . . . (You've seen me hurting in the past and that's been painful for you . . .) because . . . , because . . . [validation] You don't need to protect me or my feelings. I've got this, and I want to do this for you. [reassurance]*

2. Once the loved one's reaction is validated, invite the caregiver to once again communicate a sincere apology, this time with a stronger stance (sculpting her or his body and voice as needed) and using the hanging sentence:

I am so sorry . . . (for the pain you suffered/this caused you).

3. Then, encourage the caregiver to reiterate what could have been done to prevent the event from occurring or to minimize the suffering associated with the event, as well as what the caregiver will do differently from now.

I should have _____ and from now on, I am going to _____ and _____.

4. Next, invite the caregiver to share why they intend to make these changes on behalf of their loved one using this prompt:

Tell _____: I'm committed to doing things differently for you because _____ (I love you so much; I need to be here for you in a different way; this is going to be family's new normal).

5. Finally, support the caregiver to warn the loved one that it won't always go perfectly and that the caregiver will make mistakes but that he or she

won't give up on these supportive efforts. Switch the caregiver to the "other" chair on the right.

Step 4: Other-Chair–Loved One Reacts to the Apology

1. Invite the caregiver to take a breath and to picture himself or herself in the opposite chair. Guide the caregiver to embody the loved one for a final time. Use this prompt:

Be your loved one. (Name of loved one), tell your caregiver what happens when you hear what he or she has shared this time?

2. Encourage the communication of an authentic response without making any attempts to guide or correct the expression of their experience.

If the expression is angry, defensive or dismissive, once communicated fully, invite the caregiver-as-loved one to speak the softness and the vulnerability that lies underneath.

(Loved one's name), if you could speak about what's underneath the anger/defensiveness/resistance, what would you say?

3. Then, encourage the expression of love and gratitude. Although this may not occur in "real life" (should the caregiver deliver the apology to the loved one), it will prime the caregiver not to take such responses personally or at face value if encountered.

Switch the caregiver to the "self" chair on the left.

Step 5: Self-Chair–Caregiver Responds to Loved One and Plans for Next Steps

1. Invite the caregiver to take a regulating breath (more than one if necessary). Depending on the reaction, invite the caregiver to respond with validation followed by emotional support and practical support as relevant.
2. Ask the caregiver to tell you (the therapist) how it felt to move through these steps and debrief together, highlighting the possible release of shame and self-blame and the rise of empowerment.
3. Finally, work together to develop a plan for next steps, if needed, including setting goals to follow through on commitments, a second pass to deepen the experience, or starting block work if shame and self-blame remain in an intense way.