

Classification of Affective-Meaning States

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Purpose of the Coding System

The Classification of Affective-Meaning States (CAMS) is a measure that was developed to rate the presence of emotion states relevant to the model of this research project. The measure is applicable to coding emotion events when participants are engaged, emotionally involved, and aroused. Thus, the following coding system assumes that participants are not explicitly avoiding or interrupting arousal or emotional experiencing. Although clients may be naturally ambivalent about engaging, heightening and essentially allowing upsetting emotions, the events used for coding should follow the initial “allowing” of feeling (Greenberg & Paivio, 1997; Greenberg & Safran 1987). The codes themselves are intended to describe emotional experiences that are being “allowed” by the individual¹.

That having been stated, the coding system is designed to track the changing “flow of emotions”: Which emotions are occurring and in what sequence. The measure was created in light of preceding research that has shown some emotional experiences are more productive than others (Greenberg, Rice, & Elliott, 1993; Greenberg & Paivio, 1997; Sicoli & Greenberg, 2005).

¹ For observable criteria that might identify emotionally resistant and interruptive processes see the work of Davenloo (1990) from a short-term dynamic perspective or of Weston & Greenberg (2005) from an experiential perspective.

Criteria

Each emotion state is evaluated on up to five criteria, which address three distinct facets:

Emotional tone

- A. Emotion/ Action tendency

Involvement

- B. Expression (i.e. non-verbal behaviours, emotional arousal...)
- C. Vocal Quality

Meaning

- D. Stance and/or Adaptivity
- E. Specificity

These criteria capture key affective-meaning (i.e. “emotion”) states. In the first criterion, emotion words and action tendencies serve as a rough guide suggesting the type of self-organization that a client is in. Some categories of coding are based on Greenberg’s (2002; Greenberg & Paivio, 1997) categorizations of primary vs. secondary and adaptive vs. maladaptive emotion. Those qualitative distinctions are captured mainly by the two “meaning criteria” listed above in addition to the Vocal Quality Scale (Rice & Kerr, 1986)².

Fosha’s (2000) distinction between core affects and core states is also quantified in this measure through a combination of criteria. The core affects are captured by higher

² Note that although the Experiencing Scale (Klein, Mathieu-Coughlan, & Kiesler, 1986) would be a well suited contribution to these criteria, it was not included so that it could be used later as a dependent variable, providing construct validity to the current measure and model.

ratings on “emotional involvement criteria” including the Emotional Arousal Scale (Warwar & Greenberg, 1999) in particular. Core states, on the other hand, are reflected by the meaning criteria as well as certain types of vocal quality, i.e. the focused voice (Rice & Kerr, 1986).

A richer degree of conceptual differentiation and integration in the clients’ discourse is characteristic of productive meaning states (Wexler, 1974). Two types of criteria in this measure are intended to reflect, at least in part, this richness and level of formulation. “Specificity” is a criterion for some facet of meaning differentiation while “Stance and/or Adaptivity” is a criterion for the degree to which meaning is integrated and/or formulated to a healthy end.

Because the observational rating of a client’s subjective “involvement” is quite limited, involvement is judged in the context of previous arousal and engagement. In this classification system, it is a reasonable assumption that a client’s expressed arousal is carried on internally unless there has been a dramatic change in topic. From this perspective, the involvement criteria are met if emotional expression is observable and/or if clients provide a detailed physical description of their emotional experience. In this way, clients who are reticent about outwardly expressing arousal yet disclose that they are, i.e. “on the brink of tears” (without ever actually tearing), have met the criteria for affective involvement (assuming all other verbal and non-verbal indicators are consistent with the verbal report).

Minimum Unit for Coding

For a rater to make any given code the participant must utter a minimum of two consecutive statements that indicate the same emotion class. This requirement is consistent with what has been used in other ratings of comparable clinical material (i.e. see Sicoli & Greenberg, 2005). There are two theory-driven exceptions to this rule. In the case of coding either a “Need” or a “Negative Evaluation” (see classifications to follow) a single clear statement is sufficient to make the code. The justification for this exception is that, by definition, both these classifications are crystallized statements of meaning.

1. Global Distress

Diagnostic definition:

Emotional tone

A. Presence of at least one of the following:

1) An experience clearly labelled by either client or therapist as any of the following:

- a) hurt,
- b) pain,
- c) confusion,
- d) hopelessness,
- e) helplessness,
- f) resignation,
- g) unelaborated loneliness,
- h) unelaborated emptiness,
- i) self-pity,
- j) vague self-blame, guilt,
- k) irritability,
- l) undifferentiated complaint/whining...

2) An experience that is described by the client as:

- a) undesired,
- b) aversive, and

c) producing suffering.

(i.e. engaged, high emotional arousal that the client describes simply as feeling bad, awful, turmoil, miserable, etc.)

Involvement

B. Presence of at least one (or both) of the following:

- 1) The experience is of high expressive arousal and is rated to be > 4 on the Emotional Arousal Scale (Warwar & Greenberg, 1999).
 - 2) The client verbally reports his or her arousal, indicating that the emotional tone is activated.
- There is non-verbal behaviour reflecting a state of suffering or collapse, which may include one (or more) of the following:
 - a) tears,
 - b) lowered head,
 - c) slumped body language,
 - d) sighs,
 - e) eyes to floor...

C. Presence of at least one (or both) of the following vocal qualities:

- 1) “Emotional voice quality”, which is disrupted or distorted as a result of overflowing feeling. This is characterized by:
 - Disruption of vocal pattern
(i.e. the voice may break, tremble, rise to a shriek, become very low),

- Uneven pace,
 - Irregular accentuation pattern,
 - Unexpected terminal contours.
- 2) “External voice quality”, which has a premonitored quality, suggesting that the content being expressed is not being newly experienced and symbolized. It is characterized by:
- a “talking at” quality,
 - moderate to high energy, which is fairly full and directed outward,
 - extremely regular accentuation achieved primarily by a rise in pitch,
 - there is an even pace with highly expected terminal contours.

Meaning

D. The client is non-agentic, lacks a sense of direction, and there is no adaptive action tendency associated with the distress state.

- I.e. not clearly knowing what to say or do,
- feeling stuck.

E. The object of distress is one or the following³:

1) Unknown and elusive.

“Unknown Distress”

³ Examples of “Unknown Distress” are found in 076#7, 516#2; “Minimally Explored Distress” in 507#3; “Limited and Avoided Distress” in 512#3.

- I.e. the client is uncertain of what the feeling is or why the feeling exists – i.e. “I’m feeling X and I don’t know what it is about or why I am feeling it”.
- When answering the question, “What is the problem?”, the observer is unable to determine what the suffering is about in concrete or specific terms.
- It is as if the client were making the statement:
 - “I don’t know what it is but it bothers me”.

2) Known but minimally elaborated in terms of its subjective experience.

“Minimally explored Distress”

- There is little elaboration of the client’s experience beyond that it is distressing – i.e. “It feels bad when someone does not understand or care”. (Note that who is not specified).
- Clients do not convey their idiosyncratic experience:
 - They use global terms, like feeling “bad”;
 - They refer to their concern in second or third person, i.e. “one feels bad when people don’t care”;
- It is as if the client were making the statement:
 - “I know what it is but not how I feel about it”.

3) Unaddressed beyond the subjective sense of victimhood.

“Limited & Avoided Distress”

- Any meaning is heavily other/circumstance-oriented.
- The client has a marked lack of agency, (as if being helpless was itself the object of distress, i.e. “I’m so upset that I’m helpless”).
- The client makes excuses, rationalizations, justifications with a quality of defensiveness and whininess.
- The client makes pathetic or desperate pleas.
- The client seems avoidant yet is unable to disengage from the distressing material. Sometimes the client refers to “it” indicating the emotional distress in non-elaborative terms.
- The meaning is as if the client were making the statement:
 - “It just happened to me and I feel like a victim”.

Conceptual definition:

Global distress could alternatively be referred to as “undifferentiated distress”. This category of emotion is best characterized as an emotionally expressive reaction to some deeper underlying concern. Distress is global in the sense of all embracing or undifferentiated, such that the presenting undifferentiated feeling might allude to specific negative emotions but those emotions remain “fused”. If deeper core concerns are not being articulated but clients are aroused and distressed about some (general) aspect of their circumstances the rater must code this category.

Expressions of global distress do not capture any meaningful object of emotion or meaningful action tendency. As a result this experience gives the client no meaningful

sense of direction; i.e. “I’m feeling bad”, as opposed to a more differentiated statement like, “I resent him for what he did and don’t want to overlook it.” Thus, in global distress the object of emotion is usually referred to in generalities and the emotional response is also one of generality, -- i.e. “The way I feel now about all that stuff, it freaks me right out”.

The experience of global distress can be described as being of high expressive arousal and low meaningfulness in regards to some personally sensitive theme. It indicates to the person that something is happening that is undesired, aversive, and is producing pain. The person wants the experience to be over with yet cannot seem to get over it. This affective-meaning state is characterized by feeling as if one is a victim of emotional suffering.

Examples:

Some case examples of statements that typify this category follow. One must be aware, however, that such statements in isolation do not necessarily merit a code but are given support by the meaning-context in which they are expressed.

- “I could cry for a really long time.”(Nt. Cry about “what” is not specified.) (hurt)
- “I feel hopeless, lost, sad, discouraged.” (hopeless, no sense of direction)
- “I wish I could get past it or turn it off.” (no sense of direction, complaint)
- “I feel alone, it’s so hard.” (self-pity, unelaborated loneliness)
- “I’ll never get there. There’s no use.” (hopeless, helpless)
- “It’s so awful and I don’t know what to do.” (pain, confusion)

Points of discrimination:

The observer will notice that what many clients describe as “sadness” will be coded here as global distress. In doing so a distinction is drawn between feeling “tearful and troubled” (sad, in more popular parlance) and feeling tearful over a clearly recognized loss (see “specific adaptive hurt/grief” below). An example of this was when a client said, “I felt sad for no apparent reason. I was teary and just had this sadness that came over me. All of a sudden I feel like I want to cry and I don’t know where it’s coming from. Something’s going on deep inside”. In this example, the client is using “sadness” to describe the subjective experience of an undifferentiated state -- global distress. Thus, sadness may or may not be global distress depending on the quality with which it is expressed. Greenberg’s (2002) emotion-focused approach would describe this type of sadness as secondary sadness, indicating that there is some underlying and more primary emotional concern.

Note that especially in cases of complaint, whining, and the like, global distress tends to be very other/circumstance-oriented, such that there is little elaboration on the client’s experience beyond the fact that it is distressful.

Aroused statements such as, “It’s just too painful” or “It’s so hopeless!” are expressions of emotion in their own right – they are pain or hopelessness, respectively. Nevertheless, these statements suggest some underlying emotion that remains unarticulated, herein that feeling/concern has only been referred to as “it”. The underlying feeling may or may not be within the client’s scope of awareness. Again, if

deeper core concerns are not articulated but clients are aroused and distressed about some (general) aspect of their circumstances the rater must code this category. Thus, raters should consider:

- What does ‘it’ refer too? What is the client *actually* upset about?
- Has the concern at hand been sufficiently differentiated?
- Is the client grappling with the concern’s specific and personal nature?
- Is the object of emotion grounded in relatively concrete terms?

Answering “No” to all or some of these questions is indicative of global distress.

Some clients have developed a way of interrupting or curtailing their emotion when this emotion-state becomes unbearable for them. Upon such an occasion, either the interruption is successful and the client’s level of arousal drops dramatically or it is unsuccessful and the person continues to express aroused global distress.

General description of content:

Although the affective-meaning state describes a quality rather than content per se, some types of content seem to be prototypical expressions of this state. The following, which is not an exhaustive list by any means, are descriptions of content that characterize global distress when deliberated with high emotional arousal. Some of these descriptions use examples of client statements as illustrations.

- Statements of a “poor me” quality are characteristic expressions of this state. Such statements are usually made from the position of victim and are made in a tone of complaint and often self-pity.
- Statements that protest the eternity of the injury or suffering. Since universals are almost always overly simplistic, they are also a sign of limited differentiation. Therefore, words like always, never, forever, etc. may serve as indicators of Global Distress. These statements also often have a “poor me” quality. For example:
 - “I have been suffering every day of my life”.
 - “I’ve been saddled with this difficulty my entire life and the pain is really, really intense”.
- Statements that the client makes about perennial doubt or uncertainty.
 - “I don’t know, I don’t know”
 - “I’m so doubtful about whether that is the truth or not.”
 - “I need to know why you did that” (...in a desperate tone of voice. If it were an angry tone of voice this may indicate another affective-meaning state).
- Statements that are hypersomatic. Very detailed descriptions of physiological experiences of affect can sometimes lack any description of personal or idiosyncratic meaning. Although such physical accounts are very detailed they are

usually only specific on a somatic level and are non-specific on a meaning level, making them characteristic of global distress.

- Statements that clients use to describe themselves as out-of-control, insane, or overwhelmed by emotional intensity are all characteristic of global distress. In this type of statement self-pity is often only implicit and emphasis is put on the client's sense of disorganizing and intense arousal.
 - “It makes me crazy to think...”
 - “It absolutely enrages me that you don't even care”
- Taking an argumentative position or a complaining position regarding one's “stuckness” is a strong indicator of undifferentiated emotional distress.
- Statements of character assassination may border on a different state (i.e. Rejecting Anger) but otherwise should be considered expressions of Global Distress. For example:
 - “You are selfish and self-centred!”
- Statements of vengefulness from a position of distance (rather than anger).
 - “Screw you. If you don't have any consideration for my feelings I won't have any consideration for yours”.
- Statements indicating avoidance rather than emotional engagement.
 - “I don't want to have to deal with him”.
 - “I don't want to imagine him” (Note that these comments do not comment on what the client would like to do, they are simply negations).

Relating Global Distress to the literature:

This sort of affective-meaning state has been referred to as secondary emotion in Emotion Focused Therapy and therapists are encouraged to go underneath this feeling (Greenberg, 2002). Other instances of global distress are labeled as emotional pain by the experiential tradition, in which case therapists are encouraged to validate and differentiate the emerging emotion (Bolger, 1999; Greenberg & Bolger, 2001). Sicoli and Greenberg (2005) talk about verbal and non-verbal markers of hopelessness, some of which are also in these criteria.

In psychodynamic therapies this state is referred to as defensive emotion or anxiety (in the broad sense) and the intervention is to interpret this state as a defense (Greenberger & Mitchell, 1983). Reik (1948) has referred to a particular affective-meaning he observed in his clients as the “masochistic morass”. His use of that term captures many of the same experiential features of the global distress construct (although not the motivations he attributed to it). Some psychodynamic authors have referred to instances of collapse into global distress as a mini-dissociative defence (Fosha, 2003).

It appears that both the psychodynamic and Emotion Focused approaches agree on the apparent lack of depth of Global Distress. From another perspective, the cognitive behavioural tradition refers to this state simply as negative emotion, something to be regulated and bypassed (Greenberger & Padesky, 1995).

Experimental research on the fundamental dimensions of subjective emotion states has identified “Distress” as a common factor that underlies aspects of cognitive, emotional, and motivational domains of experience (Mathews et al., 2002).

2. Specific Maladaptive Fear & Shame

Diagnostic definition:

Emotional tone

A. Presence of at least one (or more) of the following:

- 1) An experience clearly labelled by either client or therapist as any of the following. Note that the client must be “in” the state and suffering by the state – not avoiding it.

Shame-based emotion:

- a) Shame
 - i.e. feeling inadequacy, humiliation, embarrassment...
- b) “Feeling Empty” (elaborated)
 - Other forms of a Shame-Sadness blend,
 - i.e. “I’m withdrawn, miserable about my defectiveness”
- c) Collapsing in the face of self-contempt

- The client makes specific and harsh statements of self-contempt while at the same time collapsing into an obvious state of suffering (i.e. crying, etc.).

Fear-based emotion:

d) Fear

- i.e. feeling threatened, unsafe, defenseless, incompetent...

e) “Feeling Lonely” (elaborated)

- Other forms of a Fear-Sadness blend, i.e. dread.

f) Shame-Anxiety

- i.e. “I’m afraid I will be humiliated”

g) Guilt

- i.e. “It’s all my fault”, “I deserve to be punished”.

- 2) The action tendency is to withdraw in some way (i.e. escaping, hiding, turning sadly inwards...) from something/someone aversive. Generally the client reacts defensively sometimes even passively by “closing down” under the weight of this “dreaded state”.

Involvement

B. The experience may range widely from minimum to high expressive arousal.

- Non-verbal behaviour which may include one (or more) of the following:

- a) covering face with hands,
- b) lowered head,
- c) closed eyes or diverted/downcast gaze,
- d) fear brow (eyebrows raised and straitened),
- e) fear mouth (open but with lips tense and drawn back tightly),
- f) tears...

C. Presence of at least one (or both) of the following vocal qualities:

- 1) “Emotional voice quality”, which is disrupted or distorted as a result of overflowing feeling. This is characterized by:
 - Disruption of vocal pattern
(i.e. the voice may break, tremble, rise to a shriek, become very low),
 - Uneven pace,
 - Irregular accentuation pattern,
 - Unexpected terminal contours.
- 2) “Focused voice quality”, which is described as turning attention inward with a concentrated use of energy and the quality of groping toward new meaning.
This is characterized by:
 - Uneven pace,
 - Ragged, unexpected terminal contours,
 - Stop-and-go, unexpected pattern,
 - Accent is done with loudness or a drawl (rather than a pitch rise).

Meaning

D. The presenting concern is the source of deep and enduring personal pain.

- The emotion is full of suffering but familiar in quality.
- It is clear to the observer that this state moves the client in a destructive/unhealthy direction.
- The core concern is self-referencing, e.g.:
 - “I am defective”,
 - “I am insecure, abandoned”.

E. The object of emotion is clear and specific – i.e. “I feel ashamed/afraid of X”.

Conceptual definition:

This category of emotion is best characterized as the emotional expression of a core underlying concern, which is the source of deep and enduring personal pain.

Although emergence of the emotion may involve a significant other, (as in “feeling shame in the eyes of the other”), this type of emotion is clearly self-oriented (as in “I am the one who is shameful”).

Idiosyncratic meaning is usually quite important for this type of affective-meaning state. It represents an unhealthy and very painful way of viewing and experiencing oneself that is regrettably familiar to the client, like an age-old emotional wound. For this reason this category can be described as being of high arousal and high meaningfulness. The nature of this category is that it represents a highly personalized pathogenic state, which is imbued with emotion and sets the clients on a trajectory of

destructive self-organization. The client is completely taken over by the emotion and experiences it as insuperable. There are action tendencies associated with this state (i.e. withdrawing, escaping, etc.) but the familiarity of this highly aversive state gives the sense that the client has no real expectancy of getting away, as it were.

The expression of specific maladaptive emotion often requires a good deal of meaning exploration. More often than not there is eventually the elaboration of some implicit need and an evaluation of client's relation to that need. For example the client may come to the painful conclusion that, "I am not loved or understood".

General description of content:

Although clients almost never use such statements, the essence of these core concerns are captured in summary phrases such as, "I am shamefully unlovable, worthless, or incompetent" or "I am afraid I will die/be annihilated". In any of these cases the client's own description and expression of the concern must be done in a manner that is relatively concrete, specific and personal. In short, this affective-meaning state should be coded when clients make clear and emotionally expressive statements about their sense of fearfulness and/or shamefulness.

Points of discrimination:

The expression of these feelings is done in a specific and detailed fashion (otherwise they may be better represented as global distress). Often clients will not actually use the word "shame" since it is not usually found in common parlance and is perhaps too penetrating. Nevertheless, harsh, overt self-criticism and self-disparagement

may accompany statements indicating that clients feel shame about their shortcomings. Deeply seated objects of shame are more often than not either in regards to (1) clients' competence in the world or (2) their ability to have relationships. Also, in this affective-meaning state, the object of fear is usually the danger of utter destruction possibly as a result of abandonment, rejection, or personal incompetence.

Fear and shame are by far the predominant families of emotions subsumed under this category although variations of these may blend with sadness. Some clarification on the common experience of feeling "lonely" or "empty" will be helpful here. The maladaptive state of "sad loneliness" is conceptualized as existing in the transition (i.e. a loop) between global distress and specific maladaptive fear. Although loneliness is often discussed as a form of sadness, what make loneliness such a painful feeling are its ramifications, which are always tinged with an element of fear. Ultimately, what makes loneliness maladaptive is the tacit meaning it entails of, "Somehow if I'm alone I won't be OK/secure/able to cope". Inevitably, when loneliness is elaborated there is a colouring of fear that gives the idea of being alone its bite. This is consistent with the observations of several authors who have pointed out that attachment disorders are all primarily fear based (Freud, 1995/1913; Bowlby, 1997/1969; Sartre, 2001).

Similarly, feeling "empty" is understood as somewhere between global distress and maladaptive shame, depending on the degree of meaning elaboration the client is able to create. In either case, raters will have to make a judgment on the level of meaning

differentiations and personalization that the client makes in order to determine the code that is most fitting: global distress vs. specific maladaptive fear and shame.

The differentiation of meaning and the freshness of the experience are two of the most discriminating characteristics between global distress and specific maladaptive distresses (i.e. fear or shame). In contrast to global distress, which seems to state: “I feel awful but I don’t know why or what it is about”, maladaptive fear or shame state: “I feel awful and I do know exactly why!” Although some instances of global distress may have a familiar quality to clients especially if distress is part of a maladaptive personality/social style (i.e. self-pitying), the familiar maladaptive emotion is always being felt freshly in the moment. It is not just being talked about, it requires a high level of experiencing.

Sadness is sometimes maladaptive and at other times adaptive. The following comments help demarcate the difference between healthy and unhealthy types of sadness. Sadness (in the sense of grief or loss) has been described as having two distinct action tendencies that are sequentially ordered (Bowlby, 1997/1969). Initially, the action tendency in response to a loss is to cry out and essentially to reach out. A prototypic illustration is when a child gets lost in the supermarket and cannot find mother and cries out. Should crying for help prove unsuccessful the second action tendency of sadness is to withdraw and conserve energy for the hard times that evidently lie ahead.

When this second action tendency of “closing down” in sadness becomes an enduring or chronic emotional pattern, it represents a maladaptive version of sadness. The

more it becomes an enduring source of personal and self-referencing pain the more it acquires a sense of shame and becomes “shame-sadness” (i.e. “I have lost because I am defective/inadequate”). Needless to say, a lost child is also frightened and so it makes intuitive sense that fear, shame and sadness in their maladaptive forms are amalgamated together here as specific core maladaptive states.

Some forms of shame-anxiety, guilt, and self-contempt are more particular variants of this maladaptive rubric and identifying them will assist in coding. Shame-anxiety is a hybrid feeling. It alerts individuals to the imminent danger of being shamed (Mindell, 1994). This maladaptive state highlights once again the intimate relationship between fear and shame based emotions. The clearest instances of shame-anxiety can be commonly found in social phobias.

Guilt is maladaptive when it rallies self-blame and self-punishment. The most easily recognizable instance of this is found in “survivor guilt” (Garwood, 1996). Guilt is related to the family of fear-based emotions through the dread of punishment and inescapable culpability. Once again, withdrawal and “closing down” signals the maladaptive action tendency of this category.

The expression of contempt in self-criticism, especially during two-chair work can be understood as reflecting a maladaptive way of coping with unhealthy shame (Mindell, 1994; Whelton, 2000). For this reason, when a client expresses obvious emotional suffering at the same time as making specific statements of self-contempt the suffering (i.e. tearing, etc.) is considered a reflection of maladaptive shame.

Other discrete maladaptive emotions such as anger or disgust clearly exist but are not distinct parts of this model. This affective-meaning criteria does not apply to those discrete emotions because of their radically different action tendencies. Although they may be experienced as unpleasant, anger and disgust are not “dreaded” emotional states, to use the words of Horowitz (1987). Accordingly, their action tendencies are not of withdrawing and “closing down” as is the case in this model component.

During the elaboration of meaning some clients become very emotionally aroused⁴. Alternatively, clients begin to intellectualize and in a literal sense distance themselves from the specific and emotionally evocative details that facilitate maladaptive emotion. This form of loop can be referred to as a distancing. If this happens before the rater is able to confidently code the maladaptive emotion the occurrence should not be rated. Alternatively, if the maladaptive emotion is sufficiently aroused and activated then the occurrence will be rated and distancing will likely mark the end of that code.

Similarly, some clients have developed a way of self-interrupting or curtailing their emotion when this emotion-state becomes unbearable for them. Upon such an occasion the interruption is often not fully successful and clients will revert to the less specific expression of aroused global distress (in an attempt to distance themselves from the painful specifics). This occurrence would signal a change in code from one affective-meaning state to another. Otherwise, the interruption is successful and the client’s level

⁴ In this project it could be helpful to raters to know that soothing by the therapist is usually critical around this point to allow the client to tolerate unpleasant feelings and continue with the task at hand – avoiding either distancing or self-interruption. However, unless it is in the form of explicit and adaptive self-soothing, such soothing should not be coded.

of arousal drops dramatically perhaps accompanied by a change in topic. In that case, the occurrence would not be rated or it would signal the end of the code if there had already been sufficient expression to make one.

Relating Fear & Shame to the literature:

Authors writing on Emotion Focused Therapy have referred to this type of emotion as a primary maladaptive emotion. In that tradition, therapists encourage their clients to “own” these maladaptive feelings as their own, to experience them fully and then attempt to help the client transform these feelings. In other words, this type of state must be actively engaged rather than avoided so that it can eventually be changed by the emergence of another subsequent feeling (Greenberg, 2002).

Psychodynamic theorists have referred to this category of experience using various terms. Horowitz (1987) has referred to this as a class of “dreaded states” that must be regulated, while McCullough et al. (2003) has referred to “pathogenic affect”, which must be “faced” by the client. This affective-meaning structure is also represents the “response from self” in a core conflictual relationship theme (CCRT) described by Luborsky et al. (1994). Thus, the psychodynamic tradition generally treats this type of emotion as something that must be willfully tolerated and believes it will eventually change through insight. Doing that is considered the most central target of Psychodynamic therapies.

Both experiential and psychodynamic approaches understand the maladaptive state as one that the client is embedded in, such that within its framework the client has

great difficulty finding any viable alternative to hopelessness and despair (Safran & Muran, 2000). Cognitive and behavioural approaches to therapy have not found it useful to differentiate these fear and shame states from a more global state of distress; consequently (like global distress) it is referred to generically as “negative emotion”. As with more global distress CBT therapist work toward helping the client regulate these unpleasant feelings (Greenberger & Padesky, 1995)

Ekman and Friesen (1975) described the fear-mouth and fear-brow as well as some of the other expressive criteria for this state.

3. Generic Rejecting-Anger

Diagnostic definition:

Emotional tone

A. Presence of at least one (or more) of the following:

- 1) An experience clearly labelled by either client or therapist as any of the following:
 - a) rage,
 - b) reactive anger/ feeling mad,
 - c) hate,
 - d) resentment,
 - e) frustration,
 - f) angry protest (not wining),

- g) repulsion,
- h) anger-disgust,
- i) angry-tears.

2) The action tendency is an attempt to rid oneself of something/someone noxious. Sometimes clients swear and use name-calling. Generally the client reacts with an angry tone to avoid suffering and to defend/protect the Self.

This is embodied by one of two sub-categories⁵:

- a) “Distancing Anger”
 - pushing away and producing distance,
- b) “Destructive Anger”
 - attacking, lashing out and destroying.

Involvement

B. Presence of at least one (or both) of the following:

- 1) The experience is of relatively high expressive arousal and is rated as > 4 on the Emotional Arousal Scale (Warwar & Greenberg, 1999). Arousal does not render the expression as out of control or incoherent.
- 2) The client verbally reports his or her arousal, indicating that the emotional tone is activated.
 - There is non-verbal behaviour reflecting a state of anger and protest, which may include one (or more) of the following:

⁵ “Distancing anger” can be seen in 516#12; “destructive anger” in 076#7.

- a) Shaking a fist, chopping, pointing,
- b) Dismissive gestures - i.e. waving away,
- c) Shaking the head,
- d) Emphatic nodding with statements,
- e) Angry mouth (i.e. pressing lips together - or - firm lower lip with mouth open in a squarish shape as if shouting),
- f) Squinting and angry tears.

C. Presence of at least one (or both) of the following vocal qualities:

- 1) “Emotional voice quality”, which is disrupted or distorted as a result of overflowing feeling. This is characterized by:
 - Disruption of vocal pattern
(i.e. the voice may break, tremble, rise to a shriek, become very low),
 - Uneven pace,
 - Irregular accentuation pattern,
 - Unexpected terminal contours.
 - 2) “External voice quality”, which has a premonitored quality, suggesting that the content being expressed is not being newly experienced and symbolized. It is characterized by:
 - A “talking at” quality,
 - Moderate to high energy, which is fairly full and directed outward,
-

- Extremely regular accentuation achieved primarily by a rise in pitch,
- There is an even pace with highly expected terminal contours.

Meaning

D. The client takes the position of plaintiff rather than victim and does not make specific self-affirmations.

For example, the client:

- Expresses “angry tears” vis-à-vis some concern.
- Acts as a plaintiff voicing an injury/concern.
- The tone is of agentic protest rather than powerless complaint.
- There is no explicitly declared positive self-evaluation.

E. The client stresses the noxiousness of the experience rather than the violation of values and self worth per se.

For example, the client:

- Is angry about some wrongdoing or how offending circumstances were injurious.
- Limits concern to the immediate noxious experience of transgression rather than referring to the violation or injury.
- The experience of violation is not articulated in specific, concrete, and personalized terms but rather is only addressed in generic and broad statements.

Conceptual definition:

This category of affective-meaning state is represented by the expression of anger. The main thrust of this instinctive and reactive anger, however, is in rejecting some offensive object. Often this anger is expressed from an “underdog” position such that the client seems to speak from the position of plaintiff or even victim. The almost instinctive expression of rejecting-anger might be described as one of hedonistic righteousness, where the client reacts defensively to avoid pain. The arguments used in expression of this anger often contrasts the Self’s status against what the offender did wrong or how the offending circumstances were injurious.

This affective-meaning category is described as generic because it relates to a class of angry feelings rather than a specific or specialized one. When clients express this state it usually entails high arousal and moderate meaningfulness (on account of its limited-specificity). It is generally a state of anger that sets the client on a trajectory of productive (albeit limited) self-organization. The meaning carried by this state is conveyed by a sense of self-righteousness against being hurt but is generally limited to the immediate experience of transgression (i.e. “I’m upset because you hurt me”). Thus, it is described as being moderately meaningful and can represent some organization toward recovery from injury although this is a state, which individuals often gets “stuck in”.

It is important to understand that although rejecting anger can be somewhat adaptive for the organism experiencing and expressing it, it is fundamentally aggressive.

Under normal circumstances anger and aggression can provide an important and adaptive service in self-preservation and sometimes even the preservation of attachment ties. In this way, sometimes those needs are defended even before they are concretely experienced. This is the adaptive side of rejecting anger. In other instances, instrumental or operant expressions of rejecting anger become so automatized that the expression becomes consolidated developmentally and form maladaptive personality structures of anger. A chronically reactive angry disposition is a structuralized (and pathologized) rendition of rejecting anger.

Examples:

Some prototypical statements that capture the spirit of this affective-meaning class might be:

- “I hate you for injuring me.” (hate, outrage)
- “F-you!” (reactive anger, rejection)
- “I’m pissed off!” (protest)
- “I’m just angry that it happened.” (protest, frustration)
- “You are sick! Disgusting, pathetic.” (repulsion)
- Character assassination, when the client insults and disparages the other, are usually also examples of Rejecting Anger.

Points of discrimination:

Complaint/protest may be either an expression of rejecting-anger or global distress depending on the context and on the proportion of protest vs. pain/helplessness in

which the complaint is expressed. Neither should hostility be taken as synonymous with rejecting-anger. For example, insults directed at the offending object or person are indicative of rejecting-anger if they serve to punctuate a more articulate statement of rejection. Belligerent swearing, on the other hand, especially with either a tone of whining/complaint or with a tone of unbridled and inarticulate rage suggest that the client is more in a state of global distress, depending on the tone and context. The focused intent to harm another and the tendency to escalate out of hand are both characteristics of “malignant” aggression or rage, which is not the same as Rejecting Anger. Consequentially, aggressive rage might be codable as Global Distress but is likely to be better considered uncodable within the current classification system.

The category of “assertive-anger” is described further on (see code #7, below) but it is useful at this time to highlight the features that discriminate rejecting-anger from assertive-anger. There are at least seven discriminating features:

- 1) Rejecting anger is characterized by hedonistic righteousness. For example, “I’m upset because what you did *hurt me*”, is an expression of rejecting-anger and hedonistic righteousness. As contrasted with, “I’m upset because what you did to me *was wrong* and I deserve to be treated with respect”, which is an expression of assertive-anger and ethical righteousness. This difference is that rejecting-anger stresses the noxiousness of individuals experience rather than the violation of their values, ethics, and self worth per se.

- 2) Rejecting-anger is somewhat healthy and adaptive in that it is defensive against some offending object, as seen in the acts of repulsion or anger-disgust. However, the characteristic action tendency of “general rejection” is not explicitly self-affirming of any declared positive self-evaluation. This is one of the reasons that swearing and name-calling is more prominent in rejecting-anger than in assertive-anger. In this sense, rejecting-anger embodies a moderate level of meaningfulness while assertive-anger embodies higher, more developed meaning of self-affirmation.
- 3) In rejecting-anger an individual characteristically speaks from the position of “underdog” or plaintiff. Thus, the client is less agentic than in assertive anger (albeit not entirely devoid of agency, since no agency would be characteristic of global distress).
- 4) Rejecting-anger principally produces negative statements aimed at creating distance. In contrast, assertive-anger principally yields positive statements in an effort of affirmation (which, of course, will also imply some sort of distancing). The affirmation effort of assertive-anger puts a person in the position of an “advocate and activist” with equal footing against the offending object. This also suggests that assertive-anger embodies a more differentiated level of meaning.

- 5) Rejecting-anger tends to make use of more “you” language given its stance of general rejection. This language, however, relates “you” to “my injury”, unlike the language used in global distress, which is restricted to one or the other. Conversely, assertive-anger tends to make more use of “I” language by way of self-affirmation. “I” statements in assertive anger often give a sense of genuineness.
- 6) Rejecting-anger involves more emotional arousal than assertive-anger, (but less arousal than disorganized rage, which is a form of global distress).
- 7) Rejecting anger is the type of anger that an individual feels he or she needs to “get over” or “get rid of”. Harboring such feelings of anger/resentment/hate/etc. is inherently unpleasant. This is not the case, however, for assertive-anger. An individual who is faced with feelings of anger that are well oriented toward the assertion of personal needs and rights often feels positively about his or her anger. In some sense assertive anger can be followed through to “completion” while rejecting anger tends to be more ongoing.

It is not uncommon for the client who expresses anger to eventually feel suddenly overwhelmed or unable to continue. This is best described as a collapse of the Self. In essence, this happens when clients are organized to fight but their initiative precipitously

turns into a flight response. Thus, the client collapses into fear and hopelessness and regresses toward “global distress”.

General description of content:

Expression of generic rejecting-anger is frequently elicited by being confronted with or imagining making contact with the offensive object – whether that be self-critical statements or some significant other, etc.

Interrogatory, rhetorical questions and accusations may characterize rejecting-anger if the client refers to a specific injury and directs reasonable accusations toward an (imaginary) offending other. Otherwise, raters should consider global distress as an alternative code. For example, “Why did you do X, Y & Z??” in a protesting tone is best represented as global distress; whereas “Did you ever for one minute take into consideration X??” in an accusing tone may very well be rejecting-anger.

Relating Rejecting Anger to the literature:

EFT theorists have referred to this as secondary anger on account of its reactivity regarding some concern that is not fully articulated (Greenberg, 2002). Many psychodynamic theorists, on the other hand, have referred to rejecting anger as a sense of entitlement or narcissistic rage. Whereas in the language of Short Term Dynamic Psychotherapy, which is focuses explicitly on affective processes (as does EFT), this has been referred to as “murderous rage” (Davenloo, 1990) (although the use of that particular term may suggest more malignant rage than defensive aggression, to use Fromm’s, 1973, terminology).

In discussing attachment and separation, Bowlby (1997/1996) similarly identified two types of anger, one stemming from hope the other from despair. He referred to the “anger of despair” as desperate and coercive, a feeling state that becomes destructive both toward the self and the other. By definition, rejecting anger is experienced from the position of underdog or plaintiff, and in this sense it is an expression of desperation and an “anger of despair”. However, it is not always self destructive and in other instances Rejecting Anger is best captured by Fromm’s (1973) description of “defensive aggression”, an aggressive response to a general immediate threat.

. The combination of being both generic and somewhat adaptive is possible because Rejecting Anger is an immediate here-and-now response to an ill-defined threat. Of course, this adaptive role refers to normal circumstances and normal psychological/emotional functioning. The expression of rejecting anger as a structuralized facet of personality is described in several cluster B personality disorder. Authors such as Linehan (1993) and Korman, (2005) have discussed this as being part of personality structures of people with Borderline Personality Disorder and dysfunctionally angry individuals in particular. The emotion theory presented by Greenberg has referred to this type of deeply rooted and destructive emotion as primary maladaptive anger (Greenberg & Paivio, 1997; Greenberg, 2002).

Non-verbal expressions of anger and protest such as those described in this criteria were documented by Ekman and Friesen (1975) and have also been observed by Whelton (2000) in a psychotherapeutic setting.

Introductory note on “Negative Evaluation” and “Existential Need”

The following two codes (**4 & 5**) reflect a well-differentiated level of meaning and clear symbolization, rather than distinct and separate emotion states per se.

Occasionally a client may accomplish this by using a complex metaphor but it will always be highly personalized. Since these two codes are more reflective of how meaning is symbolized than some other codes, these events are often coded in the context of other emotion states. Usually this will occur near the climax of a state, when clients are making sense of and putting words to their experienced arousal.

As a heuristic for coding, if emotional arousal appears prior to a statement of negative evaluation or existential need then the appropriate emotion should be coded first (even if only briefly), followed by the statement. Otherwise if the statement occurs in the middle of some emotion state, then the state should be coded before the statement (and again after the statement if it is appropriate).

4. Negative Evaluation**Diagnostic definition:***Emotional tone*

- A. The client clearly makes a statement (or endorses a therapist statement) of negative self-evaluation reflecting at least one of the following prototypes:

1) “I am not lovable (i.e. unwanted, unable to love, defective...)”

- 2) “I am worthless (i.e. useless, incompetent, inadequate...)”
- 3) “I will be destroyed (i.e. fall apart, go crazy, die, be annihilated...)”
- 4) “I will be abandoned and unable to survive on my own”

Involvement

B. The meaning state is currently activated.

C. Presence of at least one (or both) of the following vocal qualities:

- 1) The client has a “focused voice quality”, which is described as turning attention inward with a concentrated use of energy and the quality of groping toward new meaning. This is characterized by:
 - Uneven pace,
 - Ragged, unexpected terminal contours,
 - Stop-and-go, unexpected pattern,
 - Accent is done with loudness or a drawl (rather than a pitch rise).
- 2) “Emotional voice quality”, which is disrupted or distorted as a result of overflowing feeling. This is characterized by:
 - Disruption of vocal pattern
(i.e. the voice may break, tremble, rise to a shriek, become very low),
 - Uneven pace,
 - Irregular accentuation pattern,
 - Unexpected terminal contours.

Meaning

D. In a short statement, the negative evaluation crystallizes the meaning behind a client's deep and enduring personal pain.

As a belief, it is:

- 1) Absolute and unqualified,
- 2) Internally attributed,
- 3) Stable in time.

E. The negative evaluation occurs in the context of some congruent emotional arousal (i.e. fear, shame, guilt...).

Conceptual definition:

It is common for the clear articulation of a negative evaluation to emerge as a statement that crystallizes in plain words the essential meaning of a client's emotional experience. Nevertheless, the emphasis of this code is not on the emotion but rather the distillation of meaningfulness. In the clearest examples, negative evaluations are stated as if they were simple "observations" and they reflect some belief about the client or the client's emotional experience.

This is a code that reflects a level of symbolic precision vis-à-vis the Self rather than a change in affective tone, per se. The negative evaluation has also been called a core negative belief and is the kernel of the presenting emotion. A negative evaluation does not denote an emotion per se. However, in using this code the rater should be confident that this is the crystallization of meaning related to the current negative

emotion. In this sense the negative evaluation is often an elaboration of a presenting fear or shame based emotion.

Examples:

Appropriate examples include:

- “If I get angry then I will fall apart”. (Emotion will destroy me)
- “I guess I just can’t handle it”. (I am worthless/I will be destroyed)
- “I don’t have what it takes”. (I am worthless, incompetent)
- “I’m broken, defective”. (I am worthless)
- “I must have deserved to be ignored”. (I am not lovable)

The spirit of this last statement has appeared often enough to make it a prototypic embodiment of a negative evaluation.

Points of discrimination:

The articulation or even efforts to articulate and symbolize negative evaluations are usually extremely painful to the client. Given the noxiousness of symbolizing these negative evaluations regarding the Self, it is not uncommon for the client to experience negative emotion perhaps even before the code can be made.⁶

A negative evaluation usually is a statement made in first person (i.e. an “I” statement). In some instances, when the criticisms are very specific, a negative evaluation may also be expressed in second person if there is clear contact with the “self”, as during

⁶ It could be helpful for raters to be aware that soothing is usually very important here in allowing clients to tolerate distress just long enough to spell-out the meaning of their negative emotion. However, unless, it is a specific response to a specific and articulated need, self-soothing would not be coded.

an imaginary dialogue between parts of the self. Relatively benign statements, such as, “I’m too emotional, over reactive, hypersensitive, crying” are ambiguous in the degree to which they express negative judgments and could simply indicate plans or intention, i.e. “I would like to be less reactive.” Thus, coding a negative evaluation should be reserved for relatively harsh self-criticisms.

General description of content:

In case examples a negative evaluation is usually identified when the client makes some statements about specific and central self-criticism. Another scenario in which this code could be used is when the client gives concise autobiographical examples, which crystallizing the ultimate self-related “reason” for their negative emotion (i.e. “I was never very good at getting stuff done and that’s sad”). This code is not appropriate for other-related evaluations (i.e. “He doesn’t love me”).

Relating Negative Evaluation to the literature:

Negative evaluations have been referred to by Cognitive Behavioural Theorists as “core dysfunctional beliefs”, negative thoughts, or negative assumptions about the Self and one’s emotion. That tradition handles negative cognitions by actively engaging them and attempting to modify them through reason (Greenberger & Padesky, 1995). Doing so is considered to be the most central target of Cognitive Behavioural Therapy.

This type of negativity has also been described in psychoanalysis as the “Superego” (Freud, 1961). Similarly, some psychodynamic theorists have referred to this as the “expected response from other” in a core conflictual relationship theme (Luborsky

et al., 1994). In these approaches, therapists encourage the analysand/client to simply acknowledge that they harbor such negative evaluations and expectancies.

The humanist tradition of psychotherapy has also referred to negative evaluations by a number of names. In Client-centred therapy these are the “conditions of worth” that a person has assimilated (Rogers, 1961). In Gestalt therapy (Perls et al., 1951) and approaches influenced by Gestalt (i.e. Process-Experiential Therapy) harsh negative evaluations are referred to as the “self-critic”. In these humanist therapies clients are encouraged to expand their awareness of negative evaluations; an aim which is similar to that of the psychodynamic approach, although the methods differ. More process-directive approaches in the humanist tradition attempt to actually arouse and vivify the client’s experience of the self-critic (Greenberg, Rice, & Elliott, 1993; Greenberg & Paivio, 1997).

Negative evaluations are essentially consciously verbalized appraisals about one’s inability or inadequacy in the arenas of personal agency and/or communion. These two aspects of life are of most central importance to human existence. As such, a negative evaluation is an expression of impotency and/or alienation (Bakan, 1966). The criteria stating that a negative evaluation must be (1) absolute and unqualified, (2) internally attributed, and (3) stable in time, are three features of negative attribution styles that research has found to be characteristic of depression and anxiety (Weiner, 1985; Seligman, Abramson, Semmel, & von Baeyer, 1979).

5. Existential Need

Diagnostic definition:

Emotional tone

- A. The client explicitly makes a statement (or endorses a therapist statement) describing the need they have for healthy functioning – i.e. “I need X”. The statement may reflect a need for any one (or more) of the following:
- 1) recognition/affirmation
 - i.e. admiration, praise, respect, have accomplishments recognized
 - 2) approval/acceptance
 - i.e. to be liked, to be believed in
 - 3) affiliation/affection
 - i.e. love, tenderness, warmth, intimacy, friendship, belonging, co-operate, socialize
 - 4) support
 - i.e. help, protection, emotional support
 - 5) nurturance
 - i.e. ‘mothering’, soothing, validation, sympathy
 - 6) autonomy
 - i.e. independence, freedom, avoid feeling confined or restrained, resist influence or coercion
 - 7) inviolacy

- i.e. to preserve one's self respect, psychological distance, immunity from criticism
- 8) joy, beauty, or playfulness in life
- i.e. specific positive feelings in relation to the experience of life itself
- 9) A metaphorical image or autobiographical example that conveys the client's need for one of the above.

Involvement

- C. The meaning state is currently activated and in the context of some emotional arousal.
- D. The client has a "focused voice quality", which is described as turning attention inward with a concentrated use of energy and the quality of groping toward new meaning. This is characterized by:
- Uneven pace,
 - Ragged, unexpected terminal contours,
 - Stop-and-go, unexpected pattern,
 - Accent is done with loudness or a drawl (rather than a pitch rise).

Meaning

- E. The existential need is something enduringly essential to the client for healthy functioning and development. As a need, it is usually:
- Uncompromisable & straight forward,
 - Internally attributed,

- Stable in time.

F. The need is unmet, has not been sufficiently attained.

- It may be stated using past or present tense but should be a currently felt need.
- It is stated as an observation or discovery about the Self rather than with anger or as a demand on others.
- It emerges as an insight and/or as heralding acts of agency.

Conceptual definition:

The symbolization of a primary need often emerges as an “I” statement formulated in plain language. This is sometimes done with a sense of child-like vulnerability or simplicity. It is not uncommon for such a declaration to be embedded in some form of aroused emotion. Nevertheless, the emphasis of this code is not on the affect but rather on the distillation of meaning.

Meaning may be presented in the form of a wish, need, desire, or sense of direction. Examples may also be in the form of metaphorical images or autobiographical examples but will often be disarming and direct statements of the client’s needs relating to essentially three overarching categories: attachment (i.e. “I need love -- to feel valued, important, special, supported...”), personal agency (i.e. “I need freedom -- individuality, to feel separate, independent...”), or survival (i.e. “I need to feel safe -- protected...”). On some occasions clients will express a need only after a direct query by the therapist. If

that is the case, raters should be sure that the need is specific and well articulated before they code it as such.

Examples:

Some case examples of client statements regarding needs include:

- “I need to be worth it”. (I need love/value)
- “I have been waiting for the eyes for love.” (I need love, metaphorical image)
- “I need encouragement”. (I need love/support)
- “I want protection, support, ... ” (I need love/parenting relationship)
- “I felt like I was his adopted daughter, It was so nice.”
(I need support/parenting relationship)

As a helpful hint, observers should look for the words:

I need...

I want...

I wish...

I don't need...

I don't want...

...or equivalent.

Points of discrimination:

Phrases that begin with, “I want you to...” or “I need you to...” are usually not statements of an existential need. To satisfy this code the statement must be more grounded in the client's Self. Thus, the statement of a need will more likely begin with

turns of phrase like, “I want or need to feel....”, without reference to any other party on which the demand might be made. Need statements are not demands but rather self-observations, if you will, of what the organism requires to function in a healthy way.

Note that making plans or setting goals is not sufficient to be coded as a “need”. Occasionally, clients will make statements such as, “I want to be able to love myself”. Without a context that serves to buttress it, this is an ambiguous statement with respect to a “need”. In isolation it is unclear if the speaker is making a statement of what is essential and missing from his or her life (i.e. an existential need) or whether the speaker is beginning a list of goals, objectives, or mantras, which would not meet criteria for coding a need (i.e. “I want to be able to love myself, to take better care of myself, I need to work harder, I need to visit my mother more often,...”).

The expression of a need should be coded when it appears as a statement of self-discovery or self-observation. Specific and adaptive assertive-anger also will usually have a clear statement of need that is being affirmed. The distinction between the two codes can be found in the fact that assertive-anger is not only an expression of need but also of the client feeling entitled and deserving of having that need met. Thus, a statement of feeling entitled or deserving of the need may be better coded as Assertive-Anger. Generic demanding may be better coded as Rejecting Anger.

Relating Existential Need to the literature:

By their very nature, humanist psychotherapies highly value a client’s articulation of personal needs. The statement and significance of certain needs has been discussed at

great length in the theory and practice of Emotion Focused Therapy (Greenberg, 2002; Greenberg & Paivio, 1997; Greenberg, Rice & Elliott, 1993). Therapists in that and some other experiential approaches actively encourage and support clients to acknowledge and more importantly experience their needs more fully. Doing this is considered to be main target and catalyst of change in Emotion Focused Therapy.

The “need” is a term that was elaborated by Murray (1938) from a psychoanalytic approach. A need, as referred to by this category of meaning, is what some psychodynamic researchers have called the “wish” in a core conflictual relationship theme (Luborsky et al., 1994). Psychoanalytic and psychodynamic approaches direct their efforts at bringing a client’ s need or wish into consciousness.

Both experiential and the psychodynamic approaches agree that clients suffer from some unmet concern. Work by both Murray (1938), and Prager (1995), formed the basis for the classification of client needs in this coding system. Pedersen (1996) synthesized and elaborated their works for coding in this type of therapeutic context. The need for “joy” and “playfulness” has been contributed by the school of Gestalt therapy as part of an individual’ s need for positive experiences vis-à-vis life (Perls et al., 1951). In essence, statements of existential needs are statements that address the overarching concerns of human agency and communion, described by Bakan (1966) as the core dynamic drives in human existence.

Cognitive Behavioural Therapy does not conceptualize the the expression or experience of an existential need as relevant to its approach. In their manual Greenberger

and Padesky (1995) have referred to the formulation of a more “balanced belief”, contrasting it against a presenting core negative belief. In this regard, it is apparent that cognitive and behavioural approaches have a categorically different conception of the healing process. Nonetheless, the nature of an expressed need as internally attributed and stable in time is consistent with cognitive attributional theories of motivation and emotion (Weiner, 1985).

6. Specific Self-Soothing

Diagnostic definition:

Emotional tone

- A. The presence of caring, tenderness, soothing, or nurturing. Perhaps in one (or more) of the following forms:
 - 1) In an explicitly reflexive manner,
 - 2) Imagining nurturance/soothing,
 - 3) Attributed nurturing/soothing,
 - 4) Acknowledging existing resources and recalling current examples

Involvement

- B. The meaning state is currently activated. If arousal is present it is sufficiently regulated and is compatible with the process of self-soothing.
- C. Presence of at least one (or both) of the following vocal qualities:

- 1) “Emotional voice quality”, which is disrupted or distorted as a result of overflowing feeling. This is characterized by:
 - Disruption of vocal pattern
(i.e. the voice may break, tremble, rise to a shriek, become very low),
 - Uneven pace,
 - Irregular accentuation pattern,
 - Unexpected terminal contours.
- 2) “Focused voice quality”, which is described as turning attention inward with a concentrated use of energy and the quality of groping toward new meaning.
This is characterized by:
 - Uneven pace,
 - Ragged, unexpected terminal contours,
 - Stop-and-go, unexpected pattern,
 - Accent is done with loudness or a drawl (rather than a pitch rise).

Meaning

- D. Attending to the unmet need is done with a positive self-evaluation (which could be either explicit or implicit). It is self-evident that this is adaptive and healthy for the client.
- E. The object being soothed is clearly the Self.

Conceptual definition:

This affective-meaning state is distinctly reflexive in its nature. Intimately tied to the existential need, in this state clients move to an agentic position and begin to meet their own expressed need. This may be done in a variety of ways but will be characterized by caring, tenderness with oneself, and the act of self-nurturing. If the client attributes the role of soothing to another person, place or thing through role-play or some other imaginative exercise, it is ultimately considered to be an act of the client unto him or herself.

Examples:

Clients might do this by:

- Using an explicitly reflexive manner;
 - Soothing or nurturance of “child self” by current “adult self”
 - Positive self-talk: i.e. “I know that I’m going to be alright”.
- Imagining nurturance/soothing;
 - “I can imagine being hugged or going to a safe place”
 - “I can imagine a better situation in the future”
 - “I know God’s love is always out there”.
- Attributed nurturing/soothing;
 - Offering words of soothing or nurturance toward oneself while role-playing the position of some significant other, (i.e. speaking from the other chair as mother, “I do care for you”).

- Imagining the apology/regret of some offending other in a way that is tantamount to imagining the other taking a nurturing stance.
- Acknowledging existing resources and remembering current autobiographical examples,
 - “My existing family/friends care for me and protect me now”
 - “My mother in law gives me what I needed. For example...”
 - “...My sister loves me, my husband brought flowers”.

Points of discrimination:

A need and a positive self-evaluation are events rather than states per se. However, when there is a confident expression of positive self-evaluation and at the same time an organization toward actively attending to some unmet need, that is the state of self-soothing. Self-soothing should be only coded if there is an explicit effort to grant an explicit need.

Self-soothing can be understood as an implicit expression of self-assertion. Although a state of self-assertion (elaborated below) is much more combative and anger-based both of these affective-meaning states are built upon a clear sense of some existential need and a positive self-evaluation. Note that if self-soothing represents a healthy way of being in the personal domain, self-assertion (or assertive anger, below) represents a similarly healthy way of being in the interpersonal domain (or when problems are couched interpersonally, as in dialogues).

Relating Self-Soothing to the literature:

Self-soothing is a concept that first emerged out of the literature on attachment (see Bowlby, 1997/1969). Kohut explicitly discusses “Self-soothing” as a specific client behaviour that demonstrates healthy maturation. He describes this as the healthy enactment of “mothering” vis-à-vis oneself in a manner adopted from prior caregivers (Kohut, 1977). Despite the contributions of Self Psychology, this reflexive state has been most highly valued and is perhaps most often referred to in humanist psychotherapies. In an experiential treatment manual Bierman (2003) explicitly refers to “Self-nurturing” as an auto-intervention that should be fostered when clients feel vulnerable.

Although it has not been extensively elaborated as a construct, the gist of this affective-meaning state has been referred to in various ways. The “focusing attitude” in many experiential therapies (Gendlin, 1981; Cornell, 1996) is a less explicitly active state but still has the same intentionality as self-soothing. Similarly, “compassion for the Self” (Nhat Hanh, 1976) reflects a certain disposition or preparedness for self-soothing but does not denote the explicit behavioural engagement that is required in this affective-meaning state. Likewise, Fromm’s (2000/1956) conception of “self-love” also suggests the self-soothing disposition.

In the cognitive and behavioural traditions to therapy, self-soothing has taken on different forms. The cognitive approach refers to collecting “evidence against” a core negative belief (Beck, J., 1995). And depending on its tone, this can be suitably understood as a rationally driven method by which an individual is lead to acknowledge

his or her existing resources. In that approach, more affectively laden forms of self-soothing occur only incidentally as part of skills training and positive self-talk. In a behavioural vein, Dialectical Behavioural Therapy explicitly treats self-soothing as a skills set that is discussed, taught, and deployed as one of the steps toward emotional regulation (Linehan & Schmidt, 1995). In an integrative fashion, Dialectical Behaviour Therapy has provided a practical operationalization of self-soothing for clients in the form of “self caring behaviours” (Korman & Bolger, 2000; Linehan, 1993b).

7. Specific & Adaptive Assertive-Anger

Diagnostic definition:

Emotional tone

- A. The presence of anger in one (or more) of the following:
- 1) Self-affirmation/assertion
 - (i.e. “I am OK”),
 - 2) Entitlement to an already stated existential need
 - (i.e. “I deserved to be protected, cared for”),
 - 3) Affirmation/assertion of ethical standards & rights
 - (i.e. “What you did was wrong”),
 - 4) Boundary setting or separation
 - (i.e. “I won’t allow it to happen anymore”).

Involvement

B. Presence of at least one (or both) of the following:

- 1) The experience is of moderate to high expressive arousal and can be rated as > 3 on the Emotional Arousal Scale (Warwar & Greenberg, 1999). Any arousal is sufficiently regulated and useful to the process of assertion.
 - 2) The client verbally reports his or her arousal, indicating that the emotional tone is activated.
- There is non-verbal behaviour that reflects active assertion in a considered and deliberate manner, which may include one (or more) of the following:
 - a) Head nodding,
 - b) loud voice,
 - c) body leaning forward,
 - d) assertive gestures (i.e. finger pointing, chopping, stop signal...),
 - e) steady gaze directed outward.

C. Presence of at least one (or both) of the following vocal qualities:

- 1) “Emotional voice quality”, which is disrupted or distorted as a result of overflowing feeling. This is characterized by:
 - Disruption of vocal pattern
(i.e. the voice may break, tremble, rise to a shriek, become very low),
 - Uneven pace,
 - Irregular accentuation pattern,

- Unexpected terminal contours.
- 2) “Focused voice quality”, which is described as turning attention inward with a concentrated use of energy and the quality of groping toward new meaning.

This is characterized by:

- Uneven pace,
- Ragged, unexpected terminal contours,
- Stop-and-go, unexpected pattern,
- Accent is done with loudness or a drawl (rather than a pitch rise).

Meaning

D. The client is agentic and assumes a position of being both entitled and deserving of the need.

- The client takes the role of advocate or activist for him or herself.
- The client seems to have a sense of equal footing against the offending object.
- The client takes a reflective stance that allows anger to be active yet sufficiently regulated to be useful for self-assertion.

E. The object of anger is clear and specific.

- It is clear to the observer what injustice or unfairness was done and by whom.
- The assertion may be anchored in some specific autobiographical context.

Conceptual definition:

This category of affective-meaning is represented by the expression of anger, which is a clearly an empowered expression of the Self. The main thrust of this anger is

in its self-assertion, whether that be the assertion of personal boundaries or of some stated need. The client is strong, clear, well-grounded, and speaks with a sense of growing confidence. Often this anger is expressed from an “advocate” or “activist” position such that clients seem to speak and confront their objects of anger like opponents of potentially equal force. Ultimately, assertive-anger defends some Positive Evaluation (i.e. “I am lovable”) and to the extent that it does this it is self-affirming. This type of anger is often founded upon a new, positive evaluation of the Self. The positive evaluation, however, is usually tacit until some point where the anger becomes sufficiently activated.

On the other hand, a need is usually explicit in this form of anger (the client is battling for something specific) and it is also often anchored in some specific autobiographical context. One might describe the assertion of need and/or Self as driven by a sense of ethical righteousness. When clients express this type of state it entails moderate to high arousal and high meaningfulness. It represents a healthy state rich in specific, personally relevant meaning and organizes the client on a productive and ultimately positive trajectory.

Examples:

Typical expressions using this anger are:

- “I cannot accept this”. (Ethical righteousness & separation)
- “You are not a valid judge of me”.(Ethical righteousness & separation)
- “I have value!” (Self-assertion)
- “It’s not OK, because I need more”. (Assertion of need)

- “I’m angry I have been mistreated”. (Ethical righteousness)

Some case examples are given below:

- “We are not the same”. (Boundary setting/ Self-assertion)
- “I am finished with you”. (Boundary setting/ Self-assertion)
- “I can love, I am loveable”. (Self-affirmation/need)
- “I have been mistreated and abused”. (Ethical righteousness)
- “I was not put here to be mistreated. I have to be whom I am”.
- “I resent being stepped on when I’m trying to move forward”.
- “How dare you! I feel gritted teeth. Stay away from me and mine”.

(Ethical righteousness/assertion of Self)

Points of discrimination:

Some more aggressive statements, for example, “Give me a break! That’s stupid. You don’t even know me”, are bordering on “rejecting-anger”. However, given the right context this could be a statement representing, ‘you are not a valid judge of me’ – which would be “self-assertion”. The distinction between these two codes is made based on supporting statements and contextual evidence given that no code should ever be made based on a single statement.

In this project it could be useful for raters to note that EFT therapists often attempt to encourage and facilitate the arousal of this affective-meaning state. Similarly, self-validation is also a common part of this emotional process as clients try to accept support from their therapist and try to buttress their own assertion. Albeit healthy, the

effort to assert oneself against some negative evaluation of the self or offending other/circumstance is usually very difficult and sometimes frightening for the client. One critical difference between the development of anger and fear is individual's appraisal of their ability to cope with the negative stimulus. Given that such appraisals are ongoing, it is not uncommon for the client's self-assertion to collapse into negative emotion (either global distress or specific maladaptive fear/shame). This is literally a client's change of trajectory from an organization for "fight" to some organization for "flight". Validation and/or soothing can play a part in the prevention of such collapses.

Relating Assertive Anger to the literature:

This self-affirming category represents "primary adaptive anger" in the language of Emotion Focused Therapy. Therapists using that approach aim at actively engaging and elaborating this healthy type of anger in the hopes of having it propel the client forward into a healthier, more active, and more resolved state of being. Whelton (2000) referred to this affective-meaning state as self-resilience or assertion when discussing client behaviours within a therapeutic context. Gestalt therapists introduced the notion of "assertiveness" and assertiveness training in psychotherapy as a healthy form of anger to be allowed and made use of (Perls, et al., 1951; Perls, 1969).

Comparably, psychodynamic theorists have referred to this type of client activity as a demonstration of "good ego strength" or a "healthy sense of entitlement". This is contrasted with the more usual sense of entitlement, which by default is considered to have a narcissistic and unhealthy quality (Greenberg & Mitchell, 1983). Even so,

psychodynamic and Cognitive Behavioural theorists and therapists tend to have strong reservations about arousing the expression of anger and consequentially have not developed or used refined distinctions among client's experiences of anger.

Assertive-anger is a construct that has not proved relevant at all to Cognitive Behavioural Therapy. This is probably on account of the fact that, whether adaptive or not, the experience of anger is a generally a negative one for clients. Nonetheless, if collecting rational "evidence against" a core negative belief (Beck, J., 1995) is imbued with a sense of deserving and agency then it might meet criteria for assertive-anger.

Assertive Anger is well described by Bowlby's (1997/1996) "anger of hope", which may be found in the context of attachment. The "anger of hope" is an emotion that aims to rectify an undesirable relationship situation. Anger is the impetus to repair close relationships when the other is inaccessible. In both the contexts of attachment as well as personal agency (i.e. survival and competence) Assertive Anger, like the "anger of hope" in relationships, engages the person in adaptive problem solving and the expression of non-hostile anger. Fromm (1973) aptly described this as "benign aggression" – a beneficial expression of anger that promotes well-being.

The notion that individuals literally fight for the assertion of their rights from a position of anger is consistent with rights theory (Ignatieff, 2000). Social actions and assertions of the self by an individual are built upon an emerging positive self-evaluation, which then takes its momentum from the emotional experience of anger. Thus, specific

and adaptive self-assertion is an anger-based experience whether it be personal or socio-political (Ignatieff, 2000).

8. Specific Adaptive Grief/Hurt

Diagnostic definition:

Emotional tone

A. The presence of one (or more) of the following:

1) Sadness over a loss

- i.e. loss of person, of innocence, of a thing one never had, loss of a missed opportunity, etc.
- i.e. regret, remorse...

2) Recognizing one's woundedness,

- i.e. reporting and reflecting on past emotional/physical damage.

3) Specific and idiosyncratically elaborated pain,

4) Realistic hopelessness over regaining lost object (but not out of despair).

- The above emotional tones must be without blaming, self-pity, or resignation.

Involvement

B. Presence of at least one (or both) of the following:

1) The experience is of high expressive arousal and is rated as > 4 on the Emotional Arousal Scale (Warwar & Greenberg, 1999). Any arousal is

sufficiently regulated and useful to the process of grief or recognizing one's woundedness.

- 2) The client verbally reports his or her arousal, indicating that the emotional tone is activated.

C. Presence of at least one (or both) of the following vocal qualities:

- 1) "Emotional voice quality", which is disrupted or distorted as a result of overflowing feeling. This is characterized by:
 - Disruption of vocal pattern
(i.e. the voice may break, tremble, rise to a shriek, become very low),
 - Uneven pace,
 - Irregular accentuation pattern,
 - Unexpected terminal contours.
- 2) "Focused voice quality", which is described as turning attention inward with a concentrated use of energy and the quality of groping toward new meaning.
This is characterized by:
 - Uneven pace,
 - Ragged, unexpected terminal contours,
 - Stop-and-go, unexpected pattern,
 - Accent is done with loudness or a drawl (rather than a pitch rise).

Meaning

D. The client takes a reflective stance that allows Grief/hurt to be active yet sufficiently regulated to be useful for the healing process. This means the emotion is self-oriented, personalized and integrative. I.e.:

- Hurt: The client takes the position of one who is recognizing and describing the impact of a deep wound. The client acknowledges that wound as a personal loss.
- Grief: The client takes the position of one who is grieving or saying “good-bye” to bad memories, good memories, hopes and dreams, and finally “good-bye” to either the relationship as a whole or to a part of one’s life.

E. The object of grief/hurt is clear and specific:

- It is clear to the observer what object has been lost and/or what is the source of hurt – (i.e. the loss of X relationship, i.e. the hurt from being neglected in the manner of X).
- The grief/hurt may be anchored in some specific autobiographical context – (i.e. “This is what happened...” or “When I was younger, this is what it was like...”).

Conceptual definition:

This category of emotion is imbued with very specific and often profound meaning that acknowledges the genuine sadness of a loss or injury. Reporting past emotional/physical damage while being in an aroused state especially if it is done with a

sense of self observation or reflection, can be a very new and insightful experience.

Although grief is unpleasant and usually entails some form of withdrawal, this type of sadness is described as adaptive because of its well-grounded, underlying tone of realism and acceptance of things as they are. This allows for one to move on. Note that grief is a healthy way of experiencing loss in the personal domain, while hurt similarly represents an adaptive way of experiencing injury in the interpersonal domain (or when problems are couched interpersonally). Both of these feelings are considered to represent the same broader affective-meaning state. Adaptive grief or hurt often flow from some sort of implied positive evaluation of Self, i.e. "I am lovable... but nevertheless, I have lost".

This affective-meaning state will usually involve a discussion of needs although, at this point, the reference to needs will be in the spirit of, "what I missed and will never have again". In other words, this state of grief or hurt will essentially describe a process of mourning or saying "good-bye" to the bad memories, the good memories, the hopes, and dreams and finally to a part of one's life. Alternatively, the state may entail recognizing and describing the impact of a deep emotional wound, which is acknowledged as a personal loss.

When clients express this state it is with moderate to high arousal and with high meaningfulness. Given its adaptiveness this represents a healthy state rich in personally relevant meaning and organizes the client on a productive trajectory of "letting go".

Examples:

Some case examples of specific and adaptive grief/hurt follow:

- “I’ll never know who I could have been”. (Grief)
- “I would have liked to have had a mother who cared for me”. (Grief)
- “You have made life very difficult for me”. (Sadness/regret)
- “My Sister and parents have no intention of coming to visit and that’s sad”.
(Sadness/describe loss)
- “Until I moved out I didn't realize how uncared for I was. I hadn't noticed the abuse I had to endure, until much later when things were better”.
(Recognizing one’s hurt)
- “I’m sorry you are wasting your life, and father’s and sister’s lives, but I will not let you waste mine”. (Sadness/describe loss)

Note that this last example is bordering on angry self-assertion; therefore this coding might be swayed by the emotional context and depending on the angry vs. sad tone.

Points of discrimination:

The difference between “specific adaptive grief/hurt” vs. “global distress” is shown, for example, in mourning the loss of a loved one vs. the helplessness and vague despair of being without that loved one. Similarly, both blaming the other and self-pity are indicative of global distress rather than grief/hurt. Raters must also be careful to discriminate between the acceptance of hurt/loss vs. resignation, the latter is a rendition of hopelessness and therefore should be categorized as “global distress”.

When a client talks about how much he or she has suffered the observer must make a judgment call: Is the elaboration a broad, sweeping and generalizing complaint?

Is it in a whining tone? (If so, these suggest global distress). -- Or is the client making a specific observation regarding his or her Self? The latter is grief/hurt in the form of “recognizing one’s hurt” and “acknowledging a past wound”. Thus, if a statement about how bad life was is specific and from a position of, “oh, I’m understanding it better now ... the nature of my suffering is clearer now” – that is indicative of grief/hurt.

The degree to which an individual assesses him or herself as “damaged” is also a discriminating criterion for coding grief/hurt. If an individual essentially states, “I’m so badly damaged, I can’t function”, the appraisal is that he or she is broadly and permanently damaged. The grave and enduring nature of this statement suggests it is an expression of fear/shame and given its incisiveness would likely be coded as a negative evaluation. In contrast, if an individual states, “Although I’ve been very badly damaged, I can function”, the appraisal is that he or she had been locally rather than totally damaged, as it were. Acknowledging one’s wounds or losses while appraising them as at least somewhat repairable is indicative of grief/hurt. Describing oneself as unsalvageable or hopeless is not.

The counterpoints of grief and hurt are self-soothing and self-assertion, such that depending on the presenting concern, grief acts as the complement to self-soothing and hurt often serves as the complement to assertive-anger. In this coding system, the two feelings of grief and hurt have been collapsed together into a single category/ In contrast, self-soothing and assertive-anger have been preserved as independent classifications in the coding. The reason for this is that hurt and grief are believed to be experientially

much closer to one another than self-soothing and assertive anger. Even so, the natures of adaptive grief/hurt vs. assertive-anger/self-soothing is such that both sets of emotions entail highly personalized and complementary meaning constructions and as such are healthy trajectories of development.

In rating affective-meaning states the consequence of this is that the two types of affective-meaning categories (grief/hurt vs. self-soothing and assertive-anger) form an experiential couplet and it is not uncommon for clients to pass back and forth between the two, while remaining on a highly meaningful level. This must be taken into consideration, as it will assist raters who are attending to the variation of emotionally aroused segments of video.

Relating Grief/Hurt to the literature:

Theorists in Emotion Focused Therapy have most often referred to this affective-meaning state as “primary adaptive sadness” (Greenberg, 2002; Greenberg & Paivio, 1997). On some other occasions it has also been referred to as a type of “primary hurt” (Greenberg & Bolger, 2001; Bolger, 1999). Emotion Focused Therapists actively engage and facilitate the experience of these special types of sadness. The aim therein is to have clients recognize and symbolize the most poignant source of their hurt or grief so that they can “complete” it, as it were. In this approach to therapy, feeling specific hurt and grief more “fully” allows clients to “let go” and move forward to a healthier, more active, and more resolved state of being. Other experiential therapists, such as Bierman (2003), have developed the expression of grief into a formal treatment intervention. In this

structured task clients are encouraged to literally, “say good-bye”, to the good things and bad things related to some aspect of their lives ‘that will never come again’, and say good bye to any previously anticipated ‘hopes and dreams’ that will never happen.

Taking an experiential-dynamic approach, Fosha (2000) has also referred to certain grief experiences as being part of what she calls the “healing affects”. In her approach, which is a variant of Short-Term Dynamic Psychotherapy, this state is also to be elaborated and fully experienced for positive therapeutic results.

The notion of a healthy and adaptive grief/hurt state is not entirely new. The unique meaning captured by this type of reflexive sadness is akin to the Buddhist notion of, “seeing oneself with the eyes of compassion” (Naht Hanh, 1976). The specificity and reflexivity of this experience is essential and is what sets this type of state apart from the simplistic experience of global distress and catharsis, in the sense of emotional-purging (as described by, i.e. Janov, 1970, 1991, or Stone, 1995).

9. Relief

Diagnostic definition:

Emotional tone

A. The presence of one (or more) of the following:

- 1) An experience clearly labelled by either client or therapist as any of the following:

- a) Feeling better,

- b) Feeling lighter,
- c) Hopeful,
- d) Positive,
- e) A small sense of accomplishment...

2) The client feels a “bodily shift”

- i.e. less tense, can breath more easily, feels less choked up...

Involvement

B. The meaning state is currently activated. If arousal is present it is sufficiently regulated and is compatible with relief.

- There is non-verbal behaviour reflecting a slightly positive state, which may include one (or more) of the following:

- a) Crying “tears of self-recognition”,
- b) Deliberate sighing often with an open mouth or with voice,
- c) Smiling,
- d) Nodding,
- e) Making eye contact..

C. Presence of a “focused voice quality”, which is described as turning attention inward with a concentrated use of energy and the quality of groping toward new meaning. This is characterized by:

- Uneven pace,
- Ragged, unexpected terminal contours,

- Stop-and-go, unexpected pattern,
- Accent is done with loudness or a drawl (rather than a pitch rise).

Meaning

D. The client has articulated some aspect of personal meaning and now feels oriented toward adaptive self-development. The client's sense of relief is of "finally, being on the right track".

E. The client is finished working on the issue for the moment. There is no requirement for a high degree of specificity in meaning. The state of relief is a "pause" or "resting place" between the difficult thoughts and feelings involved in a change process.

- Note: The issue is usually not fully resolved and it is not being avoided.

Conceptual definition:

The affective-meaning state of relief is one of the few states in this coding system that denotes "feeling good". As they pause to reflect on the process in which they are immersed clients sometimes feel the ramifications of what they have just expressed or realized on a bodily level. This creates a reduction in tension or a sense of relief. In this sense the client (deliberately or not) takes a moment and acknowledges his or her efforts in the process. The client has made some step in emotional processing and is able to recognize the progress on some level. The experience is a sense of relief, hopefulness, or accomplishment in having produced a shift.

Given that positive experiences tend to have an inherently lower degree of specificity in meaning than negative experiences, sometimes it is difficult to determine precisely what is relieving to a client. Nonetheless, based on the task analytic research, there is some reason to believe that there are at least two levels of “Relief” and it may be helpful for raters to be aware of them. The first level of relief (#1) is related to an expressive event, exemplified by the statement, “I feel better now that I’ve symbolized and captured my distressing experience in words”. The second level of relief (#2) is related to a micro-change event. Relief #2 is exemplified by the statement, “I feel better about the whole situation and although it’s not resolved I’m relieved that it had actually changed a bit”.

Although this is an important affective-meaning state for describing the emotional processing of clients, in some ways it is epiphenomenal to the actual meaning-making, expression, or change it refers to. It is believed that relief may not be explicitly required for emotional processing. However, it may provide a useful function in meaning consolidation, emotional-regulation, and as an opportunity for interpersonal bonding.

Examples:

Some case examples of relief follow:

- “I feel like I can breath again”
- “I feel a bit better, it feels good having said that”
- “I don’t know why I’m crying, it’s good to get that off my chest”
- “It’s like a big burden is lifting off of me”

- “I’m glad to know that I’m finally doing something”

Points of discrimination:

The “Relief” code was developed later in the development of this classification system. Initially, this positive state was not being coded at all and was a source of confusion for raters. By default raters were obliged to note this state as being either “uncodable” or a “mixture” of other available codes. This did not occur with a very high frequency but occurred often enough the relief code was developed from a homogeneous set of states that had hereto been unidentified. Identifying such recurrent states reduces the likelihood of their being confused with other more common affective-meaning states that occur in the session.

The two affective-meaning states that are most similar to relief are self-soothing and the state of acceptance and agency (see code #10). Although self-soothing at times is a suitable code for when an individual feels good, the good feelings must be functionally directed toward meeting some need. That is not the case for relief, which is a “good feeling” with no functional intention. Acceptance and agency (below), otherwise known as resolution, should be coded when content appears to be resolved. Relief should be coded when content is clearly not yet resolved but is still progress. In this way, Relief is a state that refers to “feeling better” in light of any progress that is being made.

Relating Relief to the literature:

As an affective-meaning state relief has not been addressed in much detail by the literature. In part, this is because it is not a “problem state” and as such is not often

targeted by psychotherapy therapists and researchers. Nonetheless, Gendlin (1964, 1981, 1996) has referred extensively to the concept of a “felt shift” as a small moment-by-moment outcome, some of which are positive experiences of relief. He has referred to the “tears of self-recognition” as a form of positive experience that can follow a felt shift. Following in the experiential school, Rennie (1998) has discussed the role of reflection upon an ongoing emotional experience in perpetuating the development of that same experience (also see Greenberg, 2002). Relief as a pause for reflection on one’s progress, which is in turn experienced in a positive way, is captured but the work of these experiential theorists.

Fosha (2001) has also made special note of the role of positive affective experiences and good feelings, such as the feeling of relief, in therapeutic change. Like experiential theorists, she has also given attention to “the experience of the experience”, indicating that although the transforming power of affect may be painful the meta-experience of that transformation may be a positive one (Fosha, 2000).

10. Acceptance & Agency

Diagnostic definition:

Emotional tone

- A. The presence of one (or more) or the following:
 - 1) Letting go or moving on,
 - 2) Feeling, comfort, calm or good,

- 3) A goal to carrying positive feeling forward into the future or to tell someone,
- 4) Recognition of positive as well as negative aspects involved in change,
- 5) Feeling stronger when coping with the original concern,
- 6) Pride-assertiveness.

Involvement

- B. One notes a dissipation of arousal. The experience is of low expressive arousal and can be rated as < 3 on the Emotional Arousal Scale (Warwar & Greenberg, 1999).
- C. “Focused voice quality”, which is described as turning attention inward with a concentrated use of energy and the quality of groping toward new meaning. This is characterized by:
 - Uneven pace,
 - Ragged, unexpected terminal contours,
 - Stop-and-go, unexpected pattern,
 - Accent is done with loudness or a drawl (rather than a pitch rise).

Meaning

- D. The presence of “new meaning”. Defined by any one (or more) of the following:
 - 1) Broadening appreciation of oneself and surrounding circumstances,
 - 2) The consideration of somewhat new, alternative perspectives,
 - 3) Sense of greater clarity,
 - 4) Being the owner of self worth.

E. The presence of a “novel feeling”. Defined by any one (or more) of the following:

- 1) Expression in a clearly integrative and affirmative manner,
- 2) No longer feeling disoriented,
- 3) Having some plan of action.

Conceptual definition:

This is the complete resolution of distress in all its varieties. In other words, there are little or no lingering feelings of global distress, fear, shame, anger, or grief. This affective-meaning state is characterized by high meaningfulness and low arousal. The affective-meaning state of “acceptance and agency” has three salient features. They are the dissipation of arousal, the emergence of a novel feeling and the creation of new meaning (as detailed in the criteria, above).

By definition, a state of acceptance and agency usually has a broad and global focus. Unlike the other adaptive states listed, which are highly specific in their meaning, a resolution state like acceptance and agency is relatively global. Of course, unlike global distress it can be positive and the new general meanings and feelings it engenders are often projected into the future.

Examples:

Clients may describe an experience of Acceptance & Agency by:

- Using positive feelings,
 - “I feel warm and secure.”
 - “I feel at peace with this”.

- Carrying the positive forward,
 - “I liked feeling like that it felt good. Somehow I think I’m going to start feeling it a lot more”.
 - “I’m going to try to work on positive images of you, mother, and try not focus in on your suicide.”
 - “I’m going to tell my wife about this. I don’t know if she will understand but...”
- Taking the positive with the negative:
 - “It does hurt but I feel OK about it. I feel stronger about letting it go. I can get on.”
 - “This part of my life has a bitter-sweet feeling to it.”
- Feeling stronger:
 - “I think I could handle that now”.

Points of discrimination:

Although the client often develops a sense of greater clarity as part of the Acceptance & Agency state, it is often not necessarily an easy affective state to negotiate. Current forgiveness and acceptance may also be signs of Acceptance & Agency. Even so, raters must heed discussion of such topics with a grain of skepticism. One must not assume that when a client refers to “forgiveness” or “acceptance” it necessarily involves letting go, per se. As it happens, clients often have their own understanding of what they

mean when they use these words.

Relating Acceptance & Agency to the literature:

Greenberg, Rice, and Elliott (1993) introduced the notion of a resolution state regarding certain therapy tasks and goals. Work by Pedersen (1996) has verified and elaborated a model of the resolution process regarding “unfinished business”. Although the construct is a universal one, describing this affective-meaning state is an attempt to capture the “finished”, healthy state using criteria taken from systematic observation. In the Buddhist tradition, this affective-meaning state has been described as a mindful and authentic acceptance of the Self and its circumstances (Nhat Hanh, 1976).

Introductory note to “Mixed/Uncodable” and “End”

The following two codes (**11 & 12**) are distinct from all other codes in that they are not intended to code particular affective-meaning states. These two codes are included in the classification system because of their structural function in coding. If there is a change in the type of affect and meaning a client is experiencing that cannot be adequately represented using the other 10 codes one of these two codes will be used. For that reason these final two codes in the classification system do not follow the same set of criteria as the affective-meaning states (i.e. Emotional tone, Involvement, Meanings...).

11. Mixed/Uncodable

Diagnostic definition:

- A. The presence of some change in state that is different from the preceding state but is not accounted for by any other code.

For example, as in any one of the following:

- 1) There is not sufficient information/disclosure in the video to make a code.
- 2) There are no two contiguous statements that could coherently represent the client's experience.
- 3) There are potential codes for the sequence but they cannot be made with any degree of confidence.

- B. It is clear some code must be made for the sake of continuity.

- C. Note: When this code is used, any potential codes should be listed in parentheses.

- When two codes seem emergent but are not sufficiently strong each in their own right one might code:
 - I.e. "Mixed/Uncodable: (Self-Soothing/Relief)".

Conceptual definition:

When categories cannot be separated with confidence by the rater, the code of "Mixed/Uncodable" must be used. This code will be useful for the purposes of taxonomy and reliability. Obviously, specific codes are more useful than the code "Mixed/Uncodable". However, it is preferable to the omission of phenomena (when the

rater is relatively confident that some code is required) and also much more preferable to any code that would otherwise be made with poor confidence.

General description of content:

The two most frequent scenarios for this code are:

- The client's line of process-development gets interrupted or is cut short before the rater has a clear sense of which category coding may have been most appropriate. Even so, the rater is relatively certain that the event in question does merit a code of some sort.
- A client uses therapist-fed statements for several moments but seems to neither endorse nor reject them, thus blending and obscuring the actual affective-meaning process.

Relating Mixed/Uncodable to the literature:

This category is a standard category in continuous comprehensive coding systems used in ethology (Bakeman & Gottman, 1986; Martin & Bateson, 1986). It is used to prevent raters from being obliged to code phenomena with low confidence in their ratings (for whatever reason) or to prevent forced coding of phenomena that do not fit any of the available categories. If a large number of Mixed/Uncodable codes are made in a data set the phenomena they refer to can be examined for patterns.

Patterns may indicate coding confusions. Alternatively, if there is a coherent cluster of phenomena that have hereto been mixed or uncodable, this could yield the identification of another affective-meaning state not yet included in the existing

classification system. The state of Relief (code #9) described above was identified and described through this method. Since this classification is intended for continuous coding, from the perspective of ratings there cannot be any missing data. However, when data is deemed uncodable will likely acts as missing data from the perspective of most analyses. For these reasons, research of all kinds that makes use of observational methods requires such a code in order for continuous rating to be valid. This type of code is also frequently used to insulate rating systems against inflated error in reliability.

12. End Code

Diagnostic definition:

- A. A dramatic drop in emotional arousal. The experience is of low expressive arousal and can be rated as < 3 on the Emotional Arousal Scale (Warwar & Greenberg, 1999).
- B. A content change in conversation through one of the following:
 - 1) A change of topic, (which is not emotionally evocative).
 - 2) A change to a different, less emotional level of analysis.

Case examples include:

- a) Psycho-educational discussions initiated by the therapist,
- b) Unfocused intellectualization by the client,
- c) Humour diverts and ends a state of arousal,
- d) The therapist begins to end the session.

3) The client remains silent (and not visibly aroused for two whole minutes).

C. Criteria A and B are sustained for a period of at least two minutes.

Conceptual definition:

The classification system of affective meaning states is designed to code emotionally aroused streams of experience. When the client's experience is no longer regarding emotionally involved material the coding system ceases to be appropriate. The end of a segment is delineated with an End Code.

Points of discrimination:

The segment may include some subsequent moments of discussion if they are immediate commentaries on the current emotional experiences. Note that either therapist or the client may initiate shifts in the content or level of discourse that marks the ends of a segment (assuming the other person in the dyad does not resist the change in content). Note that occasionally (but not necessarily) a change of task entails a shift in topic and/or analysis. An example of this is when the therapist initiates an intervention in order to help the client find a focus or to vivify the client's emotion. Thus, a change in task may also indicate the end of a segment assuming arousal is low.

Naturally, a change in topic marks the end of a segment if it is not emotionally linked. Similarly, two minutes of silence is considered to be enough to suggest the end of an emotion segment or at least that there is no longer direct continuity to the state that follows.

Relating End Code to the literature:

This category is a standard category in continuous comprehensive coding systems used in the observation of behaviour (Bakeman & Gottman, 1986; Martin & Bateson, 1986).

Appendix:

Additional resources for coding and reliability

Figure 1:
Coding criteria at a glance

		Global Distress	Fear & Shame	Rejecting Anger
<i>Emotion</i>	A. <i>Emotion/Action</i>	Vague, whining, hopeless, pain, self-pity, irritable, confusion	withdraw/ close down: fear, shame, lonely, empty	distance/ destroy: frustration, hate, disgust
<i>Involvement</i>	B. <i>Arousal</i> C. <i>Voice</i>	high, >4 emotional; focused	. emotional; focused	high, >4 emotional; external
<i>Meaning</i>	D. <i>Stance</i> E. <i>Specificity</i>	non-agentic, no direction unknown, avoid, minimal	deep & enduring pain clear & specific	protector stress wrongdoing not Self
		Negative Evaluation	Need	
<i>Emotion</i>	A. <i>Emotion/Action</i>	“I am...unlovable/worthless/ ...abandoned/destroyed	“I need... recognition/support/ approval/affection/autonomy...	
<i>Involvement</i>	B. <i>Arousal</i> C. <i>Voice</i>	. emotional; focused	. focused	
<i>Meaning</i>	D. <i>Stance</i> E. <i>Specificity</i>	absolute, internally attrib., stable .	simple, internally attrib., stable need is unmet, obsevation	
		Self-Soothing	Assertive Anger	Hurt/Grief
<i>Emotion</i>	A. <i>Emotion/Action</i>	caring/tenderness/nurturing reflexive, imaginary, attributed	Anger: self/rights -affirmation entitlement, boundary setting	Hurt: recognizing one’s hurt Grief: sadness over loss
<i>Involvement</i>	B. <i>Arousal</i> C. <i>Voice</i>	. emotional; focused	moderate-high, >3 emotional; focused	high, >4 emotional; focused
<i>Meaning</i>	D. <i>Stance</i> E. <i>Specificity</i>	adaptive & healthy action refers to Self	agentive, entitlement position clear & specific	wound Impact/Say goodbye clear & specific

con't

	Mixed/Uncodable	End Coding
A.	Presence of emotional state <ul style="list-style-type: none"> • not sufficient info for id • no 2 coherent statements • potential codes, w no certainty 	Absence of emotional state <ul style="list-style-type: none"> • drop in arousal, and evocativeness
B.	A code must be made for continuity	<ul style="list-style-type: none"> • change in topic, not evocative OR
C.	List potential codes	<ul style="list-style-type: none"> • change in level of analysis, not evocative

- I.e.
- o Process interrupted,
 - o Blending states.

- I.e.
- o Psycho-educational discussions,
 - o Unfocused intellectualization,
 - o Humour dissipates a state of high arousal,
 - o therapist begins to end the session.

Start: 

Code:	GD								
Note:	Hurt, helpless								

Note: codes will be easiest recorded in a vertical fashion, so that quotations can be given as notes etc.

Reliability

Aligning CAMS Ratings for Reliability

Following is a detailed description of the rules by which independent ratings were aligned for reliability purposes in the absence of inherently fixed anchors. This procedure protocol also identifies the different sources of error or agreement in reliability. Aspects of this alignment process are illustrated in figure 2. The two independent raters are referred to as “A” and “B”. There are four rules in this procedure:

1. Rater A and rater B’s codes are matched according to sequence, which is measured in 30 second intervals.
 - a. A and B are matched in time on the marker code (Global Distress), which they make, confirming the initial event selection for Global Distress.
 - b. If they agree on the subsequently ordered codes then those codes are all counted as agreements.
2. There are three types of errors (see figure 2)
 - a. If a code is missing by rater A in relation to B it is an error of omission.
 - b. If a code is superfluously made by rater A in relation to B it is an error of commission.
 - Note that omissions and commissions are essentially the same error depending on who is the primary rater (i.e. depending on the perspective of A vs. B). For this reason I will simply refer to both of these as error of omission.

c. If A and B each have a commission/omission error in the same sequential order relative to one another this is considered to be a full (pure) error. A full error is when A and B have coded the same sequentially occurring event in different ways. In other words, the raters disagree on the event in question (rather than it having been overlooked or overcoded, which is omission or commission, respectively). This type of pure error is best examined using a confusion matrix (an example follows, see figure 4).

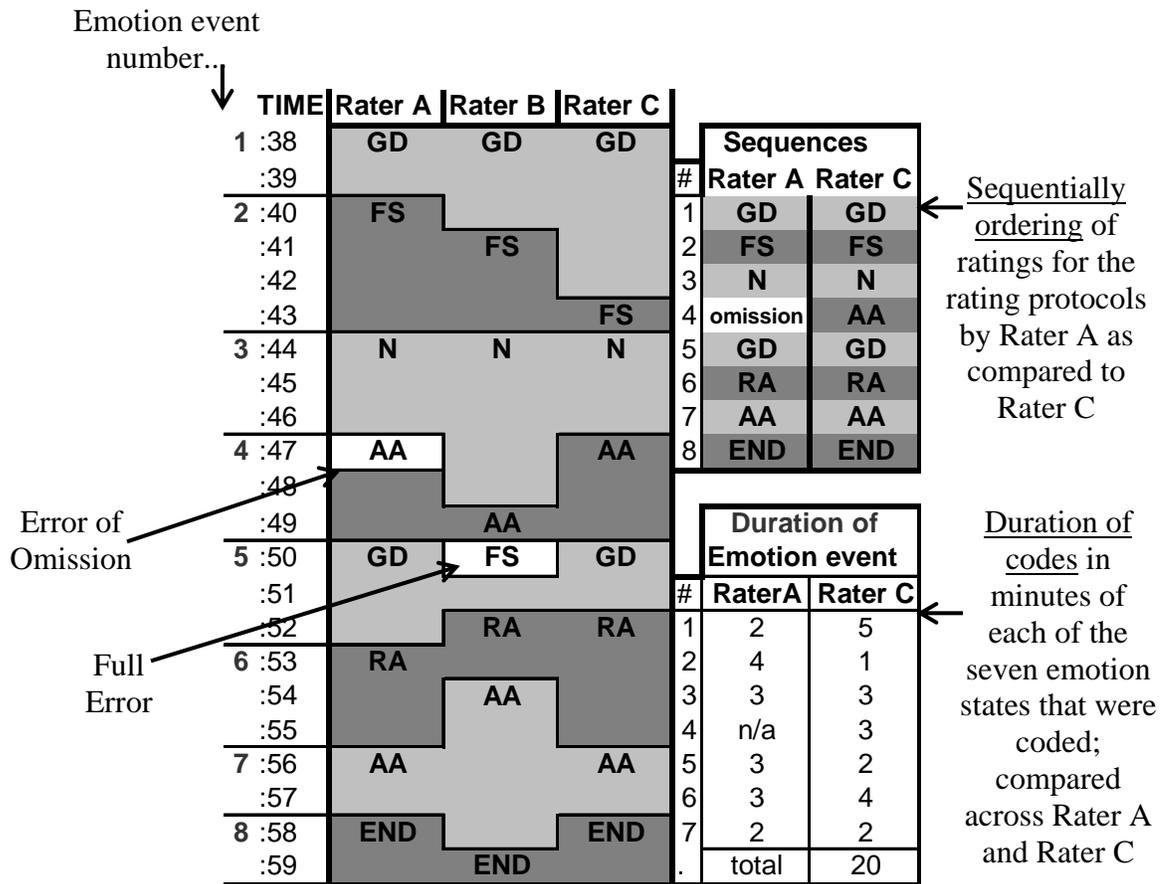
- Note that if there is agreement subsequent to an error of omission then one of the sequential ratings lacks a “placeholder” and the two ratings are misaligned (even though they may demonstrate some accordance). Thus, any codes that match following an omission must be put into question until the ratings can be re-aligned. The tools used to reinitiate the alignment of codes are the matching time rule and the rationalist analysis of continuity (the next two rules).

3. Aligning rating of A and B is always done within the constraints of a matching time rule. There must be a minimum of one minute overlap between A and B’s codes for one to assume that the two raters are coding the same event. This rule is especially useful following an omission of one rater’s codes relative to the other’s codes, and when the sequential order of coded events is lost. However, this rule is also used as a guiding principle to all code alignment.

4. Moreover, the continuity of codes is also being checked using a rational analysis of continuity. This is possible because some affective-meaning codes are more likely to be confounded than others. Primary examples of this are (i) Negative Evaluation and Fear/Shame, or (ii) Assertive Anger and Rejecting Anger. For example, if rater A were to code a particular event at a particular time as Assertive Anger and rater B were to code a particular event at around the same time as Rejecting Anger, it would be considered a full error for the purposes of reliability. This is because the two raters have made different ratings at the same point in their sequence of codes and it is fair to assume from a rationalist perspective that they were coding the same event. This continuity analysis, like the matching time rule, allows rating alignment to continue despite interruptions (i.e. errors).

Reliability. Finally, reliability between independent rater was measured by agreement in the ratings of A vs. B.

Figure 2: An example of aligned ratings
of three hypothetical raters



Two of the three aspects of reliability measurement (sequential reliability and duration reliability) were produced using comparative tables similar to those on the right of this figure.

Reliability of the Measure

Of the total sample of 34 cases used in the doctoral research of Pascual-Leone (2005), 27 cases (79.4%) were randomly selected and independently re-rated in their entirety by a second rater for the purposes of establishing reliability. With respect to the number of actual codes made during data collection 352 out of 395 individual codes (89.1%) were re-rated. Ratings produced by continuous cross-classification must be aligned (see preceding section) and then require different forms of reliability depending on how data are being used. First, the continuous nature of ratings required that independent rater agreement on what constitutes a discrete *change in state* be demonstrated; this is referred to as the *unitization of observations* and reached a percent agreement of 85.9% (see figure 3). Second, the classification of eleven different codes in the measure required that the *sequential ordering* of those classes also be reliable in the ratings; which they were, Cohen’s $\kappa = 0.91$ (see figure 4). Third, the continuous nature of ratings required that an agreement be demonstrated between independent raters on the *duration of any given unit* of coding and this was also show to be high, $r = 0.76$. According to Fleiss (1981), levels of agreement above .75 can be considered excellent agreement above chance. Thus, the measure demonstrated high overall reliability.

Figure 3: Agreement about unitization of observations

		Rater B	
		Event	Not
Rater A	Event	265	44
	No	43	

Estimated total events: 308.5;

Agreement: 85.90%

Total Agreements / [(Total Agreements) + (Omissions of A + omissions of B)/2]
 This agreement formula was developed by Dr. F. F. Strayer at the LESC. Note that a Kappa statistic cannot be calculated for unitization because the frequency of events left uncoded by both raters is unknown.

Figure 4: Confusion matrix to examine pure errors

		Rater B											sub-totals		Base rates	
Rater A		1	2	3	4	5	6	7	8	9	10	11	12	13		
		GD	FS	NE	N	RA	AA	SS	HG	A&L	End	Relief	Mix	Omi		
1	Global Distress	61			1				2				1	8	73	24%
2	Fear/Shame	1	38										1	5	45	15%
3	Negative Evaluation	1	3	21									1	4	30	10%
4	Need				32									10	42	14%
5	Rejecting Anger		1			20	2		1					6	30	Total 10%
6	Assertive Anger				1	1	12							1	15	# 5%
7	Self Soothing	1						8				1		4	14	codes 5%
8	Hurt/Grief		1					1	23					6	31	made 10%
9	Acceptance & let go														0	by 0%
10	End Code										24				24	Rater 8%
11	Relief										1	2			3	A: 1%
12	Mixed/Uncodable	1											1		2	306 1%
13	Omission	12	8	2	7	7	2	3	2						42	
sub-total:		77	51	23	41	28	16	12	28	0	25	3	4	44	# of observations:	
		Total # of codes by Rater B:												308	Absolute obs. 352	
Coding base rates by rater:		25%	17%	7%	13%	8%	5%	4%	9%	0%	8%	1%	1%		Mutual obs.. 260	

NB: Marginal homogeneity is found by comparing raters' base rates.

<i>Representative Proportion</i>		
Full Study N =	Reliability sample	Proportion
# Cases 34	27	79.4%
# Codes 395	352	89.1%