

EFFECT OF EMPTY CHAIR TECHNIQUE TOWARDS PSYCHOLOGICAL WELL-BEING INDIVIDUAL EXPERIENCING GRIEF: A CASE STUDY

Adrea Tan Huan Seen¹
Nor Shafrin Ahmad^{2*}
Nurul Fazzuan Khalid³

¹ SEED Connections, Kuala Lumpur, Malaysia (adrea@seedconnections-psych.com)

^{2,3} School of Educational Studies, Universiti Sains Malaysia (USM), Malaysia,

(*Corresponding author: sham@usm.my)

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Abstract: *This paper discussed on the effect of Gestalt empty chair technique to improve individual's psychological well-being. The objectives of this study are to identify level and symptoms of psychological well-being and effect of the empty chair technique among individual who experience grief. The present study adopted A-B-A single subject research design. Purposive sampling is used to recruit participant, and Ryff's Psychological Well-being (PWB) Scale (short version) is used to measure the level of psychological well-being. Verbatim transcripts, Mental Status Examination (MSE) and Percentage of Non-overlapping Data (PND) are used to analyse the symptoms of psychological well-being and the effect of empty chair technique on client's psychological well-being. The results of the present study showed that the level of client's psychological well-being has improved, and six themes of psychological well-being are identified: autonomy, environmental mastery, positive relations with others, personal growth, purpose in life, and self-acceptance. Although the result of PND showed that the effect of empty chair on psychological well-being among individual who experience grief is questionable as the PND is 66.6%, verbatim transcripts, MSE, and the score of the questionnaire showed positive effects of empty chair on client's psychological well-being.*

Keywords: *Empty Chair, Psychological Well-Being, Grief, Client*

Introduction

Psychological well-being is about having a life that goes well, but it is not only about feeling good, it is also about being able to function well. The aspect of feeling good is more than just the positive emotions like happiness and satisfaction, other emotions like interest, commitment, trust, and affection (Huppert, 2009) are also included. Psychological well-functioning is the ability to develop one's potential and have sense of purpose, and meaningful relationships (Huppert, 2009). Individuals are not obligated to feel good all the time to achieve well-being, negative and painful emotions like grief and sadness will be experienced at some point in life.

Therefore, the key to long term psychological well-being is being able to cope with these negative or painful emotions.

Losing beloved one can be very stressful and is associated with the physical and psychological wellbeing of the bereaved (Ishida et al., 2012). Generally, grief is a normal and natural reaction to bereavement, and bereavement frequently precedes psychological distress (Liu et al., 2019). It is familiar to hear that the bereaved have a diversity of distresses including physical (Buckley et al., 2009), psychiatric, psychological (Zisook & Shear, 2009) and behavioral (Grimby & Johansson, 2009) aspects. Furthermore, it has also been stated that the bereaved who do not reach out for help have significantly less difficulty with depression, higher coping ability and greater perceived health and also slightly higher self-esteem (Ishida et al, 2011).

Bereaved experienced loneliness not only because of the bereavement but also because they are not able to express their feelings with someone else (Benkel, Wijk, & Molander, 2009). In addition, some bereaved want to lessen the burden of their friends or family by not sharing their problems, or they think that their friends or family cannot resonate their feelings (Benkel et al., 2009). With all these psychological stressors that the grieving individual experience during the bereavement, they are distressed, and their psychological well-being is affected. Thus, this paper seeks to understand the level of psychological well-being of the client who are experiencing grief. Furthermore, the effect of Gestalt empty chair technique to improve individual's psychological well-being in Malaysia context also need to examine. Empty chair technique has been chosen as it proven to be significantly effective for clients grieving over the loss of the love ones (Field & Horowitz, 1998; Erskine, 2014a; Erskine, 2014b; Ochsner, 2016).

Literature Review

Psychological well-being

Psychological well-being consists of emotional and cognitive aspects (Diener et al., 2018). Individuals with greater level of psychological well-being experience positive emotions and perceive their surrounding events positively, while individuals with lower level of psychological well-being perceive their lives undesirably and experience mostly negative emotions such as anxiety, depression, and anger (Faramarzi & Bavali, 2017). Psychological well-being is defined by the individual's capability to perform learning, feeling, expressing and managing emotions, forming and maintaining quality relationships with others, and coping and managing ambiguity (Diener, 2018). It is a very subjective term but from all the researches that have carried out, the term means contentment (Muratori, Beramendi, & Zubieta, 2014), satisfaction with all aspects of life (Ryff, 1989), self-actualization, peace, and happiness (Muratori, Beramendi, & Zubieta, 2014).

Studies have showed that people with higher psychological well-being are more likely to live healthier and longer lives (Hernandez et al., 2018; Sadler et al., 2012). Also, there is accumulating evidence that suggests positive psychological well-being includes positive thoughts and feelings such as purpose in life, optimism, and happiness, has its own independent associations with lower risk of cardiovascular diseases and may promote cardiovascular health (Kubzansky et al., 2018). They are also more likely to enjoy a better quality of life (Faramarzi & Bavali, 2017). Better psychological well-being is also associated with fewer social problems and less likely to engage in criminal activity (Webster, 2010) or substadienernce abuse (Bano,

2019). While negative psychological well-being is usually associated with depression and prolonged grief issue (Grant et al., 2013; Utz et al., 2012).

Grief

Defining grief is difficult because of the myriad forms it takes. Although often thought of as only a distressed emotional reaction, grief is a much more all-encompassing experience, affecting the bereaved person's cognitive, behavioural and physiological status (Stroebe et al., 2008). Grief is a strong, sometimes overwhelming, feeling for individual, in spite of whether their sadness comes from the loss of a significant one or from a terminal diagnosis or their love ones received (Mayo Clinic, 2019). Individuals in grief might find themselves feeling numb and unable to function daily and to carry on with usual routines because they are held back by the sense of loss. Individuals might have trouble accepting the death, having images or thoughts of the deceased or about the death that bother them (Shear et al., 2006).

The grief response also varies tremendously, depending on various of factors such as the circumstances of the death and the bereaved person's gender, attachment style and relationship with the deceased. Despite its overwhelming intensity, grief is now understood to be a natural condition - the human reaction to loss - and for most people is expected to abate over time and frequently lead to psychological growth.

Gestalt Therapy and Empty Chair

Established by Fritz Perls, Gestalt Therapy has been widely used by therapists since its establishment in the 1940s. The therapy served as an effective tool for understanding and gaining insight and it continues to flourish as a general form of psychotherapy. Gestalt Therapy is a client-oriented therapy that based on the concept of here and now (Perls et al., 1951). Gestalt Therapy helps the client to focus on the processes that are happening at present rather than what happened in the past or what may happen in the future. This process is basically one way of experiencing and feel those experiences like they are happening at present, so that the client can identify the negative behaviours, work on certain memories that are still hurting, or simply come up with a closure of a painful experience. Gestalt Therapy is generally used for clients that are anxious, panic, depressed, and having low self-esteem or relationship issue. Gestalt Therapy can even be applied on physiological issues like migraine, back and neck pain (Erskine, 2014a). Perls et al., (1951) said that blocks and unfinished business may reduce satisfactions, fulfilment, growth, and the intention of experimenting with new living style. Thus, the goals of Gestalt Therapy are to empower the client to become more fully and alive and to become free from the blocks and unfinished business. Becoming unblocked and achieve awareness is the gist of Gestalt therapy.

The empty chair technique for unfinished business is based on the gestalt principle that significant unmet needs do not fully fade away from awareness (Perls et al., 1951). When an individual is processing grief and experiencing grief, individual grieve in different ways and time. Some can recover and able to manage daily routines within a short time frame although they still feel sad; but others might need a longer period of time in order to get better (Field & Horowitz, 1998). Client can learn to develop a better sense of emotional integration when dealing with the unfinished emotions from losing a loved one by having empty chair in grief therapy (Ochsner, 2016). Whether the emotions were positive or negative, client have to bring them to here and now and confront so that they can process the emotions that were unsettled, and then move forward more productively and functionally.

The aim of this empty chair technique is to provide opportunities for the clients to think about their emotions and attitudes. The technique is acknowledged in the psychological related fields as a useful therapeutic method in helping clients in attaining closure on unresolved feelings which normally involving a significant other (Greenberg et al., 1993; Perls et al., 1951). The openly expressing of these forbidden feelings and self-acknowledging the unmet needs towards the significant other can help the client to resolve the feelings better (Greenberg et al. 1993) where the client can be more functional and improve the psychological well-being.

By aiming to make connection between past issues and present feelings, the empty chair technique can assist clients to discover their capability to disclose previously suppressed interpersonal needs. The combination of the empty chair technique with dialogues is an effective method in the treatment to help the clients to invent in a therapeutic relationship and figure out ways to resolve past issues. The study by Greenberg and Malcolm (2002) to 26 clients who suffered from different forms of interpersonal problems and childhood maltreatment were treated in emotion-focused, experiential therapy with Gestalt empty-chair dialogues, and the clients experienced positive outcomes in resolving their emotional distress. Furthermore, Greenberg et al. (2008) worked with 46 clients in their process of forgiveness in resolving interpersonal issue and examined the relationship between letting go of distressing feelings and forgiveness. Their results showed that the clients undergo psychoeducation treatment showed significantly less improvement than the clients who engaged in empty-chair dialogue (Greenberg et al., 2008). In addition, many past studies have shown the impact of Gestalt chair techniques with other ethnic populations such as African American adolescents to improve self-esteem and confidence level in interpersonal communications (Plummer & Tukufu, 2001).

Methods

This is a case study employed single subject research design (SSRD). The study aims to identify level and symptoms of psychological well-being and examine the effect of empty chair technique on client experiencing grief. SSRD is a systematic way that uses focused study on one individual with the intention of analysing the effect of an intervention (Foster, 2010). SSRD is culturally sensitive, practical in application, and able to support counselling with evidence. Human behaviours and characteristics can be understood and described in a more subjective way when SSRD is applied. The design form used for this study is A-B-A design, referring to three phases: phase A1, phase B, and phase A2. Phase A1 is a baseline phase before the intervention, phase B is the phase where introduction and application of empty chair technique is applied while phase A2 is another reversal baseline phase after the intervention (Foster, 2010). Non-probability purposive sampling method used to choose client who meet the specific requirement. The sample for this study is a client who currently experiencing grief. Sample took the Psychological Well-Being (PWB) Scale (Ryff, 1989) and Brief Grief Questionnaire (Shear et al., 2006). Client is a 30-year-old female student in one of the universities in North of Peninsular Malaysia.

Quantitative and qualitative data is collected as this research employ a mixed-method design. Quantitative data is collected using an instrument known as Ryff Psychological Well-Being (PWB) Scale (Ryff, 1989) while qualitative data is collected through observations and interviews. Triangulation (PWB scale, verbatim, and MSE) is used to ensure the validity of the research.

Ryff Psychological Well-Being (PWB) Scale (short version) (Ryff, 1989) is used to collect the data of the level of psychological well-being of the client. Developed by psychologist Carol D. Ryff, the 18-item Psychological Wellbeing (PWB) Scale evaluates six aspects of psychological well-being: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance (Ryff et al., 2007; Ryff, 1989). Client rate how strongly she agrees or disagrees with the 18 statements using a 7-point scale (1 = strongly agree; 7 = strongly disagree).

Observations and interviews are used throughout all the sessions to collect data for the symptoms of psychological well-being. All sessions are audio recorded in order for the researcher to review back the session. The audio recording for all sessions are then transcribed into the words for data analysis purpose. Observation is a method to investigate and examine client's affective, behavioural, and cognitive. Mental Status Examination (MSE) is a structured way of observing client that checks from client's appearance to cognitive thinking. Through observation, the congruency of client can be detected. MSE is used as the structured evaluation to assess patients' actions and thoughts (Polanski & Hinkle, 2000). MSE is filled by the counsellor at the end of each counselling session and it provides guidelines for counsellor to assess client's mental state during interview and it can also be used as the baseline for the following assessments in the treatment. There are 12 aspects that MSE assess, which are: appearance, attitude, behaviour, speech, affect, mood, thought processes, thought content, perception, orientation, memory/ concentration, and insight/ judgement.

The data for the effects of the application of empty chair technique is collected via PWB scale. The scale is administered to the client for 12 times. Three pre-test scores (during phase A1) and nine post-tests scores (6 scores during phase B and 3 scores during phase A2). This paper consists six counselling sessions in total and it focused on applying Empty Chair technique from Gestalt Therapy in improving psychological well-being for the client who is experiencing grief. During screening, client is asked to fill in PWB scale for three times in three separate days to get the baseline PWB scores of the client. Client is also asked to fill in Brief Grief Questionnaire once to ensure that client fulfils the research requirement.

The level of psychological well-being of the client is identified by administering the PWB Scale to the client. Client is asked to answer all the 18 items and the sum score is the level of psychological well-being of the client. There is a total of 12 scores data collected throughout the three phases of study, three times before the intervention, six times during the intervention, and three times after the intervention. Descriptive data analysis is performed, and the data is plotted on a graph. In this paper, the data collected (verbatim transcripts and observations based on MSE) for the symptoms of psychological well-being of the client is analysed using thematic analysis method (Vasimoradi et al., 2013) by identifying the theme from coding process and categorize the symptoms into six categories (six subscales of PWB scale): autonomy, environmental mastery, personal growth, personal relations with others, purpose in life, and self-acceptance.

The effects of the treatment are assessed from the quantitative and qualitative data collected. Quantitative data refers to data collected using Ryff's Psychological Well-Being scale (short version) while the qualitative data refers to data collected through verbatim transcript and MSE. Percentage of Non-Overlapping Data (PND) is applied to analyse the quantitative data through determining the effect of empty chair on psychological well-being. PND is chosen as the

method in this study as this study focuses on the improvement of the level of psychological well-being (Parker et al., 2011). PND is analysed as the percentage of Phase B data exceeding the highest data point in Phase A1 (Parker et al., 2011). While thematic analysis is applied to analyse the qualitative data.

PND is calculated by dividing the non-overlapping data points in Phase B by the total number of data points in Phase B. As stated by Scruggs and Mastropieri (1998), the effect of the intervention ranges from 0% to 100%. If PND is equal or more than 90%, it means that the intervention is very effective. If PND is between 70% and 90% it means the intervention is effective, while PND between 50% and 70% indicates that the effect of the intervention is questionable. Lastly, PND that is equal or less than 50% means that the intervention is ineffective.

Results

Level of Psychological Well-Being

Figure 1 displays the overall result and trend in the level of psychological well-being based on the scores collected using PWB scale. There is slight increase of scores in phase A1, A1-2 score increased by one point, from 75 to 76. The score then remained the same, until the phase B (intervention phase) starts.

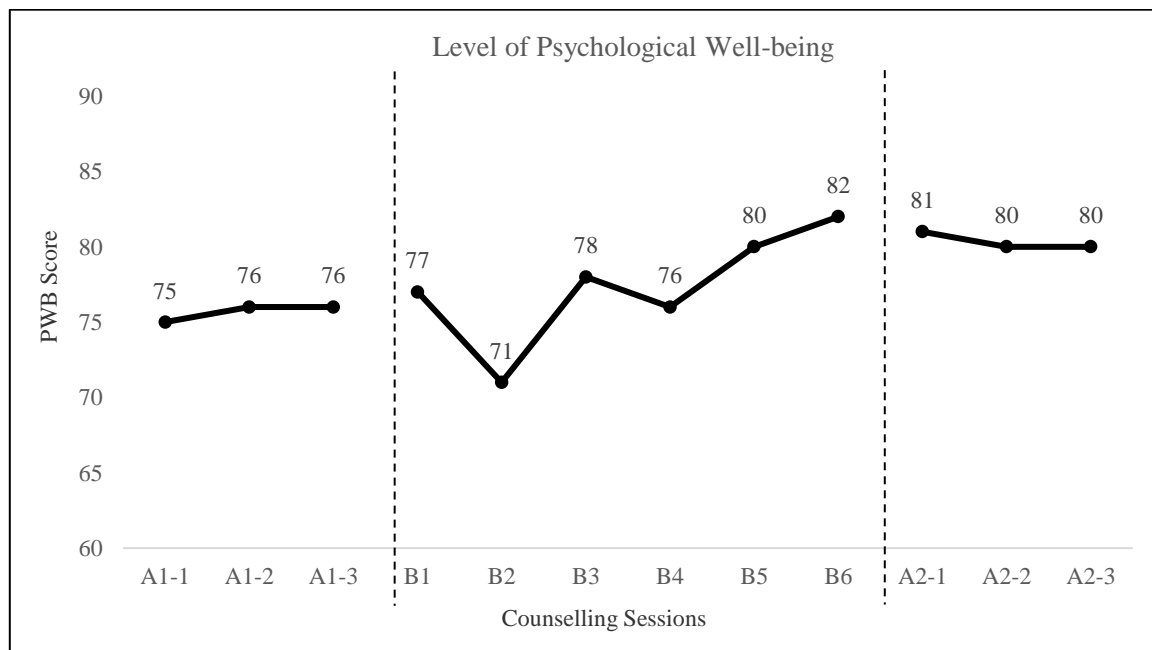


Figure 1: Level of Psychological Well-being

Results from Figure 1 showed that, the score increased by one point, from 76 to 77. However, the score dropped drastically from 77 to 71 when the second session of intervention phase is carried out. The score then increased by seven points, from 71 to 78 after third intervention session is carried out. However, the score dropped by two points after the fourth intervention session, from 78 to 76. And, the score increased by four points, from 76 to 80, after the fifth session; the score continued to increase (by two points), from 80 to 82 after the last session of intervention is carried out. The reversal baseline scores (phase A2), which is collected after the

intervention, are somewhat consistent as it just dropped by one point, from 82 to 81 and then dropped by one point again, from 81 to 80, and it remained.

Table 1: Results of PWB Scale

Session	Scores	Difference in Scores	% Difference in Scores	Mean	% Difference in Mean	Overall % Difference in Mean
A ₁ -1	75	-	-	75.67	-	6.16%
A ₁ -2	76	+1	1.33%			
A ₁ -3	76	-	0%			
B1	77	+1	1.31%	77.33	2.19%	
B2	71	-6	-7.79%			
B3	78	+7	9.86%			
B4	76	-2	-2.56%			
B5	80	+4	5.26%			
B6	82	+2	2.5%			
A ₂ -1	81	-1	-1.22%	80.33	3.88%	
A ₂ -2	80	-1	-1.23%			
A ₂ -3	80	-	0%			

Table 1 displays the results of Psychological Well-being (PWB) Scale for each session. For the first data, which is A₁-1, the client scored is 75. The score increased by one point, from 75 to 76, when the researcher collected the baseline score for the second time. The difference in score in A₁-2 is +1 and the percentage difference in score is 1.33%. The score remained the same when researcher collected the baseline score for the third and also last time (A₁-3), it is 76 and it has no percentage difference in score since there is no change in score. The mean score for phase A₁ is 75.67.

For the first data collected (B1) in the phase B (intervention phase), the difference in score is +1 and the percentage difference in score is 1.31%. For the second data collected (B2), the difference in score is -6 and the percentage difference in score is -7.79%. For the third data collected (B3), the difference in score is +7 and the percentage difference in score is 9.86%. For the fourth data collected (B4), the difference in score is -2 and the percentage difference in score is -2.56%. For the fifth data collected (B5), the difference in score is +4 and the percentage difference in score is 5.26%. While for the sixth data collected (B4) during phase B (intervention phase), the difference in score is +2 and the percentage difference in score is 2.5%. The mean score for phase B is 77.33 and the percentage difference in mean is 2.19%.

There were three data collected during the phase A₂ (reversal baseline). For the first data, which is A₂-1, the client scored is 81. A₂-1 score decreased by one point, from 82 to 81. The difference in score in A₂-1 is -1 and the percentage difference in score is -1.22%. When researcher collected the reversal baseline score for the second time, the score dropped again, by one point, from 81 to 80. The difference in score in A₂-2 is -1 and the percentage difference in score is -1.23%. The score remained the same when researcher collected the reversal baseline score for the third and also last time (A₂-3), it is 80, and it has no percentage difference in score since there is no change in score. The mean score for phase A₂ is 80.33 and the percentage difference in mean is 3.88%. The overall difference in mean throughout the three phases is 6.16%.

Symptoms of Psychological Well-being

The symptoms of psychological well-being are identified and analyzed through verbatim transcripts and results of Mental Status Examination (MSE). The psychological well-being symptoms that are identified are categorized into six themes, also the facets of Ryff's Model of Psychological Well-being. The six themes are: autonomy, environmental mastery, personal growth, positive relation with others, purpose in life, and self-acceptance. Table 2 displays the symptoms of psychological well-being according to the six themes. The extracts of verbatim transcript that support the symptoms identified according to the six main themes are presented as below:

Table 2: Symptoms of Psychological Well-being

Symptoms	Characteristics
Autonomy	Easily influenced by others
Environmental Mastery	Feeling incapable
Personal Growth	Unwilling to make positive change
Positive Relation with Others	Feeling of abandoned Seeking for love
Purpose in Life	Lack sense of meaning in life
Self-Acceptance	Negative attitude towards self

Autonomy

Easily influenced by others:

If you ask me what do I like to do..I will say I don't know..I go to gym just for the sake of going because my friend asked me to go...

(Session 1, Line 114)

Environmental Mastery

Feeling incapable:

But I...I...in terms of move on...I feel like I can't..I used to cry all the times and unable to wake up...I feel unable to..

(Session 3, Line 52)

Personal Growth

Unwilling to make positive change:

Yes..but I really do not feel..like..I have already give up..dont really want to do anything because it will end up the same..

(Session 4, Line 48)

Positive Relations with Others

Feeling of abandoned:

...I feel that no one cares about me..

(Session 1, Line 110)

Seeking for love:

I feel like..I have loved myself...I want others to love me...

(Session 1, Line 132)

Purpose in Life

Lack sense of meaning in life:

Ahh.. sometimes I feel like my world has no purpose..I wonder what is the purpose of my life...

(Session 4, Line 18)

Self-Acceptance

Negative attitude towards self:

Mmm..start with the negative...because I'm always negative...I'm used to it..

(Session 4, Line 114)

Effect of Empty Chair Technique on Psychological Well-being

MSE is used to assess client throughout the whole counselling sessions. The major improvement and the changes are client's affective state, mood, and insight/ judgement. When empty chair was applied for the first time, in third session (B3), client's affect was reactive and mood congruent, unlike previous session (B2), she was depressed. For the mood of the client during B3, it was relieved. Before the application of empty chair, client was slightly anxious (B1) and depressed (B2). In terms of insight/ judgement, client's improved from having fair insight and judgements to having good insight and judgements during B3. Later on, for the sessions after B3, client's affective state remained to be reactive and congruent and her insight and judgements remained to be good. In terms of mood, client remained to be euthymic until the session is terminated.

The aspects that MSE is looking at are appearance, attitude, behaviour, speech, affect, mood, thought processes, thought content, perception, orientation, memory/ concentration, and insight/ judgement. Findings showed that client appeared to be casually dressed, groomed normally and is hygiene throughout the sessions. Client's speech was in a normal rate, tone, and volume and her speech is in congruent with the emotions she displayed (lower tone when she was sad). Client had normal eye contacts with the counsellor throughout the sessions. Client showed high level of cooperation throughout the sessions, except for the first session she was slightly tensed and nervous. Client's behaviours were normal throughout the sessions as she showed no unusual movements or psychomotor changes. In terms of client's affect, she was generally reactive and mood congruent except for the second session where her affective state was quite depressed.

Client was slightly anxious and depressed in the first session, no more anxious but still depressed in the second session. Then, client felt relieved in the third session, and then client remained euthymic for the rest of the sessions. Furthermore, client's thoughts were logical and did not display any suicide ideation, homicidal ideation, delusion or phobia throughout the sessions. Client's perceptions were also normal and she showed no signs of hallucinations or delusions. Her memory and concentration were normal and showed no impairments (in terms of time, place, person, and self) throughout the sessions. Client also had fair insights and judgements for the first and second sessions, however she improved from the third session onwards. This finding showed that empty chair technique used to client help her on improving her psychological well-being.

Discussion

The increase in level of psychological well-being can be explained by client having a clearer understanding towards the items in the questionnaire and able to give her response more accurately (Boynton, 2004). For the first data that collected (B1) during intervention phase, it showed a 1.31% difference in score. In this session, no intervention was done, and the focus of the session was mainly on structuring, rapport building, and exploration of client's background and issue. The result was in fact, surprised the researcher because client cried many times when sharing about the story of her cousin. However, the score of psychological well-being of the client increased, although the increment was only by one point. In this session, client was retelling her loss and according to Rynearson and Correa, 2008, they proposed an intervention for loss, known as Restorative Retelling (RR), and one of the elements of RR is sharing the story of the deceased. The results from this study suggest that participants who engaged in RR demonstrated positive outcomes where their depression symptoms are decreased, their avoidance is diminished, and their prolonged grief reactions are also lessen (Saindon et al., 2014). Therefore, the telling and retelling process that occurred in this session might have helped the client in a way where it provided client a chance to express her feelings that she has been keeping to herself and not sharing with anyone.

Moving on to the second session where the focus was on exploring the unfinished business that the client had with her cousin, and only basic counselling skills are provided to the client. The drop of score can be explained by the feeling of unfinished that client experience. The feeling is experienced because client recalled her aspects of life that is left hanging and through this session, the unfinished business is dug out, but not resolved. Thus, the drop of score can be accepted because client is faced with her unfinished business in a full force mode. This supported by Greenberg and Malcom (2002) where they suggested that when unfinished business is brought into conscious and the individual is fully aware about it, new emotions will arise and individual usually reacts in an impulsive way. This is because unfinished business is developed and maintained because of the avoidance of painful emotion (Perls et al., 1951).

For the third counselling session where the empty chair technique is applied, and the level of psychological well-being showed the greatest increment between sessions throughout the study. The increased in score can be justified as the result of applying the empty chair technique. As supported by Greenberg and Malcom (2002) and Greenberg et al. (2008), the empty chair technique has proved to be an effective method to help the clients to resolve past issues. Cheung and Nguyen (2012) also stated that empty chair is suitable for client to resolve their unfinished business because it helps client to avoid 'losing face' when confronting. Thus, client can comfortably express herself in the session and attain a closure on unresolved feelings.

For the fourth counselling session, the focuses were on the exploration of client's lack of meaning in life, unwilling to change or feels fed up with her situation, and the negative sides of herself. It was an exploration of client's internal world and polarities of personality. Client's score dropped when the issues were explored and discussed as she can view them clearer, aware of how these issues affecting her psychological well-being. Therefore, client is more sensitive with her purpose in life, personal growth, and self-acceptance aspects of her psychological well-being.

In the fifth counselling session, empty chair was applied once again in this session. Empty chair has been proved to be significantly effective when dealing with unfinished interpersonal or

intrapersonal business (Perls et al., 1951). In this session, client was given chance to have a dialogue between her bright, positive self and her dark, negative self. Client was struggling between these two parts of herself and she usually conforms to her dark, negative self. Getting client to role play two different aspects of herself allowed client to gain insight and achieve awareness. Client was able to view from two perspective and experience the good feelings (Perls et al., 1951) when she be the bright, positive self. Therefore, the improvement in the level of psychological well-being can be explained by client's insight that can bring her positive feelings.

For the last session, client managed to overview her progress and visualize her improvement. Client also got acknowledgements from the researcher and the strong collaborative relationship is the essence of effective counselling and helping (Velleman & Aris, 2009). This could possibly explain the improvement in the level of client psychological well-being. For the reversal baseline phase, the data decreased by one point after the intervention. The drop can possibly be explained by the termination of the counselling session where client is no longer getting support from the counsellor (Velleman & Aris, 2009). The same justification can explain the drop at B2, from 81 to 80. Client no longer has someone to listen to her and provide her a safe space to freely express herself. However, the score maintained at 80 at B3 data point as client might have get herself readjusted (Velleman & Aris, 2009) to self-support life that is a life without counsellor.

A total of six themes are derived, namely autonomy, environmental mastery, positive relations with others, personal growth, purpose in life, and self-acceptance. Sense of autonomy is a person's ability to act on his or her own values and interests. It is having the reasoning ability and an appreciative attitude towards others' opinions that build on the sense of self-worth and self-respect (Tucker, 2014). When client's sense of self-worth and self-respect is challenged as she has not much of autonomy, it leads to low level of psychological well-being (University of Birmingham, 2017; Wheatly, 2017). For environmental mastery, client demonstrated the feeling of incapable. Environmental mastery stresses on the ability to choose or change the environment using physically or mentally and having a sense of control over life events (Ryff, 1989). Client felt that she is incapable of dealing with the things that she was assigned and yet, she can't change the environment. Thus, the feeling of incapability might indicate low level of psychological well-being (Brockway, 2013). In terms of the positive relations with others, client is experiencing the feeling of being abandoned and she is searching and looking for love. Client mentioned how distress and upset is her when every significant person in her life seems to leave her and then, she is left alone by herself. The feeling of forsaken and the longing for love and sense of belonging showcased the low level of psychological well-being (Lambert et al., 2013).

Findings showed that client refused to make any effort because she believes that it is purposelessness to make any changes. She feels fed up with life and all these might suggest a low level of psychological well-being because being psychologically well is about being open to new experiences and striving to fulfil own potential (Bauer & McAdams, 2004). Furthermore, on the theme of purpose in life, client lacks sense of meaning in life where she feels lifeless and purposelessness. According to Gao and McLellan (2018), being unsatisfied with self and not having a positive attitude toward self are factors that contribute to low level of psychological well-being.

The effect of empty chair on psychological well-being is showcased through PND, verbatim transcripts, and MSE. The results show that the application of empty chair technique bring positive effects in improving psychological well-being among individual who experience grief. The improvement in psychological well-being could be explained by the resolution of unfinished business that the client managed to achieve. Empty chair helps client to resolve the feelings better (Greenberg et al. 1993) and improve her psychological well-being.

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