Metatherapeutic processing as a change-based therapeutic immediacy task: Building a process model using a modified task-analytic research strategy

Shigeru Iwakabe, Ochanomizu University, Tokyo, Japan

And

Nuno Conceicao, Faculty of Psychology, University of Lisbon, Lisbon, Portugal

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Correspondence concerning this article should be addressed to Shigeru Iwakabe, Graduate School of Humanities and Sciences, Ochanomizu University, Otsuka2-1-1, Bunkyoku, Tokyo, 112-8610, Japan. iwakabe.shigeru@ocha.ac.jp. The earlier version of this study was presented at the Annual Meeting of the Society for Exploration of Psychotherapy Integration, 2013, June, Barcelona, Spain.
ABSTRACT

The present study examined one particular class of therapeutic immediacy events called metatherapeutic processing, in accelerated experiential dynamic psychotherapy (AEDP), in which a piece of successful therapeutic work is reviewed and processed by the therapist and the client. A modified task-analytic research strategy was used to analyze the pure gold sample consisting of four clear and exemplary instances of metatherapeutic processing in videotaped sessions conducted by the developer of the approach. A process model was generated in which the therapist’s interventions were represented at the level of change principles and clients’ change processes were represented along both one affective and one reflective track. Therapist interventions followed a core principle of change, emergence, which is a consistent focus and accurate acknowledgement of newly arising nuances and elements in clients’ moment-by-moment experiential state. Four second-order principles of change, affirmation, attunement, somatic and experiential focusing, and restructuring differently supported this core principle. Central to metatherapeutic processing events was the change process associated with tracking and processing the experience of positive emotions that organically emerged from successfully working with painful experiences. The implications of facilitating clients’ positive emotional experiences during metatherapeutic processing will be addressed in relation to therapeutic immediacy, broaden-and-build theory of positive emotions, psychotherapy training and practice.

Key words: Immediacy, positive emotions, change process research, metatherapeutic processing, task analysis.
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A wealth of research evidence that has accumulated over the past 50 years indicates that the therapeutic relationship is one of the most important variables in psychotherapy. Meta-analyses point that the working alliance accounts for a substantial portion of the variance in therapeutic outcome (Horvath, Del Re, Fluckiger, & Symonds, 2011). The task force of the Division of Psychotherapy (29) of the American Psychological Association concluded that empathy, goal consensus and collaboration, as well as the working alliance are demonstrably effective according to the criteria adopted from empirically supported treatments (Norcross & Wampold, 2011). As the positive relationship between these relationship variables and psychotherapy outcome has been established, researchers are starting to explore which specific aspects of the therapeutic relationship are therapeutic and healing in and of themselves, and to attempt to elucidate the mechanisms through which specific aspects of the therapeutic relationship contribute to change (e.g., Caspar, Grossmann, Unmussig, & Schramm, 2005; Wiggins, Elliott, & Cooper, 2012). One such specific relational aspect is therapeutic immediacy.

In-session Processing of Therapeutic Relationship and Therapeutic Immediacy

Hill (2004) defined immediacy as disclosures within therapy sessions of how the therapist is feeling about the client, about him/herself in relation to the client, or about the therapeutic relationship. More recently, Kuutmann and Hilsenroth (2012) expanded Hill’s definition to capture the dyadic nature of the therapeutic relationship and suggested a revised term, therapeutic immediacy, which refers to any discussion within the therapy session about the here and now therapist-client relationship. Therapeutic immediacy includes various phenomena: client or therapist expression of in-session emotional reactions to each other; therapist’s inquiry
about the client’s reaction to therapy or the therapist; therapist disclosure of his or her own impression of the client and therapy; therapist’s affirming and validating client’s feelings, and exploring parallels between therapy relationship and external relationship with significant others (Mayotte-Blum, Slavin-Mulford, Lehmann, Pesale, Becker-Matero, & Hilsenroth, 2012).

Reviewing the research literature on in-session processing of therapeutic relationship, Hill and Knox (2009) concluded that benefits of such therapeutic interactions accrue because clients are provided with interpersonal feedback and because problems or ruptures in the therapeutic relationship can be resolved or repaired, which helps clients make changes in their relationship patterns outside therapy.

Recent research has provided preliminary support for these claims. Hill’s research team conducted two systematic case studies of brief interpersonal therapy (Hill, Sim, Spangler, Stahl, Sullivan, & Teyber, 2008; Kasper, Hill, & Kivlighan, 2008). Both revealed that discussions of the therapeutic relationship had generally positive effects (e.g., clients were better able to express their immediate feelings). However, some negative outcomes also emerged (e.g., the client felt awkward, pressured, and uneasy with some of the therapist’s immediacy). Hill et al. (2008) concluded that therapeutic immediacy is most powerful when therapists used it to invite clients to express their emotions, to repair therapeutic ruptures, and to help clients consolidate their sense of the therapist as a secure base of attachment. Berman, Hill, Lie, Jackson, Sim, and Spangler (2012) extended these findings in a study of three clients with anorexia nervosa in Acceptance and Commitment Therapy (ACT), concluding that immediacy discussions of the therapeutic relationship can be helpful interventions, even in non-interpersonally oriented therapy.

Mayotte-Blum et al. (2012) studied therapeutic immediacy across a single case of long-term psychodynamic psychotherapy. A qualitative analysis resulted in 17 therapist initiated
categories of therapeutic immediacy and 18 client initiated categories. The categories that were most frequently registered amongst the 17 therapist-initiated events related to therapist commenting on his experience of the client and the therapist’s acknowledgement of his own contribution to therapeutic interactions. Among 18 categories of client initiated immediacy events, client’s commenting on therapist behavior and client exploration of affect as a consequence of the therapeutic relationship were the two most frequently identified categories. The authors presented the transcripts of the most highly therapeutic immediacy events and illustrated how immediacy was used in these events based on their qualitative analysis.

These systematic case studies established the importance of therapeutic immediacy in both short and long term therapies of different orientations. They also showed that types of therapeutic immediacy events varied to a great extent: from sharing of positive emotions with the other to dealing with relational conflicts and negative feelings toward the other. Interestingly, the characteristics of immediacy events were not straightforwardly determined. In Mayotte-Blum et al. (2012), for example, qualitative judges decided that they needed two categories to capture the salient aspects of most immediacy events (p. 31). This suggests that therapeutic immediacy episodes are heterogeneous, and have multiple components to be distinguished within each episode. Kasper et al. (2008) concluded that whereas the speaking turn analysis was limited in terms of clinical richness, their qualitative analysis looking more broadly at events of immediacy turned out to be clinically more meaningful. These studies presented full episode transcripts with the qualitative conceptualization of themes and unfolding of process; however, their analysis did not examine how therapist and client immediacy behaviors were patterned to produce an overall effect of these interactions. A potentially productive research strategy may therefore be to select one particular class of immediacy episodes that occur in similar therapeutic contexts and to then
delineate the common sequence of therapist and client behaviors across these episodes that pertain to the change process (e.g., Pascual-Leone & Greenberg, 2007; Safran, Muran, Samstag, & Stevens, 2002). In sum, a differentiated understanding of therapeutic immediacy warrants a closer examination of a particular class of immediacy episodes and sequences of therapist-client interaction within them.

**Metatherapeutic Processing in AEDP: a Class of Therapeutic Immediacy Events.**

This study examined one particular class of immediacy episodes, metatherapeutic processing in Accelerated Experiential Dynamic Psychotherapy (AEDP). AEDP, developed by Diana Fosha, is a therapy model that seamlessly integrates into its theory and practice short-term dynamic psychotherapy, experiential therapy, attachment and emotion theory and research, and affective neuroscience (Fosha, 2000a; Fosha & Yeung, 2006). In AEDP, the therapist takes an explicitly empathic and affirming stance to build an emotionally engaged therapeutic relationship in which clients experience, explore, and reflect the most painful emotions as well as the positive emotions that emerge in the course of therapeutic change. According to AEDP principles, the therapist is not only empathically attuned to the client’s moment-by-moment experiential state, but is also experientially involved in the relational matrix by reciprocating self-disclosing of his or her own immediate experiences, especially affective experiences in response to the client and/or the process (Fosha, 2004). Although therapeutic immediacy is not a term used in the AEDP literature to date, AEDP’s here-and-now focus on the emotional experience within the therapeutic relationship makes it highly suitable for studying a variety of phenomena associated with therapeutic immediacy.

In AEDP, metatherapeutic processing refers to a therapist intervention that facilitates an explicit exploration of the experience of a particular piece of work in session (Fosha, 2000a,
2000b; Fosha & Yeung, 2006; Prenn, 2009). After the client goes through a round of experiential work in which the client experiences productive emotions that were previously inaccessible, metatherapeutic processing focuses on the experience of change just completed, or the experience of transformation itself. A typical therapist metatherapeutic processing intervention is: “What is it like to have done this piece of work (with me)?” Metatherapeutic processing is distinguished from metaprocessing, which is a way of fine-tuning moment-by-moment interactions on a more micro-level (Prenn, 2009): “What is it like to do this/hear this?” AEDP Theory thus differentiates these two types of intervention levels: Metatherapeutic processing with a capital “M” is used to refer to the larger exploration of how a session or piece of experiential work or successful treatment has been experienced by the patient while metaprocessing with a small “m” is used to refer to moment-by-moment processing of small disclosures or small rounds of work (Fosha, 2000b; Prenn 2011). According to this distinction, the current study focuses on Metatherapeutic processing with a capital “M”.

Metatherapeutic processing focuses on the experience of change and facilitates experiencing and reflecting on that new experience, as well as on therapeutic relationship promoting those experiences, leading to consolidation and broadening of change. The focus on the experience of change is hypothesized to give rise to energy-enriching emotions and meaning making (Fosha, 2000b). Regarding the benefit of experiencing positive emotion, Fredrickson and collaborators pointed out that positive emotions often lead to cognitive broadening, which in turn leads to more positive emotions setting into motion the upward spiral of positive healing and growth (Fredrickson, 2001). As metatherapeutic processing is used after the completion of experiential work, it is speculated that the experience of a variety of positive emotions --such as contentment, satisfaction, and a sense of achievement-- can be deepened and worked through
during metatherapeutic processing episodes. Indeed, this point has been noted in the theoretical literature of AEDP. Russell and Fosha (2008) write that positive affective interaction is central to the process of AEDP. In addition, AEDP holds that metatherapeutic processing often evokes phenomenologically distinct transformational affects, which are associated with positive therapeutic experiences (Fosha, 2000b). They are (1) the mastery affects such as pride and joy for overcoming fear and shame; (2) emotional pain or mourning the self, associated with painful yet liberating experience of grieving what one has lost due to the limitations of significant others or to one’s own chronic defensive and self-limiting functioning; (3) tremulous affects such as fear, excitement, startle/surprise, and a feeling of pleasant vulnerability that trigger a sense of crisis due to the change that occurred; (4) the healing affects such as feeling moved, touched, and love and gratitude toward others; and (5) the realization affects associated with the recognition of the surprising nature of the change taking place. Finally, processing these emotional experiences is hypothesized to lead to core state, an insightful and mindful self-state in which wisdom, clarity, openness, vitality, calmness, compassion for self and others and a felt sense of emotional and subjective truth tend to prevail. Therefore, metatherapeutic processing can be thought of as a particular class of therapeutic immediacy with marked emphasis on the processing of the positive emotions associated with the change process itself.

The aim of the current study was to develop an initial empirical model of metatherapeutic processing events based on the intensive analysis of a well selected sample of good examples using a task analytic research strategy (Greenberg, 2007). Instead of gathering a large sample of potentially heterogeneous episodes, we decided to focus on a small number of good examples of metatherapeutic processing episodes occurring in the same therapeutic context in which the therapist and the client look back at the therapeutic work that they just had in order
to abstract the essential components.

**METHOD**

**The Sample**

The initial sample consisted of 10 individual psychotherapy sessions conducted by the originator of AEDP. The researchers asked the therapist to choose from her videotape database those sessions that were exemplary of successful AEDP sessions. Ten sessions came from a total of 8 clients. Six clients were actual psychotherapy clients seen by the therapist in private practice. They were adult clients of between thirty and sixty-five years of age. Their presenting problems were various and included depression and interpersonal problems. Several of the clients had extensive early attachment trauma histories. Two clients were seen for demonstration purposes and were published by the American Psychological Association (Fosha, 2006, 2013).

Demonstration tapes may represent a somewhat dramatic form of therapy as therapists who are often the originators of a particular approach try to demonstrate techniques central to that approach within a single session. However, they are excellent materials that represent what is specific in the therapeutic work in a given approach (Kondratyuk & Perakyla, 2011). The public availability of some of these tapes will allow readers to examine the fit of our model with the actual session materials, thus, providing a form of a validity check.

The therapist obtained the permission for videotaping for research and training purposes from these clients. Likewise, the researchers obtained permission from the therapist for using the video files for research purposes. Quantitative outcome measures were not used. Anecdotal reports of the outcome by the therapist indicated that positive changes have been made with all of these cases.
Researchers

Two researchers were involved in the data analysis. The first author is a Japanese male associate professor in clinical psychology who received his doctoral degree in Canada. The second author is a Portuguese male adjunct assistant professor in clinical psychology who received his doctoral degree in Portugal. Both researchers specialize in psychotherapy process research from an integrative perspective and are interested in the role of emotions in psychotherapy and change. Both have substantial exposure to and experience with qualitative research. Prior to this study, both researchers were also familiar with the theoretical background of AEDP: they had received a fair amount of training in AEDP, including a five-day introductory course and some individual supervision from certified AEDP supervisors. In terms of biases and presumptions, both were familiar with the theoretical rationale underlying the therapeutic practice of metatherapeutic processing: metatherapeutic processing focuses on the experience of change and facilitates reflection on the new experience as well as on therapeutic relationship, leading to consolidation and broadening of changes. However, neither researcher had a clear hypothesis as to the specific pattern or sequence of therapist-client interactions. In the process of the data analysis, the first author conducted initial analyses, which were checked by the second author. The two held internet meetings periodically to examine the fit of the emergent model to the data.

Procedure

Task Analysis

Task analysis is an integrated research method for constructing a specific model of client change process. It allows researchers to discover how change occurs in various events or moments throughout the course of therapy by identifying components of therapeutic change during therapy sessions (for a more complete description of task analysis, see Greenberg, 2007).
In our study, task analysis was carried out in four steps. First, we developed a rational provisional model based on our theoretical and clinical understanding. Second, we defined the beginning and end markers and located metatherapeutic processing episodes in session transcripts. The third step was to build an empirical model based on the best examples chosen for the analysis. The fourth step was to build a synthesized model integrating empirical and rational models.

In task analysis, therapist interventions are usually set as a constant providing a homogeneous context for a task; the client performance is the target of change process model (Greenberg, 2007). However, in working with metatherapeutic processing model, we have decided to examine the therapist intervention processes as well as the client process. There are task-analytic studies on the alliance ruptures and rupture solutions (e.g., Aspland, Llewelyn, Hardy, Barkham, & Stiles, 2008) that successfully modeled the therapist intervention process.

**Drafting a Rational Model.** The rational analysis started with building a sketch of task model based on our theoretical and clinical understanding of metatherapeutic processing. This preliminary model is presented in Figure 1. Metatherapeutic processing episodes are hypothesized to occur in the following manner: they start with the therapist’s invitation to the client to look back at an emotional experience or process of change just completed, be it is the entire session or of a piece of experiential work. As clients review a successfully completed piece of experiential work, positive emotion such as a sense of achievement or satisfaction arises and the reflection of that experience follows, bringing more positive emotion and finally and leading to a greater sense of robustness, closure or completion. The therapist, on the other hand, consistently facilitates the client’s emotional experience and also making sense of the immediate experience. It was also hypothesized that the therapist and the client share positive emotional experience, which comprises one of the central part of this type of immediacy events.
Locating metatherapeutic processing tasks: Verbatim transcripts of all 10 sessions were produced by research assistants and checked by the first author against the videotaped sessions for accuracy. The first author reviewed all the videotaped sessions with transcripts and abstracted 7 metatherapeutic processing tasks. The second author then cross-checked whether both beginning and ending markers were accurately identified. The beginning marker of metatherapeutic processing task was set as the therapist’s metaprocessing prompt or opening question and its variations (e.g., “what is it like for you to do this with me?”), which followed the client having completed a cycle of significant experiential work or arriving at the final part of the session. Two end markers were found to mark the end of a metatherapeutic processing episode: one was the change of topic or focus in which either the therapist or the client introduced a new topic; the other was an experiential completion marker in which there was a greater sense of achievement, robustness, resolve, closure or completion.

In order to select best examples of metatherapeutic processing episodes, and also to provide the data that allows comparison of metatherapeutic episodes with other immediacy episodes, the two researchers independently rated each metatherapeutic processing episode on its overall affective depth/intensity as previously performed in three systematic case studies on immediacy (Hill et al., 2008; Kasper et al., 2008; Mayotte-Blum et al., 2012). The affective depth/intensity was rated using a 5-point scale: 1 = Mundane, one-sided exchange, 2 = Minimal two-person exchange, 3 = Longer two-person exchange, limited affective depth, 4 = Prolonged two-person exchange, moderate affective depth, and 5 = Prolonged exchange with both participants actively expressing substantial affective depth and immediate feelings. Given that the two researchers rated almost in the same way, and that the inter-rater agreement index might not be meaningful with only 7 episodes, they decided to discuss and resolve the discrepancy to reach
the final rating instead of calculating the inter-rater agreement index.

Out of 7 metatherapeutic processing episodes, three episodes were excluded from further analysis. The two episodes that came from the same clients and had a moderate affective depth/intensity rating were excluded. One episode that occurred right toward the end of session was very short as the time was running out. Since there was a forced ending of the episode, it was also excluded from the analysis. The immediacy rating for these 3 episodes was 4.0.

The remaining four metatherapeutic processing episodes (Table 1) whose affective depth/intensity ratings were all 5.0, within the range of clinically relevant/meaningful immediacy rating according to Mayotte-Blum et al. (2012), were kept as the best available metatherapeutic processing tasks. This sampling strategy is best described as pure gold sampling (Greenberg, 2007), which can be considered as a combination of theoretical and purposive sampling in qualitative research (Patton, 2002). Researchers purposely look for and choose the best examples of the phenomenon of interest for model building because, in these best examples, essential features are much more pronounced while unessential noise or contaminants are minimal.

**Identifying Essential Components of the Model:** Data analysis started as an inductive exploration of all metatherapeutic episodes. This involved watching the session videotapes with transcripts, sometimes watching the whole session to get a sense of an episode in the session context, and other times stopping at each speaking turn to fully describe what was happening in the moment. The goal of this phase was for the researchers to get immersed in the data. The researchers attempted to bracket their preconceptions and anticipations derived from their background theoretical knowledge to focus on and perceive what could be observed in the data. The researchers had two questions in mind as they analyzed the data: What are the actions/behaviors/affects that are essential in this episode? How does a therapist response relate
to the client action/behavior/affect that follows, and vice versa. The researchers made efforts to stay at the level of observable cues such as verbal and nonverbal responses and to ground their inferences about the participants’ inner experiential states in these cues.

The researchers then wrote down what they thought were essential components or core ideas (Hill, Thompson, & Williams, 1997) in the form of a simple complete sentence (e.g., “The client expressed pride.” “The therapist affirmed the client’s new emotional experience”) for each client and therapist speaking turn. For some longer speaking turns consisting of several sentences and changing affective tones, more than two core ideas were generated. The data analysis progressed recursively going back and forth between within-case analysis and between-case analysis.

Initially, categories were formed at a descriptive level reflecting the client and the therapist actions. More abstract categories were generated from grouping two or more similar initial categories. For example, core ideas such as “Client expresses feeling lighter,” “Client feels refreshed,” and “Client takes a big sigh,” were grouped into “expressing relief.” Core ideas that were initially generated to describe therapist responses were often similar to those categories in therapist’s verbal response modes and intentions (e.g., Hill, 1989), as well as therapist’s strategic objectives (Vasco & Conceição, 2008). However, regularities were not found in the sequential use of these response modes. It soon became clear to the researchers that therapist interventions could be translated into a small number of change principles. Goldfried (1980) originally put forward the idea of change principles as general guidelines, foci of interventions and/or clinical strategies that lie at an intermediate level of abstraction, underlying specific techniques or response modes. Beyond the process models that resulted from task analysis, a similar approach has been taken in previous qualitative studies, for example, on principles of facilitating agency
Disagreement between two researchers was used as an opportunity to deepen the understanding of the phenomenon in question. After a round of analysis was completed, the results were presented to the therapist as a credibility check. The therapist made a few suggestions of the wording of one of the principles that were unclear, but affirmed the resulting model as representing these episodes accurately and well.

**RESULTS**

**An overall model and its components**

The analysis of four episodes resulted in a rational-empirical task model that involved one core change principle and four second-order principles guiding therapist’s interventions; for the client responses, two client tracks, affective and reflective, were identified: the affective track involving four components and the reflective track involving three components, with all seven components representing client change processes (Figure 2).

These metatherapeutic processing episodes started after the completion of a round of experiential work in which the therapeutic dyad successfully worked through painful emotions. The therapist started out by inviting the client to look back at the experience of therapeutic work just completed, i.e., the therapist issued the client an invitation for metatherapeutic processing (i.e., “What was it like to do this?”). The client in response expressed a sense of relief (*Relief*). This was followed by the reflection in which the client noticed her/his accomplishment, positive attributes, and abilities (*Self-Affirmation*). As the therapist directed the client’s attention to the sense of relief as well as to what emerged internally in him/herself as a result of having these self-affirmative thoughts, the client found a newly emerging sense of excitement, becoming energetic and enlivened to report a sense of achievement and accomplishment, as well as
self-efficacy and strength (*Enlivenment*). With this increased energy, the client confronted and identified past self-limiting beliefs and behaviors (*Becoming aware of the self-limiting beliefs and behaviors*), which in turn gave rise to gentle weeping associated with looking back the past and grieving over the losses (*Grief*). This new awareness as well as the experiencing of more positive emotions led the client to reflections both on past behaviors and future intentions and plans of engaging in new and different emotional coping behaviors more consistent with the newly emerged affirmative sense of self (*Engaging in new emotional coping*). Finally, with yet another invitation to metaprocess the most recent round of experience and reflection, another wave of positive emotional experience was evoked, including the expression of joy, calm, confidence, and a sense of clarity (*Peacefulness*). Clients went back and forth between experience and reflection in a zigzag manner. The end marker of these episodes was often the end of the session and/or the introduction of a new topic by the client or the therapist.

**Therapist Intervention**

**Emergence.** Emergence, the central principle informing the therapist’s interventions in metaprocessing episodes, refers to a constant and consistent focus on the newly manifesting experiential state in the client, which the therapist noticed, acknowledged, empathized with, and affirmed. When the therapist perceived changes in client’s nonverbal behavior such as facial expression, posture, and gesture, she made sure to explicitly communicate to the client that she noticed or received this new element; and she often invited the client to pay attention to the physical sensation and internal felt sense of the behavior and name what its felt sense. During metatherapeutic processing episodes, metaprocessing responses were often used to draw the client’s attention to the newly emerging quality of their experience and reflection. An example of emergence is the therapist’s commenting “that is a nice smile” by catching a glimpse of it. This
principle of emergence is the basis for the following four second-order principles.

**Affirmation.** The second-order principle of affirmation relates to therapist’s giving meaning, accentuating positive aspects in the client’s self, behavior, experience and/or change. The therapist’s prizing, honoring, complimenting, and providing positive feedback, as well as the therapist’s statement of being moved and touched by the client, often marked therapist affirmation. Affirmation in these episodes almost always involved therapist’s disclosure of her immediate affective reaction to the client. It was not a positive evaluation of the client, but rather a genuine valuing by the therapist that was based on her immediate emotional and visceral reaction toward the client. An example of affirmation is the therapist’s commenting “that is very touching” when the client expressed a very positive description of self.

**Attunement.** Attunement is the principle in which the therapist tracked and stayed experientially connected to the client, explicitly acknowledging that she “got” a certain message from the client. It represented the therapist’s responsiveness to client’s affective state expressed as attentive nonverbal behaviors: gaze, nodding, “Mmm hmm”, and matching of facial expression. It also took a form of repetition of key words, restatements and reflections that communicated to the client what the therapist received as central to the client’s statement. Attunement involved being with the client and communicating to the client that the therapist was following her or him. An example of attunement is a compassionate and tender, yet distressed, expression on her face as the client started to weep.

**Somatic and experiential focusing.** The somatic and experiential focusing principle concerns that activity whereby the therapist helped clients get in touch with the physical sense of their emotional state. The therapist directed the client’s attention to the physical sensation, asking the client to close his or her eyes and take a deep breath, to locate where in the body that
sensation was occurring, to stay with that sensation with or without speaking it back to the therapist, and eventually helping the client symbolize and express the somatic sensation in words. The therapist’s responses that were used for somatic and experiential focusing were short directives and questions in an empathic tone and manner (e.g., “stay with that for a moment”, “what does it feel like inside as you say that?”).

**Restructuring.** The last principle is restructuring, in which the therapist helped clients to examine self- or other-related beliefs in the light of a new emotional experience. Here the focus was on facilitating clients’ reflection of past issues and problems in light of the new experience. Restructuring took several different forms: the therapist repeated key words to emphasize some aspects of emotional change; she provided an interpretation based on her own observation; she emphasized some aspects of the client’s past beliefs and drew a link between those and the in-session new experience; and she also made comparisons between past and present functioning or subjective states. An example of restructuring is the therapist’s emphasizing the client’s internal resources by saying that “knowing that you have this inside you at all times” to prepare the client to cope with potential difficult situations in the future.

**Client performance**

Client performance was represented by a total of seven components on two tracks, the affective track with 4 components, and the reflective track with three components (Figure 2). Clients went back and forth between two tracks in a zigzag manner.

**Affective track, Component # 1: Relief.** In response to the therapist’s invitation for metatherapeutic processing, the clients expressed a sense of relief. In this state, clients experienced release from distress, lightness, feeling good, and alleviation of pain, discomfort or suffering. Some took a big sigh of relief and their facial expression softened. Expressions such as
“taking it off my shoulder” that denotes the removal of an emotional burden and the release of previously withheld emotions were used. A female client (C1) was severely self-critical saying that she wanted to slap the young girl whom she had been for being so naïve as to believe that her marriage would be without conflict or pain. During the session, she learned to express compassion toward herself, as she grieved the loss of her hopes and dreams. The metatherapeutic processing episode started with the therapist asking the client “So what’s it like for her, this younger version of yourself, what’s it like for her to be met with such love and compassion?” The client responded by saying “It’s freeing. It’s huge. It takes the weight off, because there’s understanding and also knowledge that it’s beyond your control”, and then took a big sigh. When clients were in this state, they subsequently moved in one of two directions. One was the reflective track, Component # 1 in identifying changes and gaining affirmative view of self and others. The other was the next affective state, enlivenment, in which the client emotional experiences increased energy, vitality, and intensity.

**Reflective track, Component # 1: Affirmation of self and/or others.** The reflective track started with the affirmation of self and others. The affirmation of self and others took two distinct forms. In one form, clients expressed an empowered view of self, in which clients were able to recognize their inner strength, potentials, and abilities. This was closely associated with the affective state of enlivenment, the component that often followed this empowered view of self. In the other form of affirmation of self and others, clients expressed a primarily compassionate view of self and others, in which the clients’ perceptions of self and others were colored by warmth, acceptance, and affection, while letting go of harsh critical views of self and others, and the need for control. A female client (C3) who was afraid of becoming like her unhappy mother expressed a positive view of herself when asked by the therapist whether she deserved more than
her mother. In response to the question, she said: “I feel confident about that, and I feel like I
deserve things just because I feel that all our things were taken away because of her, for some
reason it doesn’t make me feel like I don’t deserve it.”

**Affective track, Component # 2: Enlivenment.** The second affective state is
characterized by positive and vigorous emotions. After experiencing the sense of relief and
identifying affirmative aspects of oneself and/or others, clients often reported positive feelings
associated with their accomplishment in the session. Enlivenment is an emotional state
characterized by vitality in the clients’ presence in the session, as indicated by the increased
volume of the client’s voice, and by animated facial expression and nonverbal behaviors. After
expressing anger toward his brother and then feeling relief, a male client (C2) felt a strong sense
of compassion for others. He then joked and asked the therapist “Are you suffering in any way?”
and “Is there anything you want to tell me?” The client was spontaneous, playful, and lively.

**Reflective track, Component # 2: Becoming aware of self-limiting beliefs and
patterns.** The second component in the reflective track was becoming aware of prior
self-limiting beliefs and patterns. As clients gained energy through experiencing invigorating
emotions and recognizing their own strengths, they often went on to identify dysfunctional and
problematic past beliefs and interpersonal relationship patterns. A sense of clarity, conviction and
certainty prevailed and there was little doubting and tentativeness. A female client (C1), after
gaining a compassionate view of self by letting go of her need to make everything perfect, stated
that “I’ve always searched for inner confidence and I haven’t been able to find it. And I guess it’s
because I really haven’t loved myself. And it’s weird because it’s like it’s been drilled in my head
in a way that you need to love yourself.”
Affective track, Component # 3: Grief. The third component in the affective track was grief. Three clients out of four shed tears during metatherapeutic processing episodes. There was an interesting shift in their affective state. They were feeling relief and enlivened. They also reached an affirmative sense of self and others. All of sudden, tears started to rise up, and grieving started. One female client (C1) started to tear up when she repeated her insight gained in the session, saying “I think I could leap without criticizing myself, by showing myself compassion, by loving myself.” When the therapist highlighted this using the expression that the client used earlier by saying “And not slapping yourself. Let yourself be loved”, the client was moved to tears. Grief did not last long. It was followed by a big sigh, poignantly marking its completion. The client soon shifted and a new wave of positive emotions emerged.

Reflective track, Component # 3: Engaging in new ways of coping. In the last component of the reflective track, clients went on to discuss engaging in new emotional coping strategies and behaviors. In this component, clients either identified past instances in which they were able to be the self that they wanted to be or envisioned how they would act in the future based on what they had learned in the session. For instance, a male client (C4), after realizing that he had taken on a lot of stress from family responsibilities, stated his newly found way of coping as “Yeah, ‘cause right now, the way I’m looking at it (what was done in therapy), the way I’m going to translate it, I will have to focus on myself. I need more attention, you know, the attention needs to be on me now”. Other clients came up with new ways of coping that were consistent with their emotional experience in the session.

Affective track, Component # 4: Peacefulness. The fourth component in the affective track was peacefulness. This state was characterized by the client’s expression of wellness, calm, and fulfillment. After expressing a sense of achievement and also reflecting back on what they
had accomplished in the session, clients moved on to experience quieter, yet deeper, positive feelings, such as the feeling of liberation, and a sense of confidence. Some of these feelings overlapped with the emotions experienced in the second component (*Enlivenment*). However, rather than excitement and intensity, calm and serenity prevailed. The clients’ vocal quality was naturally flowing. There were metaphors used to express their feelings. A male client (C2) when discussing how his newly found compassionate self might be received by his brother with whom he had a long constrained relationship confidently yet very calmly stated that “And even if it’s hard on him or uncomfortable, it’s still OK to do, it’s worth doing. Because it can either make our relationship a little better or not. But at the very least I will be fully me in the relationship”. The client had a sense of conviction.

**Discussion**

This study provided an initial model of the components involved in a particular class of therapeutic immediacy, metatherapeutic processing in AEDP, through a task-analytic research strategy. Two of the main contributions of this study are that (a) it examined a particular class of therapeutic immediacy associated with working with the experience of successfully completing a piece of experiential work, and that (b) it provided a first empirical process model of metatherapeutic processing, which is a distinctive intervention in AEDP.

Previous studies on therapeutic immediacy mostly focused on processing problematic aspects of therapeutic relationship such as repairing alliance ruptures, and working with clients anger directed at therapist and extricating both client and therapist from these uncomfortable or difficult moments (Hill & Knox, 2009). This immediacy intervention, however, directly focuses on extending and deepening clinical improvement and gain. The result of this study showed that metatherapeutic processing is a form therapeutic immediacy in which visceral experience and
reflection of positive emotions are central.

Fitzpatrick and Stalikas (2008) argued that psychotherapists across different orientations have long assumed that positive emotion is mostly the product of good therapeutic work rather than the driver of further therapeutic work and thus of further therapeutic change; as a result, there has not been sufficient attention devoted to positive emotion as a generator of therapeutic change, beyond the change achieved by successfully working with painful emotional experiences. Based on the build-and-broaden theory of positive emotions, Fitzpatrick and Stalikas (2008) argued that positive emotions bring about both increased resilience and cognitive broadening, which manifest in clients’ contemplating new ideas, developing alternative solutions to problems, deepening their experience, and initiating new more adaptive courses of action. To our knowledge, this study is the first psychotherapy process research to describe in detail how positive emotional experiences that were the result of good therapeutic work with painful emotional experiences triggered reflective processes that, in turn, contributed to broadening of positive emotional experiences through their expansion and deepening.

This parallels the upward spiraling process that Fredrickson and her colleagues have described. Fredrickson (2001) pointed out that positive emotions trigger upward spirals, broadening attention and cognition, and facilitate improvement in coping, which in turn increases the chance of experiencing further rounds of positive emotions. As this cycle continues, people build their psychological resilience and enhance their emotional well-being. The process model of metatherapeutic processing developed in this study supports Fredrickson’s view and this phenomenological description. After the successful completion of a piece of therapeutic work dealing with matters that had caused depression, anxiety and suffering, the cycle of experiencing positive emotion and then the reflection on the positive experience brought new cycles adding
more layers of emerging experience. In these metatherapeutic processing events, the spiral seems evident. Metatherapeutic processing events represent clear instances of broadening in psychotherapy process.

Our findings are also consistent with clinical theories of positive emotion. According to Greenberg and Paivio (1997), confirming and elaborating clients pleasant emotions is crucial for accessing hidden, negative self-states, possibly by providing the psychological resilience or capacity to experience negative emotions that are difficult and often avoided. Positive emotions might also function to regulate negative emotions through the physiological mechanism of undoing cardiovascular arousal associated with negative emotion (Fredrickson, 2001). The process model developed in this study showed that following positive emotion, clients synthesized and integrated personally relevant issues by reflecting and making meaning of their experience. The exploration of self-limiting beliefs and patterns may be facilitated by clients’ experience of positive emotions, as they felt more regulated and thus better able to cope with the unpleasant emotions evoked by these beliefs and patterns.

The therapist played a crucial active role in facilitating this upward spiral of experience of positive emotions and reflection. Metatherapeutic processing started as the result of an initial invitation from the therapist to review what was just achieved in the session. Whenever a new experience and/or a new realization emerged, the therapist without fail picked up this newly emerging element. Emergence as the core principle was at work in almost all therapist responses. In addition, four second-order principles informing the therapist’s interventions supported this emergence stance. This is the first study that examined metatherapeutic processing in AEDP. The study demonstrated that the dyadic nature of the process of AEDP can be modeled using a modified task analytic approach by describing components for client performance and for
therapist interventions. The client performance model involved the affective track and the reflective track. AEDP, which is an affect-focused approach to psychotherapy, emphasizes the importance of both experience and meaning making of in-session emotional experiences. Something (emotion) that is experienced needs to be processed and reflected on. And then, something that is reflected then becomes the source for new experiencing. The process of metatherapeutic processing is facilitated in a zigzag movement between these two tracks, the affective and the reflective. Therefore, therapists conducting this task need to connect emotional experience and reflection, which in turn consolidate and bolster the changes achieved in the session. In facilitating and carrying forward positive emotional experience, it seems crucial that clients continue to stay with these experiences until new elements emerge. Bear in mind however that the emergence and further processing of pleasant positive emotions tends to follow the thorough processing of painful emotions.

Our process model from the client’s change processes corresponds to transformational phenomena described by Fosha (2000b). Four components in the affective track: relief, enlivenment, grief, and peacefulness closely match transformational affects and core state. For example, enlivenment corresponds to mastery affects of accomplishment, pride and self-efficacy (Fosha, 2000b). The client’s expression of relief is pregnant with possibilities to expand their successful therapeutic work. It is a sign indicating that something important has been achieved so far and that a more productive work can start from there. Therapists need to be aware of relief as both an end and beginning marker: the marker of the successful end of one round of processing and the marker for the beginning of a metaprocessing episode. Thus relief can be seen as an opportunity to start up a new round of therapeutic work, which means that keeping sufficient time to review and reflect back the work that has been completed is critical.
Grief in our process model is very much like mourning-the-self in AEDP, which is looking back what one has gone through and grieving over what was lost and missed (Fosha, 2000b). This is a particular type of sadness that occurred after therapeutic change has been made with the realization of what was lost due to limitations of others and one's own limited attempt to survive and cope. It is painful but liberating experience because the client is looking back from a better place (Fosha, 2000b). Indeed, this grief brought big sighs as indicating a sense of relief and completion, and three clients quickly shifted back to experiencing positive emotions soon afterwards. In the future, it would be interesting to examine how the experience of the positive emotions that emerge after a major therapeutic accomplishment bring out this particular type of grief which closely matches mourning-the-self. We need to gather more instances and examine differences between this kind of grief and more common sadness.

The peacefulness that emerged only after clients stayed with their experiences together with the therapist and reflected on them is similar to core state (Fosha, 2000a), a heightened sense of authenticity and vitality, marked by a subjective of truth. This suggests that some positive emotions, such as relief or pride, are more easily achieved, whereas other positive emotions require several rounds of the transformational spiral and the going back and forth between experience and reflection to emerge. This also points to the importance of staying with the emotional experience and reflecting on them.

Psychotherapy process research studies like these may be perceived as especially relevant by practitioners, as its purpose is to learn what makes therapy work, how therapists can help clients change, and how therapists can improve (Hill, 1989) adding skills or principles to their practice, thus reducing the gap between research and practice (Castonguay, 2011). Although metatherapeutic processing is an intervention theorized and developed in AEDP and it refers to a
relatively a homogeneous class of events, the potential usefulness of this intervention as well as the clinical and theoretical implications of this study are not limited to the context of the practice of AEDP. Many therapists invite their clients to reflect back on their experience of a session to check what impact it had and also to consolidate the change. Clues as to improving such in-session exchange can be gained through this study. In sum, from an integrative perspective, this study can have clinical implications over and above the practice of AEDP.

**Limitations and Future Directions**

The sample size (n=4) is quite small, and our model is still preliminary. At this stage of research, our goal was to build a basic process model from a small number of exemplary cases rather than testing specific aspects of theory and generalizing to a larger population. The credibility of the findings was enhanced in four ways. First, the appropriateness of the sample was ensured by using a pure gold sample of meta-therapeutic processing episodes taken from successful therapies conducted by the originator of the approach. Second, two researchers independently conducted qualitative analyses and then worked to achieve consensus in their interpretation of the findings in order to both reduce biases and to deepen understanding. Third, the therapist who contributed the data served as an auditor to check on the fit of the model to the data. Fourth the available videotaped recordings of sessions in addition to transcripts provided a rich amount of useful information about the client emotional processes.

In the future, we need to examine the model against the samples taken from other experienced AEDP therapists and then from therapies of other orientations in which therapist and client review their successful in-session productive work in order to examine the transferability of the findings. Comparisons with unsuccessful metatherapeutic processing attempts will be helpful for providing more refined operationalization of each component of the model.
In spite of relatively diverse client backgrounds and the formats of therapy, the task model described metatherapeutic processing episodes quite well. However, future studies need to address the clients’ presenting issues and provide objective quantitative indexes of outcome. Client interpersonal styles, and emotional regulation and coping styles may influence the process of metatherapeutic processing.

Another limitation has to do with biases in classifying client and therapist speech components in the empirical analysis. The two authors who conducted the qualitative analysis had somewhat similar expectations and biases, as they were both interested in emotional changes in AEDP. Although our knowledge of AEDP sensitized us to the subtlety of the emotional exchanges between the therapist and her clients, the credibility check in future studies may also employ researchers with different theoretical orientations who may be in a better position to uncover biases and expectations that the affiliation and knowledge of a particular theory may unwittingly and paradoxically generate. Studying metatherapeutic processing not only from an observer perspective but also the participant’s perspective might also be useful in the future to lend credibility to the process study developed in the current study. For now, this study made a first component on paving the way to overcome the current paucity of empirical evidence on the use of metatherapeutic processing.
Acknowledgements

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Notes on Contributors

Shigeru Iwakabe is an associate professor in Graduate Schools of Humanities and Sciences at Ochanomizu University, in Japan. His main research interests include identifying emotional change process in individual psychotherapy and methodological issues in psychotherapy process and outcome research, understanding the process of professional development and training of psychologists, and cultural and social issues associated with the practice of psychotherapy. He has been an active member of The Society for the Exploration of Psychotherapy Integration (SEPI) and the Society for Psychotherapy Research (SPR) and has served as an international committee member for the Japanese Society of Clinical Psychology.

Nuno Conceicao is an adjunct assistant professor in Faculty of Psychology at Lisbon University, in Portugal. His main research interests include psychotherapy integration, change processes and mechanisms, decision-making heuristics and therapist training and development. He has been an active member of The Society for the Exploration of Psychotherapy Integration (SEPI) and the Society for Psychotherapy Research (SPR). Letting go of the need to change the current terminology established in emotion literature, this author would like to share his dysphoric or unpleasant effort in surrendering to the term “positive emotion”, in spite of “euphoric” or “pleasant emotion”.

Key Practitioner Message

- Metatherapeutic processing is a form therapeutic immediacy in which visceral experience and reflection of positive emotions are central.
- Central to metatherapeutic processing is the change process associated with tracking and processing the experience of positive emotions that organically emerged from successfully working with painful experiences.
- The cycle of experiencing positive emotion and then the reflection on the positive experience may bring new cycles adding more layers of emerging positive experience. The therapist plays a crucial active role in facilitating this upward spiral of experience of positive emotions and reflection.
- Therapist’s affirmation, attunement, somatic and experiential focusing, and restructuring differently contribute to facilitating this change.
References


<table>
<thead>
<tr>
<th>Client</th>
<th>Client 1</th>
<th>Client 2</th>
<th>Client 3</th>
<th>Client 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Background</strong></td>
<td>Caucasian Female late 20s. Married.</td>
<td>White Male in 60s, separated from his wife.</td>
<td>White Female late 20s. Married.</td>
<td>African immigrant Male in 40s. Single, student</td>
</tr>
<tr>
<td><strong>Session Context</strong></td>
<td>An early session from a twenty session therapy in private practice</td>
<td>An early session from a long-term therapy in private practice</td>
<td>APA demonstration</td>
<td>APA demonstration</td>
</tr>
<tr>
<td><strong>Presenting Issues</strong></td>
<td>Interpersonal injury, marital issues</td>
<td>Depression, interpersonal issues,</td>
<td>Marital discord</td>
<td>Depression, somatic symptoms, Family conflicts,</td>
</tr>
<tr>
<td><strong>Context</strong></td>
<td>The client realized how hard and critical she has been on herself and started to feel compassion and love toward herself.</td>
<td>The client expressed anger toward his family members, which resulted in experiencing deep affection and compassion for them.</td>
<td>The client overcame her defense to experience a full grief of missing her father and allowed her to receive comfort from the therapist.</td>
<td>The client was able to express anger toward his mother and experienced a rise in his motivation to engage in self care.</td>
</tr>
<tr>
<td><strong>Number of MP episodes</strong></td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>Affective Depth/Intensity Rating</strong></td>
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<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td><strong>Task Starts</strong></td>
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<td>Toward the end of Session</td>
<td>Toward the end of Session</td>
<td>Toward the end of Session</td>
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<td><strong>Duration</strong></td>
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<td>7:50</td>
<td>7:30</td>
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Figure 1. Rational Model of Metatherapeutic Processing Episodes

Figure 2. Rational Empirical Model of Metatherapeutic Processing Episodes