NYC-CBT Autumn 2019 Newsletter

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FEATURE ARTICLE:

Emotional Schema Therapy: A Social Cognitive Model of Emotions

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Beck's cognitive model has been a useful approach to understanding how our interpretations of events can lead to anxiety, sadness or other emotions. Identifying and modifying these thoughts often result in significant changes in the intensity of the feelings that clients experience. But in recent years there has been growing interest among Third Wave clinicians in how we cope with the difficult emotions that we do have. DBT emphasizes a wide range of coping skills, ACT describes the role that acceptance plays while balancing this with commitment to valued action, and Mindfulness Based Cognitive Therapy suggests that observing, accepting and taking a non-judgmental approach to experience can be helpful. While recognizing the value of all of these contributions, my work has focused in recent years on how we think about emotions that we and others experience.

I have described many of the elements of my model--**Emotional Schema Therapy**--in a variety of books: ***Cognitive Therapy Techniques, Second Edition*; *Emotion Regulation in Psychotherapy*; *Emotional Schema Therapy*; *Emotional Schema Therapy*: *Distinctive Features*; *The Jealousy Cure***; and my forthcoming book, ***Don't Believe Everything You Feel.*** The premise is that our ideas about our emotions and those of others often perpetuate self-fulfilling prophecies that emotions are dangerous, shameful, a sign of weakness, unique to oneself and need to be eliminated. In particular I have been interested in the more complex, social emotions such as jealousy, envy, ambivalence, and regret. We can call this Theory of Mind or Metacognition or Meta-Emotion, but the key issue is in describing how we think about, cope with and predict emotions. I refer to these as "Emotional Schemas" because- similar to Beck's model of schemas- it describes habitual patterns of thinking about emotions. For example, once you feel anxious, what do you think about your anxiety

and what do you do? Do you think your anxiety will go on indefinitely, is it out of control, does it make sense, do you feel guilty or ashamed about your feelings, do other people have similar feelings, is it hard to accept, do you think you should always be rational, is it hard to accept mixed feelings, do you ruminate about your feelings, can you express them, and do you expect validation? All of us will experience a full range of emotions during our lives—including feelings of anxiety, anger, sadness, envy, jealousy, ambivalence, regret and even hopelessness. The question is how do you think about and cope with these emotions.

The Leahy Emotional Schema Scale (LESS-II) measures 14 dimensions of emotional schemas. Our research and the work by others indicates that a composite score of negative beliefs about emotion is related to depression, anxiety, worry, less psychological flexibility, lower scores on mindfulness, PTSD, and other measures of psychopathology. The view that emotions are invalidated by others was a key predictor of adult borderline personality disorder. Moreover, negative emotional schemas are related to problematic strategies of emotional coping, such as avoidance, worry, and rumination. We have found that personality disorder is also related to emotional schemas with people scoring higher on Borderline Personality having negative views of their emotions while people scoring higher on Narcissistic Personality had overly positive views of their emotions.

Emotional Schema Therapy focuses on the patient's beliefs about emotions and strategies for coping. Beginning with the assessment with the LESS-II problematic beliefs are identified, these are then linked to problematic coping (such as avoidance, complaining, reassurance seeking, binge eating, substance misuse, rumination, worry, etc.). Beliefs and strategies become a focus on treatment.

The underlying view of EST includes the following:

1. ***Difficult and Unpleasant Emotions are Part of Everyone's Experience***. Life is not simply about "feeling good", but it is about the capacity to feel everything, including the unpleasant, even painful emotions that come with a fully lived life. Thus, attachment often entails loss, ambition implies frustration, and friendship involves disappointments. These are universal human experiences and these emotions cannot be eradicated by social engineering, rationalization, or a medication regimen.
2. ***Emotions Warn Us, Tell Us About Our Needs, and Connect Us with Meaning.*** Emotions have evolved to protect us, assure the survival of our genes, connect us with others, and give meaning to our existence. Thus, loneliness tells us we are connected to someone (or wish to be connected), jealousy can help us detect potential betrayal, envy can motivate us to try harder or to assure equitable treatment.
3. ***Strong Emotions can Lead Us or Mislead Us.*** Although we may have strong emotions that truly signal danger, our emotions can easily mislead us, contributing to our belief that an inconvenience is a catastrophe or that a minor flirtation signals abandonment.
4. ***Beliefs About Emotions Can Make It Difficult for Us to Tolerate Our Feelings.*** If we believe that our intense emotions will last indefinitely, overwhelm us, and

incapacitate us, we will fear those emotions and avoid situations that can be opportunities for growth. In Emotional Schema Therapy the therapist assists the patient in identifying potentially unhelpful ideas about emotions and test them against alternative views.

5. ***Strategies for Coping with Our Emotions Can Make Matters Better or Worse***. Often it is the individual's attempts to cope with a difficult emotion that becomes the main problem. Thus, the solution is often the problem. Rumination keeps the individual stuck on focusing on bad feelings, identifying as a victim, or avoiding meaningful engagement in current experiences. Identifying these strategies can reduce their negative impact and assist patients in understanding that emotions are not out of control, dangerous, unique to them, or shameful.

In addition to the foregoing, the EST model stresses the following adaptive beliefs:

1. ***Emotional Realism.*** This challenges beliefs in Emotional Perfectionism(focusing on an idealized view of happy and fulfilling emotions) to accept the idea that emotions can often be painful and can be the result of the existential realities of life.
2. ***Inevitable Disappointments***. The therapist assists the patient in normalizing disappointments in relationships, work, and in issues of fairness—not to invalidate the patient, but to encourage a realistic and balanced view that life does not always go as planned.
3. ***Constructive Discomfort.*** This encourages the patient to realize that to make progress one is often required to be uncomfortable and that tolerating discomfort is a mental tool that can help one tolerate and overcome obstacles. Discomfort tolerance is a goal of therapy. The idea is to help the patient view herself as the person who does the hard things.
4. ***Do What You Don't Want to Do.*** Rather than view one's life as indulging in what one always wants to do--- a kind of turning "life is play" model—the EST model, similar to ACT, stresses valued goals and character strengths that are broadened and strengthened by the willingness to do what you don't want to do. The "mantra" is, "Do what you don't want to do so you can get what you really want to get". Discomfort tolerance, willingness and commitment to ends are the tools that direct one on the journey.
5. ***Successful Imperfection.*** Rather than try to be perfect—or wait to become perfect—the therapist encourages engaging in adaptive behavior imperfectly. For example, for the person who is out of shape, frequent repeated exercises that are less than perfect help make progress.
6. ***Flexible Satisfaction.*** Much of frustration in life is related to unrealistic expectations which I rigidly defended even when experience shows that things will not work out exactly as planned. Changing expectations into flexible hypotheses that can be modified as new information comes in helps the patient adapt to a range of outcomes, including the outcomes that plague one with regret.

Research on Emotional Schema Therapy shows that it is effective in the treatment of GAD, social anxiety, health anxiety, trauma, impulsive behavior in adolescents and other problems and that treatment effectively reduces negative beliefs about emotions and

increases the use of adaptive strategies. We are particularly interested in extending the model to work with couples since our research shows that if you believe that your partner has negative schemas about your emotions this can result in significantly greater relationship satisfaction.

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PROGRAM PROFILE:

The Bellevue/NYU Program for Survivors of Torture

Caroline Albanese

The Bellevue Program for Survivors of Torture (PSOT) was established in 1995 as a joint project of Bellevue Hospital Center and the New York University (NYU) School of Medicine to address the complex needs of torture survivors in the New York City area. The Program is the first and largest treatment center in the NYC area, providing comprehensive, interdisciplinary medical, mental health, social and legal services to survivors of torture, war trauma and other human rights abuses as well as their families. PSOT's mission is to assist individuals subjected to torture and other human rights abuses to rebuild healthy, self-sufficient lives, and contribute to global efforts to end torture. In addition to being recognized for providing outstanding clinical services, the Program is internationally recognized for excellence in its educational, research and advocacy initiatives.

Since its inception, the Program has provided services to help rebuild the lives of nearly 5,000 men, women, and children from more than 100 countries regardless of their ability to pay. PSOT's work is based on the premise that the physical, psychological and social dimensions of health are interdependent and affect one another. Our work is guided by the core belief that the individuals cared for are survivors in the true sense of the word, with innate resilience, which enabled them to survive their trauma and to make it here to the United States).

PSOT is a leader in training future and current health professionals. Every year, PSOT provides direct clinical experience and training in caring for torture survivors to health professionals in training such as psychology interns, dental students, social work interns, law students, medical students, and residents from internal medicine, psychiatry, dermatology, pediatrics and neurology. Each year, PSOT clinicians are invited to present at more than 50 conferences and trainings locally, nationally and internationally. This includes presentations at universities, hospitals and clinics, community, social and legal service organizations, medical schools, Congressional hearings, trainings for USCIS asylum officers, immigration judges and attorneys, and presentations at national and international conferences. PSOT is also a founding member of the National Consortium of Torture Treatment Programs and serves as a resource for new and existing programs.

For more information about PSOT please visit: Survivorsoftorture.org
To refer a client, please email info@survivorsoftorture.org