Overcoming Emotional Pain in Psychotherapy and Everyday Life

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Emotional pain

• a response to an injury that prevents or violates the fulfilment of the basic human needs of being loved, safe, and acknowledged.
neuroscientist Damasio (2011)

• motivational force in all living creatures is to flourish and to live its full potential
• this principle can be seen on a biological as well as cultural and societal level
The psychological (emotional) pain

• An unpleasant, overwhelming, upsetting internal experience.

• It often presents itself in the form of general distress, physiological tension in the middle part of the body (e.g., head, throat, neck, shoulders, solar plexus, stomach), and a mixture of upsetting emotions and thoughts.
• It also shows itself in the form of symptoms of anxiety and depression.
• People can be tormented by worries or obsessions that do not allow them to sleep or tense and tire them during the day.
• They may have panic attacks with unpleasant bodily symptoms, or they can feel hopelessness and helplessness that shut them off from others and stop their joy in living.
• It seems likely that both emotional and physical pain share a neural circuitry Eisenberg (2011).

• individuals who are more sensitive to physical pain are also more sensitive to social rejection
• The emotional pain also expresses itself through changes in cardiovascular, neuroendocrine, and the immune system that initially mobilise and alert the organism, but from a longer-term perspective have negative effect on our overall health (e.g., levels of cortisol) (Dickerson, 2011).
dissimilarities between emotional and physical pain

- the memories of physical pain and the anticipation of emotional pain is more easily re- and pre-lived than the anticipation of physical pain (Chen & Williams, 2011)
• The (interpersonal) injury may come in the form of:
  – exclusion,
  – rejection, or a
  – psychological and/or physical trauma/intrusive attack
psychological needs that are violated or not responded to

• and thus bring an experience of emotional pain cluster around
  – (1) the need to be loved, understood, connected,
  – (2) the need to be respected, acknowledged, appreciated and validated
  – (3) the need for safety, and security.
These needs are connected to discreet clusters of emotions that are at the core of emotional pain

- (1) *loneliness and loss* (sadness)
- (2) *shame*
- (3) *terror/fear*
Loneliness/sadness
(some research findings)

• a social loss in childhood (e.g., the death of the parent) increases proneness to depression and brings neurobiological changes to brain functioning (e.g., hyper-reactivity of some neural systems as well as alterations in some neurotransmitter systems, Heim & Nemeroff, 1999).
• Caring and loving presence expressed in the form of empathy has an affect-regulating impact on children (Tronick, Als, HAdamson, Wise, & Brazelton, 1979; Tronick, 2005).

• https://www.youtube.com/watch?v=apzXGEbZht0
James Coan and his colleagues (Coan et al., 2006) showed how female participants in a fMRI study can be calmed by holding their husband's hand, when anticipating a mild electric shock.

The calming effects of the husband’s hand was a function of the quality of the couple's marital relationship, with more satisfied participants being more calmed by the hand holding.
• A similar study conducted by Master et al., (2009) showed that holding a partner’s hand, even if that partner was behind a curtain, led to attenuation of experienced pain (heat).

• The same study reported that merely showing the subject a picture of the partner had a similar effect.
some studies suggest (e.g., Holt-Lunstad, Birmingham, & Jones, 2008; Kiekolt-Glaser & Newton, 2001) that marital satisfaction corresponds with health and potentially longevity or not of married couples.
Loneliness

• leads to physiological resignation (DeWall, Pond, & Deckam, 2011).
• can also be experienced by people who seemingly do not lack social contact (Cacioppo & Patrick, 2008).
Baumeister et al. (2002) showed that when people were told that they would end up alone later in life, not only did they experience physical and social resigniation, but their immediate complex cognitive performance also deteriorated.
experienced social exclusion decreases self-regulation, increases aggression and decreases prosocial behaviour (DeWall, Pond, & Deckam, 2011)
• People with high self-reported loneliness consume more alcohol, exercise less, sleep worse, and perceive their psychological and social connection in a much worse light (Cacioppo & Patrick, 2008).
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Loneliness has been shown to impact adversely on
- cardiovascular (Hawkley, Burleson, Berntson, & Cacioppo, 2003), and
- immune system functioning (Pressman et al., 2005).

Lonely subjects have been found to have higher levels of stress hormones in their blood (Cacioppo & Patrick, 2008).

There are suggestions that loneliness affects gene expression ability to shut off inflammatory response (Cacioppo & Patrick, 2008).
• Experimental studies inducing a sense of loneliness in subjects (e.g., through hypnosis) have also shown the adverse impact of loneliness on subjects' self-esteem, shyness, perceived social support, and fear of negative evaluation (Cacioppo & Patrick, 2008).
• Lonely people less skilful at eliciting cooperation from others (Cacioppo & Patrick, 2008).

• Lonely people are more likely to withdraw from interaction (DeWall, Pond, & Deckam, 2011),

• They may be less trusting and may expect abandonment (Jones, Freemon, & Goswick, 1981).
people who do not have high expectations with regards closeness and intimacy, may miss signs of the potential for intimacy (MacDonald, Borsook & Spielmann, 2011).
animal studies (reviewed by Way & Taylor, 2011) have shown that highly reactive monkeys who are fostered by nurturing mothers develop good social skills, while the same type of monkeys fostered in non-caring environment, are more likely to develop as unlikeable.
Shame

• MacDonald et al. (2011) poignantly showed that social threat (negative, rejecting judgment) led to a more painful impact than just pure non-inclusion
• shame naturally leads to avoidance of contact, and to physical, physiological, and social withdrawal (MacDonald et al., 2011).

• In some cases shame may also lead to increased irritability and potentially antisocial aggression
• rejected individuals, can expect further rejection and thus appear hypervigilant.

• Such behaviour may be seen as socially awkward by interacting peers and thus, unfortunately, increases the likelihood of rejection (MacDonald et al., 2011)
• explicit rejections and evaluative judgments, often lead to an internalised sense of shame, manifesting as self-doubt, self-rejection, self-criticism (cf. McCranie, & Bass, 1984).
• chronic rejection leads to the increased presence of cortisol which has many negative health effects (cf. Dickerson & Zoccola, 2013).
• Gunnar et al. (2003) – pre-school children’s saliva indicated a higher cortisol levels if the sociometric measureas indicated rejection by peers.
Primary Fear/Terror

• we respond to threats to our safety much quicker than to any other stimuli.
• we are also more likely to be conditioned to such stimuli (Ohman & Ruck, 2007)
• there is strong research evidence documenting autonomic anxious responses to masked dangerous stimuli (visible also as brain activation in the amygdala),

• while we may not know what we are seeing, we can already be reacting to it (Ohman & Ruck, 2007).
• there is variability in biological predisposition to fear,
• with some subjects responding to potentially dangerous masked stimuli more than others (see studies on masked stimuli such as Ohman & Soares, 1994)
• Once traumatic experiencing starts, the resulting terror and fear guides our attention, increasing our engagement with what is possibly dangerous in a manner which it is difficult to disengage from (Ohman & Ruck, 2007; Petersen & Posner, 2012)
• chronic anxiety enhances amygdala to learn fear associations, whilst simultaneously reducing the ability of the prefrontal cortex to control fear Quirk (2007)

• inhibitory learning of this type is hindered by the fact that the conditioned fear is very much environment-dependent (Bouton, 2004)
Responding to emotional pain

- that the caring and empathic presence of the other has an analgesic impact on the pain centres in the brain (Panksepp, 2011)
- providing social support increases the threshold of physical pain (Eisenberg, 2011; Master et al., 2009) or decrease the experience of threat as detected on a neural basis (Coan et al., 2006).
In therapy

• *Triggers.* The therapist can note specific triggers that bring the client to core emotional pain.
• *Self-treatment*. The therapist can note how negative self-treatment contributes to that core pain.
• *Secondary emotions – global distress.* The therapist can better understand that the client is not able to bear the pain and how he or she collapses to global distress.
• *Emotional & Behavioral Avoidance.* The therapist can understand that a client wants to avoid the pain and the triggers that precipitate that pain.
• *Core pain.* Thus, the therapist can try to help the client in the context of caring relationship to overcome avoidance, be able to bear the emotional pain (i.e., shame, loneliness, and/or fear) without collapsing into despair and global distress.
• *Unmet needs.* The therapist can aim at articulating unmet needs that the pain signals.
• a. **Self-compassion.** With the articulation of the unmet needs the therapist can aim to facilitate the client to experiences of (self)compassion that can be elicited through witnessing the heart-breaking quality of one’s own pain.

• a. **Grief & letting go.** The process is then followed by a grieving of what happened and how hurtful it was, and the client is finally able to “let go” of unresolved pain.
• b. *Protective anger.* The therapist can also facilitate the client’s healthy assertive anger, usually through helping the client to highlight and enact the hurtful triggers that lead the client to fight back and stand up for the self.

• b. *Empowerment & Agency.* At the same time, healthy anger at violation also brings the sense of empowerment and personal agency.