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What becomes of the brokenhearted?

Therapists at Temple are studying how emotions can help people get past betrayal and other deep hurt.

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What does forgiveness look like?

Maybe it looks like Elizabeth as she envisions her heart four years after her husband's affair with one of her friends ended their 12-year marriage. At first she sees it raw, red and bruised, but then the 42-year-old dancer smiles in wonder as her mental picture mutates.

Light pours from her heart. She sees it bursting with love and joy. Her smile fades. She leans forward in her chair sobbing, mostly from happiness at the beauty of it, but with a twinge of sadness that so much love is going to waste.

Maybe forgiveness looks like the jagged graph of Elizabeth's heartbeat recorded by monitors on her wrist and rib cage as she talks with her therapist that day. For most of their hour together, her heart beats between 55 and 65 times per minute. But at 1:57 p.m., as she cries, it shoots like a geyser to 129 beats per minute. Then, just as quickly, it falls as she settles into post-tears peace.

All of it - plus her words, of course - offers clues for Elizabeth's therapist, Michael Bridges, a psychologist and researcher at Temple University who is trying to figure out what helps people let go of the pain of betrayal and rotten relationships.

He's heading a study of the heartbroken, people who can't get past their anger at their parents or ex-lovers, people so hurt they're afraid to love again. This kind of pain is what Bridges called a "ubiquitous human phenomenon" and it's one of the primary reasons people seek therapy.

In his study, up to 60 patients will receive therapy for 10 to 12 weeks. Each session will be videotaped, and researchers will later dissect the tapes for facial expressions and other physical signs of emotions. They'll listen to the words: Is a woman angrily listing the bad things her former boyfriend did or crying about the way his caddishness made her feel? Clients will answer written surveys before and after each session.

Bridges' team will correlate those details with heart rates to get another measure of emotional intensity. Some people, Bridges said, may not be showing much emotion, while their hearts are going wild. He has already noticed something interesting in one of his patients.

During one session, she began to tear up as she discussed her failed relationship. But rather than allow herself to cry, she veered off on an angry tangent. Her heartbeat jumped 30 beats per minute and stayed elevated for 10 minutes.

When something similar happened in a later session, she cried instead. Again her heart rate spiked, but it came down almost immediately.

All these data will reveal "the natural history of therapy," said Bridges, who directs Temple's Psychological Services Center. His ambitious goal is "to think in much more detail about what kinds and intensity of emotions really lead to change in therapy."

Ultimately, he'd like to go a step further and measure the heart rates of therapists as well, to help figure out what type of therapist/client relationship is most effective.

John Norcross, a University of Scranton psychology professor who has studied the effectiveness of different styles of therapy, said the idea that mind and body are connected is ancient. "The notion that there's a reciprocal reaction between the mind and body is as old as Aristotle," he said.

But Bridges' work fits within two newer trends as well. There has been explosive growth recently in studying the interactions between psychology, neurology and the immune system, Norcross said. There is also a trend toward studying smaller elements of therapy to ferret out which specific aspects work.

While he has been through a divorce, the now happily married Bridges said it was not his own love life that spurred his interest in heartbreak and emotions. It was watching his patients fail to get better after therapy.

Bridges noticed that patients could have lots of insights of the "I-can't-stand-up-to-my-wife-because-she-reminds-me-of-Mommy" variety, but nothing would change. That led to his interest in emotion-focused therapy, a style of treatment pioneered by Leslie Greenberg, a psychology professor at York University in Toronto. Greenberg contends that emotions get short shrift in the more popular cognitive behavioral therapy, which aims to change the way troubled people think about their world.

Bridges now believes, like Greenberg, that emotions can be helpful in therapy and that a "certain intensity of feeling" is necessary for people to change.

Some people seek treatment because they're feeling too much, Bridges said. A depressed client may be flooded with emotions, crying uncontrollably. That person needs a different kind of care than a depressed client who has little energy and seems to be cut off from emotions, or an anxious client who frets constantly. Often, he said, anxious patients "think way, way too much" as a distraction from threatening feelings.

Overthinkers, Bridges said, benefit from therapy that helps them experience their feelings - physically and emotionally - while the overfeelers need to calm down enough to think more clearly.

This is a far cry from the old primal-scream idea. That doesn't work, Bridges said. Sometimes, anger is a helpful emotion, he said, but patients who are stuck in their anger often need to work on feeling something else.

While the researchers sometimes call this study the "forgiveness project," Bridges said that's an oversimplification. "We don't have an agenda that forgiveness is the only way to resolve

this," he said.

In the case of abuse, for instance, patients may not forgive, but they can let go, Bridges said. He uses the empty-chair technique: Patients are told to imagine their transgressor in a chair across the room and talk to him. When they're getting better, Bridges said, patients will say, "I'm not going to let you take up any more of my life... . You've been in my mind too long, so I'm going to cast you out."

Elizabeth, who asked that her last name not be published, read about the study in a Temple newspaper and felt as if someone had read her mind.

Even after four years, including therapy immediately after the breakup, she felt stuck in the past, afraid to choose another man after she had so thoroughly misjudged the last one.

"I got into some cycles of blaming myself and not trusting my judgment in men and still feeling like a victim," she said.

She found it relatively easy to forget the heart-rate monitors during her sessions with Bridges, though it did make her a little nervous to realize someone would be analyzing her facial expressions on the videotape. After six sessions, she was already feeling much better.

The therapy helped her not only remember the good times in her marriage but realize that she, like her husband, had been unhappy. "I think I really didn't want it to last either," she says now.

Before the therapy, she found herself thinking of her ex in a sad, painful way three or four times a week. That has changed.

"I'm not thinking about him," she said. "If I do, it's almost like thinking about a movie I saw a couple years ago. It's not charged the way it was."

Many people find themselves struggling with feelings of disappointment, resentment or sadness related to hurtful relationships in their past. These include unresolved feelings related to divorce, the end of romantic relationships, or even feelings that still linger from childhood related to emotional abuse or neglect. If you have problems in these areas related to past relationships, you might benefit from a period of emotion focused psychotherapy with Dr. Bridges. Feel free to call him at 215-868-6393 to discuss this.