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Feelings Before Facts: Emotion Regulation as a Primary Goal of Treatment

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Emotion regulation refers to the ability a person has to influence their emotional responses (Butler, Lee, & Gross, 2007). Attachment theory suggests that emotional regulation skills are developed as a result of interactions between very young children and their families and that these patterns will remain throughout the individual's lifespan (Ivey, Ivey, Myers, & Sweeney, 2005). Often, these skills are developed before verbal memory recall is possible (Ivey et al., 2005). Many disorders find their roots in the patient's inability to regulate emotions. Patients with trauma-related disorders, post-traumatic stress disorder (PTSD; the focus for this research), borderline personality disorder (BPD), and some substance use disorders, often have problems with emotional regulation (Frewen, Dozois, Neufeld, & Lanius, 2012). It is important to focus on emotion regulation skills when treating patients with these disorders. A literature review explains various means of emotion regulation, the skills that accompany these, and the success of these skills with clients who have post-traumatic stress disorder, borderline personality disorder, and substance use disorders.

Approaches to Regulate Emotions

Emotions result from a variety of sources, both internally from cognitions and externally from situations (McRae, Misra, Prasad, Pereira, & Gross, 2012). A variety of mental health concerns are related to a lack of skills in minimizing the effects overwhelming emotions. Regardless of the source of these emotions, it has been determined that there is a basic emotion generation response (Schutte, Manes, & Malouff, 2009). This process begins when any situation occurs that has the power to elicit emotion (Schutte et al., 2009). The person then will decide which features of the situation to focus

on, determine the meaning of these features, and generate an emotional response (Schutte et al., 2009). Schutte et al. (2009) asserted that emotion regulation can occur at any point in this process.

Many studies have been done to determine methods of emotion regulation and their success. McRae et al. (2012) studied this by testing the relationship between emotion regulation techniques and the source of emotions. Emotions that were generated from internal cognitions were referred to as “bottom-up” emotions and those from external sources were referred to as “top-down.” The primary purpose of the test was to determine situations in which cognitive reappraisal was a successful means of regulating emotions from either source. McRae et al. found that cognitive reappraisal techniques were most successful when dealing with emotions that were generated top-down and that the reappraisal techniques could even be counterproductive when emotions came from the bottom-up.

A study performed by Schutte et al. (2009) sought to test a range of emotional regulation strategies. They focused on the first and last portion of the emotion generation process. They tested an assumption that deployed emotion regulation in the response phase using reappraisal skills is more successful and provides higher well-being than other methods. For the purpose of their study, they extended beyond the common thought use of suppression for regulation of emotions in the beginning of the process. Contrary to prior studies, Schutte et al. found that some forms of emotion regulation in this beginning phase were actually more beneficial, though not always as successful, and did not decrease overall well-being. Response focused modulation still held the highest success rates.

Ginot (2012) chose to focus on the relationship between narratives and emotion regulation and experience. He discussed the development of language in a person based in the theoretical framework of attachment theory. Because children are unable to speak when they learn to regulate their emotions, the feelings underlying certain experiences may not always be congruent with the self-narrative the person presents. In instances of early childhood trauma, this inability to use reappraisal through narrative counseling means becomes especially challenging. Ginot asserted that using a narrative reframing, or cognitive reappraisal as other authors have called it, will not be effective for these patients. Because this inability usually stems from a disruption in early childhood attachment and the memories are very physical in nature, it will often be necessary to teach physical means for self-soothing (Ginot, 2012).

Skills of Emotion Regulation

Mindfulness is one skill that has been tested in regards to emotion regulation. The term refers to a person being aware of things going on in the present moment, both internally and externally, in a nonjudgmental and accepting way (Hill & Updegraff, 2012). Differentiation of emotions, or the ability to separate emotions from each other when experiencing a mixed state of emotions, has been shown to increase a person’s ability to regulate their emotions (Barrett, Gross, Christensen, & Benvenuto, 2001). Increased mindfulness could help a person in the process of differentiation and, therefore, also in the process of regulation (Hill & Updegraff, 2012). Many practices have been introduced through Dialectical Behavioral Therapy to help clients to increase mindfulness

(Neacsiu, Rizvi, Vitaliano, Lynch, & Linehan, 2010). Meditation practice, prayer, intentional observation, and other skills have been offered as means for people to develop or enhance this skill (Neacsiu et al., 2010). More research needs to be done as to the effectiveness of these various practices in helping to increase mindfulness in participants.

In addition to these more mental/emotional skills, there are also some physical means of self-soothing that many clients can benefit from when attempting to regulate emotions. A study done when determining ways to help medical students reduce test anxiety showed that simply teaching the students how to use deep breathing techniques produced very positive results (Paul, Elam, & Verhulst, 2007). When helping people reduce anxiety that contributed to gambling problems, it was found that practices like Tai Chi and Yoga, which incorporate physical exercise with awareness, helped to reduce anxiety when practiced regularly (“Anxiety and Gambling,” 2012). Another more physical method of self-soothing involves distraction from the stressful emotions. A local counselor I interviewed reported that she often practiced using ice or exercise with clients as a way to help them distract themselves from distressful emotions in the moment (M. Anderson, personal communication, October 7, 2012). It can be assumed that any activity that helps to relax the body physically will ultimately support relaxing emotional states and increase a person’s ability to regulate their emotions using these skills in situations of heightened arousal.

For regulation skills more focused on cognitive means, mainly antecedent-focused reappraisal, many techniques taught in Cognitive Behavioral Therapy (CBT) would be beneficial. When evaluating emotion regulation skills in order to determine if these could predict success after alcohol treatment, a study found that CBT treatment helped to increase participants’ awareness of emotions and ability to reassign values to their emotions (Berking et al., 2011). Dialectical Behavioral Therapy (DBT) also utilizes a number of cognitive skills to help clients learn to regulate their emotions (Neacsiu et al., 2010). DBT combines mindfulness, body work, cognitive skills training, interpersonal skills training, and emotional regulation skills training to help participants (Neacsiu et al., 2010). An example of this involves teaching clients ways to get out of what DBT refers to as “emotion mind” (M. Anderson, personal communication, October 7, 2012). DBT therapists teach clients to compare their current situation to worse situations, using a mental container to store the stress until a later moment where it can be handled more appropriately, and focusing on the positive things in their life in the current moment (M. Anderson, personal communication, October 7, 2012).

Client Benefits

One of the key aspects of Borderline Personality Disorder (BPD) is the presence of problems related to affect regulation (Neacsiu et al., 2010). Because of this, emotion regulation skills are a key component of DBT treatment approaches (Neacsiu et al., 2010). Many clinical empirical trials have shown that clients who participated in DBT treatment showed improvement in a relatively short term that continued even after treatment was over (Lineman, Bohus, & Lynch, 2007). Some studies specifically focused only on improvements of emotion regulation skills in response to the emotion regulation modules in DBT, so that the increase in skills could not be seen as a result of the other aspects of the treatment modality (Lineman et al., 2007). A history of traumatic

experiences is a key component in diagnosis of Borderline Personality Disorder (BPD; American Psychiatric Association, 2000). Since the emotional regulation skills have been so successful with clients who have BPD, there could be room for application of these skills for other client groups who have traumatic experiences in their history.

The relationship between early childhood traumatic experiences and deficits in emotion regulation skills has been tested empirically in many studies (Marin, Bohanek, & Fivush, 2008). Stemming from attachment theory, which suggests that many self-regulation skills are developed out of the earliest bonds in a person's life (Oppenheim & Koren-Karie, 2009), it is a reasonable conclusion that traumatic experiences that disrupt this bond will disrupt a person's ability to regulate their emotions. A study completed in Amsterdam showed that participants with post-traumatic stress disorder suffered with many challenges that were the result of emotion regulation problems regardless of the type of trauma they experienced (Ehring & Quack, 2010). The study did show, however, that more complex traumas that occur in an interpersonal relationship will increase emotional regulation difficulties later in life (Ehring & Quack, 2010). Because of this, it could be inferred that the same methods used to help with emotion regulation in people with BPD will also prove beneficial for those with PTSD.

Many people with substance dependence disorders have traumatic histories. Not all of these are comorbid with PTSD per se, but similarities can be drawn between the issues each group has regarding emotion regulation skills (Berking et al., 2011). Particularly, it has been empirically tested that a lack of emotion regulation skills will predict relapse after treatment (Berking et al., 2011). At this point, it can only be speculated that if perhaps these alcoholics who scored low on emotion regulation skills when entering treatment had a treatment program that assisted them in these skills, they would be more successful after completing treatment. A treatment center in Memphis, TN, that uses integrative approaches, some of which focus on emotion regulation skills, boasts a 70% success rate a year after treatment (La Paloma Treatment Center, 2011). Based on this success alone, it is worth expanding research in this area.

Conclusion

Emotions are an integral part of every human experience. For people who suffer with disorders that have components of emotion regulation difficulties, feelings can be tyrants. The ability to regulate emotions successfully has been strongly correlated to overall well-being (Ginot, 2012). The ultimate long-term benefits of using emotional regulation skills in treatment of a variety of disorders still need to be tested. However, based on the research currently available, it is reasonable to assume that teaching these skills has much potential for greatly improving the lives of people with trauma-related disorders.

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