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Emotion in an alliance rupture and resolution sequence: A theory-building case study

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Running Head: EMOTION IN ALLIANCE RUPTURES AND RESOLUTIONS

Emotion in an alliance rupture and resolution sequence: A theory-building case study

Abstract

Alliance rupture and resolution processes are occasions for the client to have his or her core interpersonal patterns activated in the here and now of the therapy and to negotiate them with the therapist. So far, no studies were conducted on emotional processing, from a sequential perspective using distinct emotion categories, in alliance rupture and resolution therapy sessions. This is the objective of this theory-building case study. This client underwent a 34-session long psychodynamic psychotherapy within the context of an open trial. An alliance rupture-resolution sequence of two subsequent sessions, along with a third control session, was selected from this case and these sessions were rated using the Classification of Affective-Meaning States (CAMS), an observer-rated method to classify distinct emotions, according to current emotion-focused models. The results indicate that the rupture session was associated, above all, with core maladaptive fear, evoked in the actual here and now of the therapeutic relationship, whereas the resolution session was associated with the expression and experience of adaptive hurt as regards biographical issues of the client. These results are discussed with regard to the alliance rupture and resolution model and the exploration of integrating client's emotional processing in the model.

Key-Words: Alliance Rupture-Resolution; Emotional processing; Theory-Building Case Studies

EMOTION IN AN ALLIANCE RUPTURES AND RESOLUTION SEQUENCE: A THEORY-BUILDING CASE STUDY

Introduction

The therapeutic alliance is the most robust process predictor of therapeutic outcome across therapy models, according to several meta-analyses (e.g., Horvath, Del Re, Flückiger, & Symonds, 2011). However, some debate has emerged in the context of psychodynamic psychotherapy on the limiting, or even hindering, effect of the level of the therapeutic alliance for the profound transformation process; the psychodynamic process makes use of inevitable interpersonal ruptures in the collaborative process, in order to become a healing process (Brenner, 1979).

Safran and Muran (2000) have elaborated an empirical model on the importance of alliance rupture and resolution for the therapeutic process across therapy models, thus integrating both positions in the debate. Even if this model has evolved to an effective integrative heuristic and intervention guideline, so far, there is little empirical description of the actual client's emotional processing during a rupture-resolution process in psychodynamic psychotherapy. In this sense, Hatcher (2010, p. 24) defines the client's experience, as reaction to the therapeutic alliance negotiation process, as "emotional". Also, Safran and Muran's model is very close to the conception of dyadic regulation in psychodynamic psychotherapy, a process characterized by pre-symbolic regulation, by co-construction of attachment experience in the here and now and by affect (Beebe & Lachmann, 2002; Fosha, 2000, 2001, 2010). Finally, there is a case study using a detailed analysis of the dialogue between the client and the therapist documenting the evolution from poor to good alliance, where at some point in the process the authors describe a collision between "joy and despair" (Rabu, Halvorsen, & Haavind, 2011, p. 31). The present theory-building case study aims at contributing to the question of emotional processing in an alliance rupture and resolution

sequence by referring to a sequential model of emotional processing that used distinct emotion categories.

According to Safran and Muran (2000, cited by Muran, Safran & Eubanks-Carter, 2010, p. 321), psychotherapy process is characterized by an ongoing "push and pull" of client's and therapist's manifestations, such as affective states, underlying core needs and interpersonal behaviours, in order to negotiate the therapeutic alliance. In this sense, client and therapist continuously struggle for mutual recognition in their roles and their inner lives, even as the therapist aims to facilitate client in working through his or her difficulties. Thus, breakdowns in the therapeutic alliance will be common in psychotherapy process and empirical observation supports this formulation, with clients reporting that some form of alliance ruptures occur in 10 to 38% of sessions depending on treatment modality (see Safran, Samstag, Muran & Stevens, 2001). These ruptures could be a momentary lack in collaboration on tasks and goals, or a tension between the expression of client's and therapist's needs in the process, or, finally, a relational enactment where both therapist and client unwittingly are involved in unhealthy interactional cycles. Based on this conception, alliance ruptures become an opportunity for the negotiation of a mutual recognition, i.e., an existential encounter as persons (Buber, 1957). Both therapist and client contribute to this process. From the client perspective, alliance ruptures may indicate the subjective experience of threat or blocking of core needs, such as the need for relatedness or the need for agency. It is this perspective we are mostly interested in here. From the therapist perspective, several therapeutic strategies may be used to move towards alliance resolution, either by directly addressing the rupture, by using meta-communication for example (Safran & Muran, 2000), or by indirectly providing a reframing, or a new relational experience (Muran, Safran & Eubanks-Carter, 2010). An empirically-based stage-process model integrates these aspects in a heuristic and treatment guideline. Research has shown that the resolution of alliance

ruptures is a therapeutic process that predicts outcome (Eubanks-Carter, Muran & Safran, 2010), both using randomized controlled designs and naturalistic studies.

From the client perspective, the experience of unmet or threatened core needs within the therapeutic interaction is an important one. According to Greenberg and Paivio (1997), unmet needs call for the emergence, subjective awareness and expression of emotions (or "emotion schemes"). For example, a client who feels his or her therapist is intrusive (i.e., a frustrated need for respected boundaries) would probably react with some kind of anger. Here, we need to acknowledge that most of the time, the emergence, awareness and expression of distinct emotions are probably unpredictable, thus calling for a complex descriptive methodology, one that is consistent with dynamic systems approach for the assessment of emotion change (*i.e.*, Hayes & Strauss, 1998). Emotion schemes, according to Greenberg and Paivio (1997) are a set of self-organizing principles, related to the innate response repertoire and biographical experiences that interact with the current situation. An emotion scheme serves to integrate several levels of information processing (*i.e.*, body sensations, affects, cognitions, action tendencies), in relation with the underlying core need. A practitioner-friendly synthesis of current emotion concepts in psychotherapy research may be found in Greenberg and Pascual-Leone (2006).

Traditionnally, emotional processing is defined as a process of absorption of emotional disturbances which decline and leave way to other, healthier, experiences and behaviours (Rachman, 1980); this definition points to the sequential nature of the phenomenon of emotional processing. It also implies, in accordance with Greenberg and Paivio (1997) and Fosha (2000, 2001) that not all emotion experiencing and expression in psychotherapy is productive. Indeed, emotion transformation seems to occur by moving from least to most productive emotional experience in effective psychotherapy sessions. Pascual-Leone and Greenberg (2007) have studied this process of transformation over the course of individual

sessions of experiential psychotherapy for clients with depression and interpersonal injuries and have found that within-session progression towards more productive emotional experiencing was associated with session-outcome. Furthermore, Pascual-Leone (2009) showed that there is not only a progression in terms of emotional transformation, but also the range of distinct emotional experiences expands for good-sessions such that they become more emotionally flexible. Thus, emotion transformation is not a linear process; rather, it follows a complex non-linear logic (*i.e.*, Hayes & Strauss, 1998) in a pattern that progresses by moving "two steps forward, one step back" (Pascual-Leone, 2009). This research has given rise to the development of a sequential model of emotional processing, conceptualizing transformation from the least adaptive distinct emotional experience, an undifferentiated highly-aroused emotional state, to most primary adaptive, highly-differentiated and idiosyncratically meaningful, emotion states (e.g. grief over a loss; Pascual-Leone & Greenberg, 2007) implying adaptive action-tendencies. From a dyadic affect regulation perspective (Fosha, 2001), partially consistent with the sequential-experiential perspective on emotion, it needs to be added that the transformation process in psychotherapy from maladaptive emotion states to core affects (or primary adaptive emotions according to Greenberg & Paivio, 1997) is fundamentally dyadic, thus depending in a complex manner on the moment-by-moment affective regulation and expression of the therapist, or also, more fundamentally in the mother-child interaction, the caregiver within a primary attachment relationship (Beebe & Lachmann, 2002; Fosha, 2001; Schore, 1994; Tronick, 1998).

Given the emotional nature of negotiating through the ruptures and repairs of the therapeutic alliance (Safran & Muran, 2000), it seems fruitful to examine the pattern of emotional processing with respect to alliance repair. However, to date, empirical research has not documented which distinct emotional experiences in the client, using the sequential model of emotional processing as described above, accompanies the alliance rupture and resolution

process. The presented model of emotional processing seems particularly fruitful with regard to its sequential nature, a core feature also of the alliance rupture-resolution model.

Method

Design

The present study is a theory-building case study (Stiles, 2005; 2007) to elaborate the rupture-resolution model with the notions of emotional processing and change. As such, we aim at producing observations from a clinical case which have the potency of "infusing" the rupture-resolution model by empirical observations consistent with the sequential model of emotional processing. Indeed, "theories need work" (Stiles, 2007), need to be refined and elaborated; the strategy of theory-building research is one that is particularly fruitful for this aim. This case should therefore be used to make progress in the theoretical elaboration of the model. Therefore, we will not present the entire case, but only present narrative details and illustrations related to the theory-driven research question.

The client

The case of "Julia" (pseudonym) was presented in detail before by Michel, Kramer and de Roten (2011) where the focus was laid on the articulation between therapeutic alliance progression and other psychodynamic variables, such as transference, client's defenses and conflicts, as they unfold over the course of therapy, and in particular in relationship with alliance rupture and resolutions. In addition, this case was analyzed using two complementary perspectives related to the assimilation model (Meystre, Kramer, de Roten, Michel, & Despland, 2011; Meystre, Kramer, de Roten, Despland, & Stiles, in press), the former to illustrate the assimilation model by an analysis in terms of the client's internal voices, as they evolve over therapy, the latter to test specific hypotheses related to therapist moment-by-moment responsiveness to the client's voices in the process. Therefore, although we include all necessary details, we refer the readers to the previous publications for more extensive

information on the case. Even if there has been some research on this case, no study has explored the link between emotional processing and alliance formation. Julia gave explicit informed content for the data to be used for research, including publication. Specific details related to the case were disguised or omitted according to APA recommendation.

Julia, a PhD student consulting for adjustment disorder with some symptoms of anxiety and depression, was the youngest child of a mother who gave up her career for her husband's, the client's father. Julia reported that she suffered from tensions in her family, before and after the parents separate. At the time of consultation, Julia suffered from a difficult professional situation with two thesis directors, one she describes as highly ambitious, the other more as family-oriented which evoked within herself conflictual desires, related with her own history. Thus, Julia saw her life at a crossroads: should she commit more deeply with her boyfriend with whom she spent five years in intimate relationship and begin a family with him, have children, or should she commit to her career and follow her father's path? This existential question threatened to tear her apart and motivated her to consult with a psychotherapist. While the internal conflict is obvious, Julia did present symptoms below the clinical cutoff and was in the functional distribution at all times (as measured by the Global Severity Index of the Symptom Check-List-Revised, SCL-90-R; Derogatis, 1994) at intake (.41), after 3 months of treatment (.34), 6 months (.06) discharge (.39; pre-post effect -.02; unchanged according to Jacobson, Roberts, Berns, & McGlinchey, 1999) and 3 months follow-up (.03). Similarly, Julia presented clinically non-significant scores of depression on the Beck Depression Inventory (BDI-II; Beck, Steer, & Brown, 1996) at intake (2), at 3 months (6), at 6 months (0) and at discharge (0; pre-post effect -2; unchanged according to Jacobson et al., 1999).

The treatment course of psychodynamic psychotherapy lasted 34 sessions which can be broken down in four major phases (Michel et al., 2011): (1) Initial stage (sessions 1-4)

where the client builds confidence her male therapist (which did not seem easy, as she reported feeling more comfortable talking about her feelings with women); (2) Working through the self-control issues (sessions 5-17) where the client became aware that she was bottling up feelings, and of her uneasiness when crying in session, because these expressions conflicted with her self-image and hopes to resemble her ambitious and successful father; (3) Working through greediness (sessions 18-23) where the client accessed her wishes to be taken care of (like a "baby"), to be exclusive to the other person (her mother, but also her therapist) and of becoming a mother, and (4) Final stage (sessions 24-34) where Julia started to assert and feel less inhibited facing her internal conflict and eventually by saying good-bye to her therapist.

The treatment and the therapist

The treatment took place as part of a naturalistic study which aimed at the description of alliance evolution over the course of short-term dynamic psychotherapy for clients with adjustment disorder (Kramer, Beretta, Michel, & Despland, 2008; Kramer, de Roten, Michel, & Despland, 2009). The treatment followed the psychodynamic conception by Gilliéron (1997), which implies that the approximate number of sessions was negotiated at the outset of treatment. Sessions took place face to face, on a weekly basis. The therapist was a psychodynamically-oriented senior male psychiatrist and psychoanalyst, with over 25 years of clinical experience. The therapy took place in private practice in Switzerland.

Instruments

Therapeutic Alliance

Helping Alliance Questionnaire (HAQ-I; Alexander & Luborsky, 1986). The HAQ-I is a self-report questionnaire and consists of 11 items rated on a 6-point Likert scale, ranging from -3 ("I strongly feel that it is not true") to +3 ("I strongly feel that it is true"), yielding a sum

score. Reliability and validity was satisfactory for this measure, in particular high correlations with other well-validated alliance-measures).

Internal consistency of the HAq-I of the entire sample was acceptable (Kramer et al., 2008). For the present case study, this questionnaire was given to the client in the end of each therapy session. Therefore, the therapeutic alliance may also be conceived here as a micro-outcome variable of each therapy session.

Affective Meaning States

Classification of Affective Meaning States (CAMS; Pascual-Leone & Greenberg, 2005). The CAMS is an observer-based rating system for the process-assessment of distinct affective-meaning states in psychotherapy sessions. In a manner that is consistent with Greenberg and Paivio's (1997) description of emotion sub-types, the CAMS assesses 10 affective-meaning states on 9 different levels of emotion resolution: (1) Global distress, (2) Fear/shame, (3) Rejecting anger, (4) Negative evaluation, (5) Need, (6) Relief, (7) Hurt/grief, (8) Assertive anger or self-soothing, and (9) Acceptance/agency. In addition, two non-specific codes were also used for coding integrity: mixed/uncodable and end code. According to Pascual-Leone (2009), because these describe empirically grounded sequences of emotion, these 9 levels may be ordered on a Degree of Transformation Scale (DTS; ordinal scale ranging between 1 and 9).

We applied time-based ratings was applied, meaning that for each of the two (plus one control) sessions that were analyzed in this study, a CAMS code was given every two minutes for the entire session. There were two raters, one PhD senior researcher and one PhD student; both had extensive training in the use of the CAMS by the first author of the scale during two years. Reliability was conducted using ratings for two sessions that were eventually examined in this study (67% reliability sample) according to the procedures for time-based ratings, following the method of Pascual-Leone (2009). The result for inter-rater reliability on the

distinct emotion categories for both sessions was excellent (Cohen's $\kappa = .78$). As the inter-rater reliability was sufficient, the coders did not produce an agreement on the codes, but one code was defined as the one which entered the analyses.

Procedure

As described by Michel et al. (2011), the client's raw scores on the Helping Alliance Questionnaire were examined session-by-session, we did not take into account the therapist ratings of alliance. By this process, two especially significant 3-session sequences were identified as exhibiting (1) a rupture session, (2) a repair session, (3) a maintenance session. Thus, in terms of alliance rupture-resolution, this pattern first occurred in sessions 4, 5 and 6, and second it also occurred in sessions 21, 22 and 23. In other words, sessions 4 and 21 were similarly identified as alliance rupture sessions (*i.e.*, a drop in the alliance raw score was observed) while sessions 5 and 22 were both alliance resolution sessions (*i.e.*, the alliance score reached again the local mean). Finally, sessions 6 and 23 completed these respective sequences, in the sense that they showed some maintenance in the locally improved alliance level, as compared to the previous sessions (5 and 22 respectively).

In the current study, we focused on just one of these alliance rupture-resolution sequences, the late-in-process sequence starting with the rupture in session 21 (Michel et al., 2011). This later sequence was at a pivotal point of the entire psychotherapy. The earlier sequence starting at session 4 was in the very beginning of treatment where the client had just started to trust the therapist and started working on issues related to self-control and identity (Michel et al., 2011). We wanted to show the rupture-repair process at a point of the psychotherapy where potentially more profound issues related to the alliance and transference were at stake. Therefore, we focused on the late-in-process sequence (sessions 21, 22, 23). Furthermore, this later sequence represents qualitatively the resolution of issues related to "greediness", thus preparing the end phase of the psychotherapy (Michel et al., 2011, p. 49).

To examine the relationship between alliance ruptures and emotion we coded emotion by applying the CAMS to audio-recordings and transcripts of three selected sessions: sessions 21 (as an incident of alliance rupture) and 22 (as an incident of alliance resolution), along with 23 (as incident of alliance maintenance; control session).

Results

Ratings were done on all material of sessions 21 and 22, along with session 23 as control or alliance maintenance session. Out of these, for session 21, we found 67% of the time a distinct emotion category was codable according to the Classification of Affective Meaning States (CAMS; 33% of the time units was uncodable, codes that entered the reliability check, but were not treated further in the analyses). For session 22, we found a distinct emotion category was codable 38% of the time, according to the CAMS (62% of the time units were uncodable). The results of the codable emotion categories per session are depicted in Figures 1 and 2.

The rupture session (session 21), where post-session alliance was rated low by the client, was characterized by first, some initial global distress at the very beginning of the session (units 1-3; 10% of codable units), then a large amount of fear and shame (units 5 to 29; 83%), and some negative self-evaluation (unit 4; 3%). The resolution session (session 22), where post-session alliance was high, was characterized by some assertive anger in the very beginning of the session (units 1-3; 18%), followed by some fear and shame in the second half of the session (units 14-15; 11%), but with a large amount of expressed and experienced hurt and grief (units 4-13; units 16-17; 71% of codable units). Furthermore, comparing these two sessions, we note a higher transformation score for the resolution session (session 22), as compared to the rupture session (session 21) and a greater emotion range in the resolution session (session 22), as compared to the rupture session (session 21). The following transcript excerpt illustrates these quantitative data. In the rupture session (21), Julia expresses her fear

and shame in the following manner, referring to a discussion with her therapist during the intake session:

“At the end of the conversation, of the session, you [therapist] talked about sexuality and I was very embarrassed and you said that, you asked the question if it was the same in sexuality, are you someone who is rather guided by your boyfriend or your sexual partners. I don’t know, something like that. I was very embarrassed and, it was the first session with you and it was finished at that point. After that, I did everything to not come back to the subject during the following sessions. On the other hand, the fact that you mentioned this helped me to reflect on the subject.”

Note that the client acknowledges here some embarrassment related to the discussion of sexual issues during the intake session (i.e., 20 weeks earlier), but also admitted that it instigated a furthering reflection process on the subject. The latter seemed to be productive, as it helped her ultimately to open up and describe her primary maladaptive anxiety-related issues in session 21: the rupture session. At the same time, this evoking of anxiety taking place in this alliance rupture session, anxiety experienced in the here and now in relation to the therapist, we may hypothesize in accordance with Greenberg and Paivio’s (1997) emotion theory that there is some underlying core primary adaptive hurt or grief related to the loss of a significant relationship.

In the resolution session (22), Julia expresses her adaptive hurt and grief in the following manner:

“Yes, there is a huge hurt, it hurts having parents divorced or separated also. This hurts me for us children. I mean with regard to the children, if the couple has children and they are not married and they separate. I think it’s the same, separated or divorced, it hurts the same.”

In this subsequent session, note that the client described quite openly, albeit with some intellectualizing, the hurt she was feeling related to the parents' separation. The focus here was the significant relationships with her parents, the client's significant relationships outside of therapy, and the profound separation hurt. This session (22) yielded a high alliance rating on part of the client which reflects her feeling of working constructively towards the same goal with her therapist, along with a positive bond with him. Expressing adaptive hurt related to the loss of the parents' union helped her to feel more confident within the therapeutic relationship. In the rupture session (21), however, it became clear that Julia was dissatisfied with her therapist and rated the therapeutic alliance as low in the end of the session. Alliance resolution was maintained in session 23, which presents an alliance score comparable to session 22. In addition, it is interesting to note that Julia starts session 23 by reporting her first dream of the entire treatment, related to sexuality, which may be understood as a (qualitative) positive micro-outcome of the emotional processing throughout the alliance rupture and resolution sequence.

Results from the control (or alliance maintenance) session (23) yielded similar CAMS-ratings as compared with the resolution session (22): Out of the 45% of codable units, there were 65% hurt and grief, 20% assertive anger and 15% fear and shame (not depicted as figure; no reliability check performed on session 23).

Discussion

The present theory-building case study aimed at infusing the alliance rupture-resolution model with the notion of emotional processing from a sequential perspective. The results suggested that the alliance rupture session, as measured by self-report questionnaire in the end of the session (thus, as micro-outcome), was associated with core maladaptive fear or shame related to the therapeutic relationship. The results also suggested that the alliance

resolution session was associated with core adaptive hurt or grief of separation issues related to significant relationships in the client's life.

We can tentatively conclude that alliance ruptures may focus the client (either directly or indirectly) on the discussion of dissatisfaction within the therapeutic relationship, here associated with embarrassment related to sexual issues in a female client facing a male therapist. This focus shifts from interpersonal to intrapersonal issues, as the alliance rupture gets resolved. From a psychodynamic perspective, we may say that between the intake session and session 21, when an alliance rupture occurred, a transference element oriented the therapeutic work: the client's embarrassment of talking about sexual issues to a male therapist, making her feel inadequate, stopping her from actually opening up to the therapist, which was in the process of resolution in session 21 and probably fully resolved in session 22, and maintained in session 23 with the reporting of a dream related to her sexuality. We can hypothesize that this emotion transformation was possible because of the client's progressive internalizing focusing on the core affect, here the hurt (Greenberg & Paivio, 1997; Fosha, 2000, 2001). From a dyadic affect regulation perspective, we may postulate that the alliance rupture moment is characterized by client's "core experiences (being) unavailable for exploration until the interactional error is repaired" (Fosha, 2001, p. 233). Psychodynamic-experiential theory predicts that this process is accompanied by change in defenses, from major distortions of emotional experience to full access of core affect. In an earlier study on the case of Julia where change in defensive functioning was explored on the exact same sessions (Michel, Kramer & de Roten, 2011), it was reported that defensive functioning evolved from on average narcissistic functioning in the rupture session (21) to neurotic in the resolution session (22). This earlier observation is consistent with psychodynamic-experiential theory as it postulates a alleviation of rigid defense mechanisms as marker of

achievement of interpersonal coordination (Fosha, 2001), providing the individual with access to primary adaptive emotions.

More generally, we may hypothesize that strain in the alliance may evoke core maladaptive emotions, such as fear and shame. The (minor or major) threat seen by the client in the therapeutic relationship may call for emotional reactions that are at the core of the person (i.e., fear in the case of Julia), albeit non-adaptive from a today's perspective. The evocation of such maladaptive emotions was empirically understood as an important "stepping stone" (Pascual-Leone & Greenberg, 2007) in process-experiential psychotherapy, in order for the client to be able to deepen her or his experience and move to the experiencing of more adaptive primary emotional states. According to the model and data by Safran and Muran (2000), we can say that in particular the client's experience of alliance resolution is therapeutic, in that it is an opportunity or occasion for broader emotional processing and developing a repertoire of accompanying primary adaptive emotion experiences (as described by Pascual-Leone, 2009).

Finally, Greenberg and Paivio's (1997) model predicted hurt underlying the fear (expressed in the rupture session, 21, for this client). We may hypothesize that it was the indirect negotiation of the alliance rupture, in the form of a novel relational experience with the therapist, which fostered the expression of the underlying hurt related to the parents' separation. Our results also showed that higher within-session emotion range was associated with alliance resolution session. Such higher emotion range – or emotional flexibility – , as it evolved over the course of a therapeutic hour, was associated with good session outcome (Pascual-Leone, 2009).

We need to acknowledge several limitations of the present theory-building case study. We did not measure alliance ruptures and resolutions directly or moment-by-moment within the session, but used the post-session alliance reports for our analyses. The choice of the case

and the sessions to be analyzed, although directed by a rationalist theory-building approach, were subject to biases we did not all empirically control for, for example the sub-clinical level of symptoms in Julia's case at intake prevents from generalizing the results to sicker client samples. Despite these limitations, the present theory-building case study may actually help to refine the model, as we were able to actually look at multiple points of contact between the theory (i.e., the predictions) and the observations (i.e., the data). The in-depth use and corroboration of independent quantitative measuring of emotions, using the CAMS, and the reporting of qualitative data helped to increase the trustworthiness in our conclusions and helped to understand a typical alliance rupture-resolution process over three sessions from the perspective of the client's emotional experiencing.

There are several clinical implications of our study. Firstly, it is important for the clinician to be aware that alliance ruptures and resolutions might be associated with emotional change in the client. This might open new avenues of how to deal with alliance ruptures clinically. Safran and Muran (2000) recommend the use of meta-communication, among other therapeutic strategies, but specific emotion-focused techniques, such as empathic responding, two-chair dialogue or systematic evocative unfolding with the in-session experiencing of maladaptive fear or shame, in order to access the client's underlying, primary adaptive, hurt, grief or anger, might be indicated as well (Greenberg, Rice & Elliott, 1993). Secondly, the CAMS as a research tool that classifies emotion might be used in the context of emotion-focused case formulation in the psychotherapeutic practice (see Greenberg, & Goldman, 2007), as well as in the context of psychotherapy training (Pascual-Leone & Andreescu, in press).

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Figure 1

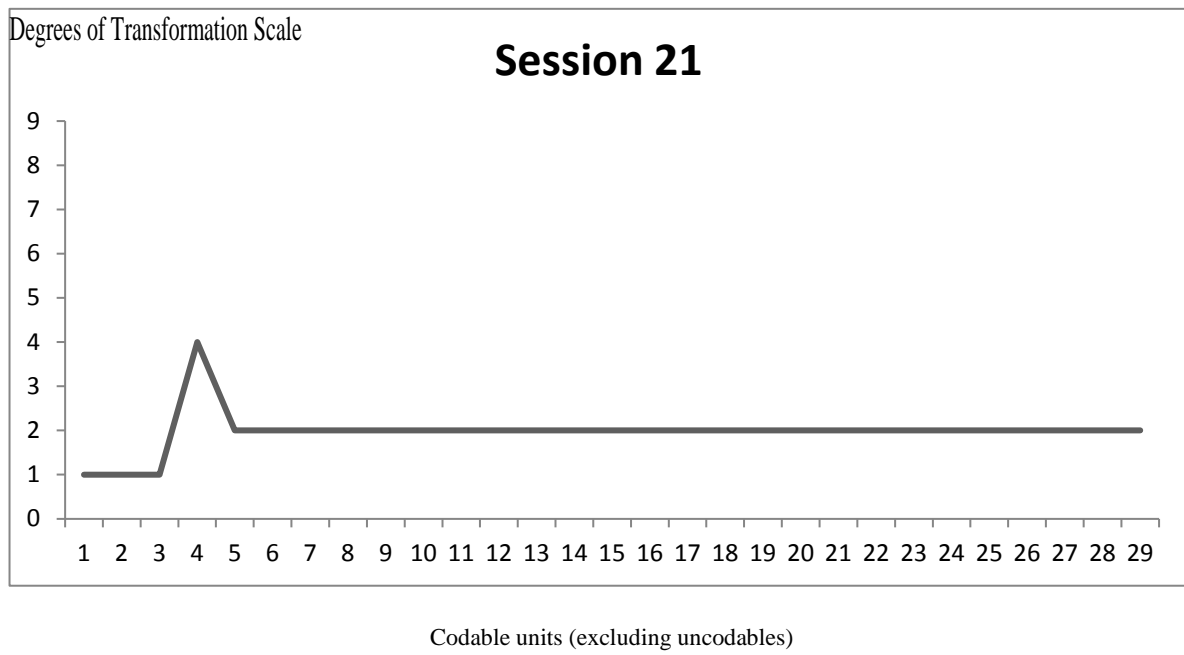


Figure 2

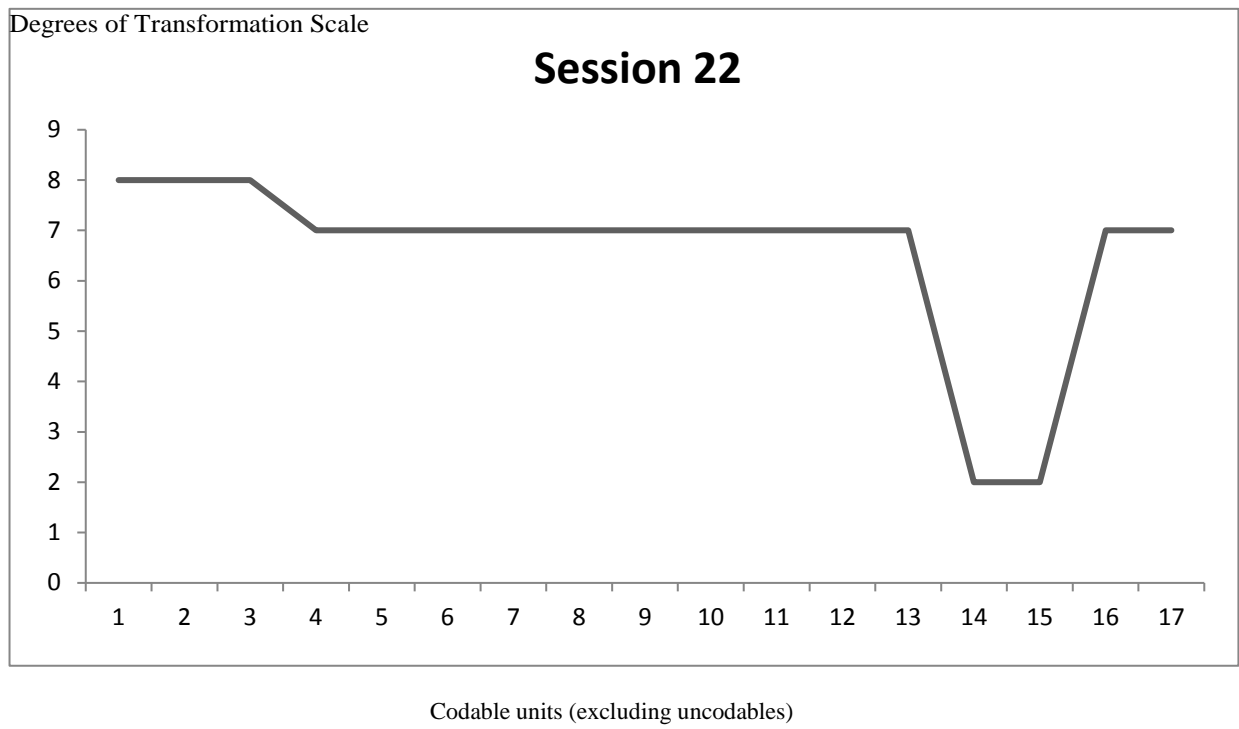


FIGURE CAPTIONS

Figure 1:

In-session evolution of distinct emotions in alliance rupture session, as a function of their degree of transformation per codable unit (excluding uncodables)

Figure 2:

In-session evolution of distinct emotions in alliance resolution session, as a function of their degree of transformation per codable unit (excluding uncodables)