

Unified Protocol for Transdiagnostic Treatment of Emotional Disorders: Workbook (2 edn)

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What Are Emotional Disorders?

Chapter: (p. 1) What Are Emotional Disorders?

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Goals



- To describe the types of problems this program was designed to address
- To help you determine whether your difficulties fit with this program

What Are Emotional Disorders?



This workbook was developed to help people who are struggling with intense emotions like anxiety, sadness, anger, and guilt. A person may have an *emotional disorder* when her emotions are so overwhelming that they get in the way of moving forward in life. For example, feeling really sad may make it harder to reach out to friends or even get out of bed. Feeling anxious at school or work may prevent someone from finishing important tasks. You may have picked up this book because your emotions are interfering in your own life in ways that

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matter to you. Although emotions affect our lives in different ways, there are three features that often occur across all emotional disorders, as shown in Figure 1.1: Emotional Disorders.

1. Frequent, strong emotions: People who struggle with emotional difficulties tend to feel strong emotions quite often. This is a biological tendency to be emotionally sensitive—some people may simply be hard-wired to experience their emotions more intensely in response (p. 2) to situations in their lives. It is important to point out, though, that feeling emotions strongly does not necessarily mean a person will find them overwhelming and interfering. It is how we respond to our emotions that really matters.

2. Negative reactions to emotions: People with emotional disorders also tend to view their emotions negatively. They can be hard on themselves for having certain reactions, thinking “I shouldn’t be feeling this way” or “getting upset about this is a sign of weakness.” They may also link strong emotions to bad outcomes and conclude things like “Everyone will judge me for being anxious,” “If I get angry, I’ll do something that I’ll regret,” or “If I let myself feel sad, I’ll fall into a hole that I won’t be able to get out of.” Sometimes one part of an emotional experience is particularly distressing. For example, some people may find the physical sensations associated with emotions like a racing heart, sweating, and butterflies in the stomach quite uncomfortable. For other people, intrusive, unwanted thoughts may be most difficult. Sometimes people even have negative reactions to positive emotions (e.g., “If I let myself feel excited, I’ll be even more disappointed if it doesn’t work out”).

3. Avoidance of emotions: Since people with emotional disorders view their emotions negatively, it makes sense that they would try to avoid them. The problem with avoidance is that it actually doesn’t work very well. Actively trying to push away emotions may make you feel better in the short term but generally leads to more frequent, intense emotions in the long term. It is like being stuck in quicksand—the more (p. 3) you struggle, the more you sink. Additionally, by avoiding activities or situations because they might bring up intense emotions, life can become limited. You may find it difficult to get the most out of day-to-day activities like going to work, spending time with friends, or just doing something fun.

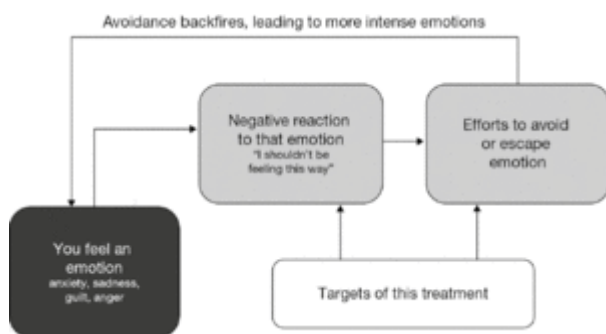


Figure 1.1
Functional Model of Emotional Disorders

The goal of this workbook is to change the way you respond to your emotions when they occur. Specifically, you will be asked to approach your emotions in a more accepting manner instead of viewing them as something to avoid. This may seem like the opposite of what you were expecting—perhaps you are hoping to *get rid of* your overwhelming emotions. However, as you progress through this workbook, you will learn more about how emotions, even negative ones, are important and that pushing them away actually backfires. Leaning in toward your emotions

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and responding more effectively to them may be difficult at first, but it will gradually make them more manageable.

To begin to see if this program is right for you, take a look at these examples of people we have treated at our clinic.

Amira

Amira is a 24-year-old graduate student who came to our clinic for help with a number of difficulties. First, she reported worrying for long periods of time (90% of her day) about her family's finances, her ability to complete her school work, as well as her health and safety. To cope, Amira often put off her school work by surfing the Internet for several hours every evening. In particular, she had been putting off a large project that was important for graduating on time. She described feeling extremely guilty about her lack of progress but still felt unable to face this task. Additionally, she reported engaging in checking behaviors (e.g., going to the doctor frequently, looking up symptoms on the Internet), as well as refusing to enter crowded public spaces that she perceived might be more susceptible to terrorist attacks. These behaviors helped Amira to feel better for a little while, but the worries always returned in response to new situations and symptoms. In addition to her worries, Amira also described feelings of restlessness, difficulty concentrating, irritability, and muscle tension.

Amira also noted that she was struggling to make friends since moving to the area for graduate school. She worried that her classmates would (p. 4) view her as "awkward and weird," so she avoided class social gatherings. Although she had attended a church in her neighborhood a few times, Amira always sat in the back and left immediately following the service to avoid mingling during the coffee hour. Amira also reported that she had been holding back from asking questions in class because she was worried her professors would "regret accepting her to the program." Finally, Amira indicated that all of these difficulties had been weighing on her and that she was feeling really down. She felt hopeless to solve her problems and had stopped engaging with her hobbies, like biking, yoga, and needle-point. Amira noted that she didn't deserve to do "fun" things if she didn't complete her school work.

Kevin

Kevin is a 58-year-old, married male who lives with his wife of 20 years and their two teenaged children. He has been working as a lawyer for the past 25 years. Kevin came to our center experiencing intense panic attacks that consisted of racing heart rate, shortness of breath, dizziness, a frequent lump in his throat, nausea, and sweating. He had his first panic attack while he was on the highway driving to work one day. Kevin immediately pulled off to the side of the road and got out of his car. He had never experienced anything like this before, and he was terrified that he would lose control of the car; he ended up calling his wife to come pick him up. Following this first attack, Kevin started having panic attacks regularly. Most felt like they came "out of the blue," but he noticed that he was especially likely to have them in situations where he felt trapped. Kevin was constantly worried about having another panic attack and made changes to his behavior in order to prevent them. For example, Kevin stopped driving on the highway. Instead, he added 30 to 45 minutes to his commute by taking back roads. In addition, he started leaving work earlier, in order to avoid rush-hour traffic. He also began avoiding other situations, such as airplanes, elevators, stores, shopping malls, theaters, and crowds. Wherever he went, Kevin carried his cell phone (so he could call for help if anything happened to him) and his fast-acting anxiety medication with him. Even though he didn't take his medication very often, Kevin said that just looking at it made him feel more comfortable and better able to cope. Kevin had tried a number of different things to "get rid of" his panic, including relaxation,

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hypnosis, and even medication that his doctor had prescribed. However, none of these things had (p. 5) helped. Kevin couldn't shake the feeling that there was something wrong with his brain and that he was weak for experiencing these symptoms.

Marco

Marco is a 41-year-old firefighter who lives with his wife of eight years. Shortly after an incident at work in which one of his coworkers was seriously injured, Marco noticed that his sleep had become disrupted by nightmares. These dreams usually involved not being able to help his coworker during the fire and made it nearly impossible for Marco to get back to sleep afterward. As a result, Marco spent much of his day feeling groggy and fatigued, though he often put off going to sleep because being in bed had become so unpleasant for him. In addition to being tired, Marco found that he was frequently distracted throughout the day by intrusive thoughts about his coworker. These memories would pop up unexpectedly even when he was trying to relax, and they left him feeling on edge. His wife tried to be supportive by asking him what was on his mind, but Marco preferred not to discuss these memories, thinking this would make him feel more stressed out. Around the same time, Marco's wife noticed that his temper was shorter than usual. He seemed frequently irritable and would often snap at her over minor issues. For example, Marco was startled by their dog coming into the house and yelled at the dog to get out of the way, which he felt guilty about afterward. When Marco's wife brought up his short temper, Marco agreed that he had been feeling irritable and restless but said that it was hard to relax at home. Marco also found that the activities he and his wife used to do with their friends, like going to movies or out to eat, didn't hold his interest anymore.

Marco decided to talk to a therapist after some encouragement from his wife, and he came in for treatment saying that everything felt harder since the fire that injured his coworker. Marco felt very frustrated by his symptoms—in particular, he wondered why he felt so stressed in daily life after having performed well under much more stressful conditions at work. Marco found himself thinking self-critical thoughts and asking “Why can't I just get it together?”

Rachel

Rachel is a 33-year old stay-at-home mom who lives with her husband and two-year-old child. Rachel described herself as “a rigid person” who likes (p. 6) to follow rules and routines. She noted that she has always found it mildly uncomfortable when things don't go as she planned. However, since the birth of her daughter, Rachel started noticing that minor deviations from her routine caused overwhelming anxiety. For example, if Rachel did not have time to put away the laundry immediately after folding it, she would begin to get the sense that something really terrible would happen. She noticed intrusive thoughts that her daughter, husband, and parents would be involved in some kind of accident. To avoid these thoughts, Rachel tried very hard to keep the same schedule every day and would become very angry if something interfered (e.g., her husband having to stay late at work). If the thoughts did pop up, Rachel would rub a worry stone she carried in her pocket while counting the floorboards in her dining room. Engaging in these behaviors made her feel like she was doing something to protect her loved ones. Rachel was frustrated with the time these behaviors were taking up in her life but was reluctant to give them up “just in case” they did keep her family safe.

You may notice that each person is experiencing different symptoms. In each of these cases, however, strong emotions are getting in the way of their ability to live the life they want. Their negative reactions to their emotions are driving them to do things they don't want to do—and, as we'll discuss throughout this program, things that might make them feel better for a short time

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(e.g., skipping gatherings with classmates, avoiding driving, snapping at a spouse, rigidly following a routine) only lead to more problems in the long term.

What Types of Disorders Does This Program Treat?



This treatment program is designed to help people like Amira, Kevin, Marco, and Rachel. By focusing on negative, avoidant reactions to strong emotions, we can help people with a variety of different problems. There are several mental health conditions that can be considered emotional disorders and would be a good fit for this treatment. As a reminder, emotional disorders occur when the way a person responds to strong emotions is taking over his life. Examples of emotional disorders include anxiety disorders such as panic disorder, generalized anxiety disorder, social anxiety disorder, and obsessive compulsive disorder. Depression is another common emotional disorder. See Table 1.1 for a description of many (p. 7) (p. 8) diagnoses and problems that are characterized by difficulty responding to strong emotions.

Table 1.1. Emotional Disorders

Diagnosis	Emotional Disorder Description
Panic Disorder (PD)	People with PD have panic attacks—sudden rushes of intense fear with uncomfortable physical sensations (e.g., racing heart, sweating, dizziness, shortness of breath). People with PD find these experiences extremely distressing and attempt to avoid them at all costs. This avoidance may look like staying away from any place where a panic attack might happen, refraining from taking the bus or subway, and avoiding caffeinated drinks. Avoiding situations because they may lead to a panic attack is called agoraphobia.
Generalized Anxiety Disorder (GAD)	People with GAD engage in a great deal of worry about all sorts of topics (e.g., being on time, finances, health of themselves or loved ones, social issues, work/school). Often this worry is future-oriented and is out of proportion to the severity of the topic. Once they get started worrying, they find it very difficult to stop. People with GAD will often do things to make themselves feel better like calling to check in on loved ones, checking bank balances, overpreparing or procrastinating, and searching for information on the Internet. Unfortunately, these behaviors only make people with GAD feel better for a short time.
Social Anxiety Disorder (SAD)	People with SAD experience anxiety in situations where they might be observed or evaluated by others. In order to avoid these feelings, they might refrain from entering situations where other people are present (e.g., parties, the lunch room at work) or where they might have to speak up (e.g., classes with a public speaking component). They may also try to reduce their anxiety by avoiding eye contact or only talking about topics they know a lot about. These behaviors may make people with SAD feel better in the moment, but they lend support to the belief that others may be judging them.

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Obsessive-Compulsive Disorder (OCD)	OCD is characterized by intrusive thoughts (obsessions) that often seem nonsensical (e.g., “I’ll get HIV from touching this door knob”) but cause a great deal of distress. Often people with OCD engage in behaviors to neutralize the thoughts (compulsions). These behaviors can be time-consuming and disruptive (e.g., repeated hand washing), but people with OCD keep doing them because they reduce the distress caused by the obsessions, at least for a little while. Unfortunately, reacting to these thoughts as if they are true (by engaging in compulsions) makes it much more likely that these thoughts will return in the future.
Posttraumatic Stress Disorder (PTSD)	Some people who have experienced a traumatic event (assault, combat, abuse) develop PTSD. This disorder is characterized by intrusive memories of the event that the individual finds quite distressing. As a result, people with PTSD avoid triggers (people, situations, activities that remind them of the trauma). They may also engage in behaviors that make them feel safe in general (e.g., having an exit strategy, always facing the door). Unfortunately, acting as though they are still in danger only increases their distress.
Depression (Major Depressive Disorder, Persistent Depressive Disorder)	People with depression report feelings of sadness and hopelessness. They often have little energy or motivation to do the things they used to find fun. Although getting active has been shown to help people with depression, it is often very difficult for people with depression to “get over the hump.” As a result, they tend to withdraw by cancelling plans and avoiding important activities. Although this avoidance brings relief in the short term, it has actually been shown to increase symptoms of depression.
Borderline Personality Disorder (BPD)	People with BPD report feeling all of their emotions really strongly—in fact, they are often described as moody because their emotions can change quite quickly. To manage their negative emotions, they engage in a wide range of behaviors that make them feel better in the moment but lead to even more problems in long term. These behaviors include picking fights with loved ones, seeking excessive reassurance in relationships, binge eating, drug use, reckless sex, and even hurting themselves on purpose (e.g., cutting, burning).
Eating Disorders	In eating disorders, the source of negative emotions is dissatisfaction or preoccupation with one’s shape or weight. To avoid feeling anxiety about gaining weight, a person with anorexia nervosa might restrict their eating or exercise excessively. When feeling particularly stressed out, a person with bulimia nervosa might binge eat (which usually leads to feeling numb); however, after the binge has ended, this person may feel guilt for overeating and compensate by purging.
Self-Destructive Behavior	While they do not necessarily constitute a mental health diagnosis, self-destructive behaviors are often used to provide relief from negative emotions. These behaviors can include things like self-injury (e.g.,

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cutting, burning oneself on purpose), excessive drinking or substance use, lashing out or snapping at others, and other reckless behaviors (e.g., unsafe sex, overspending). These behaviors may take someone's mind off of their emotions in the short term but can lead to negative consequences (and even more negative emotions) in the long term.

You may have visited a mental health professional and received one or more of these diagnoses. In fact, it is actually quite common for people to have more than one disorder at the same time. This is because the same process—negative reactions to strong emotions—is behind all emotional disorders (and related problems like self-injury and substance use). This is an important reason why we developed the treatment program here. By targeting negative, avoidant reactions to emotions, we can help you address all of the symptoms you are experiencing, regardless of the disorder.

Even if you have not received one of these diagnoses, this program might still be a good fit for you. If your emotions (or the strategies you use to manage them) are interfering with living the life you want to lead, you will probably benefit from the skills taught in this workbook. For some people, strong emotions affect nearly every aspect of their lives, while (p. 9) for others, difficulties with emotions only occur in one or two contexts (e.g., public speaking, in romantic relationships). In fact, we think that everyone can benefit from learning healthy ways to respond to emotions. Either way, learning to be more accepting of emotions when they come up can help them become more manageable over time.

Is This Treatment Right for *Your* Symptoms?



To help you think about how your own experiences might relate to what this treatment program targets, ask yourself the following questions and check the appropriate boxes.

■ Do you often experience strong emotions in one or more situations in your life?

☐ Yes ☐ No

■ Do you find your emotions to be uncomfortable or consider them to be a sign of weakness?

☐ Yes ☐ No

■ Do you find yourself going out of your way to avoid feeling certain emotions? Is this interfering with living the life you want to lead?

☐ Yes ☐ No

If you answered yes to any of these questions, the program contained in this workbook may help you to feel more in control of your emotions. Although it may seem counterintuitive, by accepting emotions and facing them repeatedly over time, the intense emotions you currently experience will gradually become more manageable. By continuing to avoid emotions, they will actually occur more frequently (and intensely), and your life may become quite limited.

Summary



This treatment program is designed to help people who are struggling with uncomfortable, unwanted, or overwhelming emotions. As the name suggests, people with emotional disorders experience intense emotions. They also tend to view emotions negatively,

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often trying to avoid them or push them away. In this chapter, we described four people who demonstrate (p. 10) some of the many ways emotions might interfere in a person's life. There are a variety of disorders that fall into the category of emotional disorders. These include many types of anxiety disorders (social anxiety disorder, panic disorder, generalized anxiety disorder), obsessive-compulsive disorder, posttraumatic stress disorder, and depressive disorders. This treatment program is designed to directly address the overwhelming emotional experiences at the core of all these disorders.

In the next chapter, we will provide an overview of the treatment program. This will allow you to decide if this treatment is right for you.