

EMOTIONAL PROCESSING IN PATIENTS WITH AFFECTIVE, BORDERLINE AND DISSOCIATIVE DISORDERS

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Many of patients suffering with affective, dissociative and dissociative disorders experienced significant stressful or traumatic events from childhood or later in their life. Many of them suffer as children with unsatisfactory fulfilled basic child's needs, such as security, acceptance or approbation. Without the systematic processing these traumatic experiences the treatment is unsuccessful and their problems persist. Although CBT stresses the importance of cognitions or thoughts in activating or maintaining negative affects, there has been increasing emphasis on considering the role of emotional processing. Many of our patients believe that one should be rational and logical all the time, never have conflicting feelings, and should ruminate in order to figure things out. Meaningful cognitive and simultaneously experiential technique for working with deep emotional schemas, formatted in childhood, is imaginal rescripting of the traumatic events, role playing and writing the therapeutic letters. Inclusions of emotion regulation skills in the treatment especially for patients with dissociative disorders enhance the efficacy of CBT. Several examples of emotional processing and trauma rescripting will be presented.

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