
Client Emotional Involvement and Occurrence of In-Session Therapeutic Phenomena

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Abstract

This study examined the relationship between changes in the level of client emotional involvement as measured by the *Client Experiencing Scale* and *Strength of Feeling Scale-Revised*, and occurrence of in-session therapeutic phenomena as measured by the *Category System of Client Good Moments*, in Person-Centred and Rational-Emotive Therapy. Judges rated client statements in 6 sessions conducted by Carl Rogers and 6 sessions conducted by Albert Ellis. The findings indicated that: (a) client statements which contained a good-moment had significantly higher levels of client emotional involvement; and (b) there was no difference between therapeutic approaches in the level of client emotional involvement achieved. Implications of the results for theory, practice, and future research are outlined.

Résumé

Cette étude examine la relation existant entre le niveau de réaction émotionnelle du client, mesuré au moyen de l'échelle fondée sur l'expérience du client [Client Experiencing Scale] et au moyen de l'échelle révisée d'intensité de l'émotion [Strength of Feeling Scale—Revised] et la présence lors de séances de phénomènes thérapeutiques mesurés par le système des catégories des bons moments thérapeutiques [Category System of Client Good Moments Scale]. Cette relation est étudiée selon deux méthodes thérapeutiques: la thérapie centrée sur le client et la thérapie rationnelle-émotive. Les juges ont évalué les propos des clients lors de 12 séances, 6 dirigées par Carl Rogers et 6 dirigées par Albert Ellis. Les conclusions ont démontré: a) que les propos de clients contenant des phénomènes thérapeutiques étaient associés à un plus haut niveau de réaction émotionnelle; b) qu'il n'y avait aucune différence entre les méthodes thérapeutiques en ce qui concerne le niveau de réaction émotionnelle atteint par les clients. L'article discute des implications de ces conclusions pour la théorie et l'exercice du counseling et pour la recherche.

One of the current challenges in psychotherapy process research is to gain a better understanding of the role of emotional involvement in the therapeutic process (Frank & Frank, 1991; Greenberg & Safran, 1987; Safran & Greenberg, 1991; Greenberg, Rice, & Elliott, 1993). For the last decade, psychotherapy researchers have become increasingly interested in discovering what is therapeutic about client's emotional involvement in psychotherapy. Following theoretical axioms that link the degree of client emotional involvement to psychotherapeutic and personality change (Gendlin, 1961; Jung, 1960; Polster & Polster, 1973; Rogers, 1958, 1959, 1965), researchers have studied different emotional processes to identify specific mechanisms of change that necessitate emotional involvement (Goldfried, Greenberg, & Marmar, 1990; Greenberg & Safran, 1987, 1989; Greenberg, Rice, & Elliott, 1993; Mahrer, Lawson, Stalikas, & Schachter, 1990; Orlinsky, 1989; Safran, Greenberg, & Rice, 1988).

Emotional involvement refers to a dual process of either experiencing or emoting. In experiencing, clients direct their attention inwards and are engaged in a process of getting in touch, introspecting and making sense of what they feel, and of how their feelings and experiencings are connected to their life and personality (Gendlin, 1981; Greenberg, Rice, & Elliott, 1993; Rogers 1975, 1970) In emoting, clients direct their attention outwards and express feelings that are present in the "here and now" of the session, express their feelings, and enter a state of emotional expressiveness (Nichols, 1974; Nichols & Zax, 1977; Pennebaker, 1995; Engle, Beutler, & Daldrup, 1991). The current rationale underlying research on emotional involvement in counselling is that the better we understand the process in which emotional involvement is implicated in the occurrence of specific in-session therapeutic phenomena, the better we can delineate optimal therapeutic process. Important research goals include: (a) establishing the connection between different emotional processes and their implication in the occurrence of specific in-session therapeutic phenomena, and (b) specifying the effect that fluctuations of client emotional involvement have on the occurrence of these in-session therapeutic phenomena. Studies have identified a variety of factors that affect the degree and the form that emotional expression can take in the therapeutic encounter. Variables such as the therapeutic alliance (Sexton, Hembre, Kvarme, 1996; Horvath & Simonds, 1991), client's motivation (Bonanno & Castonguay, 1994), and culture and gender interaction (Atkinson & Thompson, 1992) have been identified as highly operative in the therapeutic process and may have an effect on the manner and degree in which clients express emotions. While the examination of how these variables affect emotional expression is important, this study concentrates on the relationship between client emotional expression, however it may be affected by other variables, including the occurrence of in-session therapeutic phenomena.

In-session therapeutic phenomena refer to moments that are valued by various theories of therapy process and are considered to be indicators of change and progress (Elliott, 1983a, 1983b; Greenberg, 1984; Horowitz, 1987; Mahrer, 1985, 1988a, 1988b). A recent study by Stiles and his colleague has indicated that these same therapeutic phenomena are important to clients (Reynolds, Hardy, Rees, Barkham, & Shapiro, 1994). In that study, client's perceptions and conceptions were found to be similar to those identified by counsellors. For example, moments of insight, good therapeutic relationship, openness, and ability to provide information to the counsellor without being judged, were found to be important moments of therapeutic process by clients.

Studies have also been conducted to examine the relationship between aspects of emotionality and in-session therapeutic phenomena. For example, Mahrer, Lawson, Stalikas, & Schachter (1990) reported that emo-

tional arousal is related to the occurrence of in-session client substantive personality change. Clients who were emoting were able to connect with parts of their personality they had previously disowned, and to feel good about previously shameful and distant personality traits and characteristics. Similarly, Stalikas & Fitzpatrick (1995), using a single session of Gestalt therapy reported that the occurrence of a variety of in-session change phenomena was positively and significantly related to both higher levels of introspecting (experiencing) and emoting (strength of feeling).

It is important to examine what makes counselling work. This research builds on the idea that it is pivotal to study valid measures of micro-outcomes that constitute intermediate links between in-session and ultimate treatment outcome (Safran, Greenberg, & Rice, 1988; Hill, Helms, Spiegel, & Tichenor, 1988; Orlinsky & Howard, 1986). Only then, can we begin to clarify the mechanisms of change in counselling (Muran, Safran, Samstag, Gorman, Twining, & Winston, 1995). The purpose of this study was to further examine the relationship between changes in the level of client emotional involvement and occurrence of in-session significant therapeutic phenomena in two major therapeutic approaches: Person-Centred and Rational-Emotive.

Three research questions were investigated;

1. Is there a relationship between the occurrence of in-session therapeutic phenomena and experiencing?
2. Is there a relationship between the occurrence of in-session therapeutic phenomena and strength of feeling?
3. Is there a significant difference in experiencing and strength of feeling in the two therapeutic approaches?

METHOD

Counsellors and Clients

The work of two exemplary counsellors, each a pioneer of his own therapeutic approach, were used in the present investigation: Albert Ellis (1994, 1979), Rational-Emotive Therapy, and Carl Rogers (1970, 1975), Person-Centred Therapy. Six complete audiotaped sessions of Carl Rogers and six of Albert Ellis, were used in the present investigation. The six sessions used for Person-Centred therapy were: 1) Miss Mun, 19th session with a middle aged woman; 2) Mr. Lin, initial session with a man in his twenties; 3) Cathy, initial session with a woman in her thirties; 4) Mrs. P.S, initial session with a woman in her twenties; 5) Mike, initial session with a man in his twenties; 6) Gloria, initial session with a woman in her thirties. The total number of client statements for these six session tapes was 526.

The six sessions selected to represent Rational-Emotive therapy were: 1) Ms. Ekli, fourth session with a woman in her thirties; 2) Mrs. Jones,

15th session with a woman in her thirties; 3) Ms. Sally; initial session of a woman in her late twenties; 4) Mr. O, third session with a man in his thirties; 5) Ellis and the suicide of a loved one, initial session with a woman in her thirties; 6) Gloria, initial session with a woman in her thirties. The total number of statements for the six Rational Emotive sessions was 626.

Verbatim transcripts of the sessions were procured, checked for accuracy and all statements were numbered consecutively. A statement was defined as all the words spoken by one party (the client or counsellor), preceded and followed by words spoken by the other party.

Raters

Three independent groups of five raters each, were used. Each group rated each session, using one scale (see below), unaware of the ratings of one another and of the other groups. All raters were graduate students in counselling psychology, members of the *McGill Psychotherapy Process Research Team*, and were trained according to the manualized scale instructions.

Measures

The *Category System of Good Moments* (CSGM) (Mahrer, 1988b) consists of 12 nominal categories of client change events. It was specifically designed to identify the following types of in-session client change events: 1) provision of significant material about self and/or interpersonal relationships, 2) description-exploration of the personal nature of feelings, 3) emergence of previously warded-off material, 4) expression of insight/understanding, 5) expressive communication, 6) expression of a good working relationship with the therapist, 7) expression of strong feelings toward the therapist, 8) expression of strong feelings in personal life situations, 9) manifest presence of a substantively new personality state, 10) undertaking new ways of being and behaving in the imminent extra-therapy life situation, 11) expression of report of changes in target behaviour, and, 12) expression of a welcomed general state of well-being.

The system was generated to represent most theoretical approaches, and was developed from a comprehensive survey of client change events found in the psychotherapy/counselling research literature (Mahrer & Nadler, 1986). The psychometric properties of the scale have been reported to be satisfactory, with inter-rater kappa reliabilities (Cohen, 1960) ranging between .72 and .77 (Martin & Stelmazonek, 1988; Martin, Martin, & Slemon, 1987).

The *Client Experiencing Scale* (ES) (Klein, Mathieu, Gendlin, & Kiesler, 1970; Klein, Mathieu-Coughlan, & Kiesler, 1986) is a 7-point scale used to describe the client's involvement in counselling. At a low level, involvement is limited, discourse is impersonal and superficial; at higher

levels, feelings are explored, felt sensations are followed, and experiencing serves as the basic referent for problem reformulation and solution. Klein and his colleagues (1986) report high inter-rater reliabilities ranging from r_{kk} .75 to .92 and r_{ll} .43 to .73. Findings from several studies show that experiencing is related to self-exploration insight and successful final outcome (Klein et al., 1986).

The *Strength of Feeling Scale-Revised* (SF-R) (Iwakabe & Stalikas, 1995) was designed to measure the strength of feeling of the client. Strength of feeling is measured on a 6-point ordinal scale. The scale reports acceptable levels of inter-rater reliability, with intraclass correlations ranging between .63 and .89 (Iwakabe & Stalikas, 1995). It has been used in several studies to identify clients' emotional level of arousal (Iwakabe, Stalikas, & Allard, 1995; Iwakabe, Stalikas, & O'Hashi, 1995).

Procedure

For the SF-R and ES scales, the two groups of judges listened independently to the sessions aided by a verbatim transcript in order to make the appropriate ratings. A criterion of 80% agreement among each group of judges (four out of five) was required to accept a rating. For client or counsellor statements where the agreement level was not reached, the judges met, discussed the differences, resolved discrepancies, and reached consensus.

In order to identify good moments, the procedure occurred in two stages. During the first stage, each judge was requested to select three of the twelve categories that they would identify during rating. The judges then listened to the audiotapes and selected those client statements, which contained one or more of the categories they chose. During the second stage, each judge reviewed the statements that were identified as containing at least one good moment. The judges then decided whether they agreed or disagreed with the provisional ratings from the first stage. There needed to be an 80% agreement between the judges to select a statement as containing one or more good moment categories.

For the CSGM, the Cohen Kappa coefficient (Cohen, 1960) was calculated for all possible combinations of any two judges. The Cohen kappas ranged on all possible combinations of any two judges between .67 and .74, indicating adequate agreement across all judges.

For the independent ratings on the ES and the SF-R, Ebel's interclass correlation (Ebel, 1951) was used to calculate the inter-rater reliability (Klein, Mathieu, Gendlin, & Kiesler, 1970). The Ebel intraclass reliabilities were r_{ll} .76 and r_{kk} .67, for the ES, and .60 to .82 for the SF-R, again indicating a satisfactory level of reliability of the ratings.

Having rated each client statement on the CSGM, ES and SF-R scales, statistical analyses were conducted to compare the three sets of ratings.

The data was examined in two different ways; first, at a statement level, and second at the session level. Contingency tables were used to examine the occurrence of particular categories of good moments at particular levels of strength of feeling and experiencing. At the individual statement level, a descriptive rather than a statistical analysis was performed. The session was selected as the unit of statistical analyses within and between the different sessions. The rationale for this decision was the assumption that individual statements are likely to be highly inter-dependent and that this possible inter-dependence of observations can inflate the alpha level and Type-I error to an unknown degree rendering results difficult to interpret.

RESULTS

The results are summarized in Tables 1 and 2 and include every good moment category at every level of strength of feeling and experiencing. The results indicate that in terms of overall occurrence of good moments both approaches are characterised by the same types of good moment categories: Provision of significant information (category 1), exploration of feelings (category 2), insight (category 4), expressive communication (category 5), and expression of a good working relationship (category 6). However, the approaches differ in the frequency level at which they appear. A large proportion of PCT good moments are provision of significant information, (73.4%) and exploration of feelings (13.1%). The large majority of good moments in RET are provision of significant information (77.5%) and insight (13.9%). The occurrence rate of the other categories of good moments (category 5, and 6 for both approaches, category 2 for RET and category 4 for PCT) was too low for meaningful analyses and discussion.

Similarly, with the overall levels of emotional involvement (experiencing and strength of feeling), both approaches use similar and relatively low levels of emotional involvement that hover around level 3 for both experiencing and strength of feeling.

In terms of occurrence of specific categories of good moments in relation to experiencing, we examined the data in terms of both frequency (F) and proportion and (P_l) and total proportion (P_T) of occurrence of good moments to "non good moments" or "ordinary" moments. For example, the frequency of occurrence of category 1 (provision of significant information) in PCT, indicated that the majority of these good moments occurred at level 3 of experiencing, followed by level 2 and then level 4 (75, 63 and 47 instances of category 1 good moments out of a total of 207). However, when we examined the proportion of category 1 good moments to the total number of statements at each level of experiencing (P_T), a different picture emerged. A total of 67 statements were

TABLE 1
Distribution of Good Moments over Levels of Experiencing in PCT and RET

PCT	Levels of Experiencing															Total
	1			2			3			4			5			
GM Category	<i>F</i>	<i>P_L</i>	<i>P_T</i>	<i>F</i>	<i>P_L</i>	<i>P_T</i>	<i>F</i>	<i>P_L</i>	<i>P_T</i>	<i>F</i>	<i>P_L</i>	<i>P_T</i>	<i>F</i>	<i>P_L</i>	<i>P_T</i>	
1	4	1.9	3.6	63	30.4	31.8	75	36.2	58.6	47	22.7	70.1	18	8.7	90.0	207
2	0	0.0	0.0	2	5.4	1.0	8	21.6	6.3	19	51.4	28.4	8	21.6	40.0	37
4	1	6.7	0.9	5	33.3	2.5	3	20.0	2.3	2	13.3	3.8	4	26.7	20.0	15
5	0	0.0	0.0	1	5.9	0.5	7	41.2	5.5	8	47.1	11.9	1	5.9	5.0	17
6	0	0.0	0.0	1	16.7	0.5	4	66.6	3.1	1	16.7	1.5	0	0.0	0.0	6
Total number of statements per level	111			198			128			67			20			
RET																
1	2	1.4	1.1	56	38.6	19.4	64	44.0	48.1	20	13.8	90.9	3	2.1	100.0	145
2	0	0.0	0.0	0	0.0	0.0	1	25.0	0.7	2	50.0	9.1	1	25.0	33.3	4
4	0	0.0	0.0	8	30.8	2.8	14	53.8	10.5	4	15.4	18.2	0	0.0	0.0	26
5	0	0.0	0.0	1	12.5	0.3	5	62.5	3.8	1	12.5	4.5	1	12.5	33.3	8
6	0	0.0	0.0	2	50.0	0.7	2	50.0	1.5	0	0.0	0.0	0	0.0	0.0	4
Total number of statements per level	179			289			133			22			3			

F = frequency of good moments per level of experiencing

P_L = proportion of good moments per level of experiencing in percentage

P_T = proportion of good moments per level of experiencing over total number of client statements in percentage

TABLE 2
Distribution of Good Moments over Levels of Strength of Feeling in PCT and RET

PCT	Levels of Strength of Feeling												Total
	1			2			3			4			
GM Category	<i>F</i>	<i>P_i</i>	<i>P_T</i>	<i>F</i>	<i>P_i</i>	<i>P_T</i>	<i>F</i>	<i>P_i</i>	<i>P_T</i>	<i>F</i>	<i>P_i</i>	<i>P_T</i>	
1	49	23.7	24.5	16	7.7	45.9	118	57.0	48.8	24	11.6	51.1	207
2	3	8.1	1.5	3	8.1	8.6	25	67.6	10.3	6	16.2	12.8	37
4	2	13.3	1.0	1	6.7	2.8	8	53.3	3.3	4	26.7	8.5	15
5	2	11.8	1.0	0	0.0	0.0	6	35.3	2.5	9	52.9	19.1	17
6	0	0.0	0.0	1	16.7	2.8	4	66.6	1.7	1	16.7	2.1	6
Total number of statements per level	200			35			242			47			
RET													
1	44	30.3	12.8	12	8.3	30.8	82	56.6	37.6	7	4.8	28.0	145
2	0	0.0	0.0	1	25.0	2.6	2	50.0	0.9	1	25.0	4.0	4
4	11	42.3	3.2	5	19.2	12.8	10	38.5	4.6	0	0.0	0.0	26
5	0	0.0	0.0	0	0.0	0.0	3	37.5	1.4	5	62.5	20.0	8
6	1	25.0	0.3	0	0.0	0.0	3	75.0	1.4	0	0.0	0.0	4
Total number of statements per level	345			39			218			25			

F = frequency of good moments per level of strength of feeling

P_i = proportion of good moments per level of strength of feeling, in percentage

P_T = proportion of good moments per level of strength of feeling over total number of client statements in percentage

rated at level 4 of experiencing and 47 of them were identified as category 1 good moments, while from 128 statements identified as level 3 experiencing 75 were identified as category 1 good moments. While the frequency calculations provide an "across" view of how category 1 good moments are distributed across the 5 levels of experiencing, the proportion calculations express the ratio of good moments over total number of statements at any given level of experiencing (or strength of feeling). The total proportion calculations may be a more meaningful way to examine the data since they provide a fuller picture of the interaction between occurrence of good moments and levels of experiencing or strength of feeling. Both frequency and proportion data are presented in Tables 1 and 2.

The results of the descriptive analyses indicate the following: For category 1 (provision of significant information) the frequency of good moments is highest in both PCT and RET at level 3 of experiencing. The proportion (P_r) of occurrence of good moments to "non-good" or "ordinary" moments, however, increases as the level of experiencing increases, indicating that levels of experiencing have a positive linear relationship to the occurrence of provision of significant information. For category 2 (exploration of feelings), although the frequency of good moments is highest at level 4 of experiencing in PCT, the proportion of occurrence of good moments to non-good moments increases, once more in a linear fashion, indicating that the highest levels of experiencing are related to the highest occurrence of category 2 good moments. For category 4 (insight), the highest frequency of insight in RET occurs at level 3 of experiencing but proportionally level 4 of experiencing is related to the highest proportion of occurrence of good moments in this category.

The contingency tables for the occurrence of good moments in relation to strength of feeling indicate that: in PCT, the provision of information (category 1) and exploration of feeling (category 2) categories have the highest frequency at level 3 of strength of feeling. Proportionally good moments to non-good moments, the highest proportion of occurrences take place at level 4. For RET, the provision of significant information (category 1) and insight (category 4) occur mostly at level 3 and 1 respectively, while in terms of proportions the highest occurrences of these two categories take place at level 3 and 2 respectively.

In summary the findings indicate that: both approaches seem to access the same set of five categories of good moments but in different frequencies; RET accesses primarily provision of information and insight while PCT accesses primarily provision of information and exploration of feelings. Higher levels of experiencing are related to higher proportions of occurrence of provision of information in PCT and RET, and exploration of feelings in PCT, and insight is related to level 4 of experiencing in RET. Higher levels of strength of feeling are related to higher

proportion of occurrences of provision of information and exploration of feelings in PCT while provision of information is related to level 4 of strength of feeling in RET. Insight is related to level 2 of strength of feeling in RET. Finally, good moments appear to be associated overall with higher levels of experiencing or strength of feeling, indicating that the presence of emotional involvement in in-session outcome is a factor in the therapeutic process.

Second, in order to statistically manipulate the data so as to answer the research questions and to obtain a general view of the relationship between emotional expression and exploration to the occurrence of good moments, good moments were collapsed into two general categories; good-moment statements and non-good-moment statements. This transformation of the data was also necessary because several good moment categories appeared in low frequencies, rendering statistical manipulation problematic. Consequently, each session was divided into two groups: one group containing the good-moment statements and the other containing the non-good-moment statements. The mean experiencing levels and feeling intensity of the two groups (good-moment statements and non-good moment statements) for each of the 12 sessions were calculated. Means and standard deviations of means for client experiencing are presented in Table 3. Two related measures of analyses of variance with a between-subject factor were applied.

In relation to the first research question, whether there is a significant relationship between the occurrence of good moments and experiencing, the results indicate that good-moment statements have significantly higher levels of experiencing than non-good-moment statements: $F(1, 10) = 47.79, p < .0001$.

With respect to the second research question, whether there is a relationship between the occurrence of good moments and strength of feeling, similar results were obtained. Good moment statements had significantly higher levels of feeling intensity: $F(1, 10) = 22.104, p < .001$.

TABLE 3
*Mean Levels of Strength of Feeling and Experiencing for PCT and RET
in Good Moment and Non-Good Moment Statements*

		Strength of Feeling		Experiencing	
		GM statements	NON-GM statements	GM statements	NON-GM statements
PCT	<i>M</i>	2.794	2.280	3.029	2.104
	<i>SD</i>	0.188	0.140	0.178	0.121
RET	<i>M</i>	2.428	1.962	2.738	1.841
	<i>SD</i>	0.188	0.140	0.178	0.121

In relation to the third research question, the results failed to find a significant therapy effect, for experiencing: $F(1,10) = 2.63$, $p > .136$, or strength of feeling: $F(1,10) = 2.645$, $p > .135$ indicating that Person-Centred Therapy and Rational-Emotive Therapy both achieve statistically similar level of clients= experiencing and strength of feeling.

Finally, the results indicated that no statistically significant interaction between the presence of good moments and the effect of therapy, either for experiencing: $F(1,10) = .12$, $p > .916$ or for strength of feeling: $F(1,10) = .055$, $p > .820$.

DISCUSSION

These results are consistent with previously reported results (Mahrer, White, Howard, & Lee, 1991; Mahrer, Lawson, Stalikas, & Schachter, 1990; Stalikas & Fitzpatrick, 1995) and support the idea that emotional involvement is an important factor in positive and productive therapeutic process. The proportion of occurrence of provision of significant information (category 1) increased as the level of emotional involvement increased suggesting either that when clients provide significant information about self or others, they enter a state of higher experiencing and become somewhat emotionally aroused, or that entering such a state of emotional involvement facilitates the process of divulging significant information.

The link between emotional involvement and in-session therapeutic process is not new, in fact it might almost be considered a dictum of clinical practice. The results of this study indicate, however, that even when the levels of experiencing and strength of feeling *are relatively low*, they are still related to a higher occurrence of in-session therapeutic phenomena. These findings have implications both for research and practice.

For researchers, the findings suggest that it is important to investigate even subtle changes in emotional involvement. Developing more sensitive instruments to discriminate the emotional involvement variables could facilitate these investigations. In addition, refining the category of client provision of significant information seems warranted. The question of the nature of the significant information that has the strongest relationship to subtle changes in emotional involvement is one which could profit from more qualitative investigation. If even a slight elevation in the level of emotional involvement on the part of the client is beneficial for accessing certain types of good moments, knowing how slight and being able to more accurately describe the nature of those good moments are important research goals.

For the practitioner, these results indicate that one of the important goals in counselling is to promote and facilitate even minimal experiencing and emotional expression. These are consistent with the tenets

of focusing, (Gendlin, 1981), introspection (Rogers, 1965) experiencing, (Rogers, 1959) and emotional expressiveness (Pennebaker, 1995; Greenberg, Rice, & Elliott, 1993; Engle, Beutler, & Daldrup, 1991). Counsellors who focus their interventions in the affective elements of the client material in order to facilitate the processes of introspection and emotional expression may help clients to engage in an affective exploratory or expressive process that will promote the occurrence of in-session change. The degree or level of such involvement is not crucial since even a slight increase in these processes corresponds to an increase in the occurrence of good moments. In that light, the results suggest that counsellors might make this "emotional process" one of their priorities of therapeutic work.

Although there is a research literature, which supports the idea that therapeutic orientation has little effect on outcome, we had hypothesised that since the two therapeutic approaches prescribe different roles for emotions and are technically quite different, they would tend to use emotions differently in the sessions. One of the intriguing findings of this study was that both PCT and RET operate at similar, relatively low, experiencing and strength of feeling levels. RET emphasises the reactive nature of emotions that results from irrational cognitive schemes and the therapeutic focus lies in changing such irrational schemes to eliminate contingent negative emotional reactions (Ellis, 1979). Emotional expression and experiencing are helpful primarily in identifying maladaptive cognitive processes and beliefs (Ellis, 1994). In PCT, heightened emotions are considered to be motivational forces whose expression needs to be facilitated and encouraged (Rogers, 1975, 1970, 1965). PCT therapists focus on client's emotional expression and symbolisation of meaning of felt feelings (ES). In spite of these theoretical differences, the results indicated that in both types of therapy experiencing and strength of feeling are achieved to a similar low degree, and that the higher levels are more likely to be associated to occurrence of good moments. It seems that, regardless of therapeutic system, emotional processes are crucial elements in productive psychotherapy and may be a valued tool to achieve optimal process regardless of theory (Mahoney, Norcross, Prochaska, & Missar, 1989). The findings suggest that counsellors, regardless of their theoretical orientation, could profitably pay attention to even low levels of emotional involvement.

Even though the results of this study indicate that both RET and PCT use low levels of emotional involvement and that these are associated with good moments, it would still be valuable to examine possible mechanisms operating at higher degrees of introspection and strength of feeling. There may also be therapeutic change mechanisms that reside in a greater rate of occurrence of good moments or higher experiencing or strength of feeling levels.

Limitations and future studies

There are several limitations in the present study, which could be addressed in further research. The study uses a non-random, relatively small number of sessions ($n = 12$). While the session was the observation unit, the mean levels of experiencing and strength of feeling were obtained by averaging 20 to 150 statements so that the estimates were highly reliable and stable. Nonetheless it would still be important to explore these questions with larger randomly selected samples to validate the finding.

Second, three of the categories of good moments include a component of feeling expression: expressed toward the therapist (category 7); expressed within the context of a personal life situation (category 8); or an overall expressive communication (category 5). These may be seen as conceptually related to the *Strength of Feeling Scale—Revised*. Two categories, exploration of feelings (category 2) and insight (category 4) may be seen as being conceptually related to the *Experiencing Scale*. The findings of this study may be interpreted as conceptual overlap between the scales more than a correlation between the three constructs. In this study, there were no instances of categories 7 and 8, and categories 2, 4, and 5 represent a small proportion of the data. Previous studies using the same scales, however, have reported that such an overlap is limited to higher levels of experiencing and strength of feeling (Stalikas & Fitzpatrick, 1995). In the present study, high levels of either experiencing or strength of feeling were not obtained. In addition, Mahrer and his colleagues (1990), report that while the definitions of categories 5, 7, and 8 may exclude them from occurring at level 1 of strength of feeling, they occur at various other levels of strength of feeling and are not limited to one level only, a finding that this study replicated. For example, category 2 occurred at levels 2 to 5 of experiencing, category 5 occurred at levels 2 to 5 of strength of feeling, and category 4 occurred at levels 2 to 4 of experiencing. These findings support the notion that while these categories of good moments may not occur at the lowest levels of either strength of feeling or experiencing, they occur at all other levels.

The present study used early or first sessions. In future studies, it may be useful to examine the relationship between experiencing, strength of feeling and therapeutic good moments across phases of therapy. It is possible that the relationship between therapeutic moments and emotional involvement may be stronger at earlier stages in which client's main task is exploring his/her feelings associated with presenting problems than at later stages where clients are exploring new behaviour and reporting changes in their lives. Although it is time-consuming to apply ratings and analyse such time-series data, this work could detect phase-specific relationships between variables that are not highlighted in this study.

Although in RET and PCT, clients achieved similar levels of experiencing and feeling expression, it is not yet clear how the two therapists used different interventions to facilitate that emotional involvement. To understand the processes involved in achieving high experiencing and strength of feeling in the two therapies, studies examining the interventions and their relationship to those processes are warranted. Studies which compare change processes across different therapies could provide us with an understanding of common factors, while delineating specific factors associated with each therapy system allowing researchers and clinicians to communicate beyond the boundaries of theoretical systems.

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