

EMOTION SICKNESS:
to feel better
or
...to *feel* better

Pip Bradley Spectrum August 2018

EMOTIONS !

- Love them hate them
- We are biologically hard-wired to have them
- They give us information ...
 - ✓ Functional in terms of enhancing our survival
 - ✓ Meaningful in terms of enriching our personal lives

BUT.....

- Emotions can be painful, distressing, overwhelming, scary
...and they can seem intolerable
- Early life experiences of being invalidated or punished or ignored; or of being unsupported in the presence of adversity or trauma; or of misattunement to a sensitive temperament ...
 - predispose people to significant difficulty in understanding, accepting and tolerating unpleasant emotions, and in knowing that they can be soothed and that emotions pass

Theoretical Understandings ...

Bio-social and attachment theories inform our understanding of these emotional vulnerabilities

and

Neuro-science explains the reinforced patterns of nerve circuitry that develop in response to attachment experiences, and that underlie the subjective experience of emotion.

EARLY RELATIONSHIPS & EMOTIONS

Attachment system is a neurobiological system designed to trigger behaviours that establish and maintain proximity to caregivers to attain safety. Optimal development occurs within secure, validating and mentalising early attachments.



ATTACHMENT: STAYING PRESENT WITH THIS?!



Attachment experiences also form templates for how to manage ourselves in the world. These templates include habitual patterns of responding emotionally to self and others.



**Our Attachment experiences
determine
the way significant brain circuits
connect, and
the way we experience & regulate
emotions**

Difficulty in regulating emotions includes:

- Fear of emotions being painful and overwhelming
- Difficulty tolerating painful emotion
- Limited understanding of discrete emotions and their function
- Beliefs you shouldn't feel these emotions, adverse consequences if you do, they indicate weakness etc

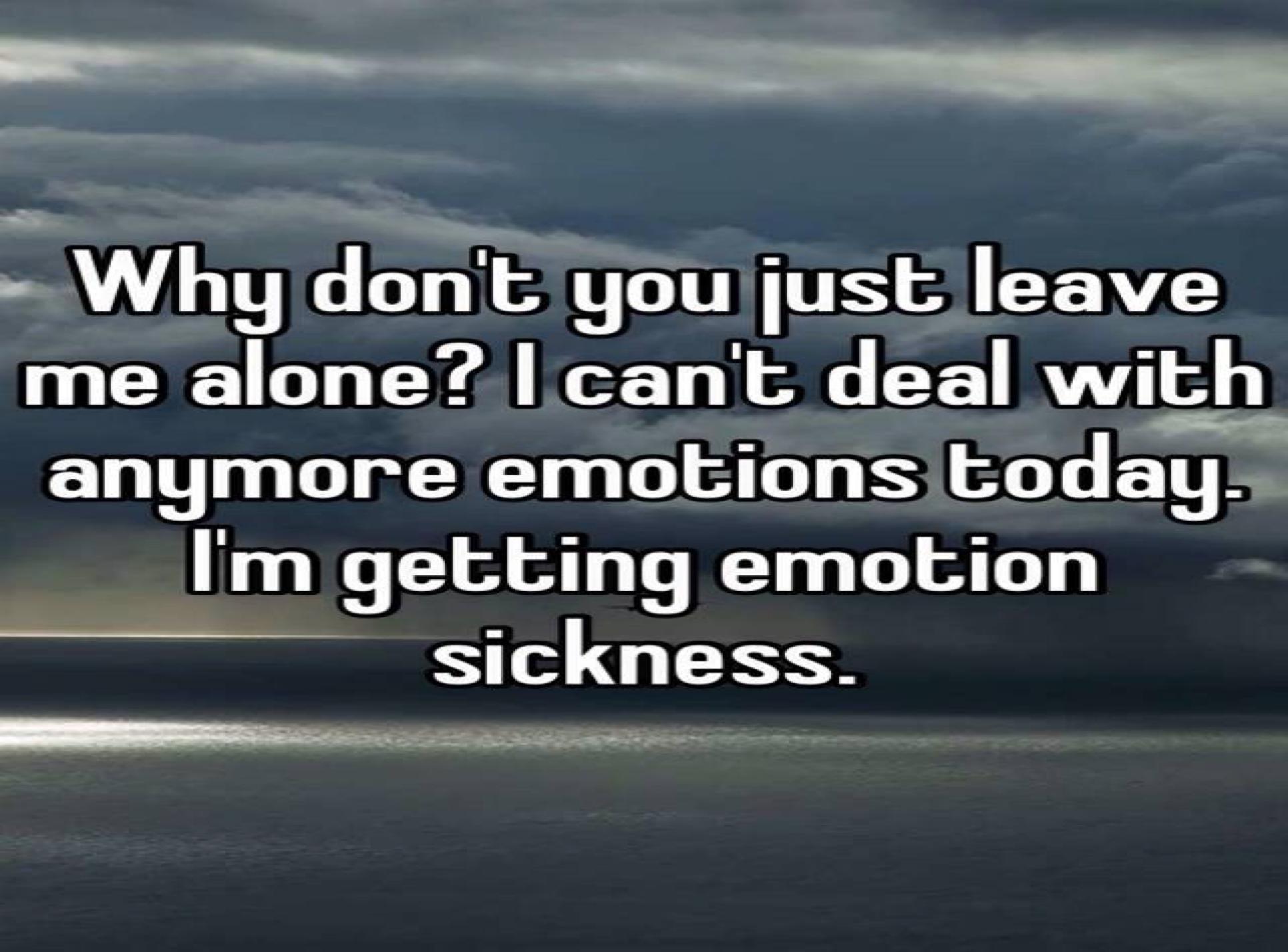
These lead to:

- Avoiding /escaping emotions
- Suppressing emotion
- Acting on emotion urges
- Inaccurate expression of emotion, diverting to secondary emotions
- Doing anything to: ***not feel, or to feel better***

EMOTION SICKNESS

Often when our clients describe themselves as being unwell

this can relate to painful or overwhelming feelings they are struggling with, and their attitudes to, or intolerance of, those feelings.



**Why don't you just leave
me alone? I can't deal with
anymore emotions today.
I'm getting emotion
sickness.**

**Counter-intuitive as it seems,
the way to feel better**

.... is to get better at feeling!

REGULATING EMOTIONS

The central role of regulating emotions is now widely accepted across multiple frameworks of conceptualising mental un-wellness. (BPD, depression, PTSD, SUD, transient psychosis)
(Fruzzetti et al, 2009)

Hence the pressing need for emotion regulation concepts and strategies in mental health treatments.

Is this a core competency for mental health nurses?

NURSES ROLE IN THIS ...

Nurses represent the largest discipline employed within hospital and community mental health services in Australia.

As such, nurses are well placed to provide therapeutic contacts with clients.

And

THEORETICAL HEART OF NURSING

“Nurses are in a position to identify and study degrees of skill that people use in struggling with presenting difficulties, and to develop with patients the kinds of new experiences that are needed to improve such skill” (Peplau 1951).

In The Tidal Model, Barker and colleagues proposed that nurses ‘know’ people best, facilitated by the proximity and closeness and time-available manner with which they work with clients. (Barker, Jackson & Stevenson 1999)

(Thanks to Peter Santangelo, 2017)

**How can we help our clients to get
better at feeling their emotions...**

**instead of using problematic ways
of feeling better?**

WAVE MODEL OF EMOTIONS

Urge to escape
emotion, to
feel better!

Emotion peaks

Emotion
escalating

Emotion falls,
passes

Trigger



HOW???

- **Validation!!!** (helps person learn to self validate)
 - ✓ Staying present
 - ✓ Accurate reflection
 - ✓ Expressing the unexpressed
 - ✓ Normalisation
- Some psycho-ed re the function of emotions, their wave-like temporary nature, they pass
- Teaching skills - distress tolerance
- Helping person to identify what they are feeling, their primary emotions if expressing secondary (eg, hurt underneath anger)
- Soothing, encouragement as the person stays with the painful primary emotion

WINDOW OF TOLERANCE

**Stay within optimal arousal zones for
new learning.**

REFLECTIVE QUESTIONS

- How am I at being with someone when they are distressed?
- Can I stay present, can I tolerate their distress?
- How do I tolerate difficult painful emotions myself?
- Can I re-focus them onto a difficult emotion when they move away from it, knowing that although this seems painful it is the way they will move towards habituation and increased ability to tolerate and manage their distress?
- How do I find time for this in an outcome-driven, high turnover, task focused workplace?

MOMENTS...

The good news is, in a busy, task-focused world, we only need moments....

- Moments of real presence, moments of real validation
- Moments of being willing to accept and soothe our client's distress and shame
- Moments of helping our clients to learn to tolerate painful, difficult, avoided emotions
- Repeated moments can be transformative

REFERENCES

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