

Humility

- Rather than the **arrogance** of certainty
- We know so little but act like we have answers
- We have many unanswered question rather researchers offer unquestioned answers
- Someone needs to say the Emperor has no clothes
- There is a problem with the scientific method:
- Erroneously presuppose that therapies and therapists are interchangeable, and that psychotherapy involves a standard set of procedures

- Randomization doesn't work until you have extremely large numbers and depends on number of variables being randomized.
- For starters we have Gender , Ethnicity, Culture, Religion, Class, Individual differences.
- Error rates are far too large 5/100 ie 1 in 20 vs Physics 1 in 3.5 million.
- Measurement “ticks on pieces of paper”. Self report in numbers. Teaching to the test.
- Researcher allegiance.
- Meta analysis. Designed to fix some of these problems is still mixing apples and oranges

- **Is this nihilistic?** Just do what you want/believe.
- **No. Research is important**
- Research starts with rigorous description, then measurement then explanation and then prediction
- We are running before we can crawl
- Botany starts with describing the shape of leaves. Physics with the path of objects in motion.
- Model building is important.
- To have a true applied science we need to study the process of change
- Bark of cinchona tree. Quinine is active ingredient

The York Psychotherapy Studies on the Process of Change in the Experiential Therapy of Depression

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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

Change Processes for Dummies

Its the Relationship Stupid!

**It Not Only the Relationship -
Stupid!**

**Its Not What Clients Say But
How They Say It That Counts.**

•Depth of Experiencing

Clients Have to Feel it to Heal it!

Arousal Counts

**Too Much of a Good Thing (Arousal)
– is a Bad Thing!**

Its Not Just Arousal Stupid!

- **Need to Bring Cognition to Emotion to Make Sense of Them!**

Its How Emotions are Processed that Counts

**Approached, Symbolized, Accepted ,
Regulated, Differentiated**

**Its not Just Size of Emotion that
Counts Its Sequence!**

Secondary → Primary Maladaptive → Adaptive

Summary of Process Research 1

Making narrative sense of moderately aroused emotions that are deeply experienced and reflected on in the context of an empathically attuned relationship with a good working alliance with a therapist who is present predicts therapeutic outcome

Summary of Process Research 2

Processing aroused emotion in a *mindfully aware manner.*

Moving from *secondary to primary maladaptive to primary adaptive emotion*

Change emotion with emotion - from secondary distress through maladaptive fear, sadness & shame, to need, to assertive anger, self-compassion & grief.

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. 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.

Experiencing in Therapy of Depression

- **Experiencing and increase in EXP on *Core Themes* predicted reduction in depression in Experiential Therapy over and above WAI (Goldman & Greenberg & Pos, 2005)**
- **Experiencing and increase in EXP on *Emotion Episodes* predicted reduction in depression in Experiential Therapy over and above WAI (Pos, Greenberg & Warwar 2003).**
- **Experiencing is also related to reduction of depression in CBT (Castonguay, Goldfried, & Hayes, 1996).**

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

Alliance and Emotional Processing

Working phase emotional arousal was found to directly and best predict outcome (Pos, Greenberg & Warwar, 2009).

Alliance, in working and termination phases, contributed significantly to emotional processing and indirectly to outcome.

Central EFT Hypothesis: Making sense of aroused emotion leads to good outcome over and above the alliance

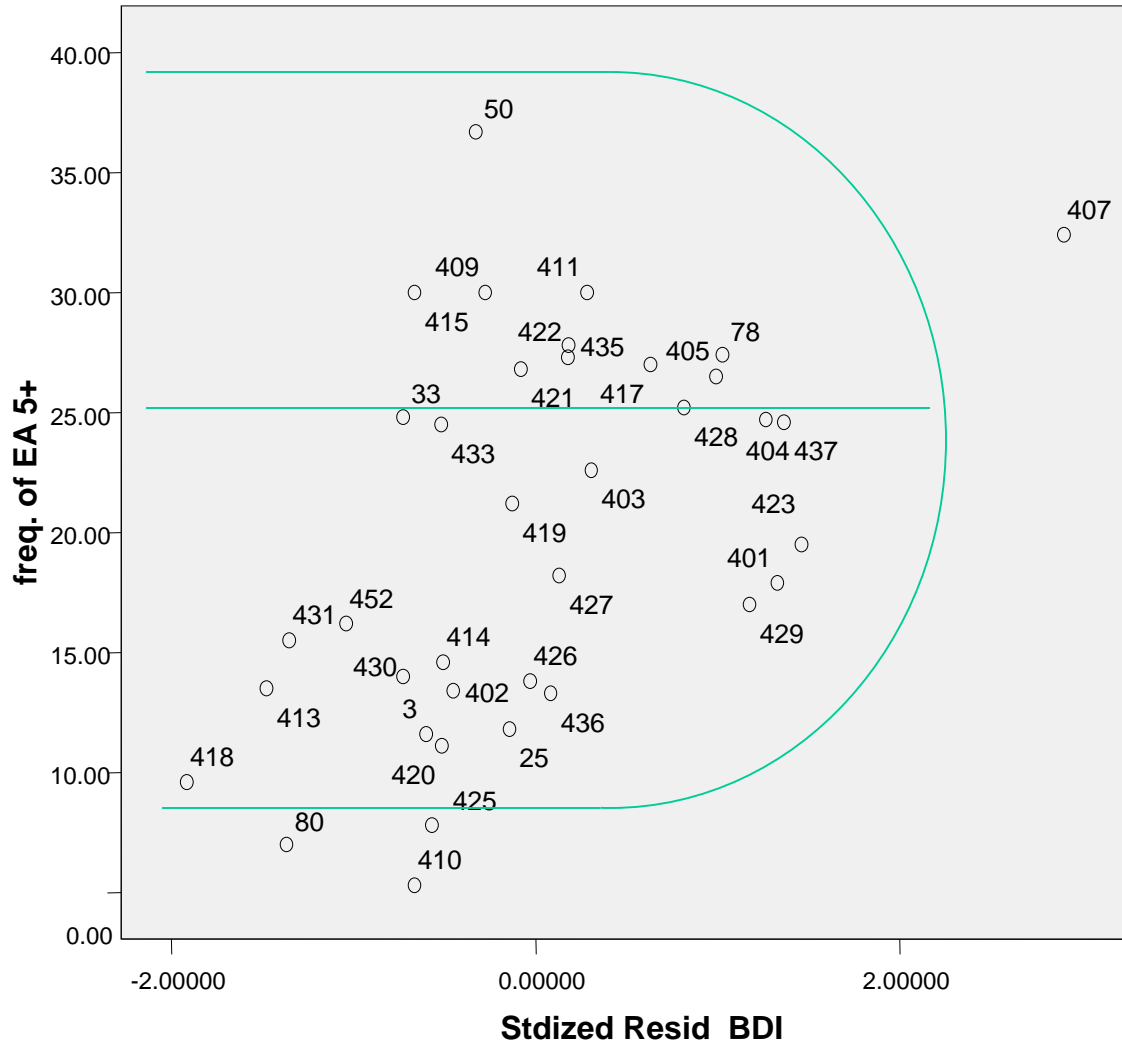
Emotional arousal in the middle phase of therapy predicted 33% of outcome variance.

Emotional arousal in conjunction with Reflective Processing during mid-therapy predicted 41 % of the variance, (10%) better than either of these alone (Missirilian, Toukmanian, Warwar, & Greenberg 2005)

Frequency of Arousal

- ***A nonlinear pattern of expressed emotional arousal predicted outcome significantly above the alliance.***
- ***An optimal frequency (25%) of highly aroused emotional expression was found to relate to outcome, with deviation either up or down from this optimal frequency predicting poorer outcome.***

Scatter Plot of FHEA against BDI



Narrative modes of Processing

(Angus et al 1999)

Landscape of Action : what is happening?

Landscape of Consciousness : what does it mean ?

***Landscape of Feeling: what does it feel like?**

Schematic Model of Narrative Process Modes

(Angus et al 1999)

Poor Outcomes

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

Good Outcomes

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

Conclusion 1

Making narrative sense of moderately aroused emotions that are deeply experienced and reflected on in the context of an empathically attuned relationship with a good working alliance with a therapist who is present predicts therapeutic outcome

Manner of Processing



Tests of the Basic Change Process

Secondary Distress



Primary Maladaptive



NEED



Primary Adaptive

Conclusion 2

Processing aroused emotion in a *mindfully aware manner.*

Moving from *secondary to primary maladaptive to primary adaptive emotion*

Change emotion with emotion - from secondary distress through maladaptive fear, sadness & shame, to need, to assertive anger, self-compassion & grief.

Easy to Remember Acronym for Dummies

- R** Its the **R**elationship stupid
- I** Its not only the relationship stupid
- F** Feel it to heal it
- T** Too Much of a Good thing
- S** Make **S**ense of it

- I** Inside story
- P** Processing
- S** Sequence

Working Alliance, Empathy & Presence

- **The Working Alliance correlates .35 with outcome accounting for about 12% of the outcome variance** (Weerasekera, Linder, Greenberg & Watson 1998 *Psychotherapy Research*)
- **The Relationship conditions(E, P.R & C) 7 Presence predicted about 10% of outcome variance** (Watson J & Geller, S. 2005 *Psychotherapy Research*)
- **Alliance after the first session predicted every outcome measure, and was the only significant predictor of clients' improvement on interpersonal problems.**(Pos Greenberg & Warwar 2009, JCCP,)