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CORRECTING EMOTIONS IN PSYCHOTHERAPY

The aim of the article is to discuss the assumptions regarding the principles of working with emotions in psychotherapy in the light of contemporary knowledge about emotions. In the first part, we present the basic concepts and assumptions about emotions developed in the field of psychology, which suggest that emotional problems may result not only from insufficient regulation of emotions but also from incorrectly formed emotional traits. The second part of the article presents a review of studies indicating the limitations of the scope of application of traditional techniques, whose aim is to influence the course of emotions so that they are more conscious and more easily expressed or inhibited. In the third part, the assumptions on changing emotional traits during the therapeutic process are discussed and the possible mechanisms that can be used to build interventions aimed at modifying emotional traits are pointed out.

Keywords: emotions, emotion regulation, emotional traits, psychotherapy, therapeutic techniques.

INTRODUCTION

Emotions play an important role in the psychotherapeutic process, though in different therapeutic approaches attention is focused on different aspects of emotional functioning and the therapeutic significance of emotional experience in the process of change is understood in different ways. There are therapeutic approaches, such as humanistic psychotherapy, in which emotions constitute the main content of meetings and work with a person. They are meant to be revealed, experienced, introduced into consciousness, and differentiated, which is supposed to lead to changes beneficial for the patient (Greenberg, 1991; Rogers,

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1959). In other approaches, by contrast – for example in the psychoanalytic, cognitive-behavioral, or systemic paradigms – the patient's experiences are usually treated as secondary to the content of the process of therapy. In these cases, they constitute, above all, an important source of information on the origin of the difficulties that the patient is struggling with, and their analysis makes it possible to monitor the change process. Regardless of the therapist's way of thinking, emotions are part and parcel of psychotherapy and experiencing them is one of the nonspecific healing factors (Czabała, 2008).

Working with emotions in psychotherapy appears to be founded on the assumption that all people originally have an inherent capacity to experience a similar array of emotions and that a considerable part of emotional problems consists in not being aware of the emotions experienced towards oneself and/or other people or in their excessive or insufficient intensity. Traditionally, therefore, the main aim of working with emotions is releasing them, so that they are identified, named, accepted and freely felt, outwardly expressed and discharged, or restricted in terms of the intensity of experience or expression. Interventions applied with those aims in view consist in focusing attention on emotions, on their intensification and articulation, as well as on controlling their behavioral manifestations. According to Greenberg (2013), the various techniques used in different psychotherapeutic methods come down to triggering the following five changes in the sphere of emotions: realizing emotions, releasing their expression, controlling their occurrence and course, reflecting on them, and replacing a maladaptive emotion with an adaptive one. It would therefore seem that the main aim of therapeutic work with regard to emotions is the improvement of emotional regulation.

What we know at present about the nature and sources of emotions provokes the remark that changes of this kind may be insufficient or even harmful if they concern emotions that have maladaptive content or course. Based on the results of research conducted for over 20 years (Baikie & Wilhelm, 2005; Bushman, 2002; Devilly, Gist, & Cotton, 2006; Greenberg & Safran, 1989; Lohr, Olatunji, Baumeister, & Bushman, 2007), it is believed that techniques aimed at influencing the course of emotions so as to make them more conscious and more easily expressed or inhibited are applicable to a limited extent only. Therefore, there are reasons to believe that emphasis in the psychotherapeutic process should be placed on deliberate and precise formation of dispositions to experience particular emotions, since emotional problems may concern not only insufficient regulation of emotions but also their dysfunctional content. The aim of the present article is to discuss the assumptions regarding the principles of this type of work

with emotions in psychotherapy in the light of contemporary knowledge about emotions.

EMOTIONS AND EMOTIONAL TRAITS

Different therapeutic approaches focus on different aspects of emotional functioning and ascribe different roles in the process of therapeutic change to experiences; as a result, it is difficult to work out an understanding of emotions that would suit psychotherapy in general (Greenberg & Safran, 1989). Defining emotions becomes easier in terms offered by psychology, where differences between the positions of researchers do occur as well, but the grounding of views in empirical data results in greater agreement as to the meaning of fundamental concepts and the occurrence of specific mechanisms or regularities. Definitional refinements should begin with the distinction between emotion and mood. Emotions are affective reactions constituting responses to specific signals, whereas mood is an affective state that arises and lingers without being linked to any particular factor. In the light of the current understanding of affective processes, emotion and mood are two distinct phenomena, each of them possessing specific characteristics and functions, which makes it legitimate to consider separately both their contribution to psychopathology and the influence that psychotherapy has on them. It should therefore be stressed that the object of discussion in the present paper is emotions only.

Emotions are understood as complex reactions of the organism to facts related to goals that are important for the individual (Clore & Robinson, 2012). An emotion comprises a sequence of processes triggered by the reception of a meaningful stimulus, which make up a multifaceted evaluation of that stimulus in terms of the realization of a specific goal. It is a so-called evaluative cycle, proceeding as a sequence of phenomena referring to a meaningful stimulus and interrelated through feedback (Clore & Robinson, 2012). What plays the essential role in this emotional reaction is affective arousal, whose valence corresponds to the value of the stimulus with regard to the goal and whose strength reflects the importance of the stimulus. Other processes involved in the evaluative cycle – physiological, behavioral, and psychological – expand the initial affective evaluation and pave the way for its impact on the person's functioning by giving a specific content and direction to decisions and actions (Frijda, 2008).

The transformation of affective arousal into an emotion – that is, into a reaction of the entire organism – may be more or less complex, which makes it pos-

sible to distinguish between basic and complex emotions (Damasio, 1999; Johnson-Laird & Oatley, 2005). Basic emotions, also called primary, are automatic evaluations taking place thanks to the activation of biological structures, developed in the course of evolution, that generate immediate responses to typical survival situations (Izard, 1992). Because events of importance to the species are rather rare in the life of contemporary mankind, they have relatively little significance in the emotional life of an adult (Watson, 2000), and it is complex emotions, also called secondary, that come to the foreground; they merge simple emotions and blend them together with other processes (mainly cognitive) into elaborate evaluative systems, consistent in terms of content and function, serving goals of social and cultural origin (Johnson-Laird & Oatley, 2005).

Secondary emotions are sometimes referred to as full-blown emotions in order to emphasize that they enable advanced evaluation of complex events, resulting from the individual's personal life experience to a greater extent than from biological determinants, and that they perform diverse functions, not limited to protecting life against danger (Baumeister, DeWall, Vohs, & Alquist, 2010; Clore & Robinson, 2012). Full-blown emotions are situationally constructed around affective arousal initiated by a specific stimulus occurring in a specific context; however, the course of such an immediate evaluative cycle is subject to certain rules, which have been shaped on the basis of earlier emotional experiences. The basis for the development of emotional evaluation rules is the repeated experience of specific sequences of evaluative processes (Damasio, 1999), which are subject to conditioning and generalization (Hermans, Baeyens, & Vervliet, 2013), as well as taken over from people in one's closest circle and through the cultural transmission of ready-made patterns of evaluative sequences (Clore & Robinson, 2012).

In view of the above, full-blown emotions should be considered as reactions taking place on the basis of dispositions specifying their content and course. These dispositions are established rules governing various evaluative cycles, referred to as emotional associative networks (Hermans, Baeyens, & Vervliet, 2013) or emotional personality traits (Clore & Robinson, 2012). The best-known emotional traits include extraversion and neuroticism, which are dispositions to experience affective arousal, positive and negative, respectively (Augustine, Larsen, & Lee, 2013). However, the strong individualization of how people experience all kinds of feelings and a certain repeatability of this experience in a particular person make it legitimate to assume a dispositional basis of most full-blown emotions that people experience (Clore & Robinson, 2012).

If we assume that the formation of emotional traits consists in learning, then some emotional difficulties are worth considering as resulting from learning the manner of experiencing emotions in a wrong way and, in consequence, adopting maladaptive rules of organizing evaluative cycles around a specific type of arousal – that is, the formation of abnormal emotional traits. In that case, we are dealing with maladaptive emotions as understood by Greenberg (2013) – more precisely, with a category of emotions in which their harmfulness does not stem from short-term maladjustment to the individual's needs or to the demands of the situation but is permanent because it originates in abnormal emotional dispositions.

Illustrations of what abnormal emotional traits may consist in are provided by the results of a study in which it was found that affective arousal plays a considerably smaller role in dispositions to experience various emotions in people with personality disorders (regardless of disorder type) than in people without personality disorders (Trzebińska, 2012). This means that emotional traits in the case of personality disorders are formed in such a way that that affect does not play a role as important in the formation of evaluative cycles as it does in mentally healthy people. A different study investigated the relationship between personality disorders and the formation of the capability to experience love (Trzebińska & Gabińska, 2009). The following abnormal forms of the disposition to experience love were considered: a small number of processes making up this evaluative cycle, the low content specificity of this evaluative cycle, the occurrence of negative affective arousals, and the occurrence of a sense of omnipotence as an integral component of the feeling of love. It turned out that various personality disorders are linked with characteristic abnormal elements of the disposition to experience love. For example, borderline personality disorder is related to those characteristics of the disposition to experience love that indicate that love cannot be experienced as a full-blown emotion since this evaluative cycle has too few components and has no distinct content specificity. Avoidant and dependent personality disorders are related to a substantial role of negative arousals in experiencing love, while narcissistic personality disorder is associated with a particularly intensive sense of omnipotence as an element of this emotion.

Summing up, contemporary psychological knowledge suggests the legitimacy of considering emotions as phenomena resulting from emotional traits. The emotional difficulties that patients and psychotherapists grapple with during psychotherapy should be looked at not only as a problem of emotions being maladjusted to the needs or conditions, but also as a problem that lies in abnormal

emotional traits, which are wrongly learned evaluative cycles resulting in defective emotions.

IS EMOTION REGULATION ENOUGH?

The aims and methods of psychotherapy are largely determined by the emotional difficulties of the people undergoing it. In many disorders, emotional problems are characteristic, prominent symptoms. For a majority of patients, emotional difficulties are an important reason for seeking help, even if they are not related to any particular disorder; some of the patients are not in control of their emotions, others complain about their inability to express what they feel, still others suffer from a sense of emotional chaos. If a patient has properly developed emotional traits, what is needed is only a better adjustment of the course of emotional reactions to the current needs or to the specific conditions in which they occur. In that case, the therapeutic techniques listed by Greenberg (2013), which, generally speaking, lead to intensifying or containing emotions, will be most appropriate. However, in the case of defectively formed emotions, intensifying the feelings and improving their control seems to be inadequate or even risky, since it may increase their dysfunctionality and incur excessive psychological costs. The need for expanding the psychotherapeutic repertoire of instruments to include specific techniques that would enable changes in the sphere of emotions other than their regulation by intensification or containment is also indicated by research findings that suggest the ineffectiveness or even counterproductivity of such regulation in many cases.

Techniques based on emotional expression, such as emotional disclosure or catharsis, are commonly used in dealing with a broad spectrum of emotional problems. Research on the effectiveness of these techniques started as early as the 1950s, and even though studies yielded ambiguous results from the very beginning, the fact did not substantially affect the scope of use of such techniques. The results, inconclusive and contrary to the prediction that releasing emotions would have a healing effect, were explained away by the definitional vagueness of those interventions and by their effectiveness depending on many additional factors, such as disorder type, defense style, or the degree of the individual's expressiveness during a therapeutic session (Greenberg & Safran, 1989). At present, however, there is more and more evidence that intensified expression of negative emotions may be harmful because, paradoxically, it causes an intensification of these feelings (Lohr, Olatunji, Baumeister, & Bushman, 2007). Such

a tendency was observed in the case of habitual expression of negative emotions by people having personality dispositions to experience such states. These people not only experienced more unpleasant feelings but also reported more interpersonal conflicts as well as a hostile and demanding attitude towards others (Kennedy-Moore & Watson, 2001). Moreover, it has been established that constantly expressing negative emotions, particularly anger, is a risk factor for cardiovascular diseases (Adler & Matthews, 1994). Bushman's (2002) meta-analysis of the results of various studies revealed that expressing anger led to an intensification of this emotion, not to its dying down. Interestingly, in the course of that analysis it was established that in the case of experiencing anger it is relaxation, cognitive, and behavioral techniques, involvement in pleasant activity, or even refraining from any actions and proverbially "doing nothing" that is more beneficial in terms of both psychological and physiological indicators.

An analogous relationship between an increase in the intensity of unpleasant feelings and their lingering was found for bereavement. Examining middle aged individuals in mourning for the spouse, Bonanno and colleagues (Bonanno, Keltner, Holen, & Horowitz, 1995; Bonanno & Keltner, 1997) demonstrated that individuals who showed the strongest emotions (especially anger) during interviews conducted six months after the death of their spouse exhibited the largest number of symptoms of mourning after 14 months and reported a worse health condition after 25 months. By contrast, those participants who initially exhibited emotional avoidance, manifesting itself in a subjectively low level of negative emotions accompanied by an increased activity of the cardiovascular system, showed minimal symptoms of bereavement and a lower intensity of somatic symptoms in the control study after eight months. According to the authors, these findings suggest that the ability to control the expression of negative emotions may be conducive to regaining normal functioning. This opinion is confirmed by several authors, who claim that emotion suppression may sometimes prove to be more adaptive than emotion expression (Consedine, Magai, & Bonanno, 2002) not only in the case of negative emotions but also in the case of positive ones (Parrott, 1993).

Another object of research was debriefing, which is a procedure that consists in encouraging people to speak about strong emotions connected to the trauma they have experienced. It is still a fairly commonly practiced method of providing psychological assistance, based on the assumption that verbal "release" leads to a reduction of distress and is conducive to remaining healthy. However, more and more empirical data clearly contradict this assumption. Many studies have shown that debriefing which takes place immediately after the traumatic event

does not usually bring the expected benefits and that sometimes it even does harm by increasing distress and may lead to the intensification of PTSD symptoms (Deville, Gist, & Cotton, 2006; McNally, Bryant, & Ehlers, 2003). It was found not to be an effective intervention for victims of sudden violence (Rose, Brewin, Andrews, & Kirk, 1999), and in the case of victims of burns and car crashes it leads to negative effects in the form of intensified symptoms of PTSD and intrusive thoughts (Bisson, Jenkins, Alexander, & Bannister, 1997; Mayou, Ehlers, & Hobbs, 2000). It has also been established that evoking emotions connected with a trauma is harmful when it is not accompanied by a reevaluation of the traumatic situation, but may be helpful provided that such a reevaluation of difficult past experiences does take place (Lyubomirsky, Sousa, & Dickerhoff, 2006).

Results are also ambiguous for the effectiveness expressive writing. The task of describing one's emotional experiences in the form of a diary or a letter to someone close is another method of intensifying emotional expression frequently used in therapeutic practice. Although many studies confirm that committing one's feelings to paper leads to an improvement in physical health, psychological well-being, and the general level of functioning both in the case of patients and in the case of healthy people (Baikie & Wilhelm, 2005; Pennebaker, 1997), there are also data pointing to the limitations of this method. It has been established that the effectiveness of this technique depends on the moment of its application, the person's traits, and the problems he or she is suffering from. Research showed, for example, that in patients diagnosed with cancer the denial of negative experiences is more beneficial with regard to psychological well-being than confrontation and describing one's feelings during the first stage of adaptation to the disease (Kreitler, 1999). No positive effect of describing one's own experiences was observed, either, in the case of bereavement (Stroebe, Stroebe, Schut, Zech, & Ivan den Bout, 2002) and repeated experience of sexual violence (Batten, Follette, Rasmussen-Hall, & Palm, 2002).

Research results also allow us to question some of the applications of psychotherapeutic techniques that lead to reducing the intensity of emotions. Emotion control is a natural and necessary phenomenon, whose occurrence in many different forms at different stages of the emotional reaction is determined by both neuropsychological and socialization factors (Suri, Sheppes, & Gross, 2013). However, it carries with it certain dangers, as it can be excessive or generate conflicts. Special dangers should be pointed out here regarding what Greenberg (2013) believes to be the most advanced form of emotional regulation that can be achieved in psychotherapy, which consists in replacing a maladaptive emotion

with an adaptive one. In the case of arousing a positive emotion that is supposed to replace anxiety or anger, we are dealing with developing the patient's capability of experiencing so-called mixed emotions. These are desirable indeed, since they provide information about both favorable and unfavorable aspects of the situation (Larsen & McGraw, 2011). Still, their functionality is determined by adjustment to the actual importance of events, that is, by whether the positive emotion that appears as "salvation" from a negative emotion arises from the identification of actual favorable or at least humorous aspects of an unpleasant experience. Cheering up or comforting a person in a manner that is incompatible with the situation or out of touch with it constitutes a distortion of the emotional evaluation of the situation. Besides, even in the case of appropriate mixing of emotions there appears the problem of uncertainty and the tension that results from it. For this reason, mixed emotions are adaptive mainly for people with high tolerance of uncertainty (Oceja & Carrera, 2009). Another point that provokes reservations is Greenberg's suggestion that a negative emotion should be replaced with a similar but more adaptive one: for example, shame with a sense of guilt or envy with jealousy. The assumption behind this – namely, that pairs of similar emotions such as shame and a sense of guilt or envy and jealousy in fact represent favorable and unfavorable versions of the same affective reaction, respectively – is not legitimate. As research shows, these are distinct emotions with distinct functions (Tagney & Salovey, 2010), and thus replacing shame with a sense of guilt and envy with jealousy will result in emotional disorientation.

The presented data suggest that neither releasing nor containing emotions should be treated as a panacea for all problems connected with difficulties in the emotional sphere. In conclusion, it is also worth adding that the usual tactics of solving the problem of troublesome emotions by their more effective regulation is psychologically "uneconomical." This is because, irrespective of its functionality and effectiveness, emotion regulation is always costly in the sense that it exhausts the organism energetically and psychologically, thus limiting other activities that require resources and forcing the person to undertake additional actions aimed at economizing and replenishing resources (Doerr & Baumeister, 2010).

CHANGING EMOTIONS IN PSYCHOTHERAPY

The point of departure for seeking therapeutic ways of changing emotional traits may be the analysis of emotion as an evaluative cycle in terms of what it

consists of and how it is organized. Even though there is no unanimity as to what categories of processes could possibly be considered here, the following are mentioned most often (Frijda, 2005, 2008; Scherer, 2000, 2002; Trzebińska, 2009): (1) cognitive processes, by means of which the appraisal of eliciting objects and events takes place, which thus account for the understanding and evaluation of the context of emotional arousal, (2) physiological processes, which represent a bodily grounding of emotional reaction, (3) motor and behavioral processes, which are the expression of the character and aim of emotional reactions, (4) motivational processes, which set up and direct action, and (5) affective processes, which represent a particular positively or negatively valenced activation arising from the evaluation of stimulus meaning by specialized brain systems.

Based on the assumption that patterns of emotional reactions are formed through the repetition and conditioning of the processes making up a particular evaluative cycle, it is possible to investigate examples of how an emotional trait can be shaped by the introduction of desirable processes into the cycle that is meant to undergo “repair.”

Changes in the motor and expressive elements of the evaluative cycle can be introduced using the phenomenon of mimicry – involuntary imitation of facial expression, gestures, body posture, and other forms of expression such as the tone or timbre of voice. The occurrence of mimicry is explained as a kind of affiliative reflex, determined to a very large extent by the biological mechanisms of social bond maintenance (Winkielman & Kavanagh, 2013). The biological universality and the unconscious character of mimicry make it useful in emotional learning during psychotherapy, since they allow to avoid obstacles stemming from an opposing motivation or cognitive attitude. The occurrence of mimicry should also be considered as a risk factor for the reinforcement of unfavorable behavioral aspects of emotion, for example when participants in group therapy include individuals with similar “errors” in emotional expression.

Changes in the physiological element of the evaluative cycle, for example changes in the rhythm of the heart, skin conductance, muscular tension, the rhythm of breathing, or even brain waves, can be introduced after their conscious modification has been trained using biofeedback (McCraty, 2004).

Changes in affective arousal in the evaluative cycle can be effected by means of metaphors referring to valences using opposites such as warm – cold, close – distant, light – dark, top – bottom, plus – minus, or clean – dirty, whose association with arousal – positive and negative, respectively – has been empirically established (Winkielman & Kavanagh, 2013).

Changes in the cognitive element of the evaluative cycle can be introduced on the basis of autobiographical memory – the recall of memories of specific events and past emotional experiences of a particular kind (Murray, Holland, & Kensinger, 2013).

Changes in the motivational element of the evaluative cycle can be introduced through selective positive reinforcement of specific incentives to act, constituting a component of a given emotion. Many research results suggest that, in accordance with the principles of operant conditioning, psychological drives (as opposed to biological ones) that have been satisfied grow stronger and the probability of their occurrence in a similar context increases (Vohs & Baumeister, 2008).

The above review of mechanisms associated with influencing the processes contributing to emotions supports the belief that it is possible to design interventions specifically targeted at the key elements of various evaluative cycles with the aim of shaping them in such a way as to enable the achievement of full-blown emotion with content that is adaptive from the viewpoint of the individual's specific needs and the functions of emotions. Repeating those interventions may become a way to introduce changes into the established dispositions to experience these emotions, namely emotional traits. What is more, the presented examples of mechanisms that could be employed in the formation of emotional traits clearly correspond to the already existing techniques originating in various psychotherapeutic methods. Thus, they can be useful in “repairing” emotional traits, provided that the following conditions are met:

- precise assessment of defective emotions and elements of the corresponding emotional traits that should be changed;
- precise selection and initiation, in therapy, of processes introducing desirable elements into the experience of emotions;
- ensuring that the processes initiated take place in the context of experiencing the emotion that is supposed to be changed;
- ensuring the repeatability of such experience and other factors conducive to emotional learning, such as the reduction of the patient's beliefs that hinder the planned change or the removal of external influences contrary to that change.

FURTHER QUESTIONS AND PERSPECTIVES

The possibility of changing emotional traits in psychotherapy by means of interventions allowing to introduce certain elements into the evaluative cycle that

are desirable with a view to the adaptiveness of emotions – via the mechanisms discussed above as well as via other mechanisms that can be singled out for this role on the basis of psychological knowledge about emotions – should be empirically verified. The influence of such changes on mental health also requires research, including clinical research. What is needed, therefore, is extensive research aimed at identifying the abnormal aspects of various emotional traits, testing the possibilities of introducing specific changes into the evaluative cycle using appropriately chosen psychotherapeutic techniques, as well as testing the consequences of such changes to the patient's mental health and other aspects of his or her well-being.

A very serious problem concerning the emotional sphere, which can be approached in psychotherapy in a way similar to the “repairing” of emotions described here, seems to be failure to assimilate the patterns for certain arousals, resulting in the inability to experience full-blown emotions in some contexts. It can be supposed that the building of emotional traits in the course of psychotherapy could be based on the mechanisms enumerated, but, given the difficulty of forming a new psychological structure with precisely planned content, this should be done in a manner and in conditions adjusted for each particular person in terms of diversity, intensity, or consequences. However, undertaking such therapeutic tasks would require not only proper theoretical and empirical justification but also ethical reflection devoted to specifying the limits and conditions of such a deep intervention in the patient's psyche.

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