

**HOW TO CAPTURE EMOTIONAL PROCESSING IN A
PROCESS-OUTCOME STUDY OF PSYCHOANALYTIC,
PSYCHODYNAMIC, AND COGNITIVE-BEHAVIORAL
PSYCHOTHERAPIES**

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Within the framework of our process-outcome study investigating the relationship between emotional processes and therapy outcome in three forms of long-term therapy, this poster focuses on the training and application of the Experiencing Scale (EXP; Klein et al. 1969, 1986). This research instrument will be applied in order to capture emotional processing in psychoanalytic, psychodynamic, and cognitive-behavioral therapies as investigated in the Munich Psychotherapy Study.¹ The investigation of emotional processing among psychotherapy process research is gaining increasing relevance (see, e.g., Fonagy et al. 2002; Greenberg 2002)

¹The Munich Psychotherapy Study (MPS) is a process-outcome study that compared psychoanalytic, psychodynamic, and cognitive-behavioral therapy (Huber et al. 2012a,b, 2013).

Table 1. Description of the seven EXP Scale levels

Stage	Content
1	Other peoples' activities and external events; impersonal, abstract and generalizing descriptions;
2	Ideas, external events or actions; behavioral or intellectualized descriptions;
3	Personal reactions to external events; limited self-descriptions; limited reference to feelings; behavioral descriptions of feelings;
4	Descriptions of feelings and personal experiences; subjective experiences and associations;
5	Problems or propositions about feelings and personal experiences; questioning about unclear understanding of the self;
6	Still unclear felt, new inner referent; sensed and emerging feelings;
7	New emotional insight or flow of new emotional insights, affirmative.

as the relationship between (1) intensity and extent of emotional processing and (2) outcome has been found in humanistic therapies and in psychodynamic and cognitive-behavioral forms of psychotherapy (see, e.g., Goldman, Greenberg, and Pos 2005; Castonguay et al. 1996; Silberschatz and Curtis 1993). The relationship between emotional processes and therapy effectiveness has been a robust finding in process-outcome research (Crits-Christoph, Connolly, and Mukherjee 2013).

Method

Instrument. The EXP Scale is rated based on 7 stages (see Table 1) and evaluates the level of emotional and cognitive involvement of the patient in the therapeutic dialogue. One “mode” and one “peak” rating is attributed to each preselected segment from actual therapy sessions (audiotape and/or transcript). The “peak” rating is the highest scale level reached by the patient in that segment; the “mode” rating is the overall scale level during the full segment.

The Training Process

A group of nine B.A. and M.A. students at International Psychoanalytic University (Berlin) participated in an EXP training workshop and were sent the EXP manual to read before starting the training. The first meeting included a theoretical introduction and clarification of the instrument. The group then rated segments from the training manual (12 hours).

Table 2. Some EXP stages rated in the training

Segment excerpt for illustration	EXP stage
<p>“She meant everything to me!! Maria (daughter) in retrospect now I say she meant all to me, before I would say we had a good relationship. She was not living with me anymore but we lived close by, we bumped into each other every day, or she came and visit... and she also brought people, people that I still see today, people that I cherish a lot... Maria had very nice group of friends,... very nice, but this are all things that one only recognizes afterwards, this boys and girls... I still see them, now they are all finishing their University studies...”</p>	3
<p>“I also realize that something... that something can happen, that one can lose his self-control, I have experienced this myself, that I started to curse excessively... with my wife, and where I afterwards thought to myself ‘this can’t be!’ this is completely... eh... completely over the top, not appropriate, there is nothing to explain,... ah, but now... that I wouldn’t see something, that would mean (laughing) that, well I do not know, but that one can see something and that these thing is ignored or erased by the brain or something...”</p>	6
<p>“no... yes... I do not really know why I do this?! This... with this TV bill one can say that I am paying something I am not using but on the train it’s right the opposite, there I am happy that we have public transportation! That they are so good... Puff... I do not really know, I just noticed that if I am not paying, one rides better...”</p>	5

During the second meeting, the students continued to practice group ratings, first using transcripts from the manual and then shifting to audio segments (8 hours). In the following training sessions (a total of 12 hours), audio segments were individually rated, rating scores were collected by the senior rater, and discrepancies were discussed after reporting the senior rating. The individual ratings were used to calculate the interrater reliability with the intraclass correlation coefficient (ICC; Shrout and Fleiss 1979).

Results

Students’ learning process. Table 2 illustrates some of the EXP stages that have been rated by the students. The verbatim examples are excerpts from segments of training therapy sessions. The patient utterances presented here are shorter than the original five-minute segments.

The learning process during the training has been successful based on 18 segments rated by nine student raters so far. A good level of agreement between the students can be observed: peak EXP ratings were at the level

of ICC [2,1] = .79 with 95% CI (.66–.90.); mode EXP ratings were at the level of ICC [2,1] = .85 with 95% CI (.73–.93).

Conclusion

Our experience confirms the need for extensive training in order to learn such a differentiated process measure as the EXP Scale. We agree with other authors' recommendation (Pos, Greenberg, and Warwar 2009; Goldman, Greenberg, and Pos 2005) that about forty hours' training is necessary to reliably apply the scale. Our group of students achieved good reliability as a result of great commitment and motivation working with the scale in combination with the precisely operationalized and convincing concept of the scale.

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**PRIMARY/SECONDARY PROCESS COGNITION
AND EMBODIED SPACE**

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Neuropsychanalytic theoretical and clinical work (Bazan 2013) gestures at the differences between how primary and secondary process thinkers experience their bodies in space. Not much is known about this,