

The York Psychotherapy Studies on the Process of Change in Emotion- focused Therapy of Depression

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OVERVIEW

- I will review six empirically supported principles of emotional change
- Summarize research on emotional change processes in Emotion-focused therapy (EFT) of Depression

- In EFT therapists work to enhance clients' *emotion-focused coping* in an empathic collaborative relationship by helping them arrive at their core emotional experience by
 1. becoming aware of it
 2. regulating, tolerating, allowing and accepting it and, having experienced it, help them leave it by
 3. transforming that which is maladaptive by
 - a) generating alternate emotional responses and
 - b) reflecting on it & constructing new narratives

Assessment



Which Emotions Should I Change and which
Should I be Changed by ?

Differential Intervention

Primary Adaptive

Access for good
information

Primary
Maladaptive

Access in order to
transform

Secondary

Explore to get to more
primary emotion

SIX MAJOR EMOTIONAL CHANGE PROCESSES

A) Accessing Emotion

1. Increase Emotional Awareness & Symbolization in the Context of Salient Personal Stories.

Symbolizing emotional experience in awareness in order to make sense of one's experience. What am I feeling?

2. Express Emotion.

Expressing changes the self and changes interactions both by mobilizing and revealing self. Overcome control and inhibition. Completion of expression. Neuro-chemical changes.

B) Modulating & Understanding

3. Enhance Emotion Regulation

Explicit regulation. Use deliberate cerebral capacities to contain and regulate maladaptive amygdala reactions (especially fear, rage and shame). Implicit self soothing. Allowing, tolerating, accepting and soothing.

4. Reflect on Emotion.

Making sense of experience. Mentalizing- Distancing. Creation of new meaning. Insight. Seeing patterns, understanding in a new way. New narrative construction

C) Transforming Emotion

5) Change Emotion with Emotion. An alternate self-organization, set of emotion schematic memories, based on primary emotions are accessed. The maladaptive emotional response is synthesized with, or transformed by, more adaptive emotional response. Memory Reconsolidation

6. Change Emotion with New Interpersonal Experience.

New lived experience with another provides a corrective emotional experience. Disconfirms pathogenic beliefs. Provides interpersonal soothing. New success experience changes emotion.

Transforming Emotion

1. Catharsis/Completion/Detachment/Habituation/ Extinction



Blocked. Needs to be unblocked.
Let it run its course

Arising & passing away
Letting go

Desensitizing/Exposure

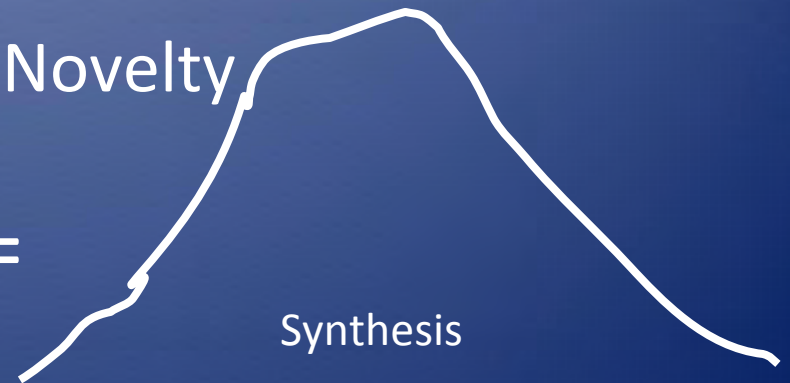
2. Changing Emotion with Emotion

Undoing

Generates Novelty



=



Synthesis

Accessing Alternate Emotion

0. Empathic relationship

1. Shift attention to present subdominant emotion

2. *Access adaptive need/goal and associated emotion*

3. Expressive enactment of alternate emotion

4. Imagery to evoke emotion

5. Evoke emotion memory of alternate emotion

6. Mood induction via music

7. Humour

8. Cognitive creation of new meaning

9. Therapist expresses emotion for client

10. Relationship evokes new emotion

Change Process Research

To become a true applied science psychotherapy research needs not only to provide evidence of effectiveness but also to *specify the processes of change* that lead to the effects

Relating Process to Outcome

Relational Variables: Empathy and The Working Alliance

- WAI has been shown to be an important change process, common to all approaches, that predicts outcome.
- It also has been proposed that empathy and a good alliance are necessary both to access and to work with emotion (Greenberg & Watson, 2006; Samoilov & Goldfried, 2000).

Relationship between Empathy, Working Alliance Outcome in EFT

- Elliott et al (2010) Meta-analysis of 59 studies (224 effects, $N > 3442$, clients), mean r of .31 empathy-outcome association (9% of outcome variance)
- WAI correlated .35 with outcome (BDI) (12% var) (Weerasekera , Greenberg, Linder & Watson1998)

Depth of Experience

- Does Depth of Experience (EXP) predict outcome
- Does increase in EXP over treatment predict outcome

Experiencing Scale

1. Objective and intellectual, giving no evidence of the personal significance of events they describe.
2. Personal but detached; no explicit reference to feelings, reactions, or internal states.
3. Reactions to external events begin to appear.
4. Marked shift inward with a focus on exploration of feelings and internal experiences. At Level 4 clients are in direct contact with their fluid experience and speak 'from' it as opposed to 'about' it.

5. Questions about experience and the self are raised and explored from an internal perspective.

6. Newly realized feelings and experiences are integrated and explored to produce personally meaningful constructions and resolve issues.

7. Shifts and new understandings in one particular area of experience are broadened to a wider range of experiences giving clarity and meaning.

Results: Experiencing in Therapy of Depression

- Increase in EXP on *Core Themes* predicted reduction in depression in Experiential Therapy 16% over and above WAI (Goldman & Greenberg & Pos, 2005)
- Increase in EXP on *Emotion Episodes* predicted reduction in depression in Experiential Therapy 21% over and above WAI (Pos, Greenberg & Warwar 2003)

Relating Emotional Arousal to Outcome

- Deepening experiencing may be a core ingredients of change for many therapy approaches

BUT

Does emotional arousal predict outcome?.

Client Emotional Arousal Scale-III

1. Person does not express emotions.

Voice or gestures do not disclose any emotional arousal

2. Acknowledgement but very little arousal in voice or body. Almost completely restricted

3. Person acknowledges emotions.

Arousal is **mild** in voice and body

4. Arousal is moderate in voice and body

Emotional voice is present, arousal still **somewhat restricted**

5. Arousal is fairly intense in voice and body

Speech patterns deviate **markedly** from the client's baseline

6. Arousal is very intense and extremely full

Freely expressing emotion, with voice and body.

7. Arousal is extremely intense and full

Complete disruption of speech, uncontrollable

Hypothesized that: Making sense of aroused emotion predicts outcome

- 1) Emotional arousal in the middle phase of therapy would predict final outcome.
- 2) High levels of Experiencing in the middle and late phases of therapy would substantially increase the outcome variance predicted (Warwar et al 2003).
- 3) Perceptual processing strategies during Emotion episodes (EEs) would substantially increase the outcome variance predicted (Misirillian et al 2006).

Levels of Perceptual Processing (LCPP) (Toukmanian 1990)

Seven categories of types of mental operation:

- (I) recognition
- (II) elaboration
- (III) externally focused differentiation
- (IV) analytic differentiation
- (V) internally focused differentiation
- (VI) re-evaluation
- (VII) integration

Levels I-III: automated, non-reflective mode of processing,
Levels IV-VII: Deliberate or controlled reflective processing

Emotional Arousal in Therapy of Depression

- Arousal on *Emotion Episodes* predicted reduction in depression (30%) in Experiential Therapy and EXP added 10% variance over and above WAI (Warwar & Greenberg 2002)
- Arousal on *Emotion Episodes* predicted reduction in depression and level of [perceptual processing added 10% variance in Experiential Therapy over and above Arousal (Pos, Greenberg & Warwar 2003)

Conclusion

- Emotional arousal in conjunction with perceptual processing during mid-therapy predicted reductions in depressive and psychopathological symptoms better than either of these variables alone.

Narrative Processes Model and Coding System (NPCS) (Angus et al 1999;1996)

- External Narrative Mode : what happened ?
Personal Storytelling/Information (Landscape of Action)
- Internal Narrative Mode : what did I feel ?
Emotional Differentiation (Landscape of Feeling)
- Reflexive Narrative Mode : what does it mean?
Meaning exploration in relation to stories & emotions (Landscape of Consciousness)

Narrative Processes in Psychotherapy

York I Depression Study : Emotion-focused Therapy Dyads

Narrative Mode Shifts x Outcome

Outcome	E - I/ I - E	I - R/ R to I	R - E /E -R
Good	06.0 %	42.0%	52.0%
Poor	20.6 %	21.4%	58.0 %

Outcomes

Poor Outcomes

- **Client** Personal Storytelling : External Narrative Mode
(Landscape of Action)
- **Therapist shift to** meaning-making : Reflexive Narrative Mode
(Landscape of Consciousness)
- **Client** shifts to personal Storytelling : External Narrative Mode
(Landscape of Action)

Good Outcomes

- **Client** meaning making: Reflexive Narrative Mode
- **Therapist shift to** emotional differentiation : Internal Narrative Mode (Landscape of feeling)
- **Client shift to** meaning-making : Reflexive Narrative Mode

Conclusion

Making narrative sense of moderately aroused emotions that are deeply experienced and reflected on in the context of an empathically attuned relationship predicts therapeutic outcome

In a Chair Dialogue with her Father Reflexive

C: I don't know why you were so unable to stop (gambling). It was so bad for us all (sighs and tears)

Internal

T : stay with the sadness, I know that might be hard to stay there, but it seems important ... can you tell him about sadness, is that what it is, sadness, is that what it feels like?

C : uh, kind of anger

T : okay, so tell him about the anger /

C I'm so angry at what you did to us

T Uh huh

Reflexive

C : um, why don't you ever do anything about it ? (the gambling) you're a responsible adult and it's your own problem

T : alright, tell him that, it's real important ...your responsible, I hold you responsible for your actions as an adult

C: you're responsible for your own – actions, you're an adult – why did, me and mom and the rest of my brothers have to be um, (sniff) affected by it?

Internal

T : mmhm tell him how you were affected by it

C: Not to bring up how we felt, it was to be kept a secret

T: I had to push everything down, I had to pretend it wasn't happening, right?

C: yeah... not to be real

T: can you tell him, I resented having to pretend ?

C: I resented to pretend living that way, it makes me angry

T: that really makes me so angry

Reflexive

C: it wasn't fair to be brought up that way. I think you're selfish

Emotional arousal

What is an Optimal Level?

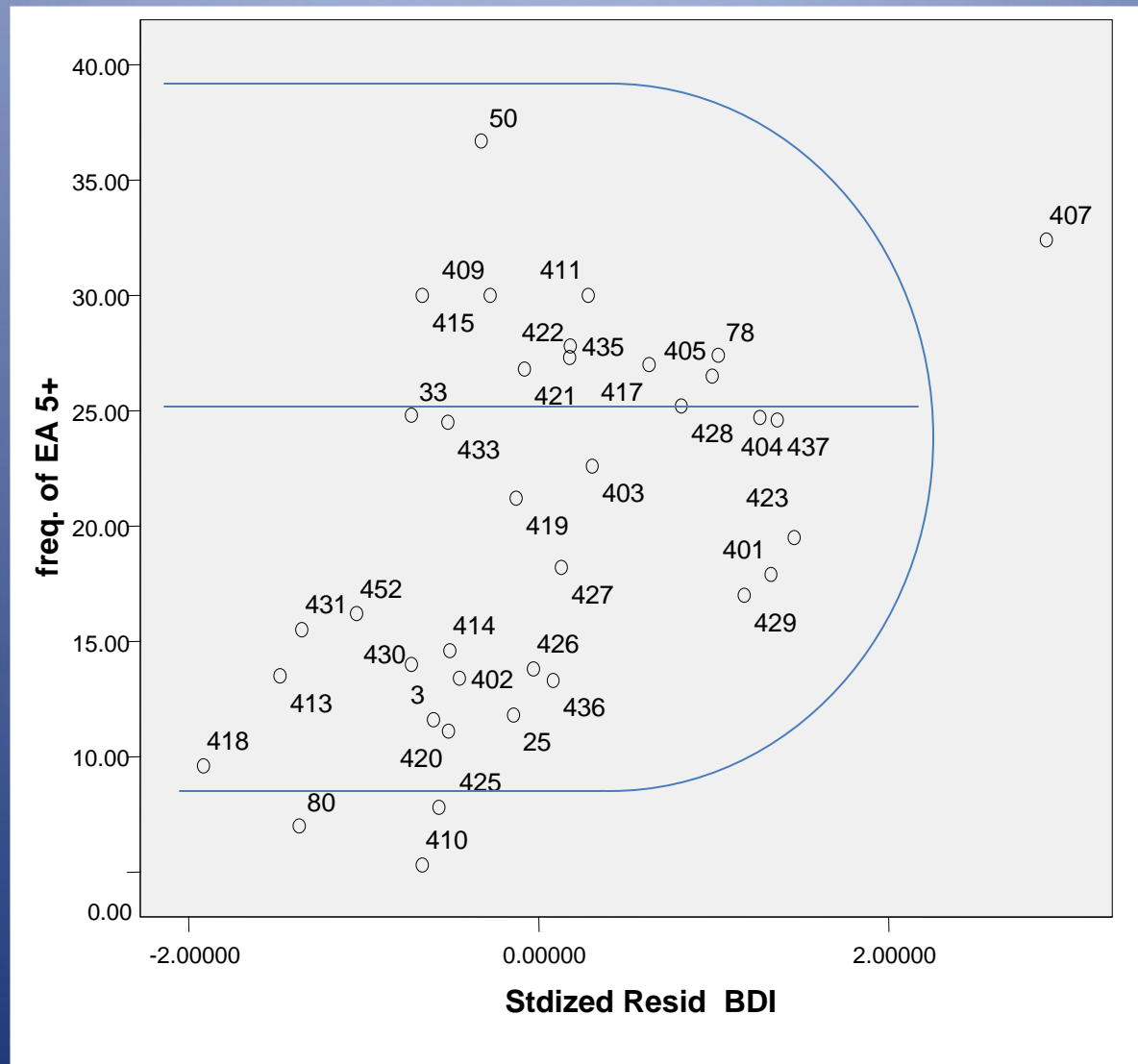
Frequency of Emotional Arousal

Hypothesis: *Moderate level of frequency* will relate to good outcome and account for significantly more outcome variance than the alliance alone.

Given that the idea of a non-linear relationship between general arousal and performance has been an accepted psychological premise since at least the turn of the century (Yerkes & Dodson, 1908), it is surprising that it has not been applied to psychotherapy.

- The highest peak arousal rating for five-minute blocks was used.

Scatter Plot of FHEA against BDI



Results

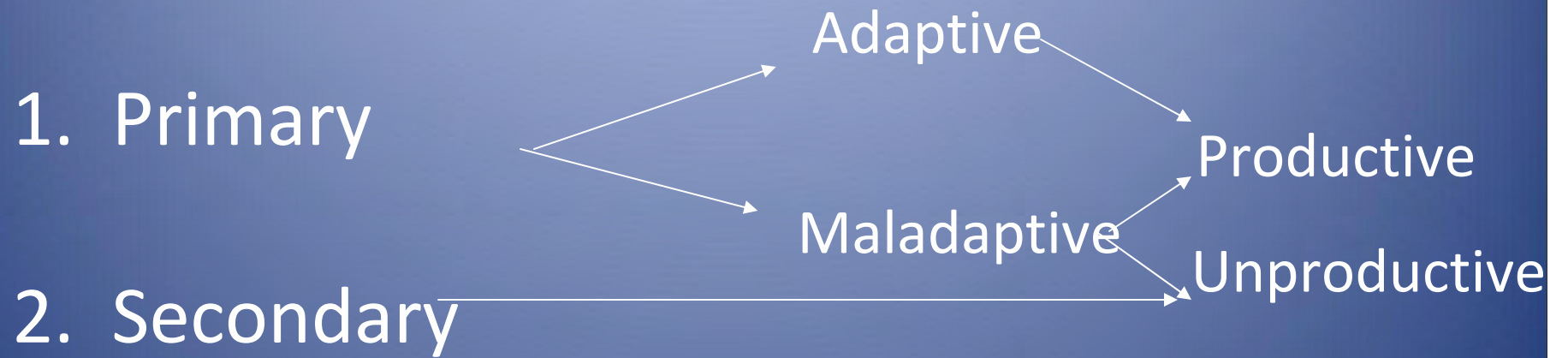
- *Hierarchical regressions showed that a nonlinear pattern of* expressed emotional arousal predicted outcome significantly above the alliance.
- The working alliance was found to predict 14% of outcome variance on the Beck Depression Inventory
- This combination predicted 30% of outcome variance on the BDI.
- *An optimal frequency (25%) of highly aroused emotional expression was found to relate to outcome, with deviation from this optimal frequency predicting poorer outcome.*

Conclusions

- *Too much or too little emotion was found* to be not as helpful as a moderate amount.
- Intense and full level of emotional expression is seen as being predictive of good outcome, as long as the client does not maintain this level of emotional expression for too long or too often.

Is All Emotional Arousal Equally Productive?

Assessment

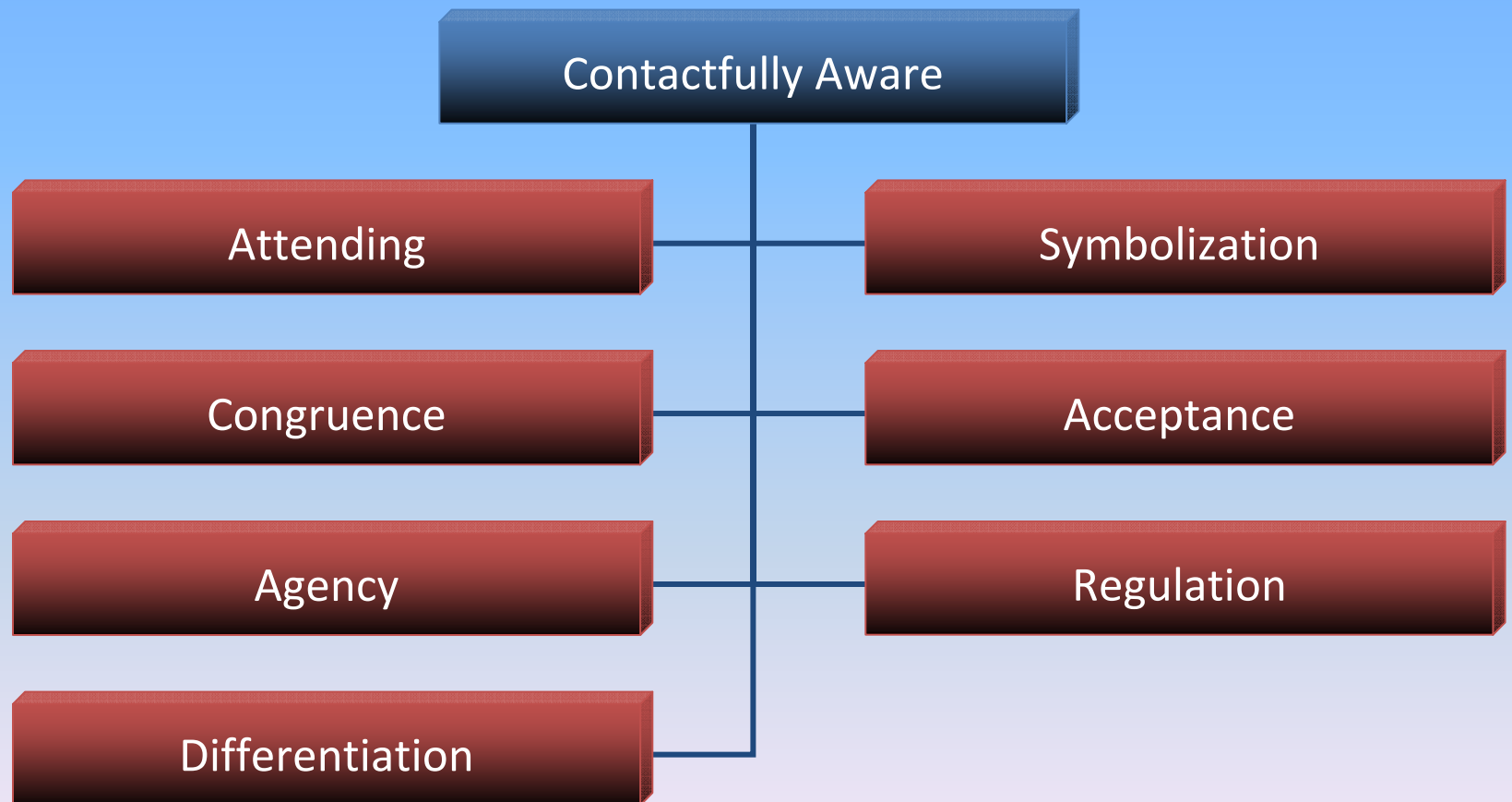


Emotional Productivity

An emotional expression is considered therapeutically productive if a client experiences a primary emotion in such a way that ...

- a. A client can extract the useful information inherent in an adaptive emotion
(Emotion Utilization)
- b. A maladaptive emotion has the potential to be transformed into a more adaptive emotional experience *(Emotion Transformation)*

Manner of Processing



Results – Reliability

A random sample of 2/3 of all sessions was rated by a second coder

Scale	Reliability
Client Emotional Arousal Scale - III (Warwar, S. & Greenberg, L.S., 1999)	Cohen's Weighted Kappa = 0.90
Client Emotional Productivity Scale (Auszra, L.; Greenberg, L.S. & Herrmann, I.R., 2006)	Cohen's Kappa = 0.85

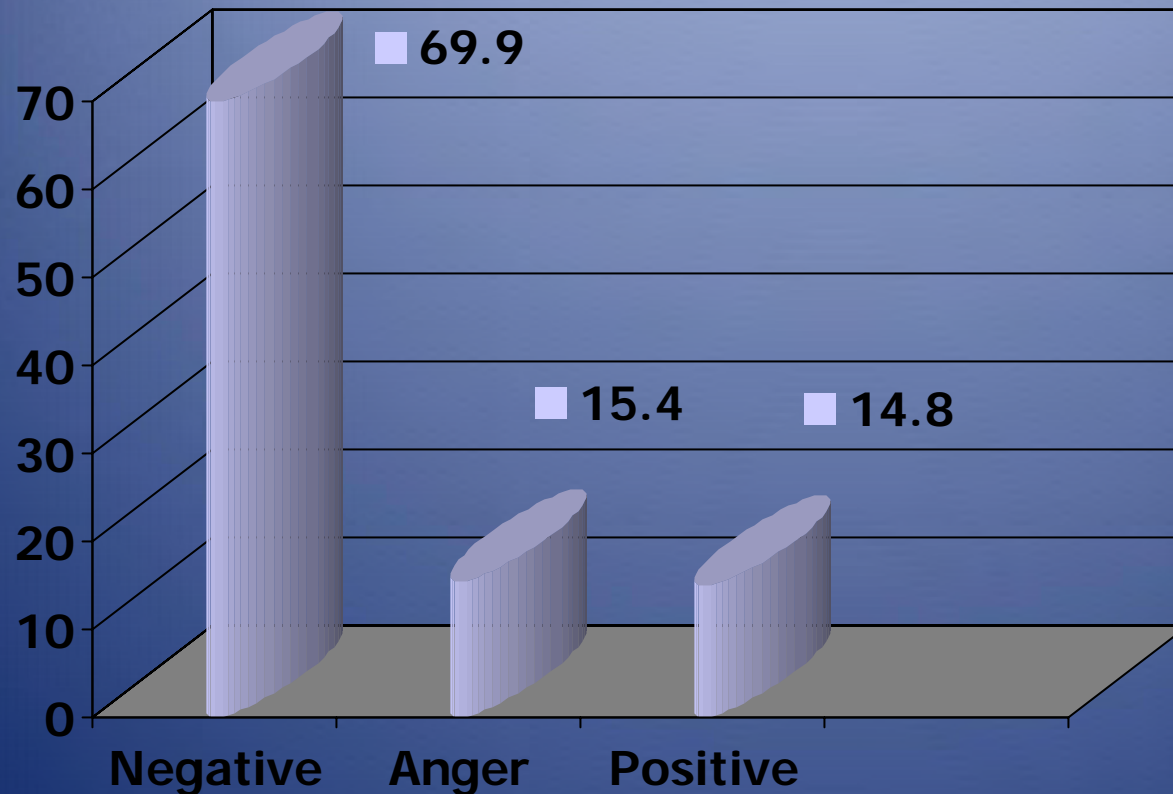
Process variable	Total R ²	Changes in R ²	F Change	Df	Beta
<u>Step 1</u>					
EP beginning phase	.119	.119	9.70	1.72	-.345**
<u>Step 2</u>					
EP beginning phase					-.299**
Working alliance	.198	.80	8.79	1.71	-.286**
<u>Step 3</u>					
EP beginning phase					-.300**
Working alliance					-.268*
HA* working phase	.204	.005	5.98	1.70	-.076
<u>Step 4</u>					
EP beginning phase					-.090
Working alliance					-.088
HA working phase					-.054
EP working phase	.657	.454	33.11	1.69	-.756**

*HA High Arousal > 3

Summary of Results

- Emotional productivity increases towards the working and the termination phase
- Working phase emotional productivity predicts *65.7%* of outcome variance
- 45% over and above beginning phase emotional productivity, high expressed emotional arousal and the working alliance

Percentages of Specific Types of Emotion of Productive Emotion



Unpleasant/Negative:

Pain/Hurt, Sadness, Hopelessness/Helplessness, Loneliness, Fear/Anxiety, Unspecified Bad, Anger and Sadness

Anger:

Anger/Resentment, Contempt/Disgust

Pleasant/Positive:

Contentment, Calm, Relief, Joy/Excitement, Pride/Self-confidence, Pride and Anger

Conclusion

- ❑ Emotional Productivity is a therapeutic process variable that changes over time
- ❑ Productive emotional processing seems to go beyond the mere activation and expression of emotional experience.
- ❑ It seems to be the increase in the ability to process activated primary emotion in a specific manner that is associated with successful psychotherapy outcome

Basic Change Process

Secondary Distress



Primary Maladaptive



NEED



Primary Adaptive

Types of Emotion

Hypotheses

In samples of chair dialogue across treatment:

1. Proportion of, and increase in *Secondary Emotions* will predict outcome
2. Proportion of, and increase in *Primary Adaptive Emotions* will predict outcome
3. Proportion of *Primary Maladaptive Emotions* will predict outcome

Emotional Sequences

Hypotheses

4. The Sequence of *Primary Maladaptive Emotion* followed by *Primary Adaptive Emotion* will predict outcome.
5. The Sequence of *Secondary Emotion* followed *Primary Maladaptive* followed by *Primary Adaptive Emotion* will predict outcome.

Sampling

- ◆ N = 30 of EFT Clients
- ◆ 3 sessions were coded:
 - First chair work session; (approx. 4th session)
 - Best chair work session according to the degrees of resolution scale (DRS);
 - Better of two sessions preceeding the best chair work session (according to DRS);

Summary of Results

- Activation overall and in the first session predicts outcome.
- The effect of activation is partially mediated by the proportion of Secondary/Instrumental Emotions and fully mediated by the proportion of Primary Adaptive Emotions.

Summary of Results contd

- Increase in Primary Adaptive from session one to best session predicts outcome “the more the better”
- Proportion of Primary Adaptive Emotions overall fully mediates the effect of Secondary Emotions and of activation on outcome.
- Increase in Primary Maladaptive emotions, or the amount in middle or best sessions, does not predict outcome.
- The Sequence Primary Maladaptive to Primary Adaptive predicts outcome.

Conclusion

What seems central for good therapy outcome:

- ◆ Emotional activation is important
- ◆ Secondary Emotions have to be reduced
- ◆ Primary Adaptive emotions have to be worked towards
- ◆ Clients have to *work through* Primary Maladaptive emotions, which involves leaving Primary Maladaptive emotions and entering Primary Adaptive emotions.