

Scales for measuring subjective experiences and emotional responses

SUDS

Subjective Units of Disturbance Scale

subjective

adjective

1. Existing in the mind; belonging to the thinking subject rather than to the object of thought (opposed to **objective**).

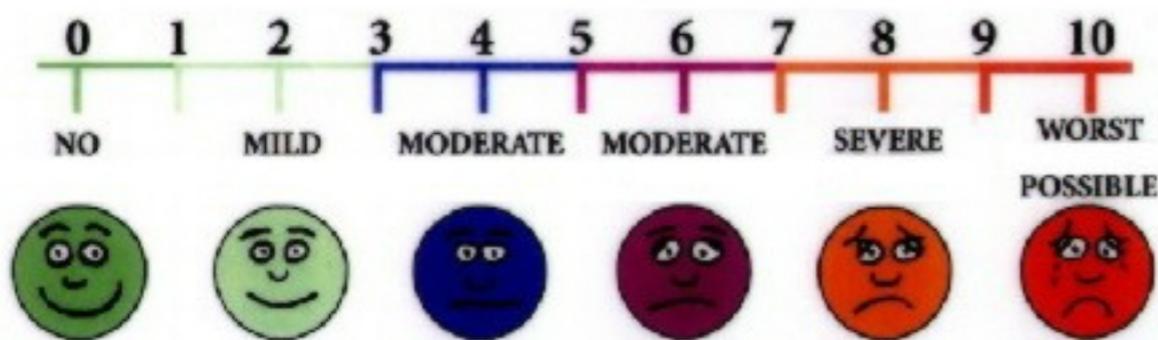
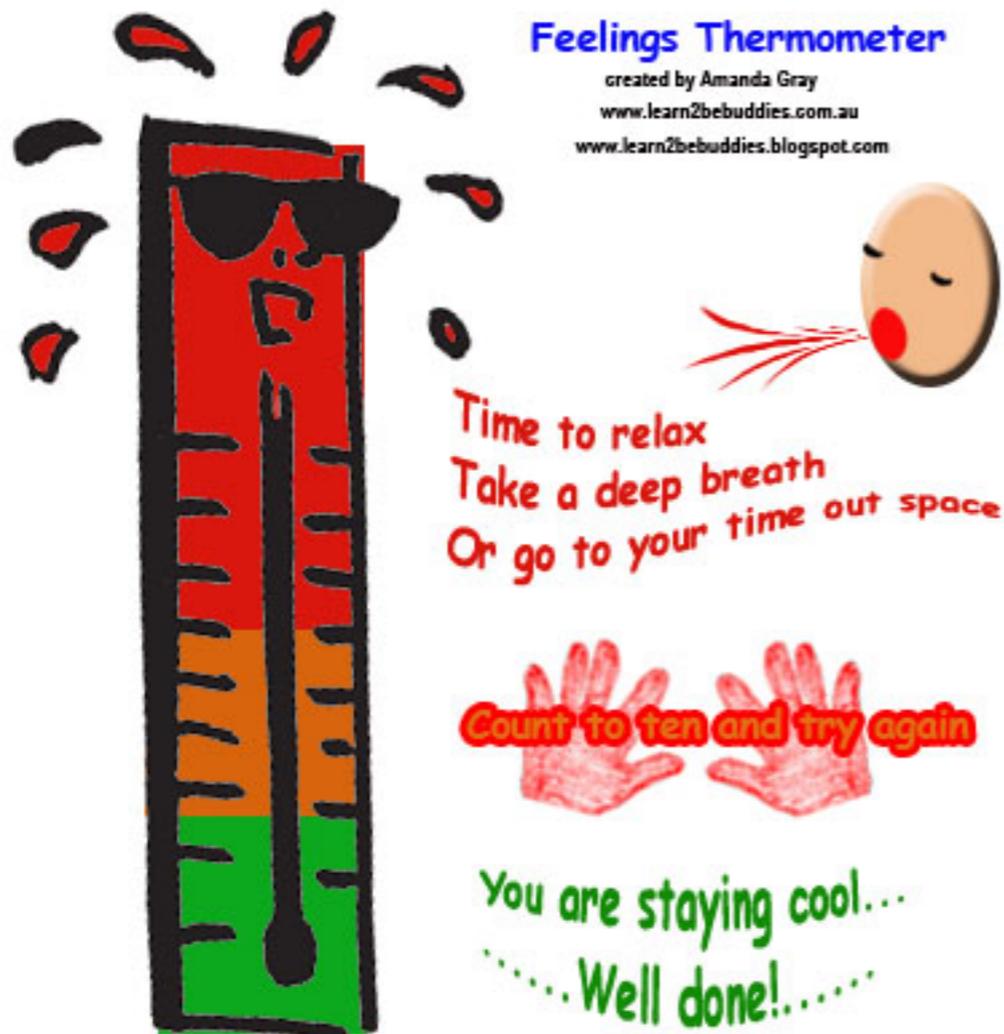
subjective in Medicine

1. Of, relating to, or designating a symptom or condition perceived by the patient and not by the examiner.
2. Existing only in the mind; illusory.

Disturbance was the original term but its more commonly thought to mean '**distress**'

noun

1. extreme anxiety, sorrow, or pain."to his distress he saw that she was trembling"
- 2 synonyms: anguish, suffering, pain, agony, ache, affliction, torment, torture, discomfort, heartache, heartbreak; misery, wretchedness, sorrow, grief, woe, sadness, unhappiness, desolation, despair; trouble, worry, anxiety, perturbation, uneasiness, disquiet, angst



10 = Feels unbearably bad, beside yourself, out of control as in a nervous breakdown, overwhelmed, at the end of your rope. You may feel so upset that you don't want to talk because you can't imagine how anyone could possibly understand your agitation.

9 = Feeling desperate. What most people call a 10 is actually a 9. Feeling extremely freaked out to the point that it almost feels unbearable and you are getting scared of what you might do. Feeling very, very bad, losing control of your emotions.

8 = Freaking out. The beginning of alienation.

7 = Starting to freak out, on the edge of some definitely bad feelings. You can maintain control with difficulty.

6 = Feeling bad to the point that you begin to think something ought to be done about the way you feel.

5 = Moderately upset, uncomfortable. Unpleasant feelings are still manageable with some effort.

4 = Somewhat upset to the point that you cannot easily ignore an unpleasant thought. You can handle it OK but don't feel good.

3 = Mildly upset. Worried, bothered to the point that you notice it.

2 = A little bit upset, but not noticeable unless you took care to pay attention to your feelings and then realise, "yes" there is something bothering me.

1 = No acute distress and feeling basically good. If you took special effort you might feel something unpleasant but not much.

0 = Peace, serenity, total relief. No more anxiety of any kind about any particular issue.

Some history about SUDS

'Assessing the level of subjective anxiety is an important procedural element in behaviour therapy. A simple check enables clinicians to anchor clients' self-rated discomfort at baseline, to monitor any change of their status, and also to evaluate the progress of therapy (Ciminero, Nelson, & Lipinski, 1977; Sloan & Mizes, 1999; Wolpe, 1990). For this reason, the behavioural therapist Joseph Wolpe (1969) developed and introduced the Subjective Units of Disturbance Scale (SUDS). Since then, this instrument has been extensively used in the realm of behaviour treatment, and is sometimes referred to as the Subjective Units of Distress Scale.

The SUDS is a one-item 11-point Likert-type subjective anxiety scale. Originally, it was defined as the self-rated current anxiety between 0 (a state of absolute calmness) and 100 (the worst anxiety ever experienced; Wolpe, 1969). Later, Wolpe (1990) also proposed the use of a more compact scale ranging from 0 to 10. The SUDS was not only used for measuring anxiety in exposure-based therapies (e.g., prolonged exposure; Foa & Rothbaum, 1998) but also adapted for describing subjective alcohol urges (Hodgson & Rankin, 1976) and even the subjective level of sexual arousal (Farkas, Sine, & Evans, 1979).

Francine Shapiro (1995), the originator and developer of eye movement desensitisation and reprocessing (EMDR), incorporated the SUDS into the standard treatment protocol. Additionally, the range of emotion that the scale covers was expanded from subjective anxiety alone to any emotional disturbance or negative feelings. In EMDR, the SUDS is designed to measure the level of distress before and after target memory processing. The therapist checks the initial SUDS score of the target traumatic memory during the assessment phase and then rechecks it to evaluate changes at the end of desensitisation. In practice, checking the SUDS during the EMDR procedure does more than just provide a quantitative index of progress; it also fosters a sense of accomplishment in clients and helps clinicians evaluate blocks and goals of reprocessing (Shapiro, 1995). In fact, the SUDS serves as an important tool for therapists in the evaluation of treatment processes and is also a valuable source of information about what is happening during reprocessing in their clients.'

Validity of the Subjective Units of Disturbance Scale in EMDR

Authors: Kim, Daeho; Bae, Hwallip; Chon Park, Yong

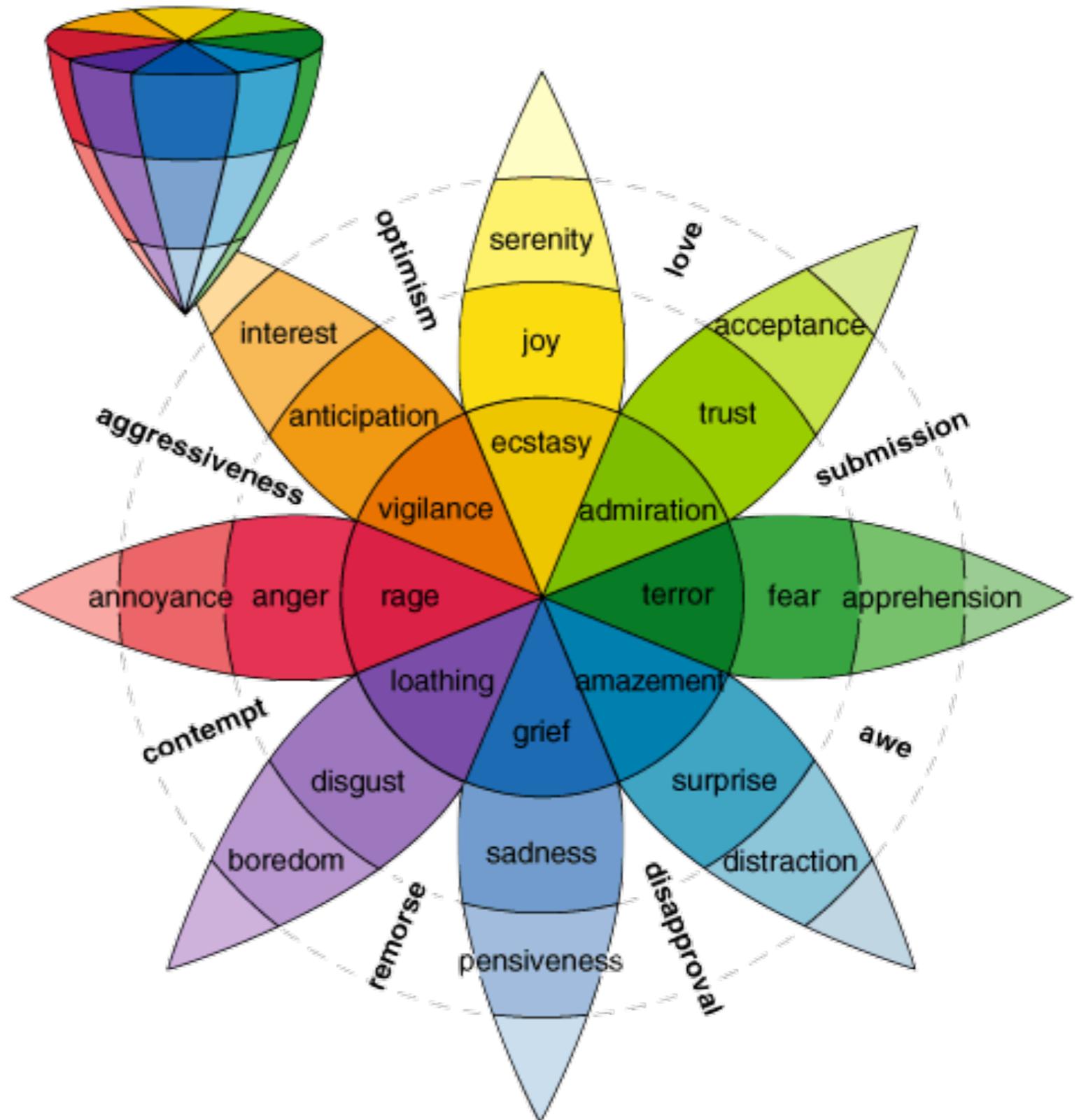
Source: Journal of EMDR Practice and Research, Volume 2, Number 1, 2008, pp. 57-62(6)

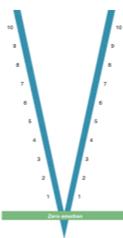
Publisher: Springer Publishing Company

Wheel of Emotions

'Robert Plutchik created a wheel of emotions. This wheel is used to illustrate different emotions compelling and nuanced. Plutchik first proposed his cone-shaped model (3D) or the wheel model (2D) in 1980 to describe how emotions were related.

He suggested 8 primary bipolar emotions: joy versus sadness; anger versus fear; trust versus disgust; and surprise versus anticipation. Additionally, his circumplex model makes connections between the idea of an emotion circle and a color wheel. Like colours, primary emotions can be expressed at different intensities and can mix with one another to form different emotions. Criticisms include its lack of "pride" as an emotion, despite listing mild emotions such as distraction, pensiveness, and boredom. The theory was extended to provide the basis for an explanation for psychological defence mechanisms; Plutchik proposed that eight defence mechanisms were manifestations of the eight core emotions. See defence mechanisms.'



SMSE or '  Scale'

Scale for Measuring Subjective Experience

This was developed because I found that sometimes an excitation could be the 'seed' or 'root' of the problem and that at other times people had such a shift in their perception that I needed a scale where those changes could be expressed.

Subjective Experience

We experience new events with our senses of vision, sound, feelings, scent and taste. For example think of tasting a lemon for the first time. We store representations of this information and our emotional response to the events internally. We form a perception about this event. A baby who quite enjoyed tasting lemon will gather and store their set of information differently from one who perceived the experience to be frightening. We can describe our perception via language and non verbal expression such as movement, facial positions, or an art form such as mime, painting or making music.

The next time we encounter any elements from that experience we use our internal bank of information and our perceptions in our responses to the stimulus. When we describe our internal responses this information is considered to be 'subjective experience' and 'a product of the individual's mind'. The varying strength and subjective experience is unique to each individual so it is useful to give the person a 'scale' so that they can view and share any changes in the intensity or changes to their perception.



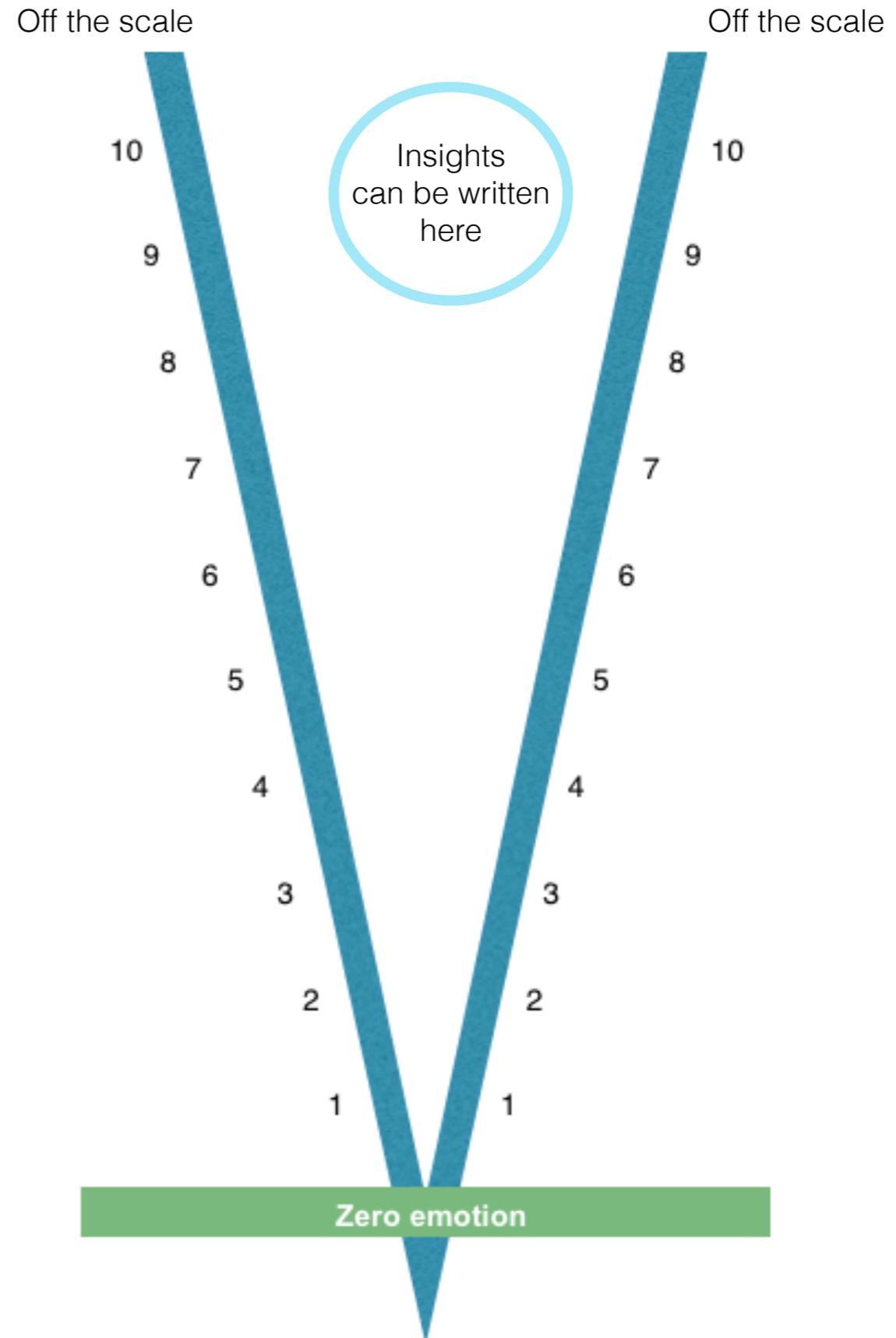
SMSE or V Scale

A very open* scale which enables the client to notate key excitations, perturbations, disturbances, distress, trauma as well as neutral, and powerful joys and relaxation.

One side is used for pleasures and excitements and the other side is used for upsetting and traumatic times. Either side can be chosen by the client.

Markers can be used to mark the sides and events or feelings. Print out the V and laminate (water washable pens can be used). See the example on the next page.

* enables flexibility



An example case

A seven year old boy has become to fearful to go outside because of a fear of dogs. When asked about what he likes he says he loves taking care of his granny and chose a pink heart marker to express this. He chose which side was to be the 'happy' side and we put a marker on it.

When asked when he started to become afraid of dogs he chooses a stone and places this marker on six and the facilitator makes a note of this in to track the changes. He explains he was in the park looking after his granny and a big dog came over. A title and an emotion were found that described this event (framed in the positive and objectively).

Some processes are carried out and the boy is asked what number on the scale would best express his (feelings) subjective experience.

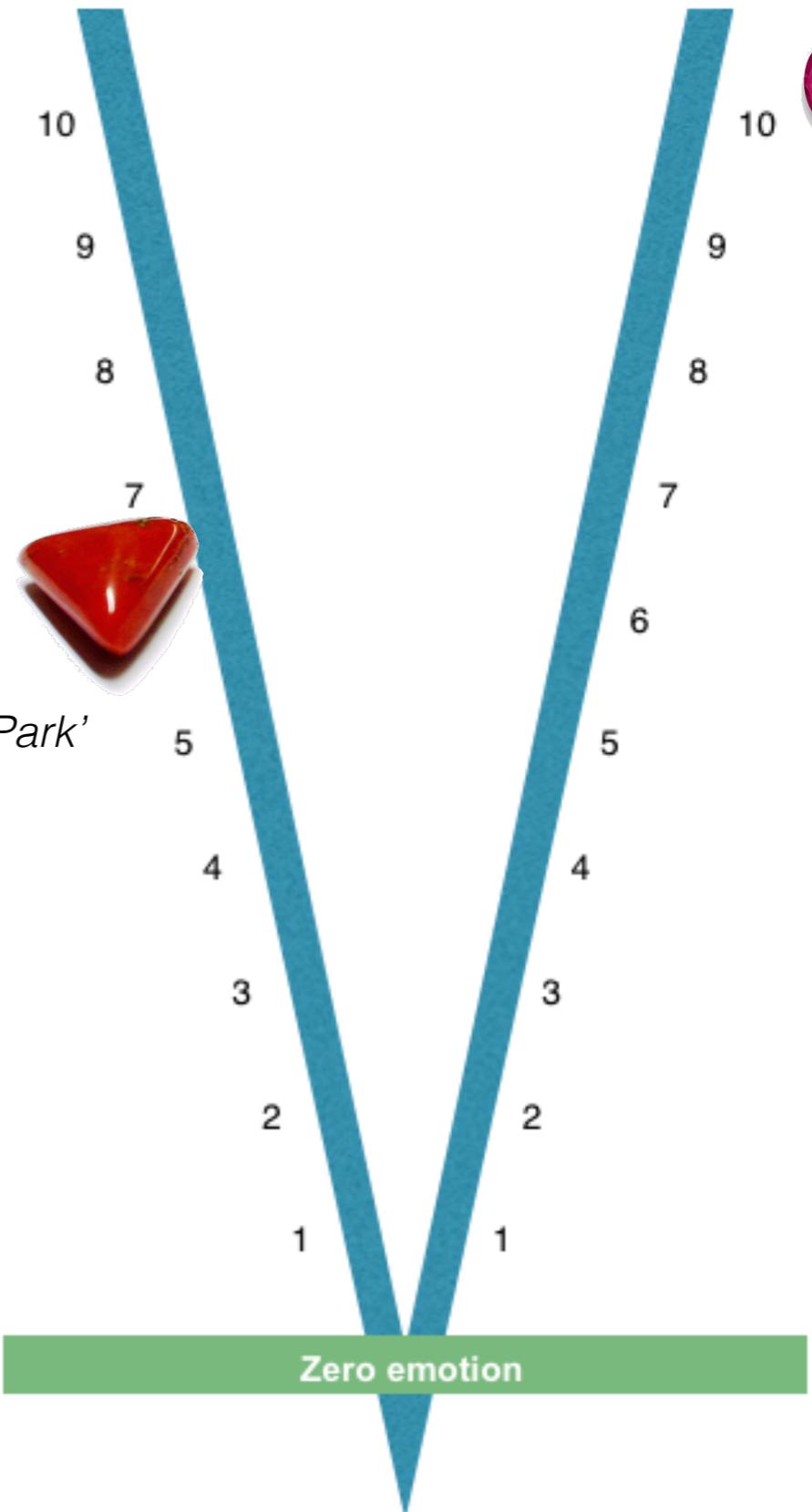
See next page for the results after the processes.

Emotion	Title for the event that happened	SMSE Number	After process SMSE number	After process SMSE number	After process SMSE number	Resulting number Notes
Fear	In the Park	6				

Off the scale



Off the scale



*'In the Park'
'fear'*

Example case

After the first process, he becomes calmer and places his marker further down on four. He explains he feels responsible for his granny.

After the second process he places the marker on the other side of the 'V' and says it is a seven and he is 'happy'. When asked some questions he explains that his internal image of the the time in the park is of himself an his granny being happy. There is a dog but it is small and away in the far corner of the park.

His perspective has changed and now he feels calm about the event and feels he can go out and play football. He walks my dogs and is excited about that.

The 'V Scale' gave us the opportunity to teach him about using numbers to measure his subjective experiences and the openness of it enabled us to see how much his perception had changed.

Emotion	Title for the event that happened	SMSE Number	After process SMSE number	After process SMSE number	After process SMSE number	Resulting number Notes Emotion
Fear	In the Park	fear 6	anxious 4	happy 7		New View feels calm

Off the scale



10

9

8

7

6

5

4

3

2

1

Off the scale



10

9

8

7

6

5

4

3

2

1



'In the Park'
'happy'

Zero emotion



Find out more at www.carolrobertsonphd.com