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Clients' Assessment of the Affective Environment of the Psychotherapy Session: Relationship to Session Quality and Treatment Effectiveness

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Abstract

This study investigated clients' affective experience during therapy. Clients (*N* 5 268) completed Therapy Session Reports (TSR) in an early session of treatment. The two sections of the TSR that assess how the client felt and how the client perceived the therapist to be feeling were combined and factor analyzed. Six stable and meaningful factors were derived (Client Distressed, Client Remoralized, Reciprocal Intimacy, Therapist Confident Involvement, Client Inhibited, and Therapist Distracted). Affect scale scores were created and compared to session quality and treatment effectiveness. Clients' affective experience was highly correlated with patient-rated session quality. The association between

clients' affective experience during the session and treatment effectiveness was fairly strong for relatively brief therapy but insignificant for relatively lengthy treatment. The implications for practitioners, who—in contrast to most measures of therapeutic process—have easy access to clients' in-session emotional experiences, are discussed.

The theme of attending to and understanding the client's emotional experience during psychotherapy cuts across many techniques of psychotherapy. Cognitive therapists use negative affective states as a cue to unhealthy or problematic cognitive activities, such as dysfunctional attitudes and beliefs (Beck, 1976). Psychoanalytically oriented therapists utilize the client's in-session emotional experiences to promote understanding of the transference. One of the goals of therapy practiced by experiential and humanistic therapists is to enhance awareness and acceptance of emotional experiences (e.g., Perls, 1973).

Empirical examination of clients' in-session affective experience has also been conducted. Early studies of clients' in-session affective experiences suggested that the emotional dimension of pleasure versus distress is a fundamental part of the therapy process (Howard, Orlinsky, & Hill, 1970; Mintz, Luborsky, & Auerbach, 1971; Saccuzzo, 1976; Snyder, 1961). Other researchers have established that generally positive emotional experiences (Cooley & Lajoy, 1980) and a variety of experiential techniques, such as encouraging emotional expression, are associated with successful treatment (e.g., Bradbury & Fincham, 1987; Greenberg & Safran, 1987, 1989; Mahoney, 1984; Rachman, 1981; see reviews by Klein, Mathieu-Coughlan, & Kiesler, 1986, and Orlinsky & Howard, 1986).

Prior studies have focused on clients' reports of their own feelings, whereas clients' perception of the therapists' feelings has been largely neglected. By definition, interpersonal relationships are reciprocally determined. Consequently, a client's sense of what a therapist is feeling during the session may be germane to his or her own feelings.

The objective of the present study was to explore how the clients' in-session emotional state might be related to their perceptions of the therapist's emotional state. Two parts of a self-report questionnaire completed immediately after an early session of therapy were combined. One section asked how the client felt during the session; the other asked how the client perceived the therapist to be feeling during the session. For the purposes of this study, the combined sections constituted the affective environment of the session. In the first part of the analyses, exploratory factor analysis to uncover the structure of the affective environment of the section was conducted. In the second part factor scores were created, and the associations between these scores, the patients' ratings of the quality of the session, and ratings of treatment effectiveness were examined.

METHOD

Data Collection Procedure

This was a passive-observational study of naturally occurring outpatient psychotherapy. Therapy was unstructured and open-ended. Median treatment length was 26 sessions. Consistent with therapy as conducted by the typical clinician, the therapist and client determined the goals of therapy, the mode of therapy, and when therapy was completed.

Research participation was voluntary. Clients were approached by the research assistant about participating in the study either immediately prior to or just after the initial session. Clients were assured of confidentiality of responses, including assurance that therapists would not see their answers. Clients were asked to complete TSRs after a number of sessions, but the present study utilized data from Session 3 only. In addition, clients consented to have their medical or therapy charts reviewed for purposes of outcome assessment for the study. At the time of this study, all clients had completed therapy.

Participants

Almost three-fourths (73%) of therapy clients were women. Most were between the ages of 20 and 40 and came from a generally middle-income background. About 90% were high school graduates and 75% had attended at least some college. Clients were self-referred and were treated for a variety of mild to moderate psychological disorders that were judged, by the clinicians, to be appropriate for outpatient psychotherapy. Accordingly, these clients are fairly representative of the general population of psychotherapy clients (cf. Vessey & Howard, 1993).

Measures

Feeling Sections of the TSR. The client version of the Therapy Session Report (TSR) questionnaire (Orlinsky & Howard, 1966) was completed by 268 clients seen at one of three outpatient psychotherapy clinics in the Chicago area. The TSR is a 145-item structured-response instrument designed as a general survey of the experiences that clients have in individual psychotherapy (see Orlinsky & Howard [1986] for a detailed presentation of the TSR). The instrument takes most clients about 15 minutes to complete.

The TSR presents the client with items organized under the following broad categories: session topics; what the client hoped to get out of this session; client concerns; how the client and therapist acted toward each other; whether the therapist seemed to understand; how helpful the therapist was; what the client accomplished; the client's motivation to return next session; the overall quality of the session; and the client's current level of functioning. For the present study, the two feeling sections of the TSR were used. The first section asked "How did you feel during the session just completed?" and was followed by a listing of 33 feelings. The other section asked "How did your therapist seem to be feeling during this session?" followed by a shorter list of 25 feelings. In both sections, the client endorsed feelings on a 0–2 scale (05*No*; 15*Some*; 25*A lot*). These two sections were combined and factor analyzed.

Session Quality (SQ). The quality of the session just completed was assessed from the client's perspective, using two items from the TSR. The first item asks the client to "Rate the session you just completed" on a 7-point scale ranging from 1 (*Very Poor*) to 7 (*Perfect*). The other item asks, "How much progress do you feel you made in dealing with your problems this session?" on a 5-point scale ranging from 5 (*A great deal of progress*) to 1 (*In some ways my problems seem to have gotten worse this session*). These two items were summed to yield the SQ score, which ranged from 2 to 12, with a higher score indicating higher rating of quality.

Treatment Effectiveness (TE). Treatment effectiveness was determined via chart review. Due to lost or unavailable charts, only 211 clients were available for these analyses. To determine TE, two

nonparticipant judges (advanced graduate students in clinical psychology) independently read the medical charts. Judges made two ratings: change in global functioning of the client during the course of treatment and change in the client's presenting problem. Both ratings were made on a 7-point scale ranging from 1 (*Considerably Worse*) through 7 (*Considerably Improved*). The two scores were summed to yield an overall rating that ranged from 2 to 14. Interrater reliability using this procedure was .91.

Factor Analysis Procedures

The data were factor analyzed using unities in the major diagonal and principal components analysis. The number of factors extracted was determined using the method proposed by Howard and Gordon (1963). The correlational matrix was examined, and seven patient feeling items and nine therapist feeling items were eliminated because of low correlations with other items. The remainder were retained. Concerning the factor solution, successively larger solutions (i.e., numbers of factors) were extracted and subjected to varimax rotation. A specific factor was retained if (a) it was judged to be stable across successively larger solutions and (b) it was judged to be interpretable.

To facilitate interpretation, factor scores were created. First, it was decided a priori that to be included in a given factor score, a TSR item had to load at least .45 on that particular factor and had to load at least .20 greater on this factor than on any other factor. In other words, each item could be part of only one factor. This resulted in three additional patient feeling items and four additional therapist feeling items being dropped from the factor solutions. (Items dropped as a result of these procedures are shown at the bottom of Table 1.) Second, factor scores were computed by giving each feeling item equal weight (rather than using the factor loadings as weights). This procedure negated the orthogonality of the varimax-rotated factors, but was deemed necessary to facilitate interpretation (i.e., to obtain results of clinical relevance).

RESULTS

Factor Analytic Results

After examining multiple solutions ranging from three to nine factors extracted, six factors were judged to be both stable and interpretable. The factors accounted for 51.3% of the total variance of the factor matrix. Table 1 lists the loadings of the TSR feeling items on the six factors. The first three factors were composed entirely of patient feelings, the next two factors comprised only therapist feelings, and the sixth factor included both patient and therapist feelings.

The first factor, labeled *Client Distressed*, included the client feeling frustrated, depressed, angry, and hurt. The second factor, labeled *Client Remoralized*, was characterized by the client feeling determined, hopeful, and relieved. The third factor was labeled *Client Inhibited* and was characterized by the client feeling inhibited, cautious, and embarrassed. The fourth factor, *Therapist Confident Involvement*, included the therapist being perceived as feeling interested, alert, relaxed, and confident. The fifth factor was labeled *Therapist Distracted* and included the therapist being perceived as distracted, tired, and bored. The sixth factor was labeled *Reciprocal Intimacy*. It was the only factor that contained both client and therapist feelings, and it was defined by both the client and the therapist feeling affectionate and close.

Factor Scores

Factor scores were scaled so that lower scores would indicate less endorsement of that affective experience during the session. The alpha reliability coefficients of these factor scores were computed and are found in Table 1. All but one of the factor scores had an alpha coefficient above .73 (the scale with only three items had the lowest reliability). Correlation coefficients among the factor scores were calculated and are shown in Table 2.

Correlation With Session Quality and Treatment Effectiveness

Session Quality (SQ). The correlations between the affect factors and SQ are shown in Table 2. To control for possible Type I errors using the Bonferonni correction, alpha was adjusted to .008. Nonetheless, all six affect factor scores were significantly correlated with SQ. As might be anticipated, the negative emotion factors (*Client Distressed*, *Client Inhibited*, and *Therapist Distracted*) were significantly and negatively correlated with SQ. In contrast, the more positive affect factors (*Client Remoralized*, *Reciprocal Intimacy*, and *Therapist Confident Involvement*) were positively correlated with SQ.

Table 1. *TSR Item Loadings on Affect Factors*

Item Factor Loadings						
TSR Item	Client Distressed	Client Remoralized	Client Inhibited	Therapist Confident Involvement	Therapist Distracted	Reciprocal Intimacy
Client Frustrated	.71	–	–	–	–	–
Client Depressed	.70	–	–	–	–	–
Client Angry	.65	–	–	–	–	–
Client Hurt	.64	–	–	–	–	–
Client Discouraged	.63	–	–	–	–	–
Client Anxious	.55	–	–	–	–	–
Client Serious	.54	–	–	–	–	–
Client Tearful	.50	–	–	–	–	–
Client Impatient	.48	–	–	–	–	–
Client Tired	.47	–	–	–	–	–
Client Determined	–	.66	–	–	–	–
Client Hopeful	–	.65	–	–	–	–
Client Relieved	–	.63	–	–	–	–
Client Pleased	–	.60	–	–	–	–
Client Confident	–	.54	–	–	–	–
Client Likable	–	.53	–	–	–	–

Client Inhibited	–	–	.70	–	–	–
Client Cautious	–	–	.63	–	–	–
Client Embarrassed	–	–	.60	–	–	–
Client Withdrawn	–	–	.57	–	–	–
Client Strange	–	–	.56	–	–	–
Therapist Interested	–	–	–	.67	–	–
Therapist Alert	–	–	–	.64	–	–
Therapist Confident	–	–	–	.62	–	–
Therapist Relaxed	–	–	–	.61	–	–
Therapist Unsure	–	–	–	–.50	–	–
Therapist Thoughtful	–	–	–	.50	–	–
Therapist Distracted	–	–	–	–	.70	–
Therapist Bored	–	–	–	–	.68	–
Therapist Tired	–	–	–	–	.56	–
Client Close	–	–	–	–	–	.68
Therapist Affectionate	–	–	–	–	–	.68
Client Affectionate	–	–	–	–	–	.64
Therapist Close	–	–	–	–	–	.60
Therapist Attracted	–	–	–	–	–	.45
Coefficient Alpha	.82	.76	.73	.76	.62	.74

Note.—TSR items dropped from the analyses were: patient feeling relaxed, helpless, grateful, guilty, inadequate, confused, accepted, ill, thirsty, attracted; and therapist feeling pleased, annoyed, sympathetic, cheerful, frustrated, involved, playful, demanding, appehensive, effective, perplexed, detached, optimistic.

Treatment Effectiveness (TE). The correlations between the individual factors and TE are also shown in Table 2. Using the Bonferonni correction, alpha was set at .008, and only *Therapist Confident Involvement* was significantly correlated with TE.

Correlations with TE Adjusting for Length of Therapy. Additional analyses were conducted

to uncover the relationship between the client's experience of the affective environment and TE. To be specific, treatment length was taken into account. Clients were divided into 4 groups according to the length of their treatment and categorization was based on the dose-response model (Howard, Kopta, Krause, & Orlinsky, 1986): 39 clients attended eight sessions or fewer, 71 attended between 9 and 26 sessions, 58 attended between 27 and 52 sessions, and 40 attended 53 or more sessions. Table 3 shows that the zero-order correlations between the factors and TE generally decreased as treatment length extended beyond 27 sessions.

Table 2. Correlations Among Factor Scores

	Client Distressed	Client Remoralized	Client Inhibited	Therapist Confident Involvement	Therapist Distracted	Reciprocal Intimacy
Client Distressed	-	-.12	.50***	.04	.22***	.15*
Client Remoralized	-	-	-.19**	.32***	-.05	.38***
Client Inhibited	-	-	-	-.12*	.20**	-.01
Therapist Confident Involvement	-	-	-	-	-.22***	.28***
Therapist Distracted	-	-	-	-	-	-.01

$^{*}p < .05$. $^{**}p < .01$. $^{***}p < .001$.

Multiple regression analyses were computed for each group, using TE as the dependent variable and the six affect factors as independent variables. The multiple correlation coefficient between outcome and the predictive equation was high for those clients who had attended 8 sessions or less (*Multiple R* 5 .49, *p* , .01), was significant but smaller for those who attended 9 to 26 sessions (*Multiple R* 5 .24, *p* , .05), was not significant for those who attended 27 to 52 sessions (*Multiple R* 5 .10, *ns*), and was smallest for those who attended more than 52 sessions (*Multiple R*52.05, *ns*).

Table 3. *Correlations Between Factor Scores, Session Quality, and Treatment Effectiveness*

	Client Distressed	Client Remoralized	Client Inhibited	Therapist Confident Involvement	Therapist Distracted	Reciprocal Intimacy
Session Quality	-.25*	.60*	-.22*	.43*	-.29*	.28*
Treatment Effectiveness (N=208)	-.12	.16	-.17	.21*	.02	.07
Treatment Effectiveness (by treatment length)						
2 to 8 sessions (n=39)	-.23	.26	-.05	.36*	-.22	.40*
9 to 26 sessions (n=71)	-.23*	.29*	-.14	.20	-.38*	.03
27 to 52 sessions (n=58)	-.07	.16	.19	.12	-.11	.05
53+ sessions (n=40)	-.01	-.15	-.07	.04	-.08	-.13

***p** < .008.

DISCUSSION

This study explored the clients' in-session experience of the affective environment conceptualized as the clients' report of their own feelings combined with their perception of their therapists' feelings. Clients completed a self-report questionnaire after an early session of therapy, indicating how much they felt and how much their therapist seemed to be feeling a variety of emotions during the session.

This report of the affective environment of psychotherapy was then factor analyzed. The basic assumption behind factor analysis is that there are underlying components or factors that account for observed correlations between multiple variables. In this fashion, it was presumed that there are underlying components determining clients' responses to the multiple feeling items on the TSR. It was hypothesized that clients' reports of their own feelings would correlate with their reports of their therapists' feelings.

Factor analysis yielded six stable, interpretable factors. Five of the six factors were composed entirely of either client or therapist feelings, suggesting that clients generally distinguish their own emotional experience from that of the therapist (cf. McGuff, Gitlin, & Enderlin, 1996). The factor *Reciprocal Intimacy* contained both patient and therapist feelings, and was conceptually similar to the therapeutic alliance. Clients' report of their own emotional experience was related to their perception of the therapists' emotions: positive client feelings were associated with positive therapist feelings, and vice versa. Correlations among the factor scores indicated that feeling remoralized was related to feeling intimate with the therapist and to perceiving the therapist as feeling confident and interested. Scores on the factor *Client Distressed* were also positively correlated with *Reciprocal Intimacy*, suggesting that clients can feel distressed at the same time that they feel close to the therapist. The correlations further indicate that clients feel distressed when they are feeling inhibited or when they sense that the therapist is distracted.

The results confirm that clients' in-session emotional state is related to the immediate impact of the session. Ratings of the quality of the session just completed were significantly correlated with all of the affect factors scores. Generally speaking, clients rated session quality greater when they felt relatively less distressed and inhibited, when they perceived the therapist to be confidently involved and not distracted, and when they perceived mutual affection with the therapist. Consistent with the generic model of psychotherapy (Orlinsky & Howard, 1987), clients feeling remoralized (e.g., hopeful, relieved, confident) rated session quality higher. The generic model further predicts that accumulation of such micro-outcomes predicts ultimate treatment success.

This study also contrasted the affective environment of the session to global outcome in particular, that is, with Treatment Effectiveness. The results indicated that not feeling inhibited or withdrawn and seeing the therapist as interested and alert were associated with better outcomes. This suggests that treatment success depends on the client willingly implementing his or her respective role; that is, a successful client will not feel inhibited but will instead be open to the therapeutic process. Likewise, it suggests that effective therapy is occurring when the therapist is perceived as confident and interested, similar to findings of McGuff and colleagues (1996).

The analyses suggested that early session affective experiences of the client are unrelated to treatment success when treatment is of fairly long duration. Explained outcome variance accounted for by the affect factor scores dropped from about 24% (for clients attending less than 9 sessions) to less than 1% (for clients attending more than 52 sessions). Given the large number of therapeutic interventions (e.g., problem reformulation), processes (e.g., the alliance), and micro-outcomes (e.g., insight) that characterize psychotherapy, this finding is expectable.

This arena of research may be particularly relevant to practitioners. Psychotherapy process research often utilizes standardized techniques and structured, often time-consuming, assessment batteries that are difficult to use in normal practice. The unfortunate result is that clinicians often feel that psychotherapy research has no bearing on what they do (Strupp, 1989). In contrast, the client's emotional experiences during the session—exemplified in the current study—is information that is readily available to the therapist (Westen, Muderrisoglu, Shedler, Fowler, & Koren, 1997).

Although not directly studied, these results suggest that attending to clients' emotional experience may enhance the effectiveness of therapy. The following implications presume that therapists can validly assess the emotional experiences of their clients, either by observation or by direct inquiry. This is an empirical question that demands further research. Clients' emotional experience was correlated with their perception of the session quality and was at least somewhat related to treatment effectiveness. Hence, therapists might utilize the client's affective experiences as an indicator of both how the current session is going and how therapy overall is going. In particular, therapists might attend to their clients' perception of therapist feelings because the strongest correlation with the treatment effectiveness ratings was obtained by the factor *Therapist Confident Involvement*. In other words, if the client perceives that the therapist is not confident and interested, this bodes poorly for treatment effectiveness. If noted, such perceptions on the part of the client may be attended to (similar to the resolution of alliance ruptures, described by Safran & Muran, 1996).

Finally, it is noted that for the clients who attended no more than eight sessions, *Reciprocal Intimacy* had the strongest correlation with Treatment Effectiveness. This suggests that, even for fairly brief therapy, the sense of having a positive alliance with the therapist (i.e., feeling that there are mutual feelings of closeness and affection) is important for successful treatment. Moreover, these results indicate that the practitioner can attend to the in-session emotional experiences of the client as a valid indicator of the quality of the alliance, which has been consistently shown to be vitally important to the success of treatment (Horvath & Symonds, 1991).

REFERENCES

Beck, A.T. (1976). *Cognitive therapy and the emotional disorders*. New York: International Universities Press.

Bradbury, T., & Fincham, F. (1987). Assessment of affect in marriage. In K.D. O'Leary (Ed.), *Assessment of marital discord*. Hillsdale, NJ: Erlbaum.

Cooley, E.J., & Lajoy, R. (1980). Therapeutic relationship and improvement as perceived by clients and therapists. *Journal of Clinical Psychology*, 36, 562–570.

Greenberg, L.S., & Safran, J.D. (1987). *Emotion in psychotherapy: Affect, cognition, and the process of change*. New York: Guilford Press.

Greenberg, L.S., & Safran, J.D. (1989). Emotion in psychotherapy. *American Psychologist*, 44, 19–29.

Horvath, A.O., & Symonds, B.D. (1991). Relation between working alliance and outcome in psychotherapy: A meta-analysis. *Journal of Counseling Psychology*, 38, 139–149.

Howard, K.I., & Gordon, R.A. (1963). Empirical note on the “number of factors” problem in factor analysis. *Psychological Reports*, 12, 247–250.

Howard, K.I., Kopta, S.M., Krause, M.S., & Orlinsky, D.E. (1986). The dose-effect relationship in psychotherapy. *American Psychologist*, 41, 159–164.

Howard, K.I., Orlinsky, D.E., & Hill, J.A. (1970). Affective experience in psychotherapy. *Journal of Abnormal Psychology*, 75, 267–275.

Klein, M.H., Mathieu-Coughlan, P., & Kiesler, D. (1986). The experiencing scales. In L.S. Greenberg & W. Pinsof (Eds.), *The psychotherapeutic process: A research handbook*. New York: Guilford.

Mahoney,M. (1984). Integrating affect and cognition: A comment. *Cognitive Therapy and Research*, 8, 585–589.

McGuff, R., Gitlin, D., & Enderlin, M. (1996). Clients’ and therapists’ confidence and attendance at planned individual therapy sessions. *Psychological Reports*, 79, 537–538.

Mintz, J., Luborsky, L., & Auerbach, A.H. (1971). Dimensions of psychotherapy: A factor-analytic study of ratings of psychotherapy sessions. *Journal of Consulting and Clinical Psychology*, 36, 106–120.

Orlinsky, D.E., & Howard, K.I. (1966). *Therapy session reports, Forms P and T*. Chicago: Institute of Juvenile Research.

Orlinsky, D.E., & Howard, K.I. (1986). Process and outcome in psychotherapy. In S.L. Garfield & A.E. Bergin (Eds.), Handbook of psychotherapy and behavior change (3rd ed.). New York: John Wiley & Sons.

Orlinsky, D.E., & Howard, K.I. (1987). A generic model of psychotherapy. *Journal of Integrative and Eclectic Psychotherapy*, 6, 6–27.

Perls, F.S. (1973). The gestalt approach and eye witness to therapy. Palo Alto, CA: Science and Behavior Books.

Rachman, S. (1981). The primacy of affect: Some theoretical implications. *Behavior Research and Therapy*, 18, 51– 60.

Saccuzzo, D.P. (1976). Factor-analytic structure of patient internal states. *Journal of Clinical Psychology*, 32, 129–135.

Safran, J.D., & Muran, J.C. (1996). The resolution of ruptures in the therapeutic alliance. *Journal of Consulting and Clinical Psychology*, 64, 447– 458.

Snyder, W.V. (1961). The psychotherapy relationship. New York: Macmillan.

Strupp, H.H. (1989). Psychotherapy: Can the practitioner learn from the researcher? *American Psychologist*, 44, 717–724.

Vessey, J.T., & Howard, K.I. (1993). Who seeks psychotherapy? *Psychotherapy*, 30, 546–553.

Westen, D., Muderrisoglu, S., Shedler, J., Fowler, C., & Koren, D. (1997). Affect regulation and affective experience: Individual differences, group differences, and measurement using a Q-sort procedure. *Journal of Consulting and Clinical Psychology*, 65, 429– 439.