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PROCESSING THE EXPERIENCE OF CHANGE: A SYSTEMATIC ANALYSIS OF THE METAPROCESSING TASK

Inês Margarida Mendes Amaro

MESTRADO INTEGRADO EM PSICOLOGIA

(Secção de Psicologia Clínica e da Saúde / Núcleo de Psicoterapia Cognitiva-Comportamental e Integrativa)

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Dissertação orientada pelo Professor Doutor Nuno Miguel Silva Conceição

2018

Acknowledgements

I am deeply thankful to

My supervisor, Nuno Conceição, for his patience, kindness and trust.

My friend Alexandre, for being my secure base.

My truly amazing friends, Joana, Diana and Ricardo, for making sleepless nights enjoyable and warm.

My forever companion, Joana, for being there on the couch when I get home.

My mother and father, for proving that there is such a thing as unconditional love.

My brother, for having always encouraged me to grow.

Everyone else who held my hand through this journey.

And my grandmother. May I make you proud, wherever you are.

Abstract

The present study analysed a unique type of significant change event in psychotherapy: Accelerated Experiential Dynamic Psychotherapy's metatherapeutic processing, where change processes usually left unnoticed are object of experiential exploration. A task-analytic research method was used to systematically study 56 videotaped metaprocessing events from four AEDP therapeutic dyads that belonged to an outcome study. Empirical analysis showed the presence of four essential components – focusing, self-disclosure, affirmation and invoke relationship – and of seven peripheral components related to therapist attunement variables. The implications of the metaprocessing rational-empirical model are discussed in light of its relations to AEDP theory and practice in general and to psychotherapy integration in particular.

Keywords: change process research, emotional change processes, pleasant emotions, metaprocessing, task analysis

Resumo

A presente investigação analisou um tipo particular de evento significativo em psicoterapia: o processamento meta-terapêutico, extraído do modelo *Accelerated Experiential Dynamic Psychotherapy,* que é o meio através do qual os processos de mudança habitualmente negligenciados são objeto de exploração experiencial. Um método baseado em *task-analysis* foi utilizado para estudar empiricamente 56 sessões em vídeo de eventos de metaprocessamento de quatro díades psicoterapêuticas de AEDP pertencentes a um estudo de *outcome*. A análise empírica evidenciou a presença de quatro componentes essenciais – focagem, auto-revelação, afirmação e invocação da relação – e de sete componentes periféricas relacionadas com as variáveis de "afinação" do terapeuta As implicações do modelo racional-empírico da tarefa são discutidas à luz das relações que estabelece com a teoria e prática de AEDP em geral e com a integração em psicoterapia em particular.

Palavras-chave: investigação em processo de mudança, processos de mudança emocional, emoções agradáveis, metaprocessamento, task analysis

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The weight of the world
is love.
Under the burden
of solitude,
under the burden
of dissatisfaction

the weight,
the weight we carry
is love.

— Allen Ginsberg, *Song (San Jose, 1954)*

Introduction

The purpose of any psychotherapy approach is to promote and facilitate client change. Over the course of many years, a lot of the research on this area had been focused either on process or outcome. Process research emphasizes the in-therapy processes accountable for change and the unfolding sequence of client change (Elliott, 2010). There's a focus on the actions, experiences, and relatedness of client and therapist in (and out of) therapy sessions (Orlinsky, Grawe, & Parks, 1994). Single case studies, qualitative studies and investigation of clinical events can be considered examples of process research. As for the outcome research, the focus is on the improvement of client problems, symptoms, and/or functioning. Randomized control trials (RCTs) are examples. In order to further understand the relationship between certain psychotherapy processes and client change, as well as to scientifically inform clinical practice, over many decades researchers have conducted psychotherapy change process studies.

Particularly, Greenberg and Rice (1984) developed a task analytic approach consisting of a sequential method to analyse moment-by-moment processes that led to client change. For these authors, therapy is composed of contextual key change events, which are object of an intensive systematic analysis. The task analytic method has nowadays been applied to a large variety of events in psychotherapy, including ruptures in the therapeutic alliance (e.g. Safran, Muran, & Eubanks-Carter, 2011), unfinished business (Greenberg & Foerster, 1996; Greenberg & Malcolm, 2002) and difficulties expressing feelings (Elliot, Watson, Goldman, & Greenberg, 2004).

Even though this method was originally designed for investigation in a particular approach - Emotion Focused Therapy - it has great potential for transtheoretical application, thereby drawing a path for psychotherapy integration (Benítez-Ortega & Garrido-Fernández, 2015).

Following this line of thought, the therapeutic task to be investigated in this study is one originally extracted from Accelerated Experiential Dynamic Psychotherapy (AEDP): meta-therapeutic processing (metaprocessing for short) (Fosha, 2000a). This task consists of a shared experience and dialogue between client and therapist, in which the client is encouraged to process the process of change or the self in the process of changing. The experiential focus is on the change process itself and on the pleasant emotions that are associated with achieving emotional change. For instance, after finally experiencing painful feelings in session, such as grief for the loss of a significant other, it is likely that a pleasant emotion like relief will emerge. In this case, metaprocessing would imply the explicit acknowledgement, experience and reflection upon the change process that happened in this transition.

The metaprocessing task has been previously modelized (Iwakabe & Conceição, 2014, 2016) based on a small sample of events and within an exploratory framework. Apart from the scarce literature regarding the role of pleasant emotion in psychotherapeutic change, the empirical contributes of change process research concerning metaprocessing haven't made it possible to have a precise, thorough description of the steps involved in the task.

Thus, the current study aims to use a task-analytic approach in order to 1) define and better understand the essential client and therapist processual components involved in metaprocessing, 2) explore task variability (duration, markers, components) and 3) create a refined rational-empirical model of the metaprocessing sequence. It is expected that the establishment of an accurate process model will be a relevant contribution to change process research on AEDP and on pleasant emotion in general, but particularly to future systematic training on the task and its embodiment by different clinicians notwithstanding their theoretical approach.

Review of the Literature

The role of emotions in psychotherapeutic change

Emotional experience is nowadays perceived as an important active ingredient in the change process across theoretical models. Safran and Greenberg (1991) have reviewed the various ways in which emotion influences the change process in dynamic, experiential and cognitive-behavioral studies.

Accessing and processing emotions within the therapeutic relationship has always been a fundamental part of the experiential-humanistic tradition, particularly with client-centered (Rogers, 1951) and Gestalt (Perls, 1969) therapies. Emotional processes are at the core of process-experiential therapy (e.g. Elliott et al., 2004; Greenberg, Rice & Elliott, 1996) and their positive relation to outcome has been demonstrated (e.g. Pascual-Leone & Greenberg, 2007; Pos, Greenberg, Goldman & Korman, 2003). For instance, one of the most consistent findings in psychotherapy process research is that depth of experiencing is positively related to outcome (Orlinsky & Howard, 1978; Pascual-Leone & Yeryomenko, 2017).

In what concerns cognitive therapy, in spite of its intimate relationship with behavior therapy, the role of processing or experiencing emotions has traditionally been neglected. However, over the last decades, there has been an effort to supplement cognitive therapy with principles from other therapeutic traditions, including the part that emotion takes in the process of change (e.g. Safran, 1998; Wells, 2002).

The role of emotional processing has also been broadly examined in exposure-based therapies (e.g. Foa & Kozak, 1986; Kozak, Foa, & Steketee,1988 ; Rachman, 1980) and has proven particularly important in treating anxiety (Foa & Kozak, 1986) and PTSD (e.g. Foa, Rothbaum & Furr, 2003; Rothbaum & Schwartz, 2002).

Over these past decades there's been a steady increase of interest of empirical research on emotional change in psychodynamic psychotherapy. A 5-year follow-up study with patients in psychodynamic treatment focused on consciousness of affect showed significant changes in awareness of affect, defenses and symptoms (Monsen, Odland, Faugli, Daae & Eilertsen, 1995). Furthermore, Mergenthaler (1996) found that substantial shifts in key moments of psychodynamic therapy were frequently associated with the cooccurrence of high emotional arousal and reflection on emotion. More recently, a meta-analysis by Diener and Hilsenroth (2007) examined the role of the facilitation of patient's affective experience and expression, connecting it to better outcomes in psychodynamic psychotherapy and suggesting that contemporary psychodynamic therapies tend to encourage experience and expression of emotion more than cognitive-behavioral therapies do.

Emotion has been gaining significant theoretical relevance particularly amongst the most recent models based on short-term psychodynamic therapies, which highlight the importance of experiencing emotion as part of the change process. Affect Phobia Therapy (McCullough, 2003), for example, uses the behavioral principles of desensitization to treat psychodynamic conflict, whereas Accelerated Experiential Dynamic Psychotherapy (AEDP) (Fosha, 2000a) has emphasized the importance of experiencing pleasant affect while working with attachment related issues.

Indeed, there's substantial evidence from experiential, psychodynamic and cognitive therapies that in-session emotional processing is associated with outcome (Wiser, 2001) and that both the in-session activation of particular emotions and the cognitive exploration and elaboration of the significance and meaning of these emotions are important for therapeutic change (Magnavita, 2006; Whelton, 2004).

However, it is important to consider that even though the above-mentioned literature sustains the growing relevance of emotions and emotional processes across theoretical approaches, experiencing emotion alone can both lead to distress and to psychological benefits. Change doesn't arise merely from contacting with and expressing emotions, but from using the information they provide as a way of creating new meaning (e.g. Gendlin, 1991; Greenberg, 2002). Greenberg and Pascual-Leone (2006) develop on this matter and describe the interaction of four emotional change processes in psychotherapy: emotional awareness and arousal, emotional regulation, active reflection on emotion (meaning making) and emotional transformation.

Whether it is though promoting arousal, processing or expression of emotion, most psychotherapy research and practice on this area has been focused on painful emotions and how to alleviate suffering. For instance, in emotion-focused therapy the goal is to have the client experience and acknowledge primary adaptive emotions like fear, anger and sadness, while pleasant emotions are considered end products of therapeutic processes (Greenberg & Paivio, 2003). Thus, it is still not clear how emotional processes associated to pleasant emotions like joy, love and pride, can influence the psychotherapeutic change process.

Pleasant emotions in psychotherapy

There's plenty of scientific evidence regarding the benefits of pleasant emotional experiences. Fredrickson (2001) has documented several of those effects, showing that pleasant emotion can broaden people's thought-action repertoires (Fredrickson & Branigan, 2005), increase optimism and tranquility (Fredrickson, Tugade, Waugh & Larkin, 2003) and influence resilience (Tugade & Fredrickson, 2004). Moreover, research on memory has suggested that emotionally negative memories may become less intense if they are followed by pleasant feelings (Nader & Einarsson, 2010), which might include

the emotions associated to supportive therapeutic relationships (Panksepp, 2012). Additionally, the broad-and-build theory (e.g. Fredrickson, 2001) posits that pleasant emotions reduce the impact of unpleasant emotions by accelerating the recovery of their cardiovascular effects.

Specifically, in the context of psychotherapy, Fosha (2004) views pleasant emotions like love, gratitude, joy or pride as emotional markers that signal transformational process and implies that these should be focus of therapeutic work, particularly when dealing with painful attachment wounds. Following this line of thought, Fitzpatrick and Stalikas (2008) have suggested that pleasant emotion might be a facilitator of therapeutic change, either in a direct way or by mediating the change process.

As a great part of AEDP theory and practice is based on the notion that pleasant emotion, positive interactions and change processes are connected (e.g. Fosha, 2009b), it is theorized that the specificities of this approach, particularly the construct of meta-therapeutic processing (metaprocessing), may clarify the relationship between pleasant emotions and therapeutic change.

AEDP and metaprocessing

AEDP is an integrative approach that combines ideas from emotion-focused therapy, attachment theory, experiential short-term dynamic psychotherapies and affective neuroscience (Fosha, 2000a). One basic premise for this approach is that psychopathology comes from the person's best attempt at adapting to a poor environment that doesn't match their need for self-expression or emotional expression (Fosha, 2000a, 2009b). When emotions are too strong, individuals learn to restrain or ignore them so as not to become overwhelmed (Fosha, 2006).

In an empathic, supportive, emotionally-engaged and affirming relationship, affect is regulated dyadically and moment-to-moment. The therapist becomes a secure

attachment figure that creates a space where emotion that was previously conceived as unbearable can be activated and it becomes possible to undo emotional damage and allow previously overwhelming emotions to arise (Fosha, 2006, 2009b). Thus, a corrective emotional and relational experience takes place, with the individual moving from avoiding essential and adaptive emotions to approaching and acknowledging them.

It is postulated that the movement from suppressing to expressing allows a bodily felt connection to the self that is authentic and an access to more adaptive action tendencies along with new psychological resources (e.g. Fosha, 2008).

One particularly important emotional change process in AEDP is metaprocessing (Fosha 2000b, 2002), which will be the object of the current study. Metaprocessing is a set of interventions that promote the experiential exploration of the patient's experience of change in the context of the therapeutic dyad (Fosha, 2000b, 2006; Lipton & Fosha, 2011). The clinical literature has identified two types of metaprocessing (Fosha, 2000b; Prenn, 2011), one concerning the moment-to-moment tracking of patient reactions and the other focusing on the exploration of an important piece of therapeutic work or macro-level emotional transformation. Continuing the work of Iwakabe & Conceição (2016), the focus of this study will be on the latter, which is accountable for the deepening and consolidation of the change experience (Russel & Fosha, 2008).

According to the principles underlying this type of work, when there is a marker of emotional change already achieved in session or in daily life, the therapist can try to explicitly explore with the patient the experiential impact of that transformation by asking, for instance, "what was it like to experience this with me today?" or "how does it feel to acknowledge this [achievement/ pleasant emotional state]?". Then, through dyadic affect regulation, the patient continually experiences and reflects upon the change process. As reported by Fosha (2001), metaprocessing allows for the self-related

structures of the brain (Panksepp & Northoff, 2008) to be activated in a process that integrates right-brain experiencing of change with left-brain conscience of change. Optimally, the metaprocessing task occurs on top of, and gives rise to, the emergence of pleasant emotional experiences, which become the object of further rounds of metaprocessing. According to Russel and Fosha (2008), through metaprocessing, there is an effort to tolerate, acknowledge and process the emotional aspects of the transformation, which ultimately leads to the integration of change and the emerge of a coherent, solid self.

These claims, along with the theoretical notion that metaprocessing facilitates, deepens and sustains the change process, make room for the assumption that studying this type of work may clarify the role of pleasant emotion in psychotherapeutic change, thus filling in a current gap in change process research.

In the following section there's a brief review of change process research and it is outlined how a task analytic approach suits the purposes of the current study.

Change process research and task analysis

Over the last 30 years, researchers have attempted to minimize the breach between process and outcome paradigms, developing research methods which integrate psychotherapy interventions, client change and what lies between the two. Change process research (CPR) emerges as a knowledge bridge which considers the specific aspects over the course of therapy through which improvement is made possible (Orlinsky, Ronnestad & Willutzki, 2004). By focusing on describing and understanding the processes accountable for therapeutic change, CPR has allowed the refinement of theoretical models (e.g. Greenberg & Malcolm, 2002) and the establishment of more and more precise maps of what works in psychotherapy (Freire, Elliott, Greenberg, Watson & Timulak, 2013).

Elliott (2010) has provided an overview of four different approaches regarding the identification and evaluation of psychotherapy change processes. These include quantitative process-outcome, qualitative helpful factors, microanalytic sequential process and the significant events approach. The current study will be included in the fourth, which can combine the other three designs.

The significant events approach postulates that throughout therapy change is more likely to occur at particular moments or key points. These, referred to as significant change episodes or significant events (e.g. Greenberg, 1991) became object of investigation, contributing to the development of new methods to study change, like task analysis (e.g. Greenberg, 2007), sequential analysis (e.g Reandeau & Wampold, 1991) and comprehensive process analysis (e.g. Elliott, 1989). These approaches share several features, such as the identification of important events, the detailed description and analysis of the process as it unfolds and the goal to relate in-session processes to outcome (Elliott, 2010).

The methodological framework for this study is inspired in task analysis, a design first developed by Rice and Greenberg (1984). The purpose of this method is to describe and understand client change processes during therapy, particularly in resolving a specific affective-cognitive problem. The steps involved in this method are briefly outlined in the following paragraphs.

First, the researcher chooses an important therapeutic task or episode, which is either identified by the client or by the therapist or researcher as having theoretical importance (Timulak, 2010). In the current study, for instance, the metaprocessing task was identified as relevant due to the role it has in the change process according to AEDP literature (e.g. Fosha, 2000; 2002). It is theorized that in the case of metaprocessing, the significant change event is the explicit processing *of* a change event. Thus, given the

nature of the chosen event or episode, the final purpose of the task is not one of "resolution", but rather one of further deepening and exploration.

After selecting the change event, a rational map is drawn of how client and therapist performance will hypothetically unfold during the task. Then, the researcher will use video-tapes, audio-tapes and/or transcriptions of actual performances, which will continually be compared to the original theoretical model. The goal at the end of this process, defined as the discovery-oriented phase, is to draw a rational-empirical model of the essential components to task resolution. The back and forth movement from theoretical knowledge to systematic rigorous observation is repeated several times during this stage. The validity of the final model is assessed in a subsequent phase, where process is related to outcome (for a full description of task analysis see Greenberg, 2007).

The task analytic method has been used in a wide variety of tasks within different theoretical approaches, particularly process-experiential/ emotion focused therapy tasks (e.g. Elliott et al., 2004; Greenberg & Foerster, 1996), but also in the sphere of other approaches like family therapy models (e.g. Diamond & Liddle, 1999) and short-term dynamic psychotherapies (e.g. Austin, 2012), among others (for a comprehensive review see Benítez-Ortega & Garrido-Fernández, 2015).

Despite its numerous contributions to change process research, the underlying intention of "resolving" a particular task seems to have led the task analytic method towards a focus on events where there is a shift from a "problem" to a more pleasant state. It is argued that these shifts are therapeutic achievements and that explicitly processing them, through the metaprocessing task, is a unique kind of therapeutic event, which has not yet been object of sufficient empirical research.

The preliminary study by Iwakabe and Conceição (2016) shed a light on therapist interventions and client performances across a sample of four metaprocessing events and

established an initial rational-empirical model of how the task unfolds. However, given the complexity of change events that clients may undergo, the further exploration and development of this model seems necessary for a greater comprehension of *how* clients acknowledge, reflect upon and fully experience the pleasant feelings associated with therapeutic change.

Method

Participants

The sample consisted of videotapes from four AEDP complete processes , which are part of an outcome study of the AEDP Institute. From a total of 64 sessions (16 sessions per psychotherapeutic dyad), 50 were available on videotape and these constituted the sample of the current study. The sessions referred to four different North American therapists (two male and two female). Therapist characteristics are elucidated in Table 1.

Table 1

Sample – Therapist characteristics

Therapist	Age	Clinical experience (years)	AEDP practice (years)
A	Late 50s	30	12
B	Late 50s	30	12
C	Early 50s	25	15
D	Early 50s	25	10

In what concerts the clients, these varied on genre, age and main issues or problems that took them to therapy (see Table 2). Therapeutic dyads varied in configuration (female therapist and client, male therapist and client, male therapist with female client and female therapist with male client).

Table 2.

Sample - Client characteristics

Genre, Age	Cultural Background	Main Issues in Psychotherapy
Female, 22	Filipino	Mood swings; Anxiety; Self-consciousness
Male, 55	Russian and jewish	Feeling stuck in career and in life; A recent series of traumatic events; Concerns about future.
Female, 25	American	Feeling uninspired at work; Struggle in making friends; Marijuana habit is getting in the way of daily life.
Male, 31	American	Brother's death; Substance use.

Procedure: adapting the task-analytic approach to the metaprocessing task

A procedure based on the task analytic method was conducted in order to understand how the metaprocessing task unfolds.

Defining the task. Even though in traditional task analysis the first step involves behaviorally describing an “affective-cognitive problem” (Greenberg, 2007, p. 17), in the case of the metaprocessing task, there is not a problem in need for resolution, that is, the task does not occur in response to a problematic behavior standing in the way of therapeutic change. Resolution here does not follow the mass noun from Medicine (the disappearance of a symptom or condition) but more from Chemistry (the process of reducing or separating something into constituent parts or components). Since the task

emerges from therapeutic achievements or therapeutic progress, resolution is seen as the successful explicit exploration, processing of, and reflection on change itself. The resolution implies the conversion of something abstract, uncertain or easily left unnoticed into something explicit and clear that can be shared and held in dyadic awareness.

Fosha (2000a, p.161) defines the markers for meta-therapeutic processes as "affects of transformation", i.e. markers that signal therapeutic change. The information provided by research (see Iwakabe & Conceição, 2016) and the systematic observation process that took place throughout this investigation allowed further specification of the task markers. The general principle is that a particular emotional change has occurred either 1) in session, 2) last session, or 3) in-between sessions. As clients don't always explicitly mention the therapeutic change taking place, or leave it unnoticed as a significant change marker, the therapist might bring it forth usually by highlighting it to the client, for instance, "wow, that's quite curious " or asking "how's it been to share this with me?" or "what's that [feeling] like?". Hence, in specifying the task, the therapist "marker" was also taken into account.

Specifying the task environment and drafting a rational model. In this step, the intervention context was specified and described. Particularly, the types of interventions that presumably facilitated metaprocessing were identified and characterized according to the task descriptions by Fosha (2000a) and Iwakabe and Conceição (2014, 2016). Moreover, it was reasonably determined that the task in question was clinically useful at promoting therapeutic change, considering two main arguments used by Fosha (2000a): it provides clients with the opportunity to process and understand the experiences they have been part of; and the focus on receptive aspects of pleasant therapeutic experiences makes room for deeper resources to be accessed.

Then, it was hypothesized how the task resolution might unfold. The rational model was based on theoretical assumptions regarding metaprocessing (e.g. Fosha, 2000a, 2000b; Russell & Fosha, 2008) and the previous process model established by Iwakabe & Conceição (2016) (see Appendix A).

Empirical analysis. Eight hybrid clinical-research trainees, all with Masters in Clinical Psychology, with different ages and levels of knowledge of the task and the AEDP model viewed video tapes of the 4 therapeutic dyads. First in a large group with 46 hours of supervision by a professor with a PhD in Clinical Psychology, and moderate training in AEDP, in his early 40s, and later in trios and duets for finer checking without supervision anymore. The markers for the beginning of the task, as defined earlier in this section, were identified within the videos. The end of the task would happen when it was consensually agreed that there was no longer a focus on the current experience of change or a complete abandonment of the task had occurred. Then, the metaprocessing event videos were isolated, yielding a total of 56 events.

For each event, therapist and client performance was thoroughly analyzed by the author of the current study. Within each speaking turn the main cognitive, emotional and/or relational processes taking place were identified and placed in a diagram (for examples of micro models, see Appendix B). This procedure was done both for the therapist actions as well as for the client's reactions. The diagrams were then revised together with the project supervisor and the component descriptions were discussed. The descriptions of each intervention were translated into process-focused general principles, giving rise to "codes" as macro-categories, which eventually became main model components. These components were constantly redefined with the narrowing of the initially more descriptive categories and by new information that could emerge from different metaprocessing episodes.

Data analysis. For each final diagram, the frequencies of the components were extracted. As 1) one of the goals of this study was to create a model of how therapists can facilitate metaprocessing in the client and 2) client actions consisted mostly of layers of experience (gratitude, joy, hope…), some descriptive statistics were applied solely on the components of the therapist.

Creating a rational-empirical model. Through comparisons between the initial rational model and the components identified and quantified by the empirical analysis of the 56 events, a rational-empirical model which visually represented client and therapist task performance was drawn.

Results

Task Duration and Marker Placement

The events varied in length, lasting from a few seconds up to almost a whole session (approximately 51 minutes). Most events began at the third quarter of the session (from minute 30 to 45), whereas only 8 events from the sample occurred at the second quarter of the session (see Table 3).

Table 3.

Task beginning and duration across therapists

	Duration of Events			Marker placement in session			
	Longest	Shortest	Th Sample	1 - 15	15 - 30	30 - 45	45 - 60
Therapist A	34,4	1,2	8	2	0	1	5
Therapist B	9	0,9	10	0	2	6	2
Therapist C	19	0,4	17	4	3	5	5
Therapist D	51,1	2	21	8	4	6	3
Total sample			56	14	8	18	14

Therapist Component Description and Analysis

The final rational-empirical model integrates client and therapist components. On the therapist side, a set of 4 components were defined as task-specific and essential and 7 components were considered peripheral and not specific to the task. The results obtained in the empirical analysis of therapist components from the metaprocessing events are presented in Table 4., which contains the within-dyad and the overall frequency of each component.

Essential therapist components. Most therapist interventions (70,5%) in the analyzed metaprocessing events were coded as either Focusing, Self-Disclosure, Affirmation or Invoke Relationship.

Focusing. The focusing component was the most frequently used in this study's pool of metaprocessing episodes compared to other components (27,1%). This component refers to the therapist's interventions where the goal was to have the client focus on, explore and get in touch with the current experience, its felt sense and somatic aspects. Typical interventions included: "what's that like for you?", "can you say more about what feels good?", "what's happening?", "what are you noticing?", "stay with that", "make room for that", "what happens inside of you as you share this?", "where in your body do you notice that?".

Self-Disclosure. The self-disclosure component consisted of responses through which the therapist overtly expressed his/her immediate, personal reactions to the client, or to what the client was saying or showing about his/her experience. These reactions can include therapist's non-verbal behaviors that communicate feelings of being moved (tears) or delighted (laughter), for instance. Typical interventions were: "my reaction as you're telling me this is…", "I feel touched by what you're sharing", "I'm so happy!", "I really appreciate this…", "thank you so much".

Affirmation. This model component refers to therapist interventions that meant to acclaim, appreciate and/ or acknowledge the client's abilities, achievements or personal qualities. The main goal was to promote the client receptiveness. Typical interventions included: "wow!", "how wonderful", "you did amazing", "you're being really brave", "you deserve credit for this", "…your ability to know yourself is…"

Table 4.

Frequency of essential and peripheral therapist components

	Component Frequency (%)				
Essential Components	Th A	Th B	Th C	Th D	Mean
Focusing	23,6	27,6	32,5	24,8	27,1
Self Disclosure	14,1	24,5	10,5	19,5	17,1
Affirmation	16,0	26,8	14,2	18,8	19,0
Invoke Relationship	8,5	2,8	10,2	7,6	7,3
Total	62,2	81,7	67,5	70,7	70,5
Peripheral Components					
Empathic Exploration	7,7	5,4	5,5	4,6	5,8
Empathic Evocation	1,9	3,8	6,1	2,0	3,4
Empathic Reflection	18,3	3,3	6,4	12,3	10,1
Intensity Regulation	1,4	0,0	2,8	2,1	1,5
Defense Regulation	3,8	0,0	3,9	1,7	2,3
Psychoeducation	2,5	3,3	6,1	5,1	4,3
Other Components	2,1	2,5	1,8	1,4	1,9
Total	37,8	18,3	32,5	29,3	29,5

***Invoke Relationship*.** Interventions within this component involved alluding to the therapeutic relationship, thus engaging the client in both the experience of pleasant emotions and the experience of going through that process in a meaningful interpersonal context. The focus was not only in the self, but in what was happening in the dyad as the client shared, felt and went through emotion *with* the therapist. Typical interventions included: “what’s that like to see me having these feelings with you?”, “how was it to share that with me?”, “I’m right here with you”, “What’s that like to hear me say… to you?”.

Peripheral therapist components. The components within this category belong to the broad component ‘Attunement’ and refer to interventions that communicate to the client that the therapist is present, tracking moment-to-moment shifts and being responsive to the client’s needs. Peripheral therapist components occurred in 29,5% of therapist interventions in the metaprocessing events.

***Intensity Regulation*.** Interventions that intended to regulate the intensity of the current experience if, for instance, the client seemed to become overwhelmed by it. Therapist responses that adjusted the pace of client’s communication were also included in this category. Examples are: “Is it feeling like too much right now?”, “I don’t want to pressure you”, “slow down a little bit”, “we’ll have time to speak about…”

***Defense Regulation*.** Therapist interventions that regulated the interference of client defense processes that might have been in the way of experiencing, either through directly addressing interruptive processes, highlighting conflicting parts/ emotional states and/ or promoting the dialogue between them. Examples included: “a part of you says…and the other says….”, “if we put the anxiety aside, but acknowledge that it is there, what is it like to…”, “if we asked that part to just be quiet for a while…”.

Empathic Reflection. Interventions that reflected and conveyed understanding about the client's emotional state at the moment. Examples included: "I see that you're feeling…", "feels good to let that out", "this is coming from a deep place".

Empathic Exploration. The therapist used interventions with the intention of accessing more information about a certain topic and/or about aspects of the experience taking place. Examples included: "Is this feeling good, or is this feeling…?", "what's the word…?", "is this related to…?", "how is this different than…?"

Empathic Evocation. Empathic interventions that mean to elicit emotional arousal and legitimate emotional expression. These included: "it's okay to let this out…", "Let this come and move through you", "there's a lot of sadness there".

Psychoeducation. Interventions where the therapist used his or her knowledge to provide a clinical or scientific explanation about a certain client process. Examples included giving a rationale for a particular issue, educating about adaptive emotions, or informing about the neurological importance of feeling pleasant emotions.

Other peripheral therapist components. Interventions that were not frequent enough to be defined as broader components. Examples included minor therapist interruptions (like giving homework or briefly exploring a new topic) and working on the therapeutic alliance whether it was through clarifying rules and roles or through repairing small ruptures.

Client Component Description

Client essential components. The client components central to the metaprocessing task were named "Layers of Experience" and were divided into 5 categories, presented in Table 5.

Some layers of experience that were identified can be overlapped in terms of their somatic, affective, motivational, cognitive or relational aspects. Moreover, the layers of experience often occurred consecutively, that is, in one client speaking turn, several layers of experience could be identified.

Furthermore, moments of silence where the client did not explicitly name the feeling or emotion were coded as "silent exposure" or "silent processing". These, although not included in Table 5, were also considered layers of non-specified experience.

Thus, the categories of emotional experience represent merely a pragmatic way of organizing the complexity of client emotions and feelings that were coded in the empirical analysis.

Client peripheral components. Several client responses were identified as non-essential parts of the metaprocessing task. These included, on the one hand, minor interruptions that occurred with the emergence of a new topic or the further explanation of, and disclosure about, the current topic (coded, respectively, as "new topic" and "linked ideas"). On the other hand, other components referred to client responses that suggested more explicit interruptive processes, such as a conflict between parts of the self or emotional states. For example, a critical process towards the felt sense, anxiety about expressing pleasant emotions, and difficulties in "taking in" therapist affirmation or self-disclosure.

Table 5.

Client Components – Layers of Experience

Somatic	Affective	Motivational	Relational	Cognitive
Movement	Satisfaction	Satisfaction with therapeutic work	Gratitude	New Possibilities
Feeling Grounded	Amusement	Feeling motivated	Feeling cared for	Alternatives
Feeling Present	Emotional pain	Readiness	Connection	New understanding of self
Laughter	Authenticity	Empowerment	Repairing/ Reconnecting	New understanding of other
Feeling real	Pride	Orientation	Receptiveness	Pattern Identification
Energy				
Calm	Joy	Hope	Feeling humorous	Self in transition (Old vs New)
Lightness				
Strength/ "Embodiment"	Excitement	Willingness	Attachment strivings	Self-connection
Balance	Enthusiasm	Feeling capable	Trust	Clarity
Openness	Self-appreciation		Safety/ Security	Insight
"Chest opening up"	Surprise		Support	Accessing Imagery
Warmness	Peacefulness		Validation	
Relaxation	Courage		Feeling seen and understood	
Relief	Feeling moved			

Rational-Empirical Model

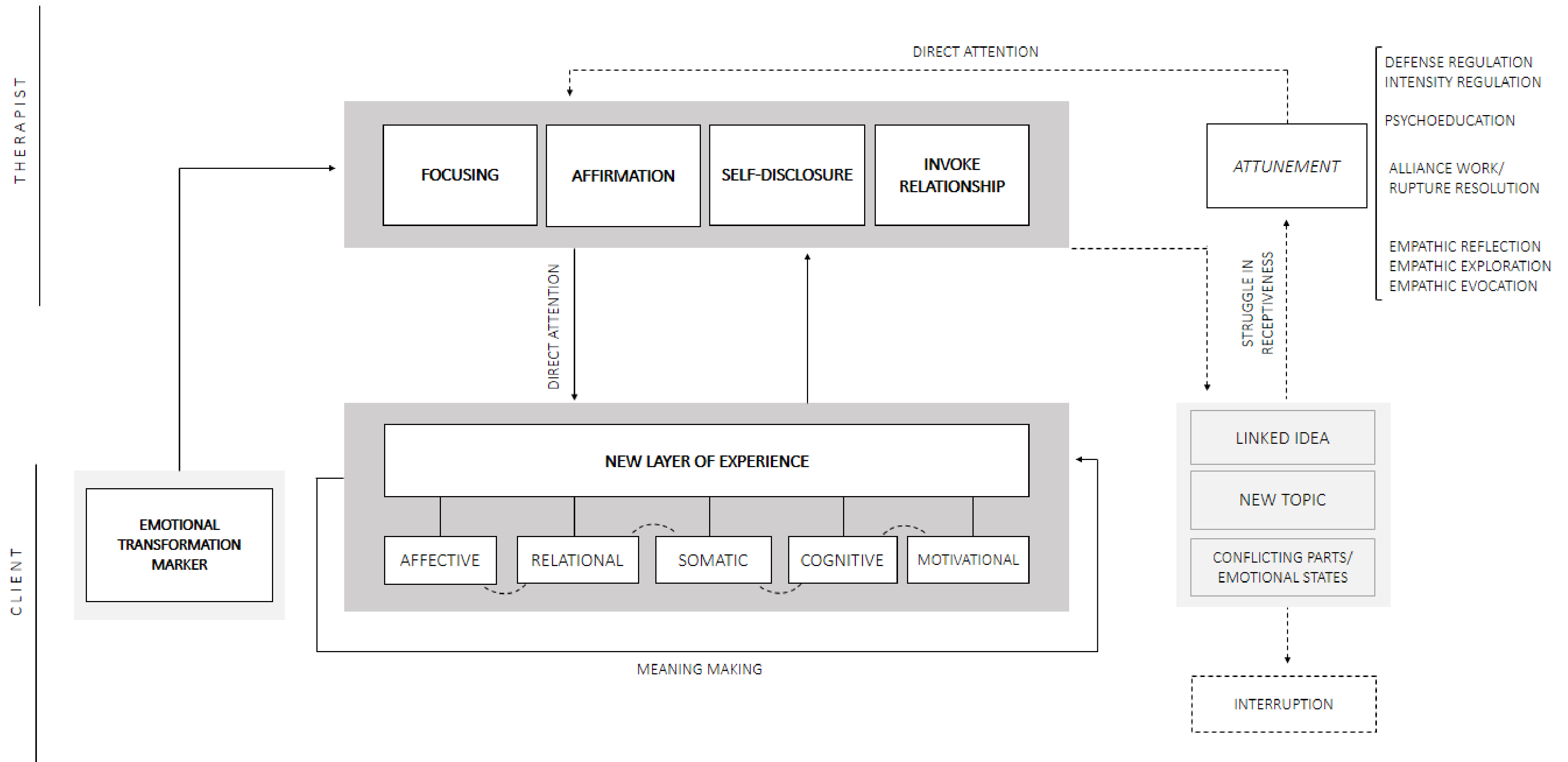
The systematic empirical analysis along with the theoretical framework for the metaprocessing task were synthesized into a rational-empirical model (Figure 1) containing at least two pathways. The main one is signaled by a continuous line and it

represents the expected task trajectory. The secondary track is identified by the dashed lines and it indicates possible deflections from the main pathway.

As stated earlier, the client markers occur in the context of client expression of an emotional transformation. This transformation, which can happen in session, last session or in daily life, is to some extent symbolized by the client explicitly or implicitly. A depressed client may start the session saying that he has been feeling energized this week; an avoidant client may share with the therapist feelings of shame that she had been holding in for a long time; the therapist may begin the session directing the client's attention to last session's emotional transformation. These examples, though different, are considered markers for the beginning of the metaprocessing, as they signal macro-level therapeutic accomplishments. The session itself can be viewed as a marker of emotional change. In fact, a quarter of this study's sample of events began at the last minutes of the session.

Immediately following the client marker, the therapist response of either focusing, self-disclosing, affirming or invoking the relationship will direct the client's attention, correspondingly, to 1) the current experience and felt sense, 2) the experience of having someone who is personally involved and reacting to the client's experience, 3) the experience of being affirmed and praised by his or her accomplishments and 4) the experience of being connected to someone who is sustaining the client's transformation. Then, the client goes through affective, relational, cognitive, somatic and/ or motivational layers of experience which can occur in an individual, intertwined or successive way. The therapist will keep the client in task through using the main components interchangeably, whereby the client will deepen and broaden the emotions associated with processing the experience of change.

Figure 1. Rational-empirical model of the metaprocessing task



Optimally, these parallel processes will induce further waves of pleasant emotions, sustained and consolidated by both the experience and the meaning making process in the client.

The therapist interventions, however, may not immediately lead to client experience, or the client experiencing process may potentially be interrupted by new information that comes up or by an internal conflict state. In the model the possible pathways that emerge from the client peripheral components indicate that the task can either return to its original course through one of the four typical therapist interventions or it will be necessary for the therapist to make adjustments. In this case, if the experience is becoming too overwhelming and the client is struggling to process it, attunement variables are used to assure that the client needs are met, and that emotion is regulated moment-to-moment. When interruptive processes are managed, the therapist will try again to engage the client in the task. If, however, the internal conflict is too intense, or therapist facilitation of experience fails for some reason, the task is interrupted.

There isn't one correct pathway to successful task facilitation as the goal is the same: to have the client experience, deepen, reflect upon, and consolidate the process of emotional transformation. Thus, it is possible that therapists will use different sequences, in different moments, with different clients, to achieve the same purpose. The common latent general principle is that therapists can bring their clients attention to this phenomenological space where emergent changes are happening or just happened and do not need to remain unnoticed or treated as not special.

Discussion and Future Directions

The current study made it possible to identify four main aspects of therapist intervention that seem to facilitate client metaprocessing: focusing, self-disclosing, affirming and invoking the therapeutic relationship. It is suggested that, when in the presence of an emotional change marker, the alternate occurrence of these types of therapist actions will direct the client's attention to the change process that is taking place. This movement of looking inward is the first step towards contacting with relevant somatic, affective, motivational, relational and cognitive layers of the change experience, which is further explored with the therapist's use of the four components and attunement variables. This study provided empirical support for the AEDP claim that therapist skillful facilitation of the metaprocessing task makes it possible for the client to simultaneously acknowledge, deepen and consolidate the experience of change as it is happening, being both a witness and the recipient of his/her own change process.

With a pool of events as large as 56, it is argued that the identified essential and peripheral dyadic components accurately translate the common features of the analyzed events, composing a potentially precise model of how metaprocessing unfolds. Along with this, the establishment of possible pathways to represent task performance variability makes the current study's final rational-empirical model an improvement to Iwakabe & Conceição's process model (2016). Thus, it is suggested that a more refined process model will lead to a better understanding of the task and its goal, which in terms of clinical impact represents the possibility of superior task integration and facilitation.

Metaprocessing analysis allowed the better understanding of three major principles stated in AEDP literature. The first, dyadic affect regulation, the process through which emotion and relatedness are regulated through interactive cycles of attunement, disruption and repair (Fosha & Yeung, 2006) is clearly present within the

metaprocessing task as therapists must constantly readjust their task-oriented interventions to attend to the client's moment-to-moment needs (for instance, resolving an interruptive process or regulating overwhelming emotions). Second, the assumption based on Fredrickson's broaden-and-build theory (2001) that the experiential processing of the change process itself leads to a transformation spiral that is fueled by pleasant emotions (e.g. Fredrickson & Joiner, 2002; Fosha, 2009a) was given empirical evidence with the emergence in the client of several concurrent and/ or successive layers of experience throughout the metaprocessing events. Third, the distribution of metaprocessing events across each therapeutic process, particularly the presence of the task in early sessions, elucidated the importance of AEDP's principle of "healing from the get-go" (Fosha, 2009a, p.50), that is, of promoting a rich attachment bond from the start and using it as the basis for the onset exploration of the pleasant feelings associated with explicitly experiencing the effects of emotional change processes.

The current study involved some methodological limitations. Even though this researcher's lack of clinical experience and training on the AEDP model could be considered protective factors from possible pre-conceived theoretical assumptions, they are, at the same time, possible sources of bias, particularly in the empirical analysis phase. In an attempt to reduce possible sources of error, component definition was practiced and closely monitored. However, future studies on this task could benefit from two or three researchers coding at the same time for more precise descriptions.

Although the study's final model was based on both successful and more difficult task facilitations, the standards for the quality of the task were not defined and so it was not possible to compare components between events where task facilitation was seemingly more effective and others where it was not. It is suggested that future work

towards validating the model should involve the development of a measure that facilitates task classification.

The therapeutic benefits of metaprocessing are a potentially wide area of research. For instance, it is likely that the therapeutic alliance and the metaprocessing task are connected. As most of the task components share an interpersonal focus, metaprocessing can potentially make the alliance strong, especially in moments where relational layers of experience emerge. Additionally, though not very common, the sample contained examples of moments where the client's layer of experience was "repairing/reconnecting", which usually followed minor alliance ruptures. Thus, it would be interesting to understand the benefits of using metaprocessing on top of rupture-repair processes.

Moreover, it is not clear how therapist variables and effects, like personality traits and interpersonal style, and client characteristics such as the capacity for emotional regulation or presence of psychopathology, interfere with the metaprocessing task. Nonetheless, it is hypothesized that one client quality - the client's receptive capacity - is particularly relevant for metaprocessing to happen. According to Fosha (2009a), the foundation of metaprocessing is being on the receiving end of what is subjectively acknowledged and experienced as care, affirmation and recognition – receptive affective experiences. Thus, it is suggested that clients who, because of their life experiences, can easily receive affirmation and recognition for their accomplishments, will be more able to tolerate, acknowledge and process the emotional aspects of the transformation. If however, the client in question struggles with receptiveness or with taking in what the therapist is offering, then metaprocessing may represent a challenge for the client to undergo and for the therapist to promote.

A potential answer for clinically handling this challenge is inherent to the task itself. Three out of the four essential components – Self-Disclosure, Affirmation and Invoke Relationship – address receptive capacities as they direct the client's attention and expose him/her to the therapist's reactions of pride, joy and feeling moved, to the accomplishment of emotional change and to the therapeutic relationship as a vessel for safely accessing and exploring it. On the one hand, this means that even though the metaprocessing task feeds on receptive capacities, these are not always a starting point, as they are trained and worked on as the task unfolds. On the other hand, this also means that even if the metaprocessing is superficial, the task proves useful in widening the client's receiving space, which will be needed for further rounds within the same task or for further tasks. Thus, it is suggested that receptive capacities can symbolize both the foundation, the means and the end of the metaprocessing task and, therefore, should be considered as an important factor in future work.

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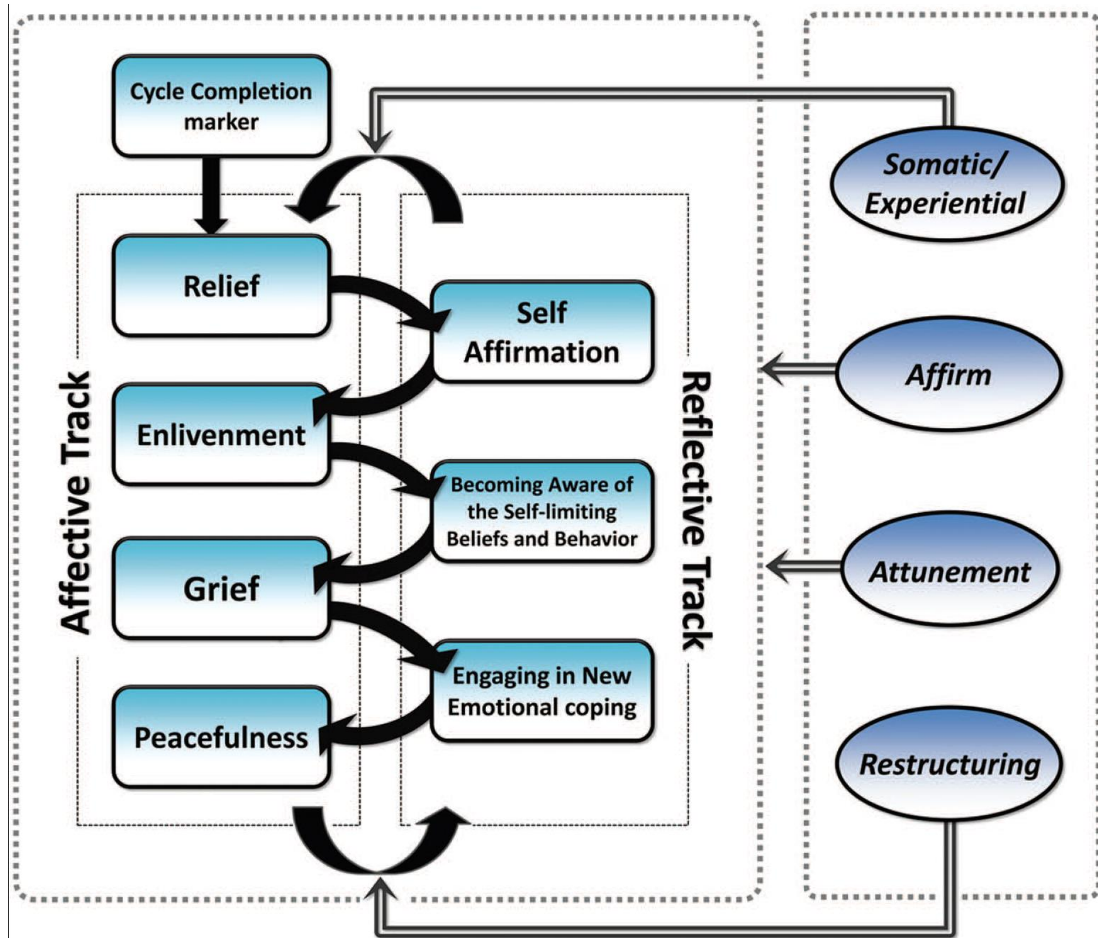
APPENDIX A – Iwakabe and Conceição's Model (2016)

CLIENT PERFORMANCE **THERAPIST PERFORMANCE**

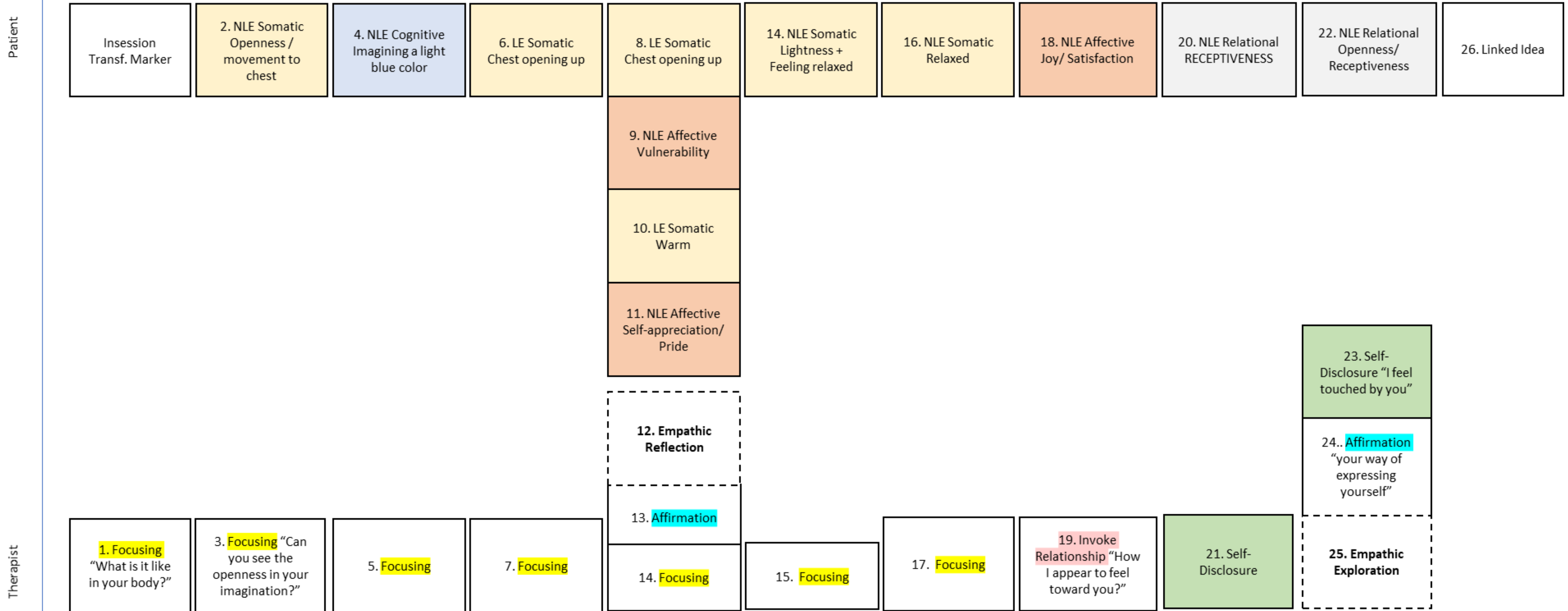


APPENDIX B – Coding Process Exemplified

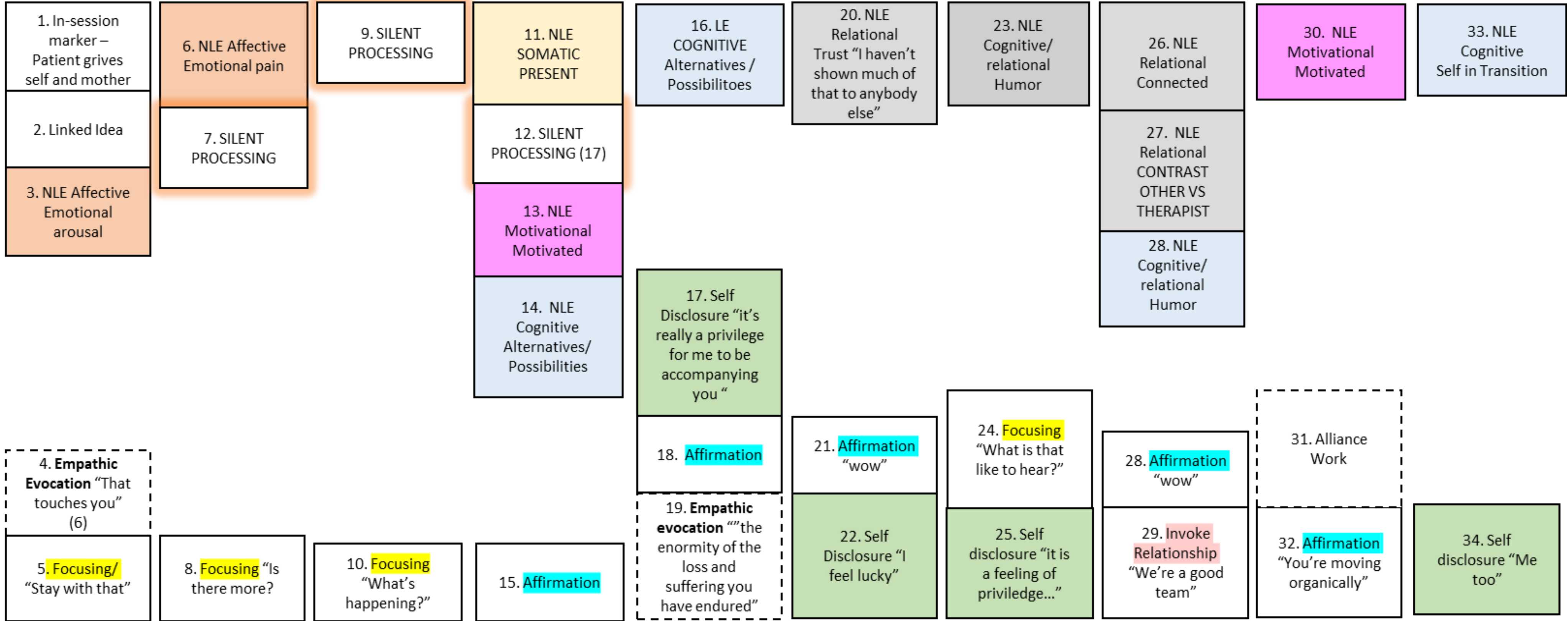
Therapist A – Session 12

	1	2	3	4	5	6	7
Patient	No marker	2. NLE Relational Grateful 3. NLE Somatic Movement 4. Conflicting States/ Struggle	6. LE Somatic Movement 7. NLE Affective Satisfaction	10. LE Affective Satisfaction / Laughter 11. NLE Affective Pride	13. LE Affective Satisfaction 14. NLE Somatic Strong/ Embodied 15. NLE Cognitive Self in Transition	17.NLE Somatic Present 18. LE Affective Pride	20. NLE Cognitive Capability
Therapist	1. Focusing "What's that like to have this…?"	5. Focusing "the grateful…what 's that?"	9. Focusing	12. Focusing	**16. Empathic Reflection**	**19. Empathic Reflection** "a healthy pride"	21. Focusing "stay with that"

	8	9	10	11	12	13
Patient	22. Linked Idea 23. NLE Cognitive Self in Transition 24. NLE Cognitive New understanding SO 25. NLE Affective Laughter/ Joy	27. Linked Idea 28. LE Affective Pride 29. NLE Cognitive New understanding SO	32. NLE Cognitive New understanding SO 35. LE Cognitive Self in Transition	37. Linked Idea 38 NLE Somatic Balanced 39. NLE Affective Excitement	41. SILENT PROCESSING 42. LE Cognitive Self in Transition 43.. NLE Somatic Robust / Equilibrated	45. SILENT PROCESSING
Therapist	26. Focusing "feel that"	30. Affirmation "that's realy huge" **31. Empathic Reflection** "you're trying to describe.."	36. Focusing "what are you feeling in yourself?"	**40. Empathic Exploration** "the excited is related to….? "	44. Focusing "what is it?"	



Therapist B – Session 1 A
Patient
Therapist
Insession Transf. Marker
2. NLE Somatic Openness / movement to chest
4. NLE Cognitive Imagining a light blue color
6. LE Somatic Chest opening up
8. LE Somatic Chest opening up
9. NLE Affective Vulnerability
10. LE Somatic Warm
11. NLE Affective Self-appreciation/ Pride
12. Empathic Reflection
13. Affirmation
14. NLE Somatic Lightness + Feeling relaxed
16. NLE Somatic Relaxed
18. NLE Affective Joy/ Satisfaction
20. NLE Relational RECEPTIVENESS
22. NLE Relational Openness/ Receptiveness
26. Linked Idea
23. Self-Disclosure "I feel touched by you"
24.. Affirmation "your way of expressing yourself"
1. Focusing "What is it like in your body?"
3. Focusing "Can you see the openness in your imagination?"
5. Focusing
7. Focusing
14. Focusing
15. Focusing
17. Focusing
19. Invoke Relationship "How I appear to feel toward you?"
21. Self-Disclosure
25. Empathic Exploration


Therapist C – Session 7 C
Patient
Therapist
1. In-session marker – Patient grives self and mother
2. Linked Idea
3. NLE Affective Emotional arousal
4. Empathic Evocation "That touches you" (6)
5. Focusing/ "Stay with that"
6. NLE Affective Emotional pain
7. SILENT PROCESSING
8. Focusing "Is there more?
9. SILENT PROCESSING
10. Focusing "What's happening?"
11. NLE SOMATIC PRESENT
12. SILENT PROCESSING (17)
13. NLE Motivational Motivated
14. NLE Cognitive Alternatives/ Possibilities
15. Affirmation
16. LE COGNITIVE Alternatives / Possibilitoes
17. Self Disclosure "it's really a privilege for me to be accompanying you "
18. Affirmation
19. Empathic evocation ""the enormity of the loss and suffering you have endured"
20. NLE Relational Trust "I haven't shown much of that to anybody else"
21. Affirmation "wow"
22. Self Disclosure "I feel lucky"
23. NLE Cognitive/ relational Humor
24. Focusing "What is that like to hear?"
25. Self disclosure "it is a feeling of priviledge..."
26. NLE Relational Connected
27. NLE Relational CONTRAST OTHER VS THERAPIST
28. NLE Cognitive/ relational Humor
28. Affirmation "wow"
29. Invoke Relationship "We're a good team"
30. NLE Motivational Motivated
31. Alliance Work
32. Affirmation "You're moving organically"
33. NLE Cognitive Self in Transition
34. Self disclosure "Me too"

Therapist D – Session 16 B last session

Patient

In-session transf. marker

2. NLE Affective Satisfaction

4. SILENT EXPOSURE

6. NLE Affective Satisfaction

8. NLE Relational Gratitude

10. NLE Relational Gratitude

12. NLE Relational Gratitude

14. NLE Relational Gratitude

15. NLE Affective Moved/ touched

16. NLE Affective Joy

18. SILENT EXPOSURE

19. NLE Affective Moved/ touched

21. SILENT EXPOSURE

24.. NLE Motivational Readiness

25. SILENT EXPOSURE

27. NLE Affective Joy

30. NLE Affective Moved/ Emotional arousal

31. SILENT EXPOSURE

32. NLE Relational Gratitude

Therapist

1. Focusing "Tell me more"

3. Affirmation "you're ready for a whole new journey"

5. Self Disclosure "so happy you brought that in today"

7 Self Disclosure Offers a gift

9. Self Disclosure "this one has another piece of me"

11. Self Disclosure "this is the first time"

13. Self Disclosure "I'm gonna miss you. / you will forever be in my heart"

17. Self Disclosure "thank you for sharing those thoughts"

20. Self Disclosure "I'm glad I'll stay with you in your heart"

22. Self Disclosure "I'm appreciating we spent time preparing for this moment"

23. Focusing "I'm wondering how it feels for you"

26. Self Disclosure "those words are the greatest gift I could receive"

28. Self Disclosure "I'm happy and excited for you"

29. Affirmation "you're fierce"

33. Self Disclosure "Thank you for allowing me to step into your heart"

34. Invoke Relationship "the way we connected , and clicked"