Treating Emotional Distress through the use of Emotion and Cognitive-Based Therapies

Kimberly Mills
Jake A. Johnson
Masica Jordan
Bowie State University

Abstract
This article will present an integrated approach for treating emotional distress. The authors review the purposes of emotions and explore how they operate in individuals' lives based on learned responses and inaccurate perceptions. Distinct categories of emotions are identified, including both maladaptive and adaptive forms. Basic ideologies and negative evaluations will also be reviewed to illustrate how these patterns develop and maintain disturbing conditions. The authors will examine the complimentary association between affective and cognitive material and how treating both in therapy can be beneficial. Emotion and cognitive-based interventions will be presented through the use of a case study.

The presenting issue for many individuals who enter therapy is the occurrence of emotional pain. Whether these persons are addressing problems related to divorce, grief, or unresolved trauma, they are all hurting in some way. It is the experience that individuals "do not feel good" that leads them to seek therapeutic support (Chhatwal & Lane, 2016). Various authors have used different terminology to define the existence of emotional pain. Most recently, Meerwijk and Weiss (2011) used the concept of psychological pain to define "a lasting, unsustainable, and unpleasant feeling resulting from negative appraisal of an inability or deficiency of the self" (p. 410). Psychological distress has been defined as "a state of emotional suffering associated with stressors and demands that are difficult to cope with in daily life (Arvidsdotter, Marklund, Kylen, Taft, & Ekman, 2015, p. 687). Life's hardships can all lead to difficult experiences that are uniquely defined. The essence of this article will be to identify treatment interventions that are useful in addressing distressing emotional and psychological experiences.

From an evolutionary perspective, emotions have primarily served adaptive purposes (Leahy, 2015). Individuals are directed in appraising whether a situation is positive or negative, advantageous or unfavorable, and morally correct or unethical (Zhu & Thagard, 2002). As such, "emotions are forces inside us that are trying to tell us something about our state of well-being with relationship to the outside world" (Quebodeaux, 2015, p. 4). Consequently, emotions also serve to prepare individuals to take action (Gross, 2002). Different reactions may occur as individuals decipher what affect the emotion will have on them. For instance, threatening matters may cause individuals to elude certain situations, whereas non-intimidating material may be more approachable (Brosch, Pourtois, & Sander, 2010).

On the surface, it may appear that dealing with emotions should be easily attainable. For instance, common cliché's surrounding the issue encourage individuals to "get over it", "quit having a pity party", and "stop feeling sorry for yourself". Well, for clients who may have tried everything else, this may be easier said than done. Research has indicated that emotions are much more involved than they may appear. As noted by Hoffman (2013), "we not only feel an emotion, such as fear, anger, sadness, or happiness, as a response to a stimulus, but we also feel emotions about emotions" (p. 94). Verbal expressions about how emotions have impacted the lives of clients may include such explorations about why the emotion is lasting so long, whether the emotion is appropriate to the situation, and what can be done to heal the emotional experience (Leahy, Tirch, & Napolitano, 2011). Often times, clients may buy into myths such as emotions being uncontrollable, unhealthy, and un-ending (Van Dijk, 2012). Because clients' presenting problems are often referenced in terms of their emotional experience (e.g., I feel sad), a significant point of therapeutic intervention will be to address this affective component.

Integrating Emotion and Cognitive-Based Therapies

Among the factors influencing the effectiveness of therapy is the use of the practitioner's theoretical orientation to guide the therapeutic process (Gladding, 2009). Therapists first become aware of clients' presenting issues during the assessment phase of therapy. Because all client issues are unique it is important to consider how to frame treatment in a way that is meaningful for clients, accurately addresses their problem areas, and will create beneficial change. In his review of psychotherapy models, Brown (2010) noted that the current trend among counselors involves integrating therapeutic approaches. As offered by Leahy (2007), "several approaches may arrive at the same endpoint-improvement for the patient, but they may reach their destination through different means" (p. 356). Whereas counselors were initially more dedicated to treating clients based on one primary theoretical orientation, many are now demonstrating an appreciation for alternative conceptualizations. According to Prochaska and Norcross (2010), "psychotherapy integration is motivated by a desire to look beyond the confines of single-school approaches to see what can be learned and how clients can benefit from other approaches" (p. 455).

Cognitive therapy is one system that has evolved to include the consideration of other theoretical models. More specifically, many cognitive therapists value the role that emotion plays in contributing to the well-being of individuals (Leahy, 2007; Power, 2009). In this integrated approach, practitioners explore how both emotions and cognitions create and maintain the presenting condition. A framework offered by some researchers is that the emotional impact is experienced preceding the cognitive content. In this view, it may be important for the therapist to access the affective information first. For instance, Whelton (2004) suggested that "emotional engagement and arousal facilitates effective therapy but lasting personal change also requires cognitive reflection and the construction of new meaning" (p. 67).

Other theorists suggest that thoughts initiate clients' experiences. According to Brosch (2013), "emotional responses are elicited as the organism evaluates the

relevance of environmental changes for its well-being" (p. 370). Notwithstanding which component commences the event, the point of intervention for an emotion and cognitive-based integrated approach is to concur that there exists a reciprocal relationship between both components. As offered by Burum and Goldfried (2007), "emotion is a basic component of human experience inexorably interwoven with thought and action" (p. 407). This "fusion" is further supported by Spradlin (2003) who contends that emotions and thoughts share a significant connection (p. 12).

In this current article, the authors support the use of an emotion/cognitive-based model to help clients deal with distressing life experiences. What will follow is a framework for working with clients in therapy who are experiencing emotional distress. The authors will be guided by the work of Emotion-Focused Therapy, Emotional Schema Therapy, and Cognitive Therapy. The outline will include: a rationale, therapeutic goals, a case presentation, and an integrated treatment plan.

Rationale for Addressing Emotional Responses

The precipitating experience that often pushes clients to seek treatment is when they realize they are experiencing disturbing emotions. "Old emotional clutter directly affects our ability to regulate emotions, experience joy, and have a fulfilling life" (Altman, 2016, p. 2). Clients may notice a pattern in which they are consistently sad, anxious or even angry. Perhaps the emotions intensify or linger without any alleviation. There may also be times in which the emotions flee and later return. Targeting these emotional

experiences offer one point of intervention because, "while there is no magic potion to cure all that creates suffering in our lives…one thing has proven extraordinarily helpful in moving people beyond those places-their emotions" (Quebodeaux, 2015, p. 2).

From the perspective of Emotion-Focused Therapy (EFT) people can use their emotions in order to increase greater self-understanding (Greenberg, 2011). Upon encountering an event, individuals' emotional systems automatically assess whether a situation will impact them in a good or bad way. Consequently, this evaluation leads to a physiological sense about what occurred. This affective component is further processed by a linguistic element that provides a narrative understanding about the event. Collaboratively, these mechanisms are all formed into *schemes* (e.g. an anger scheme) that inform how individuals may respond to a situation. In Leahy's (2015) Emotional Schema model, emotions also serve an evaluative purpose. In this way, the thoughts that people develop about their emotions can lead to distress. After experiencing an emotion individuals then interpret the meaning, thus forming an *emotional schema*. For instance, people may assume that their pain will be unbearable, uncontrollable or ongoing (Leahy, Tirch, & Napolitano, 2011). In both models, the emotional response may be maintained by the persisting evaluation. As clients become skilled at uncovering affective content, they will develop the capacity to manage or alleviate emotional disturbances.

Identifying Emotions

Emotions have been defined as "a complex chain of loosely connected events

that begins with a stimulus and includes feelings, psychological changes, impulses to action and specific, goal-directed behavior (Plutchik, 2001, p. 345). Various authors have differentiated between the unique categories of emotions (Leahy, 2015; Braniecka, Trzebinska, Dowgiert, & Wytykowska, 2014; Hoffman, 2013). According to Leahy (2015), there are four main distinctions including primary adaptive emotions, maladaptive primary emotions, secondary primary emotions, and instrumental emotions. *Primary adaptive emotions* refer to those immediate responses to a situation that prompts some type of action. *Maladaptive primary emotions* reflect those reactions that were once used for adaptive purposes. Individuals rely on these responses in present day as an automatic support when they encounter familiar stimuli. *Secondary primary emotions* are reactions that are elicited to protect against the original emotion or used to respond to a primary emotion. *Instrumental emotions* are reactions that are developed in an effort to manipulate others. Emotions typically arise from situations that individuals deem as significant in some way. Thus, occurrences that are appraised in a positive light will reveal more promising emotions. Negative evaluations lead to more distressing affective states (Frijda, 1988). Clients who are willing to experience and process their emotions can further uncover the associated meaning they assign to significant situations.

Rationale for Addressing Cognitions

During distressing events, individuals may experience reactions in various areas of functioning, including their thoughts, emotions, behaviors, and physiology (Curwen, Palmer, & Ruddell, 2000). Because these systems are interconnected, any disturbance in one area will impact other areas. Mckay, Davis, and Fanning (2007) describe a feedback loop in which individuals experience distressing thoughts related to significant life events, which in turn leads to painful feelings. The point of intervention in Cognitive Therapy is to intervene in the processing of thoughts (Wilding, 2012).

Affective and behavioral responses are triggered by the way people interpret their situation (Curwen, Palmer, & Ruddell, 2000). According to Beck (1976), it is the meaning and importance individuals attach to significant life events that impacts their experiences. What maintains emotional episodes (e.g. anxiety, sadness) is the internal self-talk and automatic thoughts that individuals continually review in their minds (McKay, Davis, & Fanning, 2007). Clients' abilities to perceive information from a more logical viewpoint will improve their overall responses and reactions.

Identifying Cognitions

Throughout life experiences, individuals develop their own perceptions about themselves, others and society in general. These *core beliefs* guide the way in which people interpret their understanding of a given situation (Beck, 1995). Evaluations may include clients' thoughts about how worthy, loved, and competent they are (McKay, Davis, & Fanning, 2007). It is the persisting "ongoing dialogue" or "internal chatter" that influences how deeply embedded these cognitions are (McMullin, 2000, p. 65). These thoughts are problematic because individuals' interpretations are quite unrealistic (Beck, 1976). There is "a lack of accurate correspondence between perception and actual events-or by misperception of the world" (Dobson, 2012, p.11). Based on

Beck's work of cognitive distortions, various authors have highlighted the major negative thinking patterns: *Catastrophizing* involves predicting the worst possible outcome; *dichotomous thinking* occurs when individuals evaluate events in a rigid way; *selective abstraction* includes fixating on the negatives in a given situation; and *overgeneralization* occurs when individuals pessimistically predict that all situations will turn out the same way (Curwen, Palmer, & Ruddell, 2000; Dobson, 2012).

Developing Collaborative Goals

Utilizing an integrated approach involves helping clients to explore how unproductive emotions and cognitions are maintained in their lives. Regarding emotions, the EFT perspective stipulates that therapists and clients must become aware of *emotion schemes* that are currently in use. These constructs are activated automatically when individuals encounter familiar situations that correspond to pre-coded concepts (Greenberg, 2011). Thus, individuals who have a history of abandonment (i.e., abandonment scheme) may relive these experiences in their current relationships. EFT can be beneficial for clients seeking treatment for distress by considering the impact that past and current experiences or memories play in maintaining their emotions. Using Emotional Schema Therapy further assists therapists and clients with exploring the impact of emotions in functioning. In facilitating the sessions, therapists help clients become aware of their guiding principles (*schemas*) about emotions. In this way, clients uncover their interpretations of emotions and the strategies they use to control them (Leahy, 2015). Thus, individuals who are not able to effectively manage their emotions may be likely to engage in negative coping behaviors (Strosahl & Robinson, 2008).

In their review of emotion-based therapies, previous authors suggested that the primary task of therapists is to assist clients with appropriately assessing emotions (Ehrenreich, Fairholme, Buzzella, Ellard, & Barlow, 2007). By exploring the structure and function of emotions, clients learn about what emotions are, what purposes they serve and how to best determine whether they are having an emotional experience. These same authors propose that, by investigating the context of emotion, clients become aware of how situational factors, early socialization, and culture impact their emotional experiences. Emotional hardships are often accompanied by a desire to understand the experience. For instance, people may describe the occurrence of "crying for no reason". When addressing issues of emotional pain, it becomes important for clients to find a way to make sense of their emotions (Greenberg, 2004).

Cognitive processing offers a mechanism for clients to develop an understanding of why they feel the way that they do. Thus, a major goal of cognitive therapy becomes teaching clients "how their thoughts function to trigger and maintain dysfunctional emotions and reactions to situations" (Shean, 2003, p. 196). The interaction between problematic thought patterns and distressing emotions can often be seen in how individuals respond to the situation. In the case of emotions, individuals may utilize their learned emotional responses (*schemes*) and their basic ideologies (*schemas*) to develop their reactions. According the Gross (2001), "emotions call forth a coordinated set of behavioral, experiential, and physiological response tendencies that together influence

how we respond to perceived challenges and opportunities" (p. 281). In regards to cognitive appraisals, it is the clients' evaluations that impact the reaction in such a way that "consequences are likely to be negative" (Dobson, 2012, p. 24).

Power and Dalgleish (2008) developed a model that considers the role of both emotion and cognition. As indicated by these authors, when presented with a situation, different levels of processing occurs. Individuals first encounter sensory information which initiates the primary experience of emotions. Further processing may include automatic arousal of emotion based on associations of previous experience and learning. As all of this information is integrated persons also begin to develop narratives and generalizations about themselves and the world. Although dealing with difficult emotions can be a painful undertaking, avoiding negative experiences can prove detrimental as well. For instance, if distressing emotions persist, "or are so intense that they overwhelm, or evoke past loss or trauma they can become dysfunctional" (Greenberg, 2004, p. 4). In the same vein, engaging in a continual pattern of negative thinking can impact individuals' overall well-being (Greenberg, 2008). According to Dobson (2012), healthy adjustment occurs when "the individual accurately appraises his or her environment and is therefore able to cope with the demands of the environment" (p.11).

An Integrated Emotion and Cognitive-Based Treatment Approach

A treatment approach that utilizes an emotion/cognitive-based perspective can be beneficial for clients in helping them to deal with distressing emotions (Power, 2009). An integrated approach in working with clients would include establishing a collaborative relationship in which clients would feel comfortable to explore underlying thoughts and emotions related to current distress. The therapist would provide a supportive environment in which the clients' feelings are empathically understood and validated (Timulak, 2014). Additionally, therapists would help support clients in considering healthy, new perspectives and ways of thinking that would assist them in creating positive outcomes while eliminating negative coping responses. The case study and outline that follow provides a demonstration of how therapists can work with clients dealing with distressing experiences from an emotion/cognitive-based perspective. Sample interventions will be provided using the case of Evelyn.

Case Presentation

Evelyn is a 34-year old female who first entered therapy to deal with "relationship issues". For the past two years the client has been in a courtship with her current boyfriend. Recently, the boyfriend has been talking about the topic of engagement and starting a family. These conversations have led Evelyn to feel ambivalent, as she never imagined the relationship evolving any further. Evelyn fears that her boyfriend may be "too good" for her. Evelyn admits that although she deeply cares for her boyfriend, she does not think she is "in love" with him. The client entered therapy to sort out her feelings about whether she should accept the pending marriage proposal. She would also like to seek support for the significant life challenges she endured throughout her childhood and young adult years.

The client was raised by her maternal grandparents after her parents gave up their parental rights when she was two years of age. Evelyn's parents maintained some contact with her until she was approximately five years of age, but then opted for the "party lifestyle". To date, the client has had minimal contact with them. Although an only child, Evelyn was raised in a home with her cousin who is two years older. At the age of six, Evelyn's cousin was re-united with her biological mother and the family re-located out of state. When Evelyn was 17, her grandmother passed away. Two months later, her grandfather had a stroke and was placed into a nursing home until he died one year later.

Evelyn describes experiencing "utter loneliness" throughout her life. During her college years, the client began a life of "partying". Evelyn describes this as a "wild" time in her life where she needed guidance. During these years the client experimented with alcohol and drugs, engaged in promiscuous sex, and failed her classes. As a result, Evelyn lost several significant friendships with "really good people" who cared about her. Now as an adult, Evelyn has made great efforts to have a better life and make more appropriate choices. The client is currently a customer service representative in a bank but considers plans of returning to school for human resource management. She engages in a healthy-eating and substance-free lifestyle.

The client struggles with feeling "undeserving" of happiness as a result of her past experiences. Evelyn reports holding a lot of "sadness, anger, and shame" in her heart. She often engages in people-watching and determines that other couples have perfect relationships. Evelyn compares herself to other women and feels that she does not measure up. She judges herself as being "contemptable" and wishes she could erase the memories of her former life. The client reports a history of seeking out superficial unions that have no real future. These relationships were "drama-filled" with episodes of arguing and playing mind games. Although these patterns exist in Evelyn's current relationship, her boyfriend is tolerant and remains willing to work through their issues. Evelyn contends, "he accepts me unconditionally, with all of my baggage". The client fears that she will never have any "true connections" and wonders if she is "good enough to love".

Providing a Rationale

In addressing the importance of working with emotions, therapists may begin by discussing the usefulness of emotions in preparing individuals to take action (Van Dijk, 2012). With further explanation, clients will learn that although emotional responses can serve protective purposes, they can also be used in ways that are not productive (Quebodeaux, 2015). Thus, when individuals use emotions maladaptively their coping responses too may be unbeneficial. In Evelyn's case, her experience of anger may serve as a protective factor in her efforts to keep her relationships at a comfortable distance. To acknowledge the importance of working with cognitions, therapists may provide education about how patterns of thinking can persist if they are not restructured (McMullin, 2000). Furthermore, these cognitions may impact feeling and behavior (Beck, 1995). Based on her early life experiences, Evelyn has held certain beliefs about herself and her social world that now remain active in her adult life. Some of Evelyn's guiding principles include the idea that she is not good enough to love and that

she is underserving of happiness. As she learns that, "appraisal of reality can be flawed by unrealistic patterns of thought" (Beck, 1976, p. 234), she can adopt healthier perspectives.

As a framework for identifying a rationale, it may be useful to implement the use of a *Cost-Benefit Analysis* (see Leahy, 2003). In utilizing this tool, Evelyn can list the possible advantages and disadvantages for maintaining current thinking patterns and emotional patterns versus adopting new ones. For instance, to explore her thought of not being "good enough to love", a possible advantage of thinking this way may be avoiding rejection, yet a possible disadvantage may be missing out on caring relationships. To work with her emotion of "shame", a possible advantage of feeling this way would be that she holds herself to high standards. Yet, a possible disadvantage is that she does not learn the therapeutic forces of self-forgiveness. As clients weigh the pros and cons of maintaining their current affective and thinking reactions, they can determine if new ways of being might be more plausible.

Assessment

During the assessment phase, the focus of intervention will be to help clients become aware of how they are experiencing emotion-based and cognitive information. As a preliminary assessment of emotions, clients can be instructed on how to identify their affective states. Various exercises can be used to help clients increase self-awareness by identifying what makes them feel a certain way and how certain cues in the environment impact healthy or unhealthy reactions (Sarzotti, 2018). Two exercises, *Identifying Moods* (see Greenberger & Padesky, 1995) and *The*

Emotion Log (see Greenberg, 2004; Leahy, 2015) can help clients develop an understanding about how they are feeling, why certain events and thoughts impact their reactions, and whether their emotions are serving adaptive purposes.

First, clients can complete an exercise in which they are tasked with *Identifying Moods* (Greenberger & Padesky, 1995). As they recall specific situations that led to a significant emotional response they also become skilled at labeling common mood states (e.g., sadness, anger). By completing this activity, clients learn the connection among their experiences while identifying associated factors that may contribute to their current feeling. For instance, as clients explore who and what was associated with the reaction they can connect cause and effect events. In Evelyn's case, she may determine that she becomes sad when she sees happy families. This reminds her of the childhood she wishes she would have experienced.

The Emotion Log (Greenberg, 2002) can be further utilized to help clients explore the frequencies in which they are experiencing specific feelings. For further assessment of emotional content, clients will learn to uncover maladaptive emotions and associated beliefs (Greenberg, 2004; Leahy, 2015). Additionally, they will be able to connect unpleasant emotions with distressing thoughts (Curwen, Palmer, & Ruddell, 2000). Helping the client to survey which emotions are serving adaptive purposes and which ones are unproductive is a primary goal. For instance, Evelyn describes feeling "sadness" and "loneliness" which may be associated with her history of significant abandonments. The "shame" and "anger" she feels however, may be used to

create distance in her current relationships as a way to avoid real intimacy.

During the assessment of cognitive content, clients will explore how their *automatic thoughts* and *core beliefs* are maintaining their condition. Clients will learn to pay attention to the messages they are hearing during a distressing event (McKay, Davis, & Fanning, 2007). Additionally, they will learn how the rules they live by are influencing their responses (Beck, 1995). The *Thought Record* (see Greenberger & Padesky, 1995) and *Laddering Technique* (see McKay, Davis, & Fanning, 2007) are useful interventions that can assist clients with uncovering thought processes associated with particular occurrences. Clients first develop realizations about what they are thinking and then are further able to analyze what these perceptions mean to them.

Therapists can instruct clients in the use of a *Thought Record* (Greenberger & Padesky, 1995) as a tool to record feelings and automatic thoughts that accompany an upsetting situation. For instance, when Evelyn has been inclined to people-watch other couples, her associated thought may have been, "I'll never have any true connections". The associated emotions may have been sadness or loneliness. To go a bit deeper, therapists can encourage clients to explore underlying fears or concerns that may be attached to these basic ideals. The *Laddering Technique* (McKay, Davis, & Fanning, 2007) can be used to help clients uncover their basic core beliefs. Evelyn can be instructed to question the deeper meaning of each of her views. In doing so, she determines the essence of not having "true connections" as a possible fear of "not being loveable".

Treatment Planning and Intervention

The aim for clients during the treatment planning phase will be to help them deal with emotional and cognitive content in a more productive manner. In addressing emotion-based issues, possible goals may include helping clients to process unresolved past issues as well as to identify current triggers (Jongsma, Peterson, & McInnis, 2003). In unearthing this material clients will eventually learn to increase acceptance of all emotions; regulate their emotions; and replace emotional control with re-engagement in life's positive experiences (Gross, 2002; Leahy, 2015; Strosahl & Robinson, 2008).

Whether self-imposed or caused by others, all individuals experience some emotional wounds from the past which can greatly impact their present level of functioning (Altman, 2016). When individuals connect with certain triggers through "remembering, thinking, and ruminating" (Spradlin, 2003, p. 67) they may be more inclined to have emotional experiences. As indicated by Knaus (2008), emotions are often associated with people, events, images, or memories. In order to begin dealing with emotional content clients will need to connect with underlying feelings and challenge themselves to purposefully resolve significant experiences. *Imaging Techniques* (see Ellis, 2001) can primarily be used to help clients freely express how events have instinctively impacted them. The *Empty Chair Technique* (see Leahy, 2003) can then be utilized as an opportunity for clients to tackle their exposed feelings.

By implementing the use *Imaging Techniques* (Ellis, 2001), clients have the opportunity to uncover previous content and

current triggers. Through journal writing, clients are able to identify and express their most painful emotions. Ellis (2001) further suggests that these clients reframe adversities to view them in a healthier fashion. For Evelyn, it may be useful to write about the anger, sadness, and loneliness she experienced by being abandoned initially by her parents and then later losing her grandparents. By reframing these experiences, Evelyn may discover that her grandparents rescued her from her initial abandonment. Additionally, friends and a supportive boyfriend eventually offered love during her time of loss. In this way, Evelyn is able to process these feelings while determining that she is worthy of love.

As clients continue to connect with difficult emotions, they may feel trapped by the memories of others hurting them in the past, and may feel helpless to reverse the effect. Further processing of emotional content can be achieved through use of the *Empty Chair Technique* (Leahy, 2003). Therapists can first instruct clients to identify significant others who have caused them some type of harm. Clients are then guided in holding an imaginary conversation with their violators. As clients engage in this exchange, they are able to honor their emotions, while identifying unmet needs (Diamond, Rochman, & Amir, 2010.). In the case of Evelyn, therapy may involve visualizing a previous relationship in which she felt that her partner did not respect her. In this exercise, Evelyn would share with the individual how the painful experience affected her. The purpose of this technique is to engage Evelyn in dominating and defeating the credibility of the partner who demoralized her at an earlier time. The more insight that Evelyn develops allows her interpretations to be "re-examined,

reworked, and resolved" (Greenberg, Warwar, & Malcolm, 2008, p. 186).

It will also be important for clients to maintain awareness about particular catalysts that prompt emotional states and in turn learn to effectively welcome and manage their feelings. For instance, clients may be made aware that certain persons, social pressures, or activities proceed their distressing experiences (Sobell & Sobell, 2011). In order to properly handle these events, clients can benefit from honoring their reactions and reflecting on their responses from a compassionate viewpoint.

Clients can be guided to explore how various situational factors may act as elicitors in provoking affective states. They can be taught to appreciate their emotions and process them in adaptive ways. A useful starting point is for clients to complete *Identification of Triggers* (see Riggenbach, 2013). In doing so, clients are made aware of their responses to precipitating stimuli. As clients allow their emotional experiences in, they increase their capacity to own their emotions and are empowered to change them by focusing on their needs (Greenberg, Warwar, & Malcolm, 2008). Though *Self-Validation* (see VanDijk, 2012) and *Self-Compassion* (see Neff, 2003), clients can learn to increase their understanding of intuitive human reactions. With this new awareness, they can refocus from self-blaming to optimizing their ability to promote self-care and meet their needs (Beaumont & Hollins Martin, 2015).

By utilizing *Identification of Triggers* (Riggenbach, 2013) clients can reflect on situations, time periods, and related themes that seem to be present when the problematic emotions occur. In this way, clients are able to be preventative in warding

off more negative emotions. For Evelyn, this may mean being aware of times where she tends to people-watch. Because emotional experiences will continue to come and go, it is essential that clients learn to increase acceptance of them. One way in which clients can embrace their emotions is through the process of *Self-Validation*. As clients learn to acknowledge, allow, and understand their feelings they are consequently able to suspend their judgments of them (Van Dijk, 2012). Through learning *Self-Compassion* (Neff, 2003) clients can increase kindness towards themselves, eliminate judgments, normalize their experiences as a part of being human, and respond to their thoughts and feelings (Neff, 2003).

Therapists can offer clients further support by teaching them to tolerate and regulate their emotions. Various authors have incorporated Linehan's distress tolerance and emotion regulation skills into their frameworks for teaching clients how to deal with affective content (Van Dijk, 2012; Spradlin, 2003). In utilizing these interventions, clients learn to cope with and address emotional material that arises. Final emotion-based techniques focus on helping clients to achieve more productive outcomes. "Therapeutic interventions not only aim to alter people's awareness of emotions, but also to change their emotional experience (Burum & Goldfried, 2007, p.410). Both *Crisis Survival Strategies* (see Spradlin, 2003) and *Values Assessment* activities can be used to help clients cope with emotional content and plan for pursuing ideals that support emotional fulfillment.

Spradlin (2003) identified several *Crisis Survival Strategies* in which clients are taught to develop resiliency in times of distress. Such skills include: engaging in enjoyable activities; connecting to experiences that bring about opposite emotions; and participating in self-soothing rituals. Further treatment for emotional distress also entails teaching clients how to deal with their emotions. Individuals can learn to avoid certain triggers, provoking events, and people that prompt strong emotions. Additionally, they can learn to alter how they are perceiving the experience (Hofmann, 2013). Emotional regulation skills should also be developed for clients to access in times of turmoil. In a recent publication, Linehan (2015) stated that clients can alter their emotional experiences by learning to review the facts of the situation, utilize problem-solving skills, and engage in opposite actions. As offered in her earlier work, Linehan (1993) also encouraged clients to increase positive emotion by engaging in interpersonal actions and by remembering positive experiences.

An ultimate goal for teaching clients to deal with emotional content is to help them to re-engage with life. "By aligning with purpose, everything in life becomes a little shinier, more alive, more exciting, and more meaningful" (Altman, 2016, p. 215). For clients dealing with difficult emotional experiences, it may be useful to complete a *Values Assessment*. As Leahy (2003) suggests, it is in reviewing values that individuals can connect their emotional experiences (e.g., sadness) with unfulfilled needs (e.g., intimacy). As clients get in touch with their values, they can connect with a sense of motivation and meaning in life (Strosahl & Robinson, 2008). For Evelyn, an exploration of her values may lead to new discoveries about how she can take chances in relationships and regain trust and security in others.

From a cognitive perspective, agreed upon goals may include the following: helping clients to increase their abilities to identify when they are experiencing dysfunctional thoughts and inaccurate perceptions; helping clients to explore more productive ways of thinking, and helping clients to form a new belief system (Beck, 1976; Curwen, Palmer, & Ruddell, 2000 & Beck, 1995). Because thoughts offer information regarding individuals' perceptions about themselves, it will be important to address both ideas and underlying beliefs in therapy (Wilding, 2012). An area of exploration for clients will be to consider the legitimacy of their way of thinking. By first *Examining the Evidence* (see Leahy, 2003), clients can become familiar with their typical ways of viewing themselves in relation to the world. They are challenged to weigh whether their ideas are logical and to further consider if they should abandon or adopt new ways of thinking. The *Historical Evidence Log* (see Riggenbach, 2013) can be used to help uncover the origins of these thought processes. If clients no longer find their appraisals beneficial, they can be assisted in using *Visualization techniques* (see McKay, Davis, & Fanning, 2007) to "promote changes in attitudes, behavior, or physiological reactions" (Joseph, 2004, p. 13) by creating healthy narratives and self-talk.

Treatment planning involves challenging clients to explore the logic of their underlying beliefs by *Examining the Evidence* (Leahy, 2003). Clients should assess whether they are being too critical, if others view them in the same way, and if their belief holds true all of the time (Burns, 1989). After a fight with her boyfriend, Evelyn may think.. "he's going to leave me" or "I'll always be alone". If Evelyn believes that she will never have any true connections, the therapist can help her challenge "never" as well as discuss the fact that as a couple, she and her boyfriend have been able to successfully overcome previous disagreements.

As clients begin to identify some of these basic thoughts it will be as crucially important to uncover where these ideas stem from. One useful technique is for clients to complete a *Historical Evidence Log* (Riggenbach, 2013). Clients are able to explore and connect specific environmental and family influences or events that have contributed to their different emotional states. As individuals connect these emotions to specific situations they can be challenged further to explore: in what ways these experiences impact how they view themselves, others, the world and their future (Wilding, 2012). In the case of Evelyn, she may connect feeling contempt with her history of promiscuous behaviors. Additionally, she may decide that she chose partners who did not respect her. With further analysis, Evelyn's underlying belief may be that sex equals love, men cannot be trusted, and important people will abandon her.

As core beliefs are revealed clients will need to begin challenging these rigid viewpoints. The *Visualization* exercise allows clients to revisit painful memories of the past from a compassionate viewpoint (McKay, Davis, & Fanning, 2007). By using optimistic coping thoughts and healthy, logical perspectives, clients learn to speak to their former selves. Evelyn's desire to erase memories of her former life suggests that she may be avoiding coping with her negative experiences. In using the visualization technique, Evelyn can validate her feelings and provide normalization that

being overwhelmed by multiple stressors can be a lot for anyone to bear without the proper social supports and coping skills. She can also remind herself of the strength and perseverance that she possesses as evidenced by her current accomplishments.

A final goal in the cognitive model is for clients to continue pursuing healthy belief systems. In part, this transformation can be achieved by intentionally adopting new language. Walker (2013) suggests that clients develop communications based on positive associations (i.e., peace, resilience, optimism) versus negative responses (i.e., worry, self-doubt, pessimism). To further promote a healthy outlook, clients will also benefit from the instillment of hope. If clients believe that things will turn out well and that they have the resourcefulness to pursue their goals, they are likely to stay motivated to reach for imagined aspirations (Snyder, Ilardi, Cheavens, Michael, Yamhure, & Sympson, 2000). Hence, instead of Evelyn believing that she will never have true connections, she can willfully claim that there is love out there for her and take measures to pursue meaningful connections.

An integrated emotion and cognitive-based treatment approach offers clients the opportunity to address significant areas of functioning. Clients who are dealing with difficult life experiences are often challenged by strong, persistent emotions as well as negative, ruminating thoughts and beliefs. Counselors who utilize emotion/cognitive-based interventions can guide clients to develop deeper self-awareness about how affective content and thought processes impact their responses and evaluations. As clients learn to express emotions and resolve painful experiences, they can create a path to increasing positive emotions and utilizing coping strategies. For clients like Evelyn, struggling with distressing emotions does not have to be a persistent condition. By addressing emotional and cognitive material in treatment, clients can learn to address emotional pain, confront negative thinking patterns, create new belief systems and be well on their way to developing a healthier, more functional world.

References

Altman, D. (2016). *Clearing emotional clutter*. Novato, California: New World Library.

Arvidsdotter, T., Marklund, B., Kylen, S., Taft, C., & Ekman, I. (2015). Understanding persons with psychological distress in primary health care. *Scandinavian Journal of Caring Science, 30,* 687-694.

Beaumont, E., & Hollins Martin, C. J. (2015). A narrative review exploring the effectiveness of compassion-focused therapy. *Counselling Psychology Review, 30,* 21-32.

Beck, A. T. (1976). *Cognitive therapy and the emotional disorders*. New York, NY: Penguin Books.

Beck, J. (1995). *Cognitive therapy: Basics and beyond*. New York, NY: The Guilford Press.

Braniecka, A., Trzebinska, E., Dowgiert, A., & Wytykowska, A. (2014). Mixed emotions and coping: The benefits of secondary emotions. *Plos One, 9,* 1-13.

Brosh, T. (2013). Comment on the role of appraisal processes in the construction of emotion. *Emotion Review, 5,* 369-373.

Brosh, T., Pourtois, G., & Sander, D. (2010). The perception and categorization of emotional stimuli: A review. *Cognition and Emotion, 24,* 377-400.

Brown, J. (2010). Psychotherapy integration: Systems theory and self-psychology. *Journal of Marital and Family Therapy, 36,* 472-485.

Burns, D. D. (1989). *The feeling good handbook*. New York, NY: Penguin Books.

Burum, A., Goldfried, M. (2007). The centrality of emotion to psychological change. *Clinical Psychology Science and Practice, 14,* 407-413.

Chhatwal, J., & Lane, R. (2016). A cognitive-developmental model of emotional awareness and its application to the practice of psychotherapy. *Psychodynamic Psychiatry, 44,* 305-326.

Curwen, B., Palmer, S., & Ruddell, P. (2000). *Brief cognitive behavior therapy.* Thousand Oaks, CA: Sage Publications.

Diamond, G. M., Rochman, D., & Amir, O. (2010). Arousing primary vulnerable emotions in the context of unresolved anger: Speaking about versus speaking to. *Journal of Counseling Psychology, 57,* 402-420.

Dobson, K. S. (2012). *Cognitive therapy*. Washington, DC: American Psychological Association.

Ehrenreich, J. T., Fairholme, C. P., Buzzella, B. A., Ellard, K. K., & Barlow, D. H. (2007). The role of emotion in psychological therapy. *Clinical Psychology Science and Practice, 14,* 422-428.

Ellis, A. (2001). *Feeling better, getting better, staying better: Profound self-help therapy for your emotions*. Atascardero, CA: Impact Publishers.

Frijda, N. H. (1988). The laws of emotion. *American Psychologist, 43,* 349-358.

Gladding, S. T. (2009). *Counseling, a comprehensive profession (7ᵗʰ ed.)*. New York, NY: Merrill Publishing.

Greenberg, L. S. (2002). *Emotion-focused therapy: Coaching clients to work through their feelings*. Washington, DC: American Psychological Association.

Greenberg, L. S. (2004). Emotion-focused therapy. *Clinical Psychology and Psychotherapy, 11,* 3-16.

Greenberg, L. S. (2008). Emotion and cognition in psychotherapy: The transforming power of affect. *Canadian Psychology, 49,* 49-59.

Greenberg, L. S. (2011). *Emotion-focused therapy*. Washington, DC: American Psychological Association.

Greenberg, L. S., Warwar, S. H., & Malcolm, W. M. (2008). Differential effects of emotion-focused therapy

and psychoeducation in facilitating forgiveness and letting go of emotional injuries. *Journal of Counseling Psychology, 55,* 185-196.

Greenberger, D., & Padesky, C. A. (1995). *Mind over mood: Change how you feel by changing the way you think.* New York, NY: The Guilford Press.

Gross, J. J. (2001). Emotion regulation in adulthood: Timing is everything. *Current Directions in Psychological Science, 10,* 214-219.

Gross, J. J. (2002). Emotion regulation: Affective, cognitive, and social consequences. *Psychophysiology, 39,* 281-291.

Hoffman, S. (2013). The pursuit of happiness and its relationship to the meta-experience of emotions and culture. *Australian Psychologist, 48,* 94-97.

Jongsma, A. E., Peterson, L. M., & McInnis, W. P. (2003). *The adolescent psychotherapy treatment planner (3rd ed.).* Hoboken, NJ: John Wiley & Sons, Inc.

Joseph, A. (2004). The impact of imagery on cognition and belief systems. *European Journal of Clinical Hypnosis, 5,* 12-15.

Knaus, W. J. (2008). *The cognitive behavioral workbook for anxiety.* Oakland, CA: New Harbinger Publications.

Leahy, R. L. (2003). *Cognitive therapy techniques: A practitioner's guide.* New York, NY: The Guilford Press.

Leahy, R. L. (2007). Emotion and psychotherapy. *Clinical Psychology Science and Practice, 14,* 353-357.

Leahy, R. L. (2015). *Emotional schema therapy.* New York, NY: The Guilford Press.

Leahy, R. L., Tirch, D., & Napolitano, L. A. (2011). *Emotion regulation in psychotherapy: A practitioner's guide.* New York, NY: The Guilford Press.

Linehan, M. (1993). *Skills training manual for treating borderline personality disorder.* New York, NY: The Guilford Press.

Linehan, M. (2015). *DBT skills training manual (2nd ed.).* New York, NY: The Guilford Press.

McKay, M., Davis, M., & Fanning, P. (2007). *Thoughts and feelings: Taking control of your moods & your life (3rd ed.).* Oakland, CA: New Harbinger Publications.

McMullin, R. E. (2000). *The new handbook of cognitive therapy techniques.* New York, NY: W. W. Norton & Company.

Neff, K. (2003). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity, 2,* 85-101.

Meerwijk, E. L., & Weiss, S. J. (2011). Toward a unifying definition of psychological pain. *Journal of Loss and Trauma, 16,* 402-412.

Plutchik, R. (2001). The nature of emotions. *American Scientist, 89,* 344-350.

Power, M. J. (2009). Cognitive psychopathology: The role of emotion. *Clinical and Health Psychology, 2,* 127-141.

Power, M. J., & Dalgleish, T. (2008). *Cognition and emotion: From order to disorder* (2nd ed.). New York, NY: Psychology Press.

Prochaska, J. O., & Norcross, J. C. (2010). *Systems of psychotherapy (7th ed.).* Belmont, CA: Brooks/Cole.

Quebodeaux, B. (2015). *Emotion-focused workbook: A guide to compassionate self-reflection*. CreateSpace Independent Publishing.

Riggenbach, J. (2013). *The CBT toolbox: A workbook for clients and clinicians*. Eau Claire, WI: PESI Publishing and Media.

Sarzotti, F. (2018. Self-monitoring of emotions and mood using a tangible approach. *Computers, 7,* 1-28.

Shean, G. D. (2003). Is cognitive therapy consistent with what we know about emotions? *The Journal of Psychology, 137,* 195-208.

Snyder, C. R., Ilardi, S. S., Cheavens, J., Michael, S. T., Yamhure, L., & Sympson, S. (2000). The role of hope in cognitive-behavior therapies. *Cognitive Therapy and Research, 24,* 747-762.

Sobell, L. C., & Sobell, M. B. (2011). *Group therapy for substance use disorders: A motivational cognitive-behavioral approach.* New York, NY: The Guilford Press.

Spradlin, S. E. (2003). *Don't let your emotions ruin your life: How dialectical behavior therapy can put you in control.* Oakland, CA: New Harbinger Publications.

Strosahl, K. D., & Robinson, P. J. (2008). *The mindfulness & acceptance workbook for depression.* Oakland, CA: New Harbinger Publications.

Timulak, L. (2014). Witnessing clients' emotional transformation: An emotion-focused therapist's experience of providing therapy. *Journal of Clinical Psychology: In Session, 70,* 741-752.

Van Dijk, S. (2012). *Calming the emotional storm*. Oakland, CA: New Harbinger Publications.

Walker, W. L. (2013). Teaching hypnotically responsive clients self-management of negative emotions using self-talk, imagination, and emotion. *Australian Journal of Clinical and Experimental Hypnosis, 40,* 84-87.

Whelton, W. J. (2004). Emotional processes in psychotherapy: Evidence across therapeutic modalities. *Clinical Psychology and Psychotherapy, 11,* 58-71.

Wilding, C. (2012). *Cognitive behavioural therapy*. London, England: Hodder Education.

Zhu, J., & Thagard, P. (2002). Emotion and
      action. *Philosophical Psychology,*
      15, 19-36.