

## **Transdiagnostic emotion-focused therapy and its role in stress management**

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### **Abstract:**

*PAEN (negative emotion self-regulation program) was proposed by David Barlow (2004, 2018) and aims to enable each of us to become our own therapist, using validated methods inspired by cognitive-behavioral therapy. Such an approach does not replace psychotherapy or drug therapy, when these are needed, but can be a first aid for mild to medium intensity emotional problems that may arise in some situations perceived as stressful. It allows transcending the diagnostic categories proposed by the DSM, being synthetic and taking into account the patient and his/her problem. It comprises eight modules, which cover emotions, cognitions or behaviours, as well as the updating of personal values, which, depending on the intensity of the emotional problems and the level of impairment of the individual's functioning, can be applied flexibly. The programme has been validated in a controlled study, where it was compared with a diagnosis-specific treatment and equivalent results were found. These results represent a breakthrough and pave the way for a unified practice in psychotherapy. PAEN contains the four possibilities of the patient's reaction when overwhelmed by emotional stress, so that this programme can be applied in whole or in part, depending on the problem at hand, by self-application or with the supervision of a specialist, grouping together techniques that are easy to learn and apply.*

**Keywords:** program, self-regulation, negative emotions

A current Cognitive-Behavioural Therapy has developed an approach that allows transcending the often artificial and fluctuating categories, always revisable subjects, through successive editions of the DSM (Diagnostic and Statistical Manual of Mental Disorders), according to scientific trends and social influences (Barlow, 2004). In contrast, the transdiagnostic approach is synthetic, taking more into account the patient and his problems.

David Barlow proposed the development of a unified protocol for transdiagnostic treatment focused on negative affect. It can thus be applied to a considerable number of diagnoses.

This protocol - the Negative Emotion (Self) Management Program - PAEN - aims to enable each individual to self-administer it, without having to replace the therapist, when necessary.

PAEN has also been validated for the management of negative social emotions, which are often at the origin of reactions in "stressful" situations.

The transactional theory of stress views stress as a response to the meanings attached to stressors and how they are managed (Lazarus & Folkman, 1984). These models of stress highlight the psychological characteristics of the person under stress. Of these, those that are associated with a high risk of developing maladaptive reactions to stress are negative emotions and their cognitive and behavioural consequences.

The model developed by Barlow can be used by people with maladaptive management of negative emotions, and its effectiveness is yet to be validated by future randomised controlled trials. PAEN has been used in a controlled trial (Barlow et al., 2017). It was compared with a diagnosis-specific treatment previously validated as effective for that diagnostic category, and with patients on a waiting list without treatment as a control group. Patients drew the experimental group to be part of. The study included 223 patients with either obsessive compulsive disorder, generalised anxiety disorder or panic disorder, with/without agoraphobia. Follow-up of patients lasted 6 months. In turn, transdiagnostic therapy achieved results equivalent to specific treatment, but with less loss of patients during therapy. Both active treatments were better than the waiting list, which contains patients without treatment.

These results therefore represent progress and pave the way for a unified practice in psychotherapy (Cottraux, 2021).

PAEN can be run in eight modules, which should follow this sequence, but depending on the intensity of the emotional problem at hand, they can be run flexibly.

### **MODULE 1. EMOTIONAL DISTANCING**

The art of "running" is the simplest solution and can be an anchor in managing emotions. It involves focusing on an attractive or interesting activity, such as practising an art, reading, playing a sport or going on a trip. But when this activity is completed, the unresolved issues that the person is running away from may be even more difficult than when the simple solution - running away - was first used.

Thus, a shift to more consistent solutions would be desirable. A first idea would be to broaden the perspective and take a bird's-eye view, especially on situations that have generated negative dispositions:

Belvedere technique - seeing the "stressful" situation from a height.

In order to have a Belvedere - a better perspective on the situation, it is indicated to broaden it, especially since it has been narrowed due to the intense emotions associated with focusing on a seemingly unsolvable problem situation. This is how one moves on to "observing the situation as if it were a landscape contemplated from the top of a mountain. This experience can then be formalised in a five-column sheet that will help us to get out of the central position of a difficult situation, by shifting our gaze either to the left, towards the past, or to the right, towards the future, in search of positive emotions that can be realised or imagined: pleasure, gratitude, good humour, pleasure, joy, enthusiasm, love and confidence. Once this expanded perspective has been generated, from above, the following seven modules can be initiated that can adapt reactions to stress.

### **MODULE 2. RELAXATION AND EMOTIONAL REASSURANCE**

Stress responses are manifested at the physiological level by accelerated heart rate and respiratory rate, excessive sweating, gastric hypersecretion, etc. The tone of these reactions can be anxious, depressed or angry. They are supported by negative cognitions and often lead to some difficulties in work and family life.

Prolonged exposure to stress/chronic stress is a risk factor for heart, gastrointestinal or immune diseases and can thus contribute to depressive or anxiety states.

RELAXATION (Schultz, 1965) is still one of the most widely used methods that has proven useful in reducing dysfunction associated with prolonged exposure to stress. The following is a typical session.

In a calm environment, with as little noise as possible, the subject adopts a passive position: eyes closed, sitting in an armchair, as comfortable as possible. They focus on images that give a sense of calm - e.g. a lake, a night landscape under a full moon. Then concentrate on sensations of heaviness in different parts of the arms and legs. It then allows the sensation of internal warmth to arise in the abdomen and radiate throughout the body. It then concentrates on the breathing which it progressively slows down. Then on the heart rhythm and seeks to relax this rhythm. The sessions end with a feeling of freshness and coolness. Abdominal, slow and deep breathing techniques can also be integrated.

The relaxation session lasts around 10 minutes and, before opening the eyes and standing up, the subject will stretch and contract the arms to restore blood pressure, which can drop during the relaxation period.

Relaxation may or may not be guided, but is most effective when guided by a psychotherapist either during a session or through a recording given to the patient.

### **Vagal techniques**

They are useful for stopping intense episodes of anxiety: panic attacks consisting of short episodes of anxiety, with an increase in manifestations in 3-4 minutes, and which are accompanied by feelings of unreality, detachment from oneself, fear of losing self-control, of not going mad or dying suddenly. It is a very dramatic experience to which is associated the fear of not having another panic attack episode, which can lead to self-isolation and even agoraphobia. To prevent this complication of the panic attack, a very quick method is needed, and the most practical way is to provoke the vagal reflex using the Valsalva manoeuvre. The principle is simple: there are receptors in the carotid artery that automatically send a message to the heart to slow down. To provoke this reflex it is sufficient to breathe through the nose and block the abdomen in forced inspiration for 5 seconds; it is therefore sufficient to count to 5 with the abdomen fully extended after inspiration. Repeat about 10 times or stop after relief of symptoms. A feeling of warmth will occur, the heart rate and breathing rate slow down, the panic attack ends.

## **MODULE 3 MINDFULNESS**

The central method is the gift of attention. Every psychological problem has at its core a selective focus on a trouble spot. E.g. a person with social anxiety pays excessive attention to how he is liked by others. Fear of the judgement of others will fix their attention on their own behaviour and thus become even more clumsy in relationships, which will further lower their self-esteem. To break this vicious circle, practicing Mindfulness techniques helps the patient to become a detached observer of their own thoughts and thus perceive maladaptive reactions.

Mindfulness proposes to voluntarily refocus attention on the here and now, and especially on sensations, without judging, stopping the reflexive and immediate actions of "autopilot". This keeps the person focused on the experience of the present moment and leaves no room for anxious or depressive ruminations. This promotes acceptance of the self, of one's own emotions, thoughts and the world. It is a state better suited to the decision-making process, either to act or to accommodate oneself in an uncontrollable situation.

### **Exposure to traumatic thoughts, emotions, memories**

Thoughts and emotions are creations of our spirit, they are transient and deserve to be treated with kindness and compassion. They are like sour drops passing through a window

and dripping away.

Meditation allows you to imagine reducing impulsivity by developing less destructive behaviours for yourself and others.

### **Body scan and breath meditation**

It focuses on the body scan associated with breathing and lasts between 20 and 40 minutes.

Here is an example of its stages:

1. Make yourself comfortable in an armchair, seated or reclining, in a warm and quiet place. Let your eyes close gently;
2. Notice your breath movement and the physical sensations you have in your body: especially touch or pressure with your chair or bed are body anchor points for your meditation;
3. If disturbing thoughts arise, let them pass, they are fleeting; observe them with goodwill as they glide past you like raindrops on a window;
4. Be aware of the physical sensations in your abdomen as you breathe in and out;
5. If your spirit wanders away from the breath, gently bring your attention back to the abdominal breathing cycle;
6. Awareness of the base of the left calf, the left foot, coming out of the left foot through the toes; focus on each toe in turn and the sensations of contact between the toes, notice the sensation of napping, of warmth;
7. Concentrate now on the breath; the air enters the lungs, reaches the bottom of the lungs, the abdominal area, then the left calf and exits the leg through the toes; then on the exhalation feel or imagine the breath coming up the leg, going up the calf, into the abdomen, into the chest and out through the nose; then start this lower breathing with the right calf;
8. Continue to focus your attention on the breath, this time inside the chest, fingers, hand, arm, shoulders, neck, head and neck;
9. When you leave a body area, breathe in through that area and out through your exhalation; imagine the breath going through your head and out through a hole the size of a coin;
10. After you have scanned your whole body, take a few minutes to become aware of the sensation in your body as a whole; let your breath flow freely from the inside to the outside of your body.

### **MODULE 4 COGNITIVE RESTRUCTURING**

Some dysfunctional emotions such as anxiety, depression, anger and hostility lead to personal ineffectiveness. They disrupt the ability to concentrate, to make decisions, and destroy relationships with others. Many believe that stressful situations necessarily generate maladaptive or undesirable feelings that cause aberrant behaviours, stigmatised by society. This is partly true, as the interpretation attached to events is responsible for the feeling of stress and the resulting effects.

What allows the emotional register of such a situation to change is a different interpretation of it, and this is possible through cognitive restructuring techniques. This process of changing interpretation proceeds as follows (Cottraux, 2021):

1. Identify undesirable emotional consequences such as anger, hostility, depression;
2. Identifying the event that preceded the emotional disturbance;

3. Imagining the event and, as a result, experiencing emotional disturbances;
4. After feeling the emotion, changing it to a different register, resulting from a more realistic belief.

When the nature of emotional reactions is changed, the feeling of helplessness in the face of "stressful" events changes.

Cottraux recommends the use of a worksheet that allows to identify the relationships between events, negative thoughts, the resulting actions, then, in the next phase, to reinterpret the automatic thoughts that are at their origin. The same author believes that a list of maladaptive early cognitive schemas can also be used. Once the set of automatic thoughts is known, it is possible to see what their main themes are and how they can be organised around one or more schemes, which it is desirable to name so that the patient is aware of their power over our choices and behaviour.

### **MODULE 5. COMMUNICATION AND ASSERTIVENESS SKILLS**

Assertiveness/self-affirmation (Alberti & Emons, 1974) is a behaviour that enables a person to act in his or her best interests, to defend his or her point of view without reliving undue anxiety, to express feelings honestly and easily, and to exercise without denying the rights of others.

Passive people deny their rights and often take a submissive stance, accompanied by anxiety, guilt and sadness.

Aggressive people violate the rights of others to get what they want, showing anger, contempt and humiliation.

Passive-aggressive people manipulate or guilt-trip others to get what they want, hiding resentment or resentment.

An assertive person will have clear, problem-focused communication and will force themselves to respect others as they respect themselves.

Assertiveness is expressed differently depending on the social context: in particular through tone of voice, eye contact, gestures, fluency of speech and the content of the verbal message; all of this according to a code of conduct specific to the environment to which they belong.

Learning to communicate better makes it easier to express both positive and negative feelings appropriately. Not expressing emotions leads to interpersonal tension and physical and mental discomfort. Conversely, when negative emotions boil over, they will be over-expressed or displaced onto another person. In addition, inaccurate messages foster misinterpretation and cause tension in relationships. Often, in a "stressful" situation, it is difficult for the person to focus on the problem and provide the dialogue partner with the information needed to improve the situation. Person-centred or relationship-centred communication can generate an endless game of blaming, blaming and threatening.

It is preferable to stick to issue-based communication when we want to communicate a feeling, a negative emotion, followed by formulating the message in positive terms.

In addition to choosing precise and positive messages, it is desirable to ensure that, in the communication process, the message is clearly understood. Thus, good communication is associated with good negotiation that is carried out without coercion, leaving aside the negative aspects of the relationship to focus on common goals, where both parties are winners, and where goodwill, mutual support and mutual prosperity are dominant, and not through physical coercion or emotional blackmail.

The learning of these communication skills is thus done in the form of rehearsal in the

imaginary, through the so-called internal model technique (Cottraux, 2021): the person projects his/her own image that will serve as a model of action in reality. In a state of light relaxation obtained after about 20 minutes of guidance, the person who wishes to remain at the level of positive communication on the problem will represent a situation that could slide into a conflict fuelled by anger, anxiety or resentment. The person will project themselves as staying at this level of communication - on the problem - and nothing more, remaining polite and positive. It is desirable to continue with imagining and positive effects of change.

## **MODULE 6. PROBLEM SOLVING**

Although people spend most of their time solving problems, they are not always effective, and poor problem solving can result in emotional distress.

Inefficiencies in problem solving can result from:

- Problems are viewed/analyzed superficially;
- The solutions chosen are unrealistic;
- The chosen solutions are applied inappropriately or not at all.

The main disruptive factor in problem solving is emotions, and often the analysis stage is skipped and conclusions are drawn too quickly.

The problem-solving method was developed by Nobel Laureate Herbert Simon (1978) to model the relationship between intelligence and decision-making, and then translated into cognitive-behavioural therapy (D'Zurilla & Nezu, 2004). It is based on a circular model comprising seven stages, after which the first stage is repeated as follows:

1. Defining the problem - explaining, elaborating, causes and consequences, formulating the problem in precise and concrete terms; it is also particularly useful to integrate the problem in its global context;
2. Elaboration of solutions - inventorying all possible solutions, without evaluating or censoring them (brainstorming); this stage requires as much creativity as possible;
3. Evaluation of solutions - by analysing advantages and disadvantages, short, medium and long term consequences for self, others, concrete implications;
4. Making a decision - taking into account the balance of comparing solutions against each other, opting for a solution/set of solutions; looking for a compromise rather than the perfect solution; and the risk is procrastination;
5. Implementing the decision - specifying the tasks involved in implementing the decision and setting a timetable; it is important that expectations are realistic in terms of the time required for implementation and the effects;
6. Evaluation of the results of the action - according to the objectives and the problem defined in advance;
7. Resume problem solving - if the results are unsatisfactory; restart the process with the first step, redefining and reformulating the unsolved problem.

In this model, unsatisfactory results are not seen or perceived as a failure, but rather as an indicator that the problem needs to be reformulated, or a better solution sought and a strategy found to achieve it, and thus restart the problem-solving cycle.

## **MODULE 7. UPDATING PERSONAL VALUES**

Positive or negative emotions are related to acquired religion or philosophical ideology. They participate in the formation of the cognitive schemas by which we interpret the world. Some values may conflict with each other.

Choosing our own values determines the meaning of our lives. Existential choices become action plans. Values are paths that lead us where we want to go. They are written on our roadmap and it is not possible to get to more than one place at the same time. Exacerbated emotions can come from conflicts of values between self and others, or within the self. It is therefore useful to clarify and choose values, as a wrong choice in relation to values can lead to emotional distress and distress. They can be defined from simple questions that correspond to existential choices.

## **MODULE 8. EMOTIONAL EXPOSURE**

An effective response is characterised by a reduction in physiological activation and the production of positive thoughts that promote coping and adaptation in situations we usually avoid. Cognitive adaptation is achieved by producing positive inner monologues. But behavioural adaptation also needs to be developed. A successful action, even once, allows entry into the spiral of success.

For fear and anxiety - which usually involve flight and avoidance - two techniques promote the ability to adapt to situations with high emotional potential: imaginal and in vivo exposure to potentially anxiety-provoking situations. This exposure may or may not be guided by a therapist, and to achieve a good result it is essential to follow a few principles: exposure should be gradual, repeated and prolonged. Initially, situations are prioritised by level of difficulty, then exposure in the imaginary starts with the least anxiety-provoking situation and gradually moves to the top of the hierarchy until the anxiety experienced is 4/8. After completing the imaginal exposures, one can move on to in vivo exposure in a similar way.

After which the situation is repeated until habituation is reinforced.

### **Conclusions:**

When a person is faced with a "stressful" situation, they have four general options for reacting:

- Seeking social support;
- Emotional calm;
- Effective problem solving;
- Action for emotional change.

PAEN contains all these solutions to stress. This programme can be applied in full or in part, depending on the specific situation, either self or hetero-applied.

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