VIEW POINT

Emotions and psychotherapy: tracing the prevailing trends

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ABSTRACT

Background: Emotions are generic and central to most of the theories and therapies in psychology as well as an important criterion in the psychopathology of various psychiatric disorders. Though the terminology and techniques are varied, every school of therapy attempts to address emotions. Recently there is an increased focus on addressing emotions in psychotherapy.

Objective: This paper aims to trace the significance given to emotions in psychological theories and therapies as well as to understand and evaluate the current status of therapeutic interventions addressing emotions.

Discussion: There is obvious increase in the importance given to addressing and assessing of emotions. Emotions have become the focus of therapy and an important outcome variable in many recent therapies. However, there is still a lack of systematic assessment methods, measures as well as specific therapeutic components to address emotions. There is also lack of clarity in the terminologies used to refer to ‘emotions’. Finally, the processes and therapeutic factors leading to better emotional regulation are in their nascent stage and need systematic exploration.

Conclusion: Certain processes such as experiencing deep affect in therapy, depth of processing, reflection on emotions, understanding roots of emotions and using positive emotions to deal with negative emotions are seen to result in positive change. However, there is need for uniform use of terminologies, quantitative and qualitative assessment and methodologies and theoretically grounded therapeutic components to address ‘emotions’ in psychotherapy.

Key words: Emotional responses; change processes; emotion regulation

INTRODUCTION

Contemporary emotion theory holds that emotion is fundamentally adaptive in nature. [1] Emotion helps the organism to process rich incoming situational information in rapid, automatic manner, in order to produce action appropriate for meeting important organismic needs (e.g., self-protection, connection, exploration). According to Carver and Scheier, [2] “Emotion is defined as the readout of a system that monitors the rate at which the discrepancy between a goal and reality is being decreased”. When discrepancy is decreased faster than expected, it results in positive emotion and vice versa. [3] Over the later years, emotions were further seen as resulting from various factors such as cognition, personality traits etc. however an adequate definition needs to take into account multiple components - experience of emotions, physiological processes involved and observable behaviour. [4]

Emotions are one of the most important factors implicated in the psychopathology and psychotherapy. Beginning with psychoanalysis to the recent therapies such as emotion focused therapies and third wave behaviour therapies, all therapies have components to address emotions. Emotional work as being therapeutic is a widely held belief in psychotherapy. Research interest in understanding emotion and attempts to assess the processes are vigorous in the recent times than ever. Emotions are considered as an important factor with respect to being (a) a diagnostic feature or correlate, (b) a predictor, (c) a mediator, and (d) an outcome. [5] However there seems to be a significant gap between the theory, assessment and practice. No theoretical perspective has been able to encompass all the ways in which emotions can play a role in therapeutic change. The empirical work on emotion in psychotherapy has lagged behind the theoretical and practical developments in the area. The paper aims to trace and update the recent developments in understanding and addressing emotions in therapy.

OBJECTIVE

The paper aims to update understanding of the emotions in psychotherapy; the therapies addressing emotions, the processes identified as effective in addressing emotions in therapy.

DISCUSSION

As defined in different theoretical orientations

Classical psychoanalysis viewed emotions as a drive state that needs to be discharged, whereas interpersonal theories saw emotions as socially adaptive, orienting tendencies. Behavioural theories focused on undesirable affective states such as anxiety or depression, and are conceptualized as learnt behaviours. Focus was on elimination of maladaptive responses to these emotions. Rachman and other behaviourists saw emotions as stemming from innate propensities or predispositions.
**Cognitive behavioural theories** look at emotions as being mediated by cognitions and focus on rationally or logically understanding these cognitions in order to eliminate painful emotions. Humanistic and existential therapists see emotions as motivators of action rather than an impulse or a product. Feeling was defined by Rogers, as a complex cognitive affective unit composed of emotionally toned experience and its cognized meaning. According to him, therapeutic change involved experiencing fully in awareness feelings that had in the past been denied awareness or had been distorted. Gestalt theories conceptualize emotions as being dysfunctional when it is not allowed to enter awareness or is the primary motivator of an action.

**As defined in psychotherapy research**

In psychotherapy, emotions have generally been conceptualized as primary vs. secondary and adaptive vs. maladaptive.

**Primary adaptive** responses provide information to the organism about its responses to situations. Emotions such as anger at violation, sadness at loss, and fear in response to danger provide adaptive action tendencies to help organize appropriate behaviour. Anger mobilizes people for fight, fear for flight, and sadness for recovery of that which has been lost and for reparative grieving. These emotions are often not initially in awareness and are to be accessed and intensified in therapy and used as aids to problem solving.

**Secondary reactive emotional responses** are often problematic and are not the organism’s direct response to the environment. Rather, they are secondary to some underlying, more primary generating process or are reactions to the thwarting of primary responses. Defensive or reactive responses, such as crying in frustration when angry or expressing anger when afraid, are secondary emotional responses to underlying emotional processes. In addition, emotions such as fear in response to anticipated danger or hopelessness in response to negative expectations are secondary emotional responses to underlying cognitive processes. Secondary reactive responses of these types are not to be focused on or intensified in therapy; rather, they are to be bypassed or explored in order to access underlying processes. Secondary emotions are generally readily available to awareness and often are part of the presenting problem.

**Instrumental emotional responses** are emotional behaviour patterns that people have learnt in order to influence others. These emotions are expressed in order to achieve some intended effect, such as crying in order to evoke sympathy or expressing anger in order to dominate. Instrumental expressions of this type are not information about responses to situations but attempts to influence. In therapy, these expressions are best bypassed, confronted, or interpreted, not explored or differentiated to access adaptive information.

**Learned maladaptive primary responses to the environment** include fear in reaction to harmless stimuli or anger in response to caring. Maladaptive responses can be learnt as a function of trauma or strongly negative environmental contingencies in childhood. These emotions then need to be accessed in therapy, but they are to be modified, rather than used for orientation.

**Emotion regulation**

Emotion regulation is the process by which individuals determine which emotion they have, it’s intensity and how it is expressed. The concepts of emotion and emotion regulation have been variably understood and have therefore been variably studied in research. While validation of emotion becomes an important component of working with clients who have under regulated affect; secondary emotions that are uncontrolled and maladaptive emotions require to be regulated in therapy. Regulation of under-regulated emotion essentially involves gaining some psychological distance from overwhelming feelings such as despair and hopelessness, in the short term, and developing self-soothing capacities to calm and comfort core anxieties and humiliation, in the longer term.

Berking et al. worked on emotion regulation skills that play a very important role in development, maintenance and treatment of a broad range of disorders. Important skills of emotion regulation identified include consciously processing and being aware of emotions, being able to identify and label emotions, interpret emotion related body sensations correctly, understand prompts of emotions, support oneself in emotionally distressing situations, actively modify negative emotions so as to feel better, accept emotions, be resilient and confront emotionally distressing situations so as to attain important goals. Emotion regulation skills play a very important role in many psychiatric conditions despite them not being explicitly mentioned in the diagnostic criteria. For example, binge eating cued by anger, substance abuse cued by sadness, problem solving in depression being impeded by anger. Thus, targeting emotion regulation skills as an adjunct to disorder specific interventions will increase their efficacy.

**Role of emotions in therapeutic change**

Research on role of emotions in therapeutic change is growing. Pilero, studied client’s experiences of the process of affect focused experiential psychotherapies. Emotion focused therapies considered in the study were accelerated experiential dynamic therapy, intensive short term dynamic therapy or emotion focused therapy. Retrospective assessment of experiences of clients showed that experience of deep affect in therapy was related to satisfaction and feeling of change having occurred. Another aspect related to satisfaction and feeling of change was the therapist acting as a witness to client’s emotional experience and clients’ recognition of therapists’ affect eliciting techniques. This study showed that emotional experiencing may be a final common pathway to therapeutic change.
Research has also focused on indications for facilitating emotional experiencing in order to advance therapy process. It was found that those who are overwhelmed or dysregulated by emotional experience or those who employ maladaptive coping strategies may benefit more from initial emotional regulation prior to facilitation. Facilitating secondary or emotional experiences must be used with caution and can be more useful for understanding beliefs distorting primary experiences. Also, facilitating must be done cautiously when clients have difficulty in trusting the relationship or when therapists are uncomfortable with experiencing intense states. [13]

Another study examined the nature of emotions during therapy sessions, changes in emotions, and strategies that are useful in bringing about change. [14] Results showed that anger and sadness were most frequently expressed. Maladaptive emotions were more frequently expressed which decreased from initial to termination phase. Positive emotions were more common in later phases of therapy; however, secondary anger was also seen. Most clients benefitted from regulation rather than awareness of emotions. Techniques such as ‘allowing experience of intense emotion’, ‘helping clients access adaptive emotions and needs’, self soothing strategies and psychoeducation regarding emotional experience were useful.

Processes resulting in change

**Depth of processing** the emotion rather intensity of emotion processed is shown to predict positive effects in therapy. [10] For example, understanding that one is prone to become angry at one’s partner because one feels abandoned and that this anger relates to one’s past history of abandonment is very therapeutic.

**Reflection on emotions** which involves making meaning of the emotion, helps achieve an alternative narrative. Angus and Greenberg [15] argue that the meaning of an emotion is understood when it is organized within a narrative framework that identifies what is felt, about whom, in relation to a specific need or issue. It is found to be efficacious in the treatment of depression.

Being able to **understand the roots of one’s emotion** as well as putting them into words helps one assimilate the emotions into conscious experience.

**Research has also** shown the importance of using one emotion in order to combat another emotion. Less vulnerable individuals seem to have used positive emotions in order to cope with negative emotions. [10]

**Principles of working with emotions**

**Identify types of emotion**

In therapy one needs to distinguish between primary, secondary, instrumental and learned maladaptive responses in order to be able access and modify appropriately. [7] Assessing the type of emotion being expressed in therapy provides the clinician with a notion of what to do and when. Primary and maladaptive expression, as opposed to secondary and instrumental expression, needs to be accessed in therapy. Primary adaptive emotion is accessed for its orientation information, whereas maladaptive emotion is accessed to make it more amenable to modification and restructuring. Secondary and instrumental expression are bypassed and often dampened in order to get at underlying experience.

**Increasing awareness of emotion**

Helping clients become aware of primary emotions aids in accessing adaptive information and become aware of the behaviour resulting thereof. Also, the process of being aware helps clients accept emotions which can be used to propel actions. The Levels of Emotion Awareness Scale (LSES) is used to measure five levels of emotional awareness: physical sensations, action tendencies, and single emotions, blends of emotions and higher blends of emotions. A positive correlation between LEAS score with self restraint and self control is found indicating the importance of increased awareness of emotions. [10]

**Arousal of emotions**

Adequate emotional processing requires arousal of emotion and processing thereof. However, there is a general tendency to avoid arousal and processing of painful emotions. [10] As a result adaptive unpleasant emotions are generally transformed into dysfunctional behaviour in order to avoid feeling them. In order to help clients overcome fear related to emotions, which are generally perceived as incomprehensible and out of control, they must be helped approach emotion by attending to their emotional experience and tolerate being in contact with emotions. This process facilitates modification of negative cognition related to emotions. Research has shown effectiveness of emotional arousal and experience to deal with certain conditions such as Post traumatic stress disorder, [16] and Obsessive Compulsive Disorder (OCD). [17] In OCD, it is found that the extent of anxiety during exposure predicted treatment outcome. Although the importance of emotional arousal has been identified, it is seen as necessary but not sufficient factor in therapeutic process. [10]

**Modulate amount and intensity of arousal**

An essential task in psychotherapy is for the therapist to modulate the amount and intensity of emotional arousal of the patient. [18] Distancing from emotions is in a continuum, which is drawn from dramatic criticism. Distance was defined as the ratio of the observation of, to the participation in, one’s emotions. When it is under distanced, patients feel drawn into the drama and feels as if the situation is happening to them. In this condition, it is difficult to reflect on the emotions. Over distanced emotions occur when the patient

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*AP J Psychological Medicine Vol. 15 (2) July-Dec 2014*
Expression of emotions

It is also seen that a gradual increase in the expression of emotion, followed by attenuation towards the end of the session predicts positive outcomes. According to Pos et al., emotional processing early in therapy as well as increasing emotional processing over the course of therapy predicts better outcome. Experiencing Scale, is used to measure in session emotional experiencing. Also, according to Warwar, a combinational arousal and experiencing involved in the expressed emotion was a better predictor of outcome than either one alone. Another study found that when there was a discrepancy between emotion experienced and that expressed, it was not related to positive therapeutic change.

Regulation of emotions

A study conducted on inpatients using Cognitive Behaviour Therapy based treatments (CBT), assessed the emotional regulation skills using Emotion regulations skills questionnaire. During the last week of treatment, a randomly selected subgroup of patients was offered replacement of CBT based treatment with integrative training of emotional competencies. This training utilized techniques from CBT, Dialectical behaviour therapy, mindfulness based treatments, empathy training, emotion focused therapy and problem solving therapy. Results showed that the deficit in emotion regulation (acceptance, tolerance, and active modification of negative emotions) was associated with measures of well being and mental health. Replacing parts of the standard CBT treatment with the emotion-regulation training enhanced the effects of the CBT treatment on skills application and on other measures of mental health.

Psychotherapies focusing on emotions

With regard to addressing emotions, psychoanalysis used abreaction, ventilation, evocation and sustained expression in therapy. Other dynamic perspectives used transference interpretation or corrective emotional experience in the therapeutic context. Theories which emphasize on relationships such as object relations and interpersonal theories conceptualize emotional experience and expression as motivated towards need satisfaction and their therapy focused on interpretations and expressions to achieve the therapeutic goal. Similarly behavioural and cognitive behavioural therapies use techniques such as de-conditioning and exposure in order to eliminate the maladaptive emotional responses and restructuring of thoughts in order to bring changes in emotions. Humanistic theorists use the therapeutic relationship to provide congenial environment for expression of emotions, and Gestaltists’ emphasize on building awareness and reducing avoidance of emotions as therapeutic and use techniques that evoke emotions in the context of psychotherapy. Currently, many components of gestalt therapy are used as part of different forms of psychotherapy. Rational emotive behaviour therapy (REBT) focuses on ‘shoulds’, ‘musts’ and irrational cognitions. They also focus on healthy and unhealthy negative emotions which occur as result of rational or irrational cognitions and use emotive techniques such as shame attack. However, empirical research focusing specifically on emotions in REBT and Gestalt therapy is minimal. Although almost all psychotherapies focus on identifying and dealing with emotions in the process of therapy, the current paper would focus on a few which explicitly address emotions.

Dialectical Behaviour therapy (DBT)

DBT is based on the biosocial theory, which sees emotional dysregulation as resulting from biological dysfunction in the emotional regulating system associated with an invalidating environment. Biological dysfunction includes greater emotional sensitivity, emotional reactivity and slower return to emotional baseline. Also, in an invalidating environment, emotions are ignored till it reaches a very high level, due to which individual learns the need to communicate intense emotions.

Skill training in DBT includes a set of abilities that a client is taught to manage emotional instability. The skills include core mindfulness skills, emotional regulations skills and distress tolerance skills. Randomized control trials (RCT) shows the efficacy of DBT in reducing self injurious behaviour, hospitalization, treatment dropout, decrease of anger, depression, hopelessness and suicidal ideation. Many studies show the effectiveness of DBT in managing emotional dysregulation, a core component of Borderline personality disorder (BPD).

A study by Soler et al., focused on evaluating whether skill training (ST) was sufficient when administered in a group in comparison to standard group therapy (SGT) in patients with BPD (n=63). Skills taught included...
interpersonal effectiveness, emotion regulation skills focusing on identifying, labelling and describing emotions, using mindfulness, reducing vulnerability to negative emotions, increasing occurrence of positive emotions, not acting out negative emotions and distress tolerance. SGT group used methods of sharing difficulties, interpretation, highlighting, exploration, clarification and confrontation. DBT-ST was shown to have an impact on depression, anxiety, psychoticism, irritability and general psychiatric symptom reduction. Anger and affect instability was also seen to improve.

Another study tried to evaluate effectiveness of DBT versus control in increasing DBT skills use and in mediating treatment outcomes such as suicide attempts, parasuicides, anger and depression. Participants included 108 women with BPD. Results showed that all participants used at least some DBT skills throughout treatment, the use of these skills mediated likelihood of reduction in suicide and non suicide attempts and change in emotional distress over time.

**Emotion focused therapy (EFT)**

Emotion focused therapy integrates elements of client centred therapy, general systems theory principles and attachment theory. Attachment theory provides a non pathological context and a developmental perspective. Systems theory, used as a part of emotion focused couples therapy, focuses on interactions and sequences as playing a role in directing or prohibiting an individual’s behaviour. Humanistic experiential therapies help clients become aware of and process their emotions. Problems are viewed as resulting from disowning of one’s emotions. Emotions give us signals about the nature of our social bonds and define relationship interactions. This theory sees autonomy and connection as two sides of the same coin. Conflicts are seen as an expression of need for safety and security. EFT considers emotion a central therapeutic concern and uses three sets of concepts in its theory of function and dysfunction: emotion schemes, emotion response types, and emotion regulation.

**Emotion schemes** provide an implicit, constantly evolving higher-order organization for experience, but are not available to awareness until activated or reflected upon.

**Emotion response types:** Four types of emotion response are distinguished in EFT- primary adaptive, maladaptive, secondary reactive and instrumental. Assessing these different emotion processes requires close empathic attunement to the nuances of the client’s expression and to the perceived situation in which the emotion emerged.

**Emotion regulation** is the ability of the person to tolerate, be aware of, put into words, and use emotions adaptively, in order to regulate distress and to effectively pursue needs and goals.

The fundamental assumption of EFT is that a focus on core emotional experience quickly accesses a network of information or meaning system, making it available for exploration and change. In EFT the therapist plays an active role in building a stance that helps client open up to their own core pain. At the same time, therapist is also empathetic so as to help clients manage the painful emotions. The primary mechanisms of change in EFT are the therapeutic relationship and emotional processing of problem material. These change processes are facilitated by the following interventions—establishing a focus for the session; empathically responding to client’s emotional struggles and pain; accessing adaptive emotional experience and associated healthy resources, particularly client’s wants, needs, and desires, and promoting emotional experiencing.

A number of RCTs have shown EFT to be effective in individual as well as couple therapy formats. Greenberg and Watson, compared process experiential psychotherapy with client centred therapy in treatment adults suffering from major depression (n=34). Treatments showed no difference in reducing depressive symptomatology at termination and six month follow-up. The experiential treatment, however, had superior effects at mid-treatment on depression and at termination on the total level of symptoms, self esteem, and reduction of interpersonal problems.

A study by Paivio and Niewenhuis, examined the effectiveness of EFT with 32 adult survivors of childhood abuse (emotional, physical and sexual). Therapy focused on establishing a safe and trusting therapeutic relationship, responding empathically to client’s subjective experience, overcoming avoiding or defensive process and using gestalt derived techniques for the same (empty chair technique), resolving issues with past abusive and neglectful others, anxiety management strategies, such as provision of structure, breathing regulation, and present-centeredness, were used to help regulate emotional intensity. Results showed significant improvement in the therapy group, which were on an average maintained over a 9 month follow up.

One study examined the impact of EFT on couple distress in couples where the female partner was a survivor of childhood abuse (physical or sexual). Participants included 32 such distressed couples, in a relationship lasting a minimum of 2 years. Results showed significant increases in relationship satisfaction and decrease in marital distress. EFT was successful in helping the couples overcome fears in connecting with their partner meaningfully. The change was facilitated by being able to display symptoms of depression/ irritability related to the abuse.

**Mindfulness based therapies**

Mindfulness meditation has been practiced by itself as well as a part of other forms of therapies. Mindfulness focuses on inner serenity which can be attained by learning to be still, breathing and to resting in the body without indulging the mind’s various modes of thinking, feeling, and desiring.
When an individual is faced with a multitude of emotions, one may end up avoiding them resulting in experiential avoidance or may be overwhelmed by them resulting in re-engaging with them. Over engagement can result in rumination, worry, obsessions, recurrent cravings and strong urges, and compulsive behaviour. One can also get entangled with positive experiences, such as the “highs” associated with adventure, risk, challenge, or even success. Mindfulness training provides a way to cultivate emotional balance and decrease the hold of habitual patterns that obscure perception and impair judgment. The first component focuses on the self-regulation of attention so that it is maintained on immediate experience. This involves sustained attention, skill in switching back to the experience if the mind wanders, and non elaborative awareness of thoughts, feelings, and sensations. The second component involves approaching one’s experience with an orientation of curiosity and acceptance, regardless of the valence and desirability of the experience. Mindfulness meditation is hypothesized to develop a distanced or “decentered” relationship with one’s internal and external experiences, to decrease emotional reactivity, and to facilitate a return to baseline after reactivity. [39]

Conceptualization of emotions in mindfulness can also be understood by the concept of metta meditation. Metta meditation is one form of meditation which helps the meditator to develop a state of unconditional compassion or kindness to everyone regardless of one’s current relationship. [40,41] Mindfulness training is also seen as a process that helps regulate one’s feelings in relation to different types of life-stressors. [42]

Mindfulness was found to be associated with more clarity of feelings, perceived ability to repair one’s mood, and cognitive flexibility. Mindfulness helped in developing insight into the problems, without getting stuck in stagnant deliberation or fantasizing about a positive outcome without planning the steps to get there. [43] Mindfulness was associated with less depression and anxiety and with more well-being.

An RCT by Manotas et al., [44] examined the effectiveness of brief mindfulness intervention on increasing mindfulness, decreasing perceived stress and decreasing psychological distress among health care professionals. They found that mindfulness increased scores on the non judging and observing facets, and reduced levels of perceived stress, depression, anxiety, somatization, and global distress.

Another study investigated changes in and correlates of mindfulness skills over a 1-year follow-up of a 4-week session of intensive DBT followed by 10 months of standard DBT. [45] Subjects were assessed several times using the Kentucky inventory of mindfulness skills (dimensions: observing, describing, acting with awareness and accepting without judgment). Results showed that accepting without judgment was the only dimension that increased significantly over time and the increase was correlated with improvement in BPD symptoms.

**Interpersonal therapy (IPT)**

Emotions in IPT are seen as providing essential information about the person’s interpersonal experience. CBT, on the other hand focuses on faulty beliefs and assumptions that result in emotions. In a RCT by Coombs et al., [46] there were four groups including IPT, CBT, imipramine hydrochloride plus clinical management and pill plus clinical management as double blind control group (n=250). Measures of functioning (e.g., BDI, GAS, Hopkins Symptom Checklist) were collected from the patient before, during and post treatment. Results showed that collaborative emotional expression occurred more frequently in IPT, which had a more positive relationship to outcome, whereas educative process used in CBT had no direct relationship to outcome. [39]

Research has shown that there is a well established link between negative affect and binge eating disorder (BED). Although, CBT, IPT and DBT are found to be effective in BED, these approaches do not directly focus on affect regulation. Clyne and Blampied, [47] devised a brief (11 week) psychoeducational treatment for BED that focused specifically on improving emotional recognition and management (n=23 women). The treatment incorporated aspects from CBT for BED (nutrition and meal planning guidance, self-monitoring, problem solving and treatment maintenance), IPT (assertion training), and some aspects of DBT (affect recognition - evaluating facial expression, noticing behavioural and physiological responses to situations as an emotional recognition guide). Binge abstinence rates following treatment (post-treatment and 1 year follow-up were 78% and 87% respectively) were comparable to other empirically supported treatments for BED. Other positive changes in eating and general pathology were observed and these effects were maintained up to 1 year.

**Acceptance and commitment therapy (ACT)**

ACT offers an alternative to traditional psychotherapies designed to regulate affect. [48] ACT is based on the premise that normal cognitive processes distort and enhance the experience of unpleasant emotion, leading clients to engage in problematic behaviours designed to avoid or attenuate those unpleasant emotions. Such avoidance behaviour patterns can hinder and prevent client movement toward valued goals and place the client in harmful situations. Rather than working to change cognitions or decrease levels of emotion, the ACT approach involves the client directly experiencing problematic emotions in a context in which the literal functions of language enhancing the negative implications of those emotions are stripped away. The focus throughout the treatment is facilitating the client’s movement toward a more valued and personally fulfilling life, in a context in...
which previously obstructive unpleasant emotions no longer serve as obstructions.

Recent conceptualizations have highlighted the role of emotion acceptance, utilization and management as a core feature of the anxiety disorders. An emotion regulation perspective to Generalized anxiety disorder (GAD) conceptualize persons with GAD as having difficulties in the modulation of emotion and as fixedly utilizing cognitive control strategies to avoid their intense emotional experiences, it follows that they may benefit from interventions that enhance their knowledge, acceptance and utilization of emotions. Emotion regulation therapy conceptualized based on CBT, ACT, DBT and Mindfulness constructs addresses cognitive, emotional and contextual factors of GAD. Preliminary evidence for the therapy is been established. [49]

CONCLUSION

Different theoretical orientations conceptualize emotions in different ways. However, all schools have given importance to addressing the emotions. There is research evidence to support the facilitating effect of emotions in the process of psychotherapy. Experiencing deep affect, depth of processing, reflection on emotions, understanding roots of emotions and using positive emotions to deal with negative emotions are seen to result in change during therapy. Some of the aspects of emotional functioning considered as therapeutic are: acceptance, awareness, experiencing, and emotional restructuring, modifying emotional responses, reflection, emotional transformation, and emotional regulation. Though most therapies focus on facilitation of emotional expression and emotional regulation, very few studies directly look at these factors as the outcome or as mediating factors. Also, while working with emotions the challenge is to be able to decide regarding the appropriate use of the processes that are identified as effective. In research, emotions have been studied through the use of assessment tools that are often not specific to emotion but are generic to the disorder concerned. Future research can focus on assessing specific processes of change using tools that directly tap on the same. Qualitative approaches along with quantitative measures may provide better insights. There is also a paucity of research on theoretical basis for disorder specific emotion regulation components and therapy thereof. Most importantly, emotion regulation is only one form of affect regulation; other forms of affect regulation such as coping, mood regulation, and psychological defense are not examined. Future research also should attempt to define, assess and dismantle the process in keeping with the above constructs. Although most of the psychotherapies focus on emotions, empirical evidence is available for only certain therapies and techniques which specifically focus on emotional regulation for specific conditions. Overall there is a need to produce an integrative, comprehensive perspective on emotion which would aid in understanding and addressing emotion holistically.

Acknowledgements: Nil

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Conflict of interest: None declared Source(s) of support: Nil