

Summary

Emotions and Symptom Change in Psychodynamic Psychotherapy: A Longitudinal Study

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Emotions are at the core of almost all psychotherapy processes regardless of orientation (e.g. Greenberg, 2002, 2008, 2012; Whelton, 2004). Emotions might be the triggers or symptoms of psychopathology, the mechanism or indicator of change in psychotherapy, and effective tools or challenging obstacles for the therapist. Although emotions may be the main theme in daily conversations of psychotherapists, systematic studies of emotions are rare, especially in open-ended psychodynamic processes. This study aims at describing the emotions of both the client and the therapist, defining the trends of change over sessions, and studying the relationship between emotions and symptomatic improvement with a clinical sample participating in open-ended psychodynamic psychotherapy. Before moving on to the literature, it should be noted that the terms emotion and affect are sometimes used interchangeably (Biess & Gross, 2014) and sometimes affect is used as an umbrella term (e.g. Gross, Uusberg & Uusberg, 2019; Scherer, 1984) or one is used to denote a component of the other (Ekkekakis, 2013). On the other hand, some researchers attribute universality and a prominent physical component to emotion while subjectivity and a prominent relational component to affect (e.g. Rau, 2020; Munezero, Montero, Sutinen, & Pajunen 2014). It is further observed that the discrete emotions listed in the literature on basic emotions (see Tracy & Randles, 2011) overlap with the affect lists of psychodynamic diagnostic tools (e.g. PDM Task Force, 2006). Noting this overlap, in order to avoid any confusion regarding the differential uses of the term affect on the basis of primacy (Biess & Gross, 2014) or global components (Russel, 1980), this study will use the term emotion to refer to the discrete experiences such as anger, sadness, fear.

Despite the uncertainty regarding the definition of the term emotion (Barrett, 2006; Cabanac, 2002), literature on emotions converge on some main findings, especially with respect to happiness, sadness, anger, fear, and surprise as basic emotions (Ekman & Cordaro, 2011;

Izard, 2011; Levenson, 2011). Although there are disagreements on other emotions that could be added to the aforementioned ones (Tracy & Randles, 2011), emotion researchers emphasize the significance of taking the immediate and distal contexts into account while studying emotions (Bolak Boratav, Sunar, & Ataca, 2011; Mesquita, 2001; Parkinson, Fischer, & Manstead, 2005; Peluso & Freund, 2018).

Literature on emotions in psychotherapy has evolved into two branches: (1) the set of studies using Jones' (1985) Psychotherapy Q-Sort technique to identify the process correlates of the outcome (e.g. Ablon & Jones, 1999; Ablon, Levy, & Katzenstein, 2006; Coombs, Coleman, & Jones, 2002; Ulvenes et al. 2012; Ulvenes et al. 2014), and (2) the set of studies based on Greenberg and Safran's (1989) emotion-focused approach (e.g. Auszra, Greenberg, & Herrmann, 2013; Goldman, Greenberg, & Pos, 2005; Greenberg et al., 2007; Herrmann ve ark., 2016; Pascual-Leone & Greenberg, 2007; Pos, Greenberg, Goldman, & Korman, 2003; Pos, Greenberg, & Warwar, 2009; Watson & Bedard, 2006; Watson, McMullen, Prosser, & Bedard, 2011). The findings of the first set of studies refer to the therapist's inviting approach towards clients (Ablon & Jones, 1999; Ablon et al., 2006) and "collaborative emotional exploration" (Coombs et al., 2002) as important predictors of the outcome. The findings of the second set of studies highlight that especially during the working through phase of therapy, emotional arousal and depth of emotional processing predict symptomatic improvement (Goldman et al., 2005; Pos et al., 2003; Pos et al., 2009; Watson & Bedard, 2006). Emotional productivity concept is emphasized and reported as the sole predictor of outcome in experiential therapy, when other factors are controlled (Auszra et al., 2013; Auszra & Greenberg, 2007; Greenberg et al., 2007). These studies indicate the importance of studying discrete emotions in psychotherapy, yet the literature on specific emotions is still scarce (Herrmann et al., 2016; Pascual-Leone & Greenberg, 2007).

Regarding emotions in psychodynamic psychotherapy, contemporary literature reflects the relational shift in psychoanalytic theory. The focus of the psychoanalytic theory recently shifted from intrapsychic to interpersonal (e.g. Cooper, 1990; Hoffmann, 1991; Knox, 2003; Mitchell, 1993; Stern, 2010; Stolorow & Atwood, 1996), and thus the practice also shifted its focus from the instinctual to affective (Carek, 1990; Messer, 2013). However, research did not keep up with this shift in focus, probably due to the reliance of the literature on clinical case data (Masling, 2003) and the unstructured and open-ended nature of psychodynamic psychotherapies (Westen & Morrison, 2001).

The theoretical literature and case studies point to the importance of experiencing and expressing negative emotions; however, the specific types of emotions that might positively predict outcome are not identified. Theoretical work focuses on the overall variety and trends of change, instead of the level of a specific emotion (Stern, 2013). As to the change in the experience of emotions over time, most studies point to a quadratic trend being a sign of good outcome (e.g. Cavdar & Fisek, 2018; Watson et al., 2011).

Emotions of the therapist, on the other hand, have been recently included in empirical studies, following years of silence during which they were considered a threat to the assumed objectivity of the therapist (e.g. Atzil-Slonim et al., 2018; Chui et al., 2016; Fisher et al., 2016). Relatively recent studies that include therapists' emotions similarly report that the client and the therapist mutually influence each other (Chui et al., 2016), and incongruence in their emotions is associated with increased symptoms (Atzil-Slonim et al., 2018). One of the suggestions for future research by both studies had been studying specific types of emotions separately, rather than an overall positive or negative affect.

Based on these findings and observations, the first aim of this study is to describe the level and range of experience for each type of emotion and examine their association with the outcome. The second aim of this study is to explore how each emotion naturally unfolds throughout a psychodynamic psychotherapy process. The last aim of this study is to examine the mutual influence of the clients' and therapists' emotions as they unfold over the sessions.

Method

Participants

The sample of this study consisted of clients and intern psychotherapist of a university's psychotherapy center within a 1-year period. Applicants, who were deemed unsuitable for open-ended psychotherapy with

interns due to competence issues, were referred to other professional resources. Of the remaining applicants, 54 clients and 12 intern psychotherapists volunteered to participate. The majority (70%) of the clients were women, and the remaining (30%) were men. Their ages ranged between 19 and 40, with a mean of 27 ($SD = 5.81$). They applied to the center with mood issues (35%), relational problems (20%), anxiety (17%), need to increase self-awareness (15%), trauma (6%), and other concerns (7%). The psychotherapists were 10 women and 2 men with equivalent level of training and experience. They participated in the study during their internship year, following the successful completion of their first year in a psychodynamically-oriented clinical psychology graduate program. Intern psychotherapists received 5 hours of weekly group supervision and 1 hour of weekly individual supervision during the study. They switched supervisors at certain points during the year so that all interns received supervision from each group supervisor and two different individual supervisors. Cases were assigned to the interns solely on the basis of suitable appointment time. By the end of the year, data was available for 899 sessions of 54 clients and 12 intern psychotherapists.

Instruments

In order to measure the symptom level of clients, the global indexes of Brief Symptom Inventory (BSI; Derogatis, 1992; Şahin & Durak, 1994) were used. Adjectives Form of the Session Evaluation Questionnaire (SEQ-AF; Stiles, 1980; Uluç, Korkmaz, & Soygüt Pekak, 2019) was used and an additional Emotions Form (EE Form) was developed by the author using the same format with SEQ-AF. The final form included 12 adjectives that were rated on a 7-point bipolar scale (e.g. $1 = \textit{Easy}$; $7 = \textit{Difficult}$), and 12 emotions that were rated on a 7-point scale from not at all to very (e.g. $1 = \textit{I did not feel angry at all}$; $7 = \textit{I felt very angry}$). Emotions included in the form (happiness, sadness, fear, anger, surprise, contempt, disgust, shame, guilt, relief, envy, jealousy) were selected on the basis of basic emotions literature and psychodynamic diagnosis and formulation literature. In this study, only EE Form items were used.

Procedure

The clients had a pre-therapy screening interview, and if deemed appropriate for open-ended psychodynamic psychotherapy with intern therapists, received brief information about the study. Upon signing the Informed Consent Form, they were assigned an ID number and received the Pre-therapy Questionnaire Package that included the BSI. During their psychotherapy processes, they filled-out the EE Form after each session. After the termination of their processes, they received the

Post-therapy Questionnaire Package that also included the BSI. The therapist participants were informed about the study by the beginning of their internships. Upon signing the Informed Consent Form, they were assigned an ID number, and they received the same instruments with the clients throughout the process.

Results

The first aim of the study was to examine the level and range of each emotion as experienced by the therapist and the client, and to analyze their association with the outcome. It was observed that, for both the therapists and the clients, the highest level of experience was reported for Relief, Happiness, Sadness, and Surprise. These were followed by Guilt for the clients and Anger for the therapists. The emotion with the widest range of experience was Sadness for the clients and Surprise for the therapists. In order to examine the association of the level and range of emotions with outcome, Linear Mixed Models were formulated and tested. In these models, differences between the pre- and post-therapy scores of Global Severity Index (GSI) and Symptom Distress Index (SDI) of the BSI were outcome variables and the level and range of each emotion were predictors. Considering that the clients were nested in therapists, the random effects for the therapists were included in the models. The improvement in GSI was not predicted by the level or range of any emotion. For improvement in SDI, the range of clients' Guilt was significant ($\beta = .253$, $SE = .054$, $t(1) = 4.716$, $p < .001$). When the same analyses were done with therapists' emotions, it was observed that the level of therapists' Anger was negatively associated with clients' improvement in GSI ($\beta = -.307$, $SE = 0.092$, $t(1) = -3.326$, $p = .002$).

The second aim of the study was to depict the trends of change for each emotion, as they were reported throughout a naturally progressing psychodynamic psychotherapy process. Multilevel Modeling was employed, as the linear and quadratic trends over sessions as nested in clients and as nested in therapists were tested against a null model. It was observed that clients' Surprise had a slightly increasing linear trend [$\Delta\chi^2(1) = 14.22$, $p < .001$] that varied significantly across the clients [$\Delta\chi^2(2) = 16.56$, $p < .001$], but not across the therapists [$\Delta\chi^2(3) = .15$, $p = .985$]. For the whole sample, the trend of Surprise was defined by a close-to-average intercept and slightly increasing slope [$\alpha = 2.915$, $SE = 0.139$]; $\beta = .026$, $SE = .009$]. When the same analyses were conducted for therapists' emotions, Happiness [$\Delta\chi^2(1) = 44.71$, $p < .001$; $\alpha = 2.843$, $SE = 0.318$; $\beta = .039$, $SE = .009$] and Relief [$\Delta\chi^2(1) = 13.62$, $p < .001$; $\alpha = 3.333$, $SE = 0.217$; $\beta = 0.018$, $SE = 0.005$] demonstrated signif-

icant linear trends. Despite that these trends significantly changed across the clients, there was a slightly increasing linear trend that defined the whole sample. None of the trends that were tested demonstrated a significant difference for the clients who improved and who did not improve symptomatically.

Regarding the third aim of this study, the association between the clients' and therapists' emotions as they unfold over the sessions was examined via Multilevel Vector Autoregressions. For each emotion, temporal effects at lag 1 as well as post-hoc estimated contemporaneous effects were analyzed. The strongest contemporaneous effect was observed for the clients' Sadness and therapists' Sadness ($r = .242$, $p_1 < .001$, $p_2 < .001$); followed by the clients' Happiness and therapists' Happiness ($r = .160$, $p_1 = .002$, $p_2 < .001$). The clients' Relief was also associated with the therapists' Happiness ($r = .160$, $p_1 = .002$, $p_2 = .002$). None of the temporal effects were found to be significant. Yet, the negative associations between Anger of the client at one session and Relief of the therapist at the next session ($r = -.103$, $SE = .039$, $p = .008$) and Anger of the therapist at one session and Relief of the client at the next session ($r = -.086$, $SE = .034$, $p = .013$) were noted as approaching significance.

Discussion

This study initially described the emotions with the highest level and range of experience throughout naturally occurring psychodynamic psychotherapy processes. The first four emotions that were experienced at the highest level were happiness, relief, sadness and surprise for both the therapists and the clients. Considering the neurotic level of organization of the client sample, it was thought that the experience of happiness could refer to the feeling of being in an intimate, satisfactory relationship (Akan & Barışkin, 2018). Relief experience being high might be associated with the natural tension-relief and rupture-repair sequences of psychotherapy (Safran & Muran, 2000). High level of surprise experience might be a sign of increased awareness during psychodynamic psychotherapy sessions (Shedler, 2010).

Sadness being one of the most experienced emotions and being the one with the highest range might be related to the grief capacity and the related repair capacity of this sample of participants (Carveth, 2018; Pascual-Leone & Greenberg, 2007). The finding that sadness was experienced by the therapist at the same level with the client was in line with Atzil-Slonim et al.'s (2018) finding that the level of therapists' negative emotions is equivalent to that of the client. On the other hand, this was not observed for negative emotions of disgust, envy, fear, and contempt, as they were almost

not experienced at all by the therapist. The absence of these emotions could be explained by the expected lack of their typical triggers of threat of harm, repulsive stimuli, ethical violations or disturbing behavior by a moral inferior (Akan & Barışkın, 2018; Ekman & Cordaro, 2011; Wagner, 2000) in the psychotherapy setting. In addition, especially with clients of higher level of personality organization, these emotions are not expected to be triggered especially in the early years of therapy (McWilliams, 1994) and/or beginner therapists might be reluctant to admit such feelings (Pope & Tabachnick, 1993). Lastly, jealousy was discarded from analyses as it was missing for half of the assessments. It was observed that jealousy was considered as irrelevant by the participants, in line with its definition that denotes involvement of three people (Ekman & Cordaro, 2011).

Regarding the association between the level and range of each emotion and symptomatic improvement, the clients' range of guilt was positively associated with improvement in symptom distress, and the therapists' level of anger was negatively associated with improvement in symptom severity. Being able to feel guilt and also being able to regulate it within a wide range might point to a relation freedom (Stern, 2013), taking responsibility for actions (Tangney, Stuewig, & Mashek, 2007), and developmentally higher levels of organization (Wilson, 1986). On the other hand, regarding the association between the therapists' anger and clients' improvement in symptom severity, several explanations might be considered. The anger might be negatively influencing the alliance and the desire of the therapist to further understand the client, thus resulting in less symptomatic improvement (Ablon & Jones, 1999; Ulvenes et al., 2012; Ablon, Levy, & Katzenstein, 2006). It might also be the other way around such that a negative therapeutic reaction of the client might cause heightened anger in the therapist (e.g. Horney, 1936; Olinick, 1964).

The second focus of the study was the trends of change for each emotion. The observations that the clients' surprise and the therapists' happiness and relief slightly increase over the sessions should be considered within the framework of the methodology of this study. The processes were not all at the point of natural termination by the end of this study. Thus, some processes might be in the middle of the previously reported quadratic trends (e.g. Cavdar & Fisek, 2018; Gaskovski et al., 2014; Watson et al., 2011). The slight increase in clients' surprise might be an indicator of working through or forced termination rather than natural termination (Penn, 1990). Increasing relief and happiness of the therapists might also be related to their own feelings about approaching the end of the internship year, rather than a natural termination.

Lastly, the associations between the clients' and the therapists' emotions indicated that their sadness and happiness at the same session were strongly associated, as in line with other studies that reported mutual influence (Atzil-Slonim et al., 2018, Chui et al., 2016; Dales & Jerry, 2008). The finding that the client's happiness is associated also with the therapist's relief might suggest that especially the beginner therapists feel responsible for the client's happiness and feel tense when the client is unhappy (Williams, Judge, Hill, & Hoffman, 1997).

Limitations of this study could be summarized as (1) the small sample size did not allow for comparisons of different termination that seem to be crucial especially in interpreting the trends of change; (2) the level of organization and symptom level of the sample might have biased the results as clients with different presenting problems were pooled together and clients of varying levels of organization could not have been included; (3) the level of experience of the therapist sample restricts the findings to beginner therapists and increases the potential confounding impact of supervision process; (4) the varying lengths of the processes might have biased the findings; (5) the lack of measures regarding supervision process, orientation adherence, therapy credibility, fidelity, and satisfaction might have been confounding; (6) the single-item measures of emotion on a previously untested emotion list might have missed some of the variance. It is suggested for further research to include various client and therapist populations and compare processes with different termination types. Further testing of emotions such as pride, joy, disappointment, frustration is also recommended.

Although some observations could not have been clarified due to these limitations, this study attempted at describing the emotions of both the client and the therapist during naturally unfolding psychodynamic psychotherapy processes by preserving the time-series and nested nature of the data. Overall, it was observed that the clients and the therapists had similar and mutual emotional experiences and the therapist's emotion was also related to the outcome. Thus, longitudinal studies with larger samples that include the therapist as well as the client might be fruitful as further research.