Induced Affect in Psychotherapy and Stress Management Training

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Treatment Guidelines and Resources

By

Ronald E. Smith and James C. Ascough

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ABOUT THE AUTHORS

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PREFACE

Epidemiological studies reveal high levels of life stress and distress in the general population. Negative affect and ineffective attempts to cope with it are underlying mechanisms in many psychological and physical disorders. There is a great need for brief and efficacious stress management interventions that can be administered to both clinical populations and, more widely, to nonclinical ones as preventive interventions.

Enhancing emotion regulation and stress resilience is a central focus of current clinical practice and research. This book provides guidelines and empirical evidence for the Induced Affect (IA) procedure, an innovative transtheoretical technique for countering emotional avoidance and enhancing emotion regulation skills. The empirically supported IA procedure can be used within any therapeutic modality not only to help clients achieve insights into cognitive-affective-motivational relations specific to their clinical issues, but also to provide them with an opportunity to acquire and rehearse coping skills such as relaxation, adaptive cognitions derived from cognitive restructuring and self-instructional training, and mindfulness-related strategies. The book provides detailed guidelines for how and when to use IA for clinical purposes, and illustrates its application to a wide array of clinical problems.

Cognitive-Affective Stress Management Training (CASMT) is a brief (six session or six-phase) empirically supported intervention that can be applied in either an individual or group format, and to both clinical populations as a treatment regimen or to nonclinical ones as a prevention program designed to enhance stress resilience. Coping skills training results in the development of an "integrated coping response" that ties stress-reducing self-statements and cue-produced relaxation into the breathing cycle, enhancing the ability to regulate emotional arousal in stressful situations.

A distinguishing feature of CASMT is the use of IA to shape high levels of emotional arousal providing the opportunity to rehearse previously-acquired coping skills such as relaxation, adaptive cognitions, mindfulness strategies, and techniques derived from Commitment and Acceptance Therapy (e.g., defusion) to respond to and control affective arousal. This book provides extensive instructional material on the use of both IA and the CASMT protocol, including transcripts and case illustrations, as well as suggestions for how it can be applied in other therapies. An end-of-book

appendix contains client training materials used to help clients acquire the cognitive-affective coping skills that are the focus of IA and CASMT, together with forms for client homework assignments. Practitioners are invited to reproduce these materials for their use in teaching emotion regulation skills.

Evidence-based procedures for helping clients develop emotion-regulation and stress management skills should be a part of every clinician's skill set. This book provides an integrative conceptual model of stress and coping and a review of empirical studies of both IA and CASMT with a wide range of populations. The book is suitable for clinicians and graduate student training as well as for social workers, psychosocial nurses, and other health professionals with appropriate training who may wish to do stress management training in group settings. We hope that our book will be a useful addition to practitioners' libraries and a useful contributor to the enhancement of their clinical skills. We are also hopeful that the book will stimulate additional research on induced affect as a therapeutic technique and on CASMT.

CHAPTER 1

THE ROLE OF EMOTIONS IN ADAPTIVE AND MALADAPTIVE BEHAVIOR

Psychologist James Averill (1980) found more than 550 words in the English language that refer to various positive and negative emotional states. We surely do not have 550 different emotions, but the emotions we do have share common features. We begin by discussing what emotions are, the functions they serve, and the ways in which they contribute to both adaptive and maladaptive behavior.

COMPONENTS OF EMOTIONS

First, emotions are responses to external or internal eliciting stimuli that become the focus of either conscious or nonconscious attention as sensory input reaches subcortical areas, particularly the amygdala, and, an instant later, cortical targets (LeDoux, 2000). Attentive processes are biased toward the detection of stimuli that have survival implications or are relevant to a currently salient goal or to an already-existing emotional response (Gross, 2014; Joormann & Siemer, 2014). Although internal or external "situations" may contain a bewildering array of stimuli, they may also possess certain "active ingredients," cues to which attention is selectively directed as a function of evolutionary design, previous learning, or personal dispositions.

Second, emotional responses result from our interpretation or *appraisal* of these stimuli, which gives the situation its perceived meaning and significance. According to a widely-accepted cognitive-affective model advanced by many theorists (e.g., Arnold, 1960; Gross, 2014; Lazarus, 1991), appraisal is an essential element of the emotional process. There are two types of stimulus processing, labeled bottom-up and top-down processes (Gross, 2014). Following LeDoux (2000), Gross posits two systems for emotional processing of stimulus input, involving bottom-up ("low road") and top-down ("high road") systems. The "low road" sends sensory input from the thalamus directly to the amygdala, which can trigger an emotional response based on innate factors or previous learning without

the conscious awareness conferred by cortical involvement. This *preattentive* processing is the innate "early alert" system that exists in all species. The slower and more deliberative "high road" routes stimulus input to the cortex, where it undergoes a more careful appraisal carried out by higher mental processes, thereby evoking emotional responses in a top-down fashion. Because of the partial independence of the subcortical and cortical detection and response systems, it is possible to have an emotional response produced by subcortical mechanisms before a cortically-directed stimulus registers in consciousness, or even to have two different emotional responses to the same stimulus, one conscious (or explicit) and the other subconscious, or implicit (Kihlstrom, 2008). Finally, appraisal also involves interpretation of bodily changes and other behaviors, as well as the label that the person attaches to the emotional response (e.g., "I am angry;" "I am afraid").

Third, our bodies respond physiologically to our appraisal (whether bottom-up or top down in nature). The physiological response can involve an array of biological systems both within and outside of the brain (Ochsner & Gross, 2014). We may become physically aroused as in fear, joy, or anger, or we may experience decreased arousal, as in contentment or depression. Our subjective experience is governed by the joint action of physiological systems and situational features that help define the meaning of the arousal. As arousal occurs, it acquires stimulus properties and feeds back into the ongoing appraisal process. For example, internal cues from an intense arousal response may result in a more negative reappraisal of the situation or of one's capacity to deal with it. Signs of intense arousal may also serve as social stimuli that affect the behavior of others, thus changing the eliciting situation.

Fourth, emotions include *behavior tendencies*. Some are expressive behaviors (for example, exhibiting surprise, smiling with joy, or crying) that are innate, but also subject to cultural display rules. Others are instrumental behaviors, ways of doing something about the stimulus that aroused the emotion (for example, studying for an anxiety-arousing test, fighting back in self-defense, or running away). Some theorists (e.g., Frijda, 1986 in Lazarus) assume that each of the major emotions has its own innate action tendency shaped by evolutionary forces (e.g., attack in anger; avoidance or escape in fear; withdrawal from activity in depression).

Figure 1.1 illustrates the general relationships among these four emotional components. For example, an insulting remark from another person (eliciting stimulus) may evoke a cognitive appraisal that one has been unfairly demeaned, an increase in physiological arousal, a clenching of jaw and fists (expressive behavior), and a verbal attack on the other person (instrumental behavior). As the two-way arrows between appraisal

and arousal indicate, these two emotional components can influence one another. Cognition can trigger physiological changes, and physiological changes can, in turn, affect what we think about the situation and about ourselves (Lazarus, 1991).
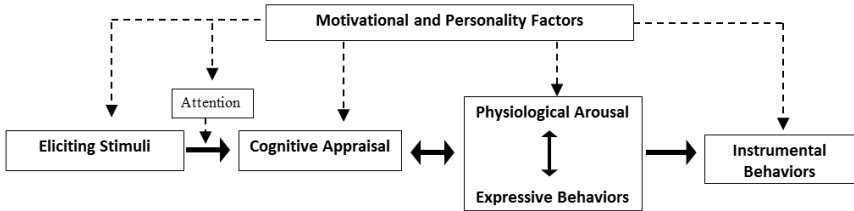
Figure 1.1 A cognitive-affective model of emotion, illustrating causal relations between eliciting stimuli, selective attention, cognitive appraisal, physiological responses, expressive behaviors, and instrumental behaviors. Motivational and personality factors influence each of the other components of the model.

Emotion is thus a dynamic ongoing process involving reciprocal causal relations among the situation, the person, and the person's behavior (Bandura, 1986; Lazarus, 1991). Any of its four elements can change rapidly as the situation and our responses to it influence one another. For example, as anger begins to escalate during a disagreement, one might choose to reappraise the situation in a more benign fashion that reduces emotional arousal, perhaps by discounting the importance of the disagreement or attributing the person's behavior to other factors and not "taking it personally." The person might therefore make a conciliatory response that evokes a positive reaction or apology from the other person, helps defuse the situation, and reduces negative appraisals and levels of emotional arousal in each participant. This ever-changing property of emotional reactions and the fact that they may persist or change over an extended period, speaks to the complexity of the process that renders them a challenging "moving target" for scientific study.

ASSOCIATIVE NETWORK MODELS OF EMOTION

One reason emotions play such a prominent role in understanding psychological phenomena is that an emotion is not only a biopsychological network unto itself, but it is also embedded in other networks that involve important psychological phenomena addressed by other areas of psychology. Within these networks, emotions have associative links with other network processes that endow emotions with both stimulus and response properties.

Influential network models were advanced by Leonard Berkowitz (1990) and Gordon Bower (1981) to address diverse phenomena. Both models feature emotions as elements in associative networks consisting of cognitions, motives, memories, expressive responses, and instrumental responses. Activation of any element in the network can either activate or inhibit another node, depending on the nature and strength of the association.

Berkowitz's *cognitive-neoassociation* theory of aggression addressed the role of media violence in the aggressive behavior of viewers. He asserted that exposure to violent stimuli in media presentations can activate other cognitive, motivational, and behavioral nodes, particularly in people who have anger issues, tend to make malevolent attributions of intent, and have a history of successful aggression, thereby increasing the likelihood of acting out aggressively. An already-existing state of anger would potentiate acting out even further. Another person with differing associative nodes (such as negative attitudes toward aggression and a high anger threshold) would not be affected in the same manner.

Bower (1981), a prominent memory researcher, described an associative network in which emotion is embedded with other nodes involving memories of previous experiences, expressive patterns, and verbal labels for people, events, and behaviors. He proposed that each emotion has associated with it a specific network and that evoking a particular emotion can activate the network and stimulate the other nodes. In a series of studies, Bower showed that experimentally arousing certain emotions or moods enhances memory for material learned under a similar emotional state (a phenomenon he labeled *mood-congruent recall*) that extends to clinical phenomena. For example, attentional biases toward mood-congruent stimuli, memory biases toward recall of negative events, and depressogenic interpretations of neutral and even positive events have been demonstrated in individuals with major depressive disorders (Joormann & Siemer, 2014). Likewise, people with anxiety disorders exhibit similar cognitive biases to stimuli denoting threat (Matthews & MacLeod, 2005).

Network models of this kind are of considerable utility in conceptualizing, understanding, and treating maladaptive emotions. They are also a royal road to understanding the individual. In the words of Richard Lazarus:

> *When we react with an emotion, especially a strong one, every fiber of our being is likely to be engaged---our attention and thoughts, our needs and desires, and even our bodies. The reaction tells us that an important value or goal has been engaged and is being harmed, placed at risk, or advanced. From an emotional reaction we can learn much about what the person has at stake in the encounter with the environment or in life in general, how that person interprets self and the world, and how harms, threats, and challenges*

are coped with. No other concept in psychology is as richly revealing of the way an individual relates to life and the specifics of the physical and social environment (1991, pp. 6-7).

EMOTION AND PERSONALITY

Historically, the fields of personality and clinical psychology have enjoyed a special relationship. Classical personality theories like those of Sigmund Freud and Carl Rogers emerged from clinical practice, and Rogers's personality theory was also influenced by his empirical research on factors that influence therapeutic outcome. In like manner, behavioral principles originally established in laboratory settings have inspired an impressive array of efficacious behavior therapy procedures. Principles derived from cognitive psychology and other theoretical orientations also have been applied to the solution of human problems by means of cognitive-behavioral interventions. In contemporary behavior therapy, theory, research, and interventions continue to mutually influence one another.

Today's cognitive-behavioral therapy movement shares a close kinship with social-cognitive personality theory, and many of its underlying assumptions and theoretical underpinnings can be traced to the contributions of Julian Rotter (1954), Albert Bandura (1969, 1986), and Walter Mischel (1973; Mischel & Shoda, 1995). Moreover, the current emphasis on translational research has fostered increased interactions between personality and clinical psychology, including the sharing of recent theoretical and empirical developments in personality science (e.g., Shoda & Smith, 2004; Shoda, Wilson, Chen, Gilmore, & Smith, 2013).

The Cognitive-Affective Personality System

We now consider one such development in social-cognitive theory, namely, the Cognitive-Affective Personality System (CAPS) described by Mischel and Shoda (1995). This model places emotion within a network of person-situation constructs that have strong relevance to clinical assessment and treatment. The model, grounded within a strong empirical base, is relevant to a broad range of clinical phenomena and treatment approaches, and it can be a useful framework in which to think about psychopathology, case conceptualization, assessment, and mechanisms of therapeutic change. Its principles and constructs underlie both the induced affect technique and the Cognitive-Affective Stress Management Training (CASMT) procedures that are the focus of this book.

The CAPS model was inspired by information processing and neural network models in areas such as perception, social cognition, and cognitive

neuroscience (Read & Miller, 1998; Rumelhart & McClelland, 1986). Such models focus on organized patterns of neural and cognitive processing units whose interconnections form a unique network. The networks, like those described earlier, function as an organized whole and their units are activated by the specific features of the situation that are being processed and interpreted by the person. Individuals differ in the *chronic accessibility* of network elements, that is, the ease with which the particular cognitive-affective units become activated (Higgins, 1990). They also differ in the levels of activation that occur in response to (a) elements of the "psychological situation" that is being processed and (b) the activity of other associated units, which can stimulate, inhibit, or exert no influence on the unit. The dynamic interactions among the units mediate relations between situations and behaviors in a manner that can be quite distinctive for different individuals. These stable relations between situations and behaviors are referred to as *behavioral signatures* (Mischel & Shoda, 1995), and they vary from person to person.

CAPS Person Variables

Building on processing dynamics models and on an earlier specification by Mischel (1973) of five process-oriented "person factors" that might be of particular significance in understanding individual differences in personality, Mischel and Shoda (1995) advanced a five-component model that specified the major classes of processing and behavior-generation units: (a) encodings (appraisals); (b) expectancies and beliefs; (c) affects (emotions), (d) goals and values; and (e) competencies and self-regulatory skills. This organized system of cognitive-affective units interacts continuously with the social world in which it functions, generating the person's distinctive patterns of behavior, which can differ markedly within different situations. These stable situation-behavior patterns account for both stability and variability in "personality."

Encodings

Mischel and Shoda distinguish between the nominal ("objective") situation and the internally processed *psychological situation* to which the person responds. The psychological situation depends on the acquired meanings of the stimulus elements for the person, as well as the specific aspects of the situation that are the focus of selective encoding and appraisal.

One important set of CAPS units are the mental categories, or *personal constructs*, used to encode, or mentally represent, the self, other people, and

events (Kelly, 1955). People differ in how they customarily encode both internal and external stimuli (Higgins, 1990). For example, clients called upon to perform in achievement and competitive settings can differ in how they construe physiological arousal during performance situations (Jones & Swain, 1992). Some (said to have facilitative anxiety) interpret the arousal cues as something that will energize and aid their performance, whereas for others, arousal is an indication of "choking" and impending failure.

In the course of their social learning history, clients also develop *relational schemas* (Baldwin, 1999), cognitive representations of how social relationships function. These schemas influence how they encode and respond to social interactions. Consider three different clients who receive a critical comment from a romantic partner. A client who is "rejection sensitive" (Downey & Feldman, 1996) construes the comment as a signal that they are being (or will be) rejected by their partner and becomes depressed. Another client views the comment as an insult and responds with anger and defiance. A third views the comment as constructive feedback and responds with receptiveness and appreciation for an opportunity to enhance the relationship. Attention and perception are by their very nature selective, so that the features of a particular situation that are encoded and the manner in which they are construed has important consequences for the rest of the CAPS processing system.

Individual differences in what we attend to and how we encode stimulus elements is an important aspect of personality. The stimuli in question may be classically conditioned stimuli, discriminative stimuli based on previous instrumental or vicarious learning, or internal stimuli. In the case of anxiety, dispositional factors confer special threat value upon particular classes of stimuli (Matthews & MacLeod, 2005). People with social anxiety are particularly vigilant to stimuli that signal the possibility of negative social evaluation, and they encode such stimuli in highly negative terms. Clients suffering from panic disorder encode internal arousal cues (e.g., a sudden, irregular heartbeat) as highly significant and threatening in way that a social phobic would not. Encodings that focus on the self and the resources available to deal with the situation evoke chronically accessible self-referent processes, including beliefs about one's abilities and limitations (Bandura, 1997). These cognitive structures, or schemas, play a central role in the organization and encoding of experience and in the affective and behavioral reactions of people to their environment. Such schemas can create specific sensitive areas or emotional vulnerabilities that contribute to psychological disturbances, for they are the mental representations of the person and the world (Leahy, Tirch, & Napalitano, 2011).

Expectancies and Beliefs

Beliefs about the self, the world, and "how things are" and "what will happen" play a key role in behavior. People's belief systems help confer meaning on events and are involved in selecting goals, planning behavioral strategies, and understanding oneself and others. Among the individual's beliefs are situationally-specific as well as more global expectations of "what leads to what."

Expectancies have always occupied a central role in cognitive conceptions of learning and behavior (e.g., Bolles, 1972; Tolman, 1932), and they are well represented in contemporary social-cognitive theories (Bandura, 1997; Mischel, Shoda, & Smith, 2004). Encodings frequently evoke expectancies, as when a client with facilitative anxiety anticipates that their arousal will enhance performance, or when the rejection-sensitive client views a perceived slight as a sign of impending rejection.

Expectancies take a variety of forms. *Stimulus-stimulus expectancies* represent a predictive relation between one stimulus and a later one (Bolles, 1972). They are the basis for classical conditioning (i.e., the CS-UCS relation), as illustrated in the ability of situational cues to evoke automatic anxiety reactions in clients who suffer from phobias. Classically conditioned anxiety is a central mechanism in current conceptions of post-traumatic stress disorder (Foa & Jaycox, 1999). In operant conditioning, discriminative stimuli allow people to predict what is going to happen, given particular stimulus conditions.

Response-outcome expectancies represent *if.... then....*relationships between behaviors and their anticipated outcomes, and they are the cognitive basis for operant conditioning. Such expectancies also underlie behavioral signatures as people anticipate the consequences of their actions in particular classes of situations.

Anxiety and depression both represent in part an expectancy that aversive consequences are likely to occur. In extreme form, such expectancies may create a state of "learned helplessness." Other important behavior-outcome expectancies may underlie avoidance and other maladaptive behaviors that have been negatively reinforced in the past by allowing the person to escape or avoid anxiety-arousing situations. As described within dual-process learning models (e.g., Rescorla & Solomon, 1967), acting upon such expectancies may effectively prevent the extinction of classically conditioned anxiety responses limiting exposure to corrective experiences that could counteract the client's self-representation of helplessness.

The balance between degree of threat and perceived resources is captured in a third variety of expectancy, namely, *self-efficacy* (Bandura,

1997). The extent to which people believe that they are capable of enacting behaviors required to achieve desired outcomes is one of the strongest predictors of task performance, including behavior in the face of feared stimuli. Indeed, efficacy beliefs strongly predict approach behaviors in the presence of phobic stimuli even when measures of anticipated anxiety are statistically controlled (Williams, 1992). From this perspective, anxiety occurs when stimulus elements are encoded as dangerous to some aspect of the individual's well-being in the presence of low self-efficacy for coping successfully with the threat. Thus, stimulus-stimulus, behavior-outcome, and efficacy expectancies all play a central role in anxiety. Personality enters the picture because these CAPS elements are idiosyncratically organized in a stable network of reciprocal influences and processing dynamics whose characteristics and activation patterns may differ from person to person.

Affects (Emotions)

Emotion plays a key role within the CAPS. Cognitions about the self and one's future are inherently affect laden, or "hot" (Shoda & Mischel, 1998). Although the anxiety and affective disorders are the most widely-occurring forms of psychopathology, emotional factors are involved in many other disorders as well. As clinicians are well aware, emotional responses such as anxiety, depression, anger, guilt, and shame profoundly affect other aspects of behavior, including self-schemas, expectancies, goals that are pursued, physical well-being, and social and task-directed behavior. Affective responses to situations may occur immediately and seemingly automatically, and they may occur at various levels of awareness (Gollwitzer & Bargh, 1996). As emphasized by Lazarus (1991a), affective responses can provide insights into motives, construals, memories, expectancies, and behaviors. As dreams were the "royal road to the unconscious" in psychoanalytic theory, emotions are a royal road into the CAPS.

Goals and Values

Within the CAPS model, motives and values play a central role, guiding the short- and long-term goals that people seek, the ways they encode certain events, the situations and outcomes they approach or avoid, and their emotional reactions to such situations. Individual differences in the meaning ascribed to a particular situation depend in part on the goals and subjective values that people bring to it. As noted above, expectancies and values also interact in important ways (Bandura, 1997; Rotter, 1954). Even if a person

has a strong behavior-outcome expectancy for the attainment of a potential outcome, he or she may not pursue the outcome if it has low value or significance. Some students have the potential for great academic success if they would only apply themselves, yet they may underachieve if that outcome is not sufficiently important to them. In contrast, frustration or depression are likely to be experienced if a desired or avoided outcome has high value but the person has a low expectancy of goal attainment.

Some goals involve the attainment of desired outcomes, whereas others involve the avoidance of undesired consequences. In the domain of achievement, achievement motivation is regarded as the positive motive, whereas fear of failure is its negative counterpart (Atkinson, 1964). Anxiety is a response to a potential negative consequence, and the specific type of anxiety depends on the nature of the consequence, which may involve threats of disapproval, rejection, failure, embarrassment, or exposure to some phobic object. Because clients differ widely in the kinds of consequences that have personal significance, personality plays an important role in the kinds of emotional reactions that they experience and the conditions under which they experience them.

Competencies and Self-regulation Skills

A person's cognitive, emotion regulation, and behavioral capabilities are key factors in how they are influenced by, respond to, and influence their environments. The final CAPS component—competencies and self-regulatory systems—is of particular significance to therapists and clients. Becoming a competent person requires the acquisition of technical and strategic abilities, as well as the cognitive competencies that underlie them. The development of behavioral scripts and competencies is one way to reduce the threat value of anxiety-arousing situations because relevant competencies can change the perceived balance between demands and resources. In many cases of social anxiety, for example, clients lack requisite social skills for enjoying positive interactions with others. Behavioral social-skills training can give such clients capabilities that enable them to have rewarding social experiences, thereby reducing expectancies of disapproval or rejection. Similarly, the acquisition of more effective social skills may help reduce the perceived threat value of social interactions for the socially anxious client. Reciprocal causal interactions involving personal characteristics, the environment, and the person's behavior clearly include the behavioral competencies of the person (Bandura, 1997). Utilizing the CAPS model, Cervone, Shadel, Smith, &

Fiore (2006) and Freitas and Downey (1998) have compared the types of self-regulatory deficits that characterize various psychological disorders.

Self-regulatory processes receive strong emphasis in current social-cognitive theories (e.g., Bandura, 1997; Mischel & Shoda, 1995). They include self-monitoring capabilities; self-reinforcement processes and the personal standards that underlie them; task-relevant attentional skills; cognitive restructuring and self-instructional skills; the ability to set goals and develop effective action plans for goal attainment; behavioral self-control strategies that can produce positive consequences; ability to delay gratification; emotion-control skills; and relapse prevention strategies. Developing consciously-applied self-regulatory competencies is a central focus of many clinical interventions, and enhancing emotional self-regulation is currently a topic of great significance across the affective and clinical sciences (Gross, 2014).

Self-regulatory functions interact reciprocally with all of the other CAPS components in ways that differ from person to person in a coherent fashion. Self-regulation units influence how situations are encoded, which expectancies (particularly behavior-outcome and self-efficacy expectancies) are evoked, the affects experienced in particular situations, and how effectively the person generates plans and executes goal-directed behavior. As Bandura (1997) has noted, well-developed self-regulation skills help liberate people from external stimulus control of their behavior. Within clinical settings, a major goal of most therapists is to help the client develop self-regulatory competencies, ranging from affective control capabilities to better interpersonal and problem-solving skills, that will facilitate the client's adjustment and increase the likelihood that important life goals will be attained.

Figure 1.2 schematically represents the CAPS model. Within the circle are the CAPS mediating units, connected in a stable internal network of relations that characterize the individual. Mediating units become activated initially by the encodings of situational features (e.g., Feature 2 in the figure). Solid lines represent positive activation of one unit by another, whereas dotted lines represent inhibitory relations. Output behaviors can influence both the situation and the underlying CAPS elements (for example, expectancies and affects that evoke the behavioral responses).

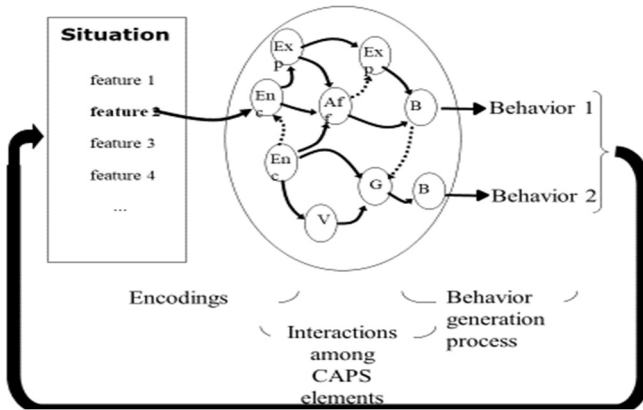## Cognitive-Affective Personality System (CAPS)

Figure 1.2. The interacting CAPS variables include encodings (En), expectancies (Ex), affects (Af), goals (G), values (V), and behavioral scripts and competencies (B). Source: Adapted from Mischel & Shoda, 1995 by permission of authors.

The CAPS as a Dynamic System

In the CAPS model, the focus is not just on "how much" of a particular unit (e.g., self-efficacy belief, anxiety, dependency) a person has, but in how these cognitive-affective units are organized with one another within the client, forming a network of interconnections that can operate at multiple levels of accessibility, awareness, and automaticity. Individuals differ stably and uniquely in this network of interconnections or associations, and such differences constitute the structure of personality (Mischel & Shoda, 1995). Thus, the CAPS model posits an internal set of *if,...then...*relations as well the *if .... then....* relationships between situations and behaviors discussed earlier. These internal relationships can create a flow of thoughts, feelings, and output behaviors without necessarily requiring the presence of an outside stimulus. Thus, when a client is already in an angry affective state, he or she may be more likely to selectively encode negative aspects of situations, recall past anger-provoking events, attribute malevolent intent to others' actions, and generate aggressive behavioral scripts. Moreover, the elements in an individual's CAPS network are likely to form a system of mutually supporting components. For example, the many beliefs we maintain are not independent of each other, but typically support one another in a way that helps us "make sense" of the world. Further, the

components of a belief system are related to emotional reactions, goals, values, and behaviors, in a way that forms a coherent organic whole.

The key to individuality (and to understanding and facilitating change in clients) lies in understanding the organization of relations among the person variables and in specifying how they mutually influence one another and are activated by particular aspects of the situation in which the person is behaving. The processing dynamics of the CAPS, operating in concert with the environment, produce the stable patterns of situation-behavior relations, or behavioral signatures, described earlier. The CAPS formulation thus accounts not only for stability in behavior within situations that share common properties, but also for the notable variability in behavior that clients exhibit across differing situations. Current social-cognitive conceptions of behavior, therefore, emphasize a model of reciprocal determinism in which the person's characteristics and psychological processes, the environment, and the person's behavior all influence one another (Bandura, 1986; Mischel et al., 2004).

The CAPS metamodel is increasingly being applied to clinical topics (e.g., Cervone et al., 2006; Huprich & Bornstein, 2007; Rhadigan & Huprich, 2012; Shoda & Smith, 2004; Smith, Fagan, Wilson, Chen, Corona, Nguyen, Racz, & Shoda, 2011). It is a useful framework for assessment, case conceptualization, treatment planning, and for process and outcome assessment. For example, a stress and coping diary measure based on CAPS components has proven useful in guiding stress management training (Chen et al, 2017; Smith & Ascough, 2016.)

To summarize, network models view emotional reactions as a window through which one can understand behavior disorders in general and, most importantly, the individual client. This premise is reflected in the importance ascribed to emotional expression in most therapeutic orientations, and it is the underlying rationale for this book's focus on affect elicitation in psychological treatments. Chapter 2 considers emotion elicitation across theoretical perspectives.

CHAPTER 2

AFFECT ELICITATION IN PSYCHOTHERAPY: THEORETICAL PERSPECTIVES AND METHODS

Given the central role that emotion plays in many behavior disorders, as well as its relations with other psychological processes, it is not surprising that from the development of psychoanalysis onward, emotion elicitation has been a central objective in psychotherapies. Therapists of all theoretical persuasions have emphasized, and continue to emphasize, emotion elicitation as a central mechanism of therapeutic change (e.g., Barlow et al, 2014; Goldfried, 2013; Linehan, 2014 Paivio, 2013). Empirical evidence shows that therapist facilitation of emotional expression is positively related to therapeutic improvement (Diener, Hilsenroth, and Weinberger 2007). Moreover, both process and outcome research offer strong support for the proposition that emotional avoidance is an impediment to therapeutic success (Boswell, 2013; Cromer, 2013; McCullough, 2003; Renninger, 2013).

To facilitate the process of treatment, various techniques have been developed based on the theories underlying the wide array of therapeutic approaches that now exist. As we shall see, affect elicitation has been instrumental to achieving therapeutic objectives ranging from the unearthing of unconscious psychodynamic conflicts to the extinction of maladaptive emotional responses. Regardless of theoretical orientation, whether psychodynamic, humanistic, cognitive, or behavioral, affect elicitation techniques are also designed to counteract avoidance of affective experience that threatens the client in some way. More generally, it is negative affect that is being avoided, but positive affect can also evoke avoidance tendencies, especially if related to themes like rejection sensitivity or erotic impulses that frighten the client. Depending on the theoretical model, these tendencies can be attributed to defensive processes (Freud, 1935), affect phobias (McCullough et. al., 2003), loss of contact with essential parts of the self (Rogers, 1951, Perls, 1969), conditioned cognitive avoidance responses (Dollard & Miller, 1950), or experiential avoidance (Hayes, Strossahl, & Wilson, 2012).

AFFECT ELICITATION IN PSYCHODYNAMIC THERAPIES

In psychodynamic models, affect elicitation is deemed critically important in achieving insight into psychodynamic conflicts that underlie the client's problems. Psychoanalysts distinguish between intellectual insight (an affect-free construal of a conflicted area that is often a compromise between awareness and experiencing the full force of the underlying affect) and emotional insight, in which the emotions and underlying motivations are directly experienced by the client, there to be analyzed and interpreted in terms of their meaning (Wolberg, 1967). Intellectual insight is of limited value for therapeutic change.

> *The pathologic consequences of suppression and repression are legion. The individual over-reacts to incidents that threaten to bring the hidden material to awareness. Symptoms may be elaborated, such as phobias, compulsion, and hysteric manifestations, which give vicarious expression to the repressed while shielding its direct manifestations. Only by facing the disturbing experiences and forbidden impulses, by dissociating them from past misinterpretations, and by reevaluating them in the light of present-day reality is it possible for the person to gain true relief.* (Wolberg, 1967, p. 88)

In psychoanalysis, the chief means of eliciting affect is by doing nothing until transference reactions, i.e., irrational reactions to the therapist as if he or she were someone significant from the person's past life, occur. The emotional behaviors that occur can be dramatic and illuminating, as in this instance in which a client confesses erotic feelings toward the analyst, leading to an awareness of underlying fear and avoidance of intimacy in close relationships:

> *Client: I don't want to like you. I'd rather not like you.*
> *Therapist: I wonder why?*
> *Client: I feel I'll be hurt. Liking you will expose me to being hurt.*
> *Therapist: But how do you feel about me?*
> *Client: I don't know. I have conflicting emotions about you. Sometimes I like you too much and sometimes I get mad at you for no reason. I often can't think of you, even picture you. . . . Yes, I don't want to like you. If I do, I won't be able to help myself. I'll get hurt. But why do I feel or insist that I'm in love with you?*
> *Therapist: Are you?*
> *Client: Yes. And I feel so guilty and upset about it. At night I think of you and get sexual feelings and it frightens me.*
> *Therapist: Do I remind you of anyone?*
> *Client: Yes. (Pause) There are things about you that remind me of my brother. (Laughs) I realize this is silly.*

Therapist: Mm hmm.
Client: My brother Harry, the one I had the sex experiences with when I was little. He made me do things I didn't want to. I let him fool with me because he made me feel sorry for him.
Therapist: Do you have any of the same feelings toward me?
Client: It's not that I expect that anything will really happen, but I just don't want to have feelings for you.... I know it's the same thing. I'm afraid of you taking advantage of me. If I tell you I like you, that means you'll make me do what you want.
Therapist: Just like Harry made you do what he wanted.
Client: Yes. I didn't want to let him do what he did, but I couldn't help myself. I hated myself. That's why. I know it now because there is no reason why I should feel you are the same way. That's why I act that way with other people too. . . . I don't like to have people get too close to me. The whole thing is the same as happens with you. It's all so silly and wrong. You aren't my brother and the other people aren't my brother. I never saw the connection until now.
(Wolberg, 1967, pp. 660-661)

Today, psychodynamic therapists continue to emphasize the importance of emotional expression and avoidance. For example, Stanley Messer (2013) cites insight, affect, and alliance as the three primary mechanisms of change in psychodynamic therapy. Regarding affect, he states:

My effort in any session is to put the patient in touch with as much affect as she can handle. .... If inner feelings are not attended to and made conscious, they will automatically maintain patients' behavior, often in maladaptive directions. (Messer, 2013, p. 410).

Likewise, in Short-Term Psychodynamic Psychotherapy, an integration of brief psychodynamic therapy with behavioral techniques, Leigh McCullough directs treatment at *affect phobias*, defined as fear of feelings that involve defenses, together with inhibitory affects that block adaptive feelings. A therapeutic strategy called *affect experiencing and systematic desensitization* involves "helping patients gradually to experience more and more adaptive affect, while helping them keep their anxiety or other inhibitory affects at a manageable level.…Exposing the patient to the physiological experience of the conflicted affect (while at the same time lowering the level of the associated anxiety) will heal the patient's conflict" (McCullough et al., 2003, p. 12). In the following case, a self-deprecating and inhibited client suffering from depression confronts conflicting feelings of fondness for her boss and resentment of his piling work on her.

Therapist: If you imagine your boss coming in with more work and expecting you to get it all done, how does it make you feel?

Patient: Like I'll never get it done [defends against anger with self-attack].
Therapist: So you would attack yourself again. But how would you feel toward him?
Patient: I don't know.
Therapist: Well, try to imagine the situation. What do you feel in your body?
Patient: I don't know, kind of energy…
Therapist: What does your body want to do?
Patient: I … (surprised) it wants to hit him! That's terrible, isn't it? [Shame]
Therapist: Well, if you actually hit him, it would be terrible…for both of you. We're never talking about actually hitting anyone. We're talking about freeing you up to have your feelings in your imagination. That way, you'll hurt no one, and it can empower you to act more effectively. I will encourage you to experience your emotions in a safe place---here in this office--- so that you can learn to understand them, bear them, and always control them.
(McCullough et al., 2003, p. 76).

The importance of affect elicitation in psychodynamic treatments has received empirical support. In a meta-analysis of short-term psychodynamic therapy studies, Diener, Hilsenroth, and Weinberger (2007) examined relations between therapist facilitation of emotional expression and a variety of treatment outcome measures. Their analyses revealed that emotional facilitation was positively related to therapeutic improvement. In an analysis of in-session therapeutic process in psychodynamic treatment, Town, Hardy, McCullogh, and Stride (2012) found that levels of immediate affect experienced by clients was greatest when therapists focused on the cognitive-affective aspects of current feelings, for example, "Tell me what you're feeling in your body and your mind this moment."

AFFECT ELICITATION IN HUMANISTIC THERAPIES

Among the humanistic therapies that emerged as alternatives to psychoanalysis during the last half of the 20th century, none emphasized affect elicitation more than Gestalt therapy (Perls, 1969). The term *gestalt* (organized whole) referred to principles of perceptual organization through which stimulus elements are organized into meaningful figure-ground relationships. For people with psychological difficulties, the background includes important feelings, wishes, and thoughts that are blocked from ordinary awareness because they are anxiety arousing. Moreover, people may also adopt values, standards, and behaviors that are not in their best interest and should be disowned. To put people in touch with these elements so that they can be integrated into the self and be part of their inherent tendency toward growth, Gestalt therapists utilize a number of techniques, one of which is the empty chair, in which the client is asked to face an empty

chair (and sometimes, to switch chairs) and have imaginary dialogues with other people, parts of their selves, or even objects of significance. Urged by the therapist to express feelings, and to notice expressive behaviors that result (such as a clenched fist), clients frequently experience strong affect, which serves as important therapeutic material to be integrated within a more authentic self.

The following encounter involves Jane, a perfectionistic young woman tyrannized by impossibly high self-standards, extreme fear of failure, fragile self-esteem, and a habit of disfiguring parts of her body by picking at her skin. Gestalt therapy founder Frederick (Fritz) Perls (F) guides her through a chairwork exercise. In this episode, Perls labels the perfectionistic part of her, seated in the other chair, as "topdog," and her typical persona as "underdog".

J: She's saying that you have to do your job, and you have to do it right, you have to be turned on, and you have to know everything, Jane.
F: "You have to do your job."
J: You really make it hard for me. You really make it hard for me, you really make it hard. You're really putting a lot of demands on me. I don't know everything, and that's hard to say. I don't know everything and on top of that, I don't know what I'm doing half of the time.
F: So be your topdog again.
J: is that---
F: Your topdog. That's the famous topdog. The righteous topdog. That is where your power is.
J: Yeah. Well---uh---I'm your topdog. You can't live without me. I'm the one that---I keep you noticed, Jane. I keep you noticed. If it weren't for me, no one would notice you. So you'd better be a little more grateful that I exist.
F: I would like you to attack the righteous side of that topdog.
J: Attack---the righteous side.
F: The topdog is always righteous. Topdog knows what you've got to do, has all the right to criticize you, and so on. The topdog nags, picks, puts you on the defensive.
J: Yeah … You're a bitch like my mother. You know what's good for me. You---make life hard for me…
F: Now please don't change what your hands are doing, but tell us what's going on in your hands.
J: My left hand…
F: Let them talk to each other.
J: My left hand. I'm shaking. I'm in a fist, straining forward and (voice begins to break) that's kind of ---the fist is very tight---pushing my fingernails into my hand. It doesn't feel good, but I do it all the time. I feel tight.
F: And the right hand?
J: I'm holding it back around the wrist.

F: Tell it why you hold it back.
J: If I let you go, you're gonna hit something. I don't know what you're gonna hit, but I have to hold you back 'cause you can't do that…
F: Now hit your topdog
J: (short harsh yell) Aarkkh! Aarkkh!
F: Now talk to your topdog. "Stop nagging---"
J: (loud, pained) leave me alone! (F: Yah, again.) Leave me alone! (F: Yah, again). (screaming and crying) Leave me alone!...LEAVE ME ALONE! I DON'T HAVE TO DO WHAT YOU SAY! (still crying) I don't have to be that good…I don't have to. You make me pick my face, that's what you do (screams and cries). Aarkkh, Aarkka! I'd like to kill you. (F: Again) I'd like to kill you!...(quietly) I'm gonna strangle you…take your neck……

Following discussion of Jane's experience and the introjected standards acquired from her mother in her desperate quest for love and attention from her cold, stern, taskmaster mother, Perls asks Jane to address the introject:

F: Make her the underdog and you the topdog.
J: And you don't have to do, you don't have to prove anything (cries). You're only twenty years old. You don't have to be the queen….She says she understands that, she knows that…I'm just in a hurry. We've got so many things to do….I'm much too hard on you. I have to---I have to let you alone. …it's very hard for me to be patient. You know how impatient I am. But I'll try to be a bit more patient with you. I'll try…. (Perls, 1969, pp. 266-271)

Though popularized in Gestalt therapy as an uncovering and transformative intervention because of its power in evoking strong affect, the empty chair technique has been incorporated into other therapies to achieve a variety of treatment objectives (Kellogg, 2004). In each case, use of the technique is based on a network conception that the emotion is meaningfully related to other theoretically relevant constructs, and that chairwork helps the client and therapist achieve insights into and make changes within the network. For example, a fundamental assumption of Emotion-Focused Therapy (EFT; Greenberg & Malcolm, 2002) is that "emotions are associated with a multimodal network of information (thoughts, feelings, beliefs, desires, bodily experiences) and accessing emotion accesses this network of information" (Paivio, 2013, p. 341). In EFT, the two chair technique is often used to promote a dialogue between conflicting parts of the self (e.g., the self-critical self and the reactive self); to deal with "unfinished business" with persons from the past; to say goodbye to lost relationships (including the expression of ambivalent feelings); and to deal as an adult with past childhood and adult victimizers.

Although these experiences can evoke considerable emotional pain, EFT also uses the chair technique to access adaptive needs, personal strengths, self-soothing, and compassion toward oneself. Research done within the EFT framework shows that acknowledging for the first time the true depths of their emotional pain was viewed by many EFT clients as the most helpful element of treatment (Holaway & Paivio, 2012). The empty chair technique does indeed help clients resolve unfinished business with significant others from their past lives (Greenberg & Malcolm, 2002), and it has proven useful in treating victims of childhood sexual and physical abuse. The technique is used to help the adult victim converse with the abused "child" to help resolve feelings of guilt or complicity, confront the perpetrator and express anger, assign total responsibility for the victimization to the perpetrator, and to vow to live life in defiance of what the abuser did (Goulding & Goulding, 1997).

The empty chair technique has also been adopted by cognitive-behavioral therapists. In his Cognitive-Affective-Relational Behavior Therapy, Marvin Goldfried (2013) uses the two chair technique to evoke emotional arousal and change clients' personal meaning structures through cognitive restructuring. While seated in one chair, the client expresses and tries to defend the irrational and dysfunctional belief or schema, then moves to the other chair and does the same for its more rational alternative while marshalling evidence against the dysfunctional belief from his or her own life experiences. This exercise typically evokes the associated emotions and helps the client experience the consequences of the maladaptive cognitions first hand. Research indicates that the emotional arousal evoked during this exercise is a crucial element in its success (Elliot, Watson, Goldman, & Greenberg, 2004). The two-chair technique is used in a similar fashion to analyze and change dysfunctional cognitions in schema therapy (Young, Klosko, and Ewishaar, 2003)

MOOD INDUCTION PROCEDURES

A variety of mood induction procedures have been developed and utilized for both clinical and research purposes. One widely used procedure is Velten's (1968) technique. Based on the causal relation between cognitions and emotions, the procedure involves reading aloud a series of self-referential statements (e.g., "I am a (good, bad) person") designed to evoke either positive or negative moods. Originally developed as a laboratory technique for manipulating moods in experimental investigations (see Larsen & Sinnett, 1991 for a review), the technique has also been applied to elicit affect in therapy. For example, induced depressive affect can be used