
Attunement as the Core of Therapist-Expressed Empathy

Helen L. Macaulay
Shaké G. Toukmanian
Kimberley M. Gordon
York University

ABSTRACT

The communication of empathic understanding was examined in relation to three qualities of therapist interventions (attunement, tentativeness, and meaning exploration) and tested for its relationship to client in-session processing. High and low client-process segments, from sessions of 20 mild-moderately depressed clients treated in brief experiential therapy, were rated for therapist empathy and manner of responding. Client responses were evaluated for depth of experiencing and manner of perceptual processing. Empathy was significantly greater in high than in low client-process segments. Analyses revealed that together the three qualities of therapist interventions predicted level of empathy, but attunement emerged as the sole significant individual predictor.

RÉSUMÉ

La communication d'une compréhension empathique a été étudiée dans son rapport avec trois qualités de l'intervention du thérapeute (la réceptivité, la prudence, et l'exploration du sens) et testée en regard de sa relation avec le processus perceptif chez le client en séance. Des segments de processus perceptif forts et faibles chez le client, tirés de séances avec 20 clients ayant une dépression de légère à modérée et traités au moyen d'une thérapie expérientielle brève, ont été évalués relativement à l'empathie du thérapeute et à la façon de répondre. Les réactions des clients ont été évaluées quant à la profondeur du vécu et le processus perceptif chez le client. L'empathie était beaucoup plus importante dans les segments forts que dans les segments faibles. Les analyses ont révélé que les trois qualités d'intervention du thérapeute prises ensemble prédisaient le niveau d'empathie, mais la réceptivité a émergé comme la seule variable prédictive individuelle importante.

Rogers (1957, 1959) viewed empathy as an *attitude* or a "state of being" that occurred when the therapist experienced an accurate understanding of the client's private world. He also saw it as an *ability* to relate this experience to the client, asserting that it is only when the therapist's empathic understanding is communicated clearly and received by the client that positive therapeutic change can occur. This specification, with its dual focus, has proven to be problematic, as the construct has been interpreted variously to refer to a personality trait, a general ability, a cognitive-affective state, or a multi-phased interpersonal process (Duan & Hill, 1996). The notion of "empathic responding," which attempts to capture Rogers' intended meaning of empathy, has been similarly problematic. Greenberg and Elliott (1997) report, for example, that the term has been used in research to denote five distinct therapist functions: empathic understanding, evocation, exploration, conjecture, and interpretation, with most studies focusing on the empathic understanding meaning of the term (Sachse & Elliott, 2002).

By conceptualizing empathy as an interpersonal process, Barrett-Lennard (1981, 1986) presents a more integrated perspective that is truer to what transpires in psychotherapy. In his cyclical model of facilitative empathy, he describes this process in three distinct phases: empathic resonance, which refers to the therapist's inner process of listening and developing an understanding of the client; expression of empathy, which involves the communication of this inner experience; and received empathy, which denotes the phase when clients perceive the therapist's empathic response. This interpersonal model allows for the provision of feedback, which may be either confirming, corrective, or informative to therapists regarding whether or not clients feel personally understood (Barrett-Lennard, 1981). This view emphasizes the importance of the communication rather than the state of empathy and, as such, it served as the conceptual framework for this study.

With respect to research, several meta-analytic studies have shown that empathy is positively and significantly related to therapy outcome in a wide variety of client populations and in most therapeutic modalities (e.g., Lambert & Bergin, 1994; Orlinsky, Grawe, & Parks, 1994; Orlinsky, Ronnestad, & Willutzki, 2004). However, research examining the relationship between therapist empathy and clients' in-therapy process has been limited (Wachtel, 1993). Some early studies have indicated a significant relationship between therapist empathy and client depth of experiencing, but these findings have not been consistently replicated (e.g., Hendricks, 2002; Klein, Mathieu-Coughlan, & Kiesler, 1986). The only studies dealing with the immediate impact of therapeutic interventions on client process have been those of Sachse. His microanalytic investigations have shown that therapist empathic understanding typically facilitates a deepening of clients' immediate processing efforts (Sachse & Elliott, 2002).

Past research regarding the therapist has examined a host of personal attributes in an attempt to identify what particular therapist characteristics relate to effective therapy (Elkin, 1999). In addition to investigating personal characteristics, numerous efforts have been directed toward using taxonomies to study therapist verbal response modes (i.e., emotional words, exploratory responses, rephrased reflections). However, only a few (e.g., Barkham & Shapiro, 1986; Barrington, 1961) have addressed empathy specifically, and there are no studies to date that have directly addressed how the communication of empathy impacts client in-therapy process. Thus, to the extent that empathy is considered to be central to effective psychotherapy, an understanding of how it is conveyed, and how it impacts clients' in-therapy process would be crucial for informing the training and practice of psychotherapists. The current study was undertaken to explore these questions in the context of brief experiential therapy.

In person-centred and experiential psychotherapies, client-process is commonly measured in terms of level of clients' experiencing and/or their manner of processing in therapy. Research using the Experiencing Scale (EXP; Klein et al., 1986) has demonstrated that depth of experiencing is significantly related to increased client self-esteem, improvements in depressive symptoms, better session outcomes, and successful therapy (e.g., Goldman, Greenberg, & Pos, 2005; Warwar, 1996; Watson, 2002). As well, Toukmanian's (1994/2004) Levels of Client Perceptual Processing (LCPP) measure describes particular ways or strategies of clients' in-ses-

sion processing. The LCPP is based on a model of therapy in which positive client change is conceptualized as a gradual shift away from automated and shallow to more deliberate and complex ways of processing internal experience (Toukmanian, 1990, 1992). Studies using this measure have shown that clients' engagement in complex processing strategies increases from early to late therapy, and that this shift is related to better treatment outcome in experiential and psychodynamic therapies (Day, 1995; Toukmanian & Jackson, 1996; Toukmanian & McKee, 1998).

The York Therapist Process Measure (YTPM; Toukmanian & Armstrong, 1998) was used in this study to explore the communicational qualities of empathic responding. This measure is based on the premise that "regardless of theoretical orientation, the extent to which an intervention either facilitates or impedes the client's in-therapy process is related to how it is articulated and conveyed to the client" (Gordon & Toukmanian, 2002, p. 90). The measure consists of three separate scales or qualitative dimensions of the therapists' way of responding: *attunement*, *tentativeness*, and *meaning exploration*. Attunement maps onto Rogers' (1979) conception of empathic responding, and is consistent with Barrett-Lennard's (1986) notion of "responsive communication," which requires that the therapist be attuned to the most important aspects of the client's inner experience in the moment and then communicate the client's experienced meanings back to the client. This dimension is also key to experiential therapies' conception of "communicative attunement," which, as Bohart and Greenberg (1997) observe, relates to the therapist's desire to understand the client's immediate experience, to put the implicit aspects of the experience into words, and to communicate this understanding to the client.

In terms of tentativeness, Rogers (1975) emphasized the value of tentatively formulated interventions by stating that therapists must frequently check the accuracy of their "sensings" and be guided by the client's responses. Such interventions are not only a way of testing and improving the therapist's understanding of the client but also, as Toukmanian (1990, 1992) argues, a way of introducing a degree of uncertainty into the client's habitual way of constructing experiences and creating an opportunity for the exploration of personal meanings of experiences.

Finally, the meaning exploration dimension reflects the view held by nearly all forms of psychotherapy that facilitating the exploration of clients' perceptions, emotions, and thoughts is essential in helping them gain deeper awareness of the unique meaning of their subjective experiences. Rogers (1975) alluded to the importance of meaning exploration in the communication of empathy when he discussed the therapist's role in proposing possible meanings and helping the clients to focus on their inner experiences in order to move them forward in their experiencing. Similarly, Greenberg and Elliott (1997) suggest that it is through "empathic exploration" responses that therapists encourage clients to search for, unfold, and examine new internal information, which may then allow for positive changes in the way events are construed and experienced.

Gordon and Toukmanian (2002) used the YTPM to examine the quality of therapeutic interventions as one factor influencing the clients' manner of in-therapy processing. They found that mean levels of therapist attunement and tentativeness were significantly greater in segments of therapy characterized by

deeper and more complex levels of client processing. The finding with respect to meaning exploration approached significance. These results supported the notion that the manner in which interventions are formulated and conveyed is importantly implicated in how deeply clients process their experiences in therapy.

In the current investigation, we sought to extend this line of research to the study of the component qualities of therapist-expressed empathy in order to determine if the three YTPM qualities are also those underlying expressed empathy. In addition, we sought to examine the relationship between therapist-expressed empathy and clients' processing and depth of experiencing. Accordingly, we hypothesized that therapist level of expressed empathy would be significantly higher in segments of therapy characterized by high compared to low levels of client perceptual processing and experiencing. We also hypothesized that therapists' expressed empathy would be predicted by interventions that were attuned to the client's internal state, formulated tentatively, and facilitative of clients' exploration of meaning.

METHOD

Participants

This study was based on the therapy transcripts of 20 self-referred, mild to moderately depressed clients (2 male, 18 female) who had volunteered to participate in an earlier program of psychotherapy outcome research at the counselling centre of a large, urban university. Clients were predominantly white, ranging in age from 17 to 39, with a mean age of 23.3 years, and all but one were undergraduate university students. Participants' suitability for this program was established through an initial screening interview by an experienced therapist for the following inclusion criteria: (a) the absence of thought disorder, suicidal ideation, or a history of psychiatric hospitalization; (b) a presenting problem of an interpersonal nature; and (c) no prior individual or group therapy experience. Participants who met these criteria and who were willing to participate received 12 to 16 sessions of individual experiential psychotherapy and completed pre- and post-treatment questionnaires on various measures of therapy outcome. Each session was audiotaped and later transcribed verbatim. All therapists involved in this program were senior graduate students in clinical psychology with several years of applied therapy experience and at least one year of supervised training in experiential methods of therapy, and all were unaware of the research questions raised in the current study.

Process Measures

The Empathic Understanding Scale of the Barrett-Lennard Relationship Inventory (BLRI). Barrett-Lennard's (1986) measure was used to assess "expressed empathy," as conceptualized in his relational empathy model (1981). It consists of 16 items, each rated on a 6-choice anchored scale, and worded for clients, therapists, or, as in this study, use by a third-party observer/judge. The scale has shown to have acceptable levels of content and predictive validity, and most internal consistency and test-retest reliabilities have been in the range of .75 to .95 (Barrett-Lennard, 1986, 1998). In this study the inter-rater reliability was .97.

Levels of Client Perceptual Processing (LCPP). Toukmanian's (1994/2004) coding system was used to evaluate the levels of clients' in-therapy manner of perceptual processing. The measure consists of seven mutually exclusive categories, each representing a qualitatively different pattern of client processing: (1) recognition, (2) elaboration, (3) externally focused differentiation, (4) analytic differentiation, (5) internally focused differentiation, (6) re-evaluation, and (7) integration. Categories 1–3 represent quick, non-reflective, and shallow levels of processing, whereas categories 4–7 represent a more complex, internally focused, reflective, and deliberate manner of processing. The LCPP has shown to have moderately high predictive validity for expected early to late therapy changes in clients' manner of processing and treatment outcome, and the reported inter-rater reliabilities have ranged from .73 to .88 (Day, 1995; Levitt & Angus, 1999; Missirlian, Toukmanian, Warwar, & Greenberg, 2005; Toukmanian & McKee, 1998). The interested reader is referred to Toukmanian (1994/2004) for specific details regarding the development and use of the LCPP and for rater training instructions. For this study, the Kappa coefficient for inter-rater reliability was .78 (Gordon & Toukmanian, 2002).

The Experiencing Scale (EXP). Klein et al.'s (1986) measure assesses the depth of client involvement in self-exploration during psychotherapy. It was designed for use with recordings or transcripts of therapy sessions, and consists of a 7-point Likert scale. Levels 1–3 represent the client's progression from external and impersonal to internal, emotionally involved referents. At level 4 there is a focus on the description of feelings and personal experiences. Levels 5–7 represent the increasing use of subjective inner referents of experience. The inter-rater reliabilities for the EXP-Scale have ranged from .76 to .91 and it has shown to be a good predictor of treatment outcome (Klein et al.; Pos, Greenberg, Goldman, & Korman, 2003). The inter-rater reliability coefficient was .88 (Gordon & Toukmanian, 2002).

York Therapist Process Measure (YTPM). Toukmanian and Armstrong's (1998) measure was used to evaluate the quality of therapist interventions on a moment-to-moment basis along three dimensions: attunement, tentativeness, and meaning exploration. Each dimension is rated separately on a 7-point scale based on the degree to which a given intervention reflects that quality. The attunement dimension captures the extent to which an intervention taps into what appears to be experientially salient to the client in the moment. The tentativeness scale evaluates the openness and uncertainty of an intervention and the degree to which it invites the client to elaborate on the experience being communicated. The meaning exploration scale reflects the degree to which an intervention engages the client in the exploration of the personal significance and unique meanings of his/her experiences.

The YTPM dimensions are assessed using transcriptions of therapy. Therapists' interventions are first rated separately on each dimension, and then a global score is calculated for each dimension by averaging all the ratings for that dimension in a given segment of therapy. The YTPM has shown to be a valid measure of therapist process and its three dimensions to be sufficiently distinct as separate qualities of therapist responding. The inter-rater reliabilities for each of the three dimensions (attunement, tentativeness, and meaning exploration) were reported as .71, .71, and .70, respectively (Gordon & Toukmanian, 2002).

Procedure

Except for the empathy ratings, all data used in this research were archival, drawn from an earlier study (Gordon & Toukmanian, 2002) conducted on the same 20 clients. An experienced therapist had identified the one session for each client manifesting the greatest amount of “good moments in therapy.” She listened to all the therapy sessions for each client and then selected for research analysis the one session that she judged to be most therapeutically productive for that client.

Gordon and Toukmanian’s (2002) study provided the process data on the LCPP, the EXP-Scale, and the YTPM. LCPP ratings were used to identify a high and a low client-process segment for each client within the selected session. The high process segments were those characterized by a predominance of category 4, 5, 6, and 7 ratings on the LCPP, while low process segments by a predominance of category 1, 2, and 3 ratings. This was achieved by first plotting a scattergram of the ratings for each client across his/her entire session. This procedure made it possible to identify sections that were characterized by a greater proportion of high and low ratings relative to the clients’ own pattern of processing. The researchers then located the onset of the sections isolated in the previous step, and identified two segments, each containing approximately 10 rateable client-therapist talk-turns. Finally, the proportion of high LCPP ratings was determined for each of the 40 segments (two for each client). The therapy segments were also rated by two EXP-Scale judges for the client’s peak and modal levels of experiencing, and then identified as either high experiencing or low experiencing based on the modal rating assigned to that segment. In instances where both segments had the same modal rating, the peak rating was used to identify the high segment. The therapists’ interventions were rated on the YTPM by three independent sets of two judges, one set for each of the three dimensions of the instrument. Raters were advanced graduate students in clinical psychology who had received 80 hours of training by the developers of the instrument. One “expert” judge per team was selected on the basis of the consistency of her ratings during training. The “expert” rated all the therapist units and the reliability judge rated one third of the units.

For this study, the 40 therapy segments were rated on the BLRI Empathic Understanding Scale. Two raters were trained to 80% absolute agreement in the use of this measure. The “expert” judge, selected on the basis of consistency of ratings during training, rated all 40 segments and the reliability judge rated one half of the material. Raters were blind to the research questions, including whether they were rating a high or low process segment.

RESULTS

The means and standard deviations of the variables are presented in Table 1 and their intercorrelations in Table 2. In testing the first hypothesis, two paired-samples *t*-tests were performed to examine whether or not level of expressed empathy was significantly different in high ($M = 26.55$, $SD = 18.04$) than in low ($M = 20.05$, $SD = 23.45$) LCPP segments, as well as in high ($M = 27.50$, $SD = 16.88$) and low ($M = 19.10$, $SD = 24.00$) experiencing segments. As expected, empathy was

significantly higher in the high perceptual processing segments [$t(19) = 2.15, p = .04$] as well as in the high experiencing segments [$t(19) = 3.03, p = .01$]. As the analyses of peak and modal scores yielded comparable results, only the peak experiencing findings are reported here.

Table 1
Means and Standard Deviations for all Variables by Process Segment Type

Variable	High process segments ^a				Low process segments ^b				All segments ^c	
	LCPP		EXP		LCPP		EXP		M	SD
	M	SD	M	SD	M	SD	M	SD		
Empathy	26.55	18.04	27.50	16.88	20.05	23.45	19.10	24.00	23.30	20.91
Attunement	4.00	0.66	3.95	0.68	3.71	0.75	3.76	0.76	3.86	0.72
Tentativeness	3.69	0.63	3.61	0.66	3.23	0.81	3.31	0.82	3.46	0.75
Meaning exploration	4.18	0.50	4.28	0.46	3.87	0.73	3.77	0.70	4.02	0.64
Peak experiencing	4.25	1.25	4.50	1.10	3.45	0.89	3.20	0.77	3.85	1.14
LCPP	18.79	11.62	14.82	12.31	1.83	4.08	5.80	10.43	10.31	12.15

^a $n = 20$. ^b $n = 20$. ^c $n = 40$.

Table 2
Intercorrelations Between Variables for All Segments ($n = 40$)

Variable	1	2	3	4	5	6
1. Empathy	—	.69**	.14	.42**	.03	.28*
2. Attunement		—	-.00	.45**	.29*	.38**
3. Tentativeness			—	.39**	.10	.15
4. Meaning exploration				—	.28*	.11
5. Peak experiencing					—	.41**
6. LCPP						—

* $p < .05$ (one-tailed), ** $p < .01$ (one-tailed)

To test the second hypothesis, a multiple regression analysis was conducted wherein tentativeness, attunement, and meaning exploration were regressed against empathy ratings for the 40 therapy segments. The overall model was significant [$F(3, 36) = 11.92, p = .00$], indicating that together the three YTPM dimensions were predictive of therapist empathy, accounting for approximately 45.7% of the variability in empathy ratings. However, when the contribution of each variable was assessed individually (Table 3), attunement emerged as the sole significant predictor of expressed empathy.

DISCUSSION

Overall, our findings were consistent with expectations. In terms of the first hypothesis, results supported the prediction that high and low client process segments would differ significantly in levels of expressed empathy. Specifically, it was found

that greater expression of empathy was associated with a predominance of internally focused, differentiating, re-evaluating, and integrating manner of client processing and with the EXP-Scale's assessment of clients' depth of experiencing. Although causality or directionality of effect cannot be assumed, these results support the Rogerian hypothesis that the communication of empathic understanding is an important relational factor in facilitating the therapy process. They also corroborate the findings of the few existing studies that have found a significant relationship between therapist empathy and depth of client experiencing and manner of in-session processing (reported in Klein et al., 1986; Sachse & Elliott, 2002).

Table 3
Summary of Multiple Regression Analysis for Variables Predicting Therapist-Expressed Empathy (n = 40)

Variable	β	t	p
Attunement	.65	4.80	.00
Tentativeness	.10	0.79	.44
Meaning exploration	.09	0.63	.54

$F(3, 36) = 11.92, p = .00$; Adjusted R Square = .457

The results pertaining to the YTPM dimensions provided partial support for the hypothesis that therapist interventions attuned to the client's internal state, tentatively delivered, and facilitative of the client's engagement in the exploration of meaning would be predictive of expressed empathy. The overall multiple regression analysis revealed that the three qualities together were predictive of empathy. However, attunement was found to be the sole significant individual predictor, suggesting that this attribute is likely the more critical factor mediating the communication of empathy. Attunement was also found to correlate positively and significantly with *both* client process measures (Table 2), thus raising the possibility that this therapist response quality may also be central to promoting clients' engagement in productive ways of processing.

Our failure to show stronger results for tentativeness and meaning exploration was surprising, in that these qualities are often seen in the literature as relevant features of empathic responding (e.g., Greenberg & Elliott, 1997; Rogers, 1975). This finding may have been due to insufficient statistical power. Stepwise regression analyses applied post hoc to the data indicated that the likelihood of achieving prediction for tentativeness and meaning exploration was only .08 and .12, respectively, whereas for attunement it was .98. These results could stem from the fact that the segments compared in study were drawn in each case from a single therapy session. Using only a "snapshot" of therapy may have limited the variability in the quality of therapist interventions and, consequently, these two qualities may not have been adequately represented in the segments that were examined. It would have been fruitful to use segments from different sessions across therapy, as this would likely have allowed for a wider representation and, hence, for a more rigorous test of each dimension's predictive power in relation to expressed empathy.

However, despite the lack of power, it can be seen from the intercorrelations among the variables in Table 2 that meaning exploration did have quite a strong positive relationship with empathy ($r = .42$), as well as with attunement ($r = .45$) and tentativeness ($r = .39$), accounting for 18% of the shared variance in the case of empathy. There was also a weak but significant relationship between meaning exploration and client experiencing. This complex set of relationships suggests that, to a greater or lesser extent, all three qualities are implicated in the communication of empathy.

It is not clear why tentativeness had the poorest showing overall. It is possible that this quality does not come across well in verbatim transcriptions of therapy. A tentative vocal quality, subtle gestures, and facial expressions may convey tentativeness beyond what is communicated through transcribed words. Assessments of this quality based on audio- or videotape recordings may have been more productive. It is also important to note that, because the study was based on existing transcripts of psychotherapy, empathy ratings were provided only by external judges. This approach represents only one way of investigating empathy, and other methods are likely to provide additional valuable information. An ultimately more meaningful and informative approach to examining the complex phenomenon of how empathy is expressed would be to supplement external ratings with client-provided ratings to elicit their perceptions of the qualities of therapists' utterances in relation to their experience of being empathically understood.

Given the many subtleties and nuances inherent in the construct of empathy, a qualitative analysis utilizing client interviews regarding their experience of empathy within the session would also add to our understanding. Additionally, as we found that attunement seems to be a critical component of empathic communication, future research should attempt to distinguish this construct from other terminologies that may be assumed to share similar meanings. For example, the terms connection, awareness, or rapport may be conceptually similar; however, attunement, as it is defined in this study, implies the therapist's *communication* of what is most salient for the client in the moment, whereas the other terms do not convey this important qualification. Finally, the clients in this study were primarily university students, thus bringing into question the generalizability of the findings to a broader adult population. Therefore, in addition to increasing the breadth and depth of information regarding the communication and experience of empathy through the use of more comprehensive methodologies, replication of these findings with other client populations and extending it to different therapeutic modalities would be important and logical extensions of this research.

This study was an initial attempt at examining how the therapist's empathic understanding of the client is communicated and how it influences the client's in-therapy process. Overall, our findings support, albeit tentatively, the view held by person-centred and experiential therapists that empathy is facilitative of client process and that attunement is at the core of how it is expressed. By and large, our results are sufficiently promising to warrant further research into this complex phenomenon, an understanding of which would have important implications for psychotherapy training and practice.

Acknowledgement

This article is based on the master's thesis of the first author, Helen L. Macaulay.

References

- Barkham, M., & Shapiro, D. A. (1986). Counselor verbal response modes and experienced empathy. *Journal of Counseling Psychology, 33*, 3–10.
- Barrett-Lennard, G. T. (1981). The empathy cycle: Refinement of a nuclear concept. *Journal of Counseling Psychology, 28*, 91–100.
- Barrett-Lennard, G. T. (1986). The relationship inventory now: Issues and advances in theory, method, and use. In L. S. Greenberg & W. M. Pinsof (Eds.), *The psychotherapeutic process: A research handbook* (pp. 439–475). New York: Guilford.
- Barrett-Lennard, G. T. (1998). *Carl Rogers' helping system: Journey and substance*. London: Sage.
- Barrington, B. L. (1961). Prediction from counselor behavior of client perception and of case outcome. *Journal of Counseling Psychology, 8*, 37–42.
- Bohart, A. C., & Greenberg, L. S. (1997). Empathy and psychotherapy: An introductory overview. In A. C. Bohart & L. S. Greenberg (Eds.), *Empathy reconsidered: New directions in psychotherapy* (pp. 3–32). Washington, DC: American Psychological Association.
- Day, S. M. (1995). *Self-concept, schematic processing and change in perceptual-processing experiential therapy*. Unpublished master's thesis, York University, Toronto, ON.
- Duan, C., & Hill, C. E. (1996). The current state of empathy research. *Journal of Counseling Psychology, 43*, 261–274.
- Elkin, I. (1999). A major dilemma in psychotherapy outcome research: Disentangling therapists from therapies. *Clinical Psychology: Science and Practice, 6*, 10–32.
- Goldman, R., Greenberg, L., & Pos, A. (2005). Depth of emotional experience and change. *Psychotherapy Research, 15*, 248–260.
- Gordon, K. M., & Toukmanian, S. G. (2002). Is how it is said important?: The association between quality of therapist interventions and client processing. *Counselling and Psychotherapy Research, 2*, 88–98.
- Greenberg, L. S., & Elliott, R. (1997). Varieties of empathic responding. In A. C. Bohart & L. S. Greenberg (Eds.), *Empathy reconsidered: New directions in psychotherapy* (pp. 167–186). Washington, DC: American Psychological Association.
- Hendricks, M. N. (2002). Focusing-oriented/experiential psychotherapy. In D. J. Cain & J. Seeman (Eds.), *Humanistic psychotherapies: Handbook of research and practice* (pp. 221–251). Washington, DC: American Psychological Association.
- Klein, M., Mathieu-Coughlan, P., & Kiesler, D. J. (1986). The experiencing scales. In L. S. Greenberg & W. M. Pinsof (Eds.), *The psychotherapeutic process: A research handbook* (pp. 21–71). New York: Guilford.
- Lambert, M. J., & Bergin, A. E. (1994). The effectiveness of psychotherapy. In A. E. Bergin & S. L. Garfield (Eds.), *Handbook of psychotherapy and behavior change* (4th ed., pp. 143–189). New York: Wiley.
- Levitt, H., & Angus, L. (1999). Psychotherapy process measure research and evaluation of psychotherapy orientation: A narrative analysis. *Journal of Psychotherapy Integration, 9*, 279–300.
- Missirlan, T. M., Toukmanian, S. G., Warwar, S. H., & Greenberg, L. S. (2005). Depressed clients' perceptual processing during emotion episodes: How does processing relate to outcome? *Journal of Consulting and Clinical Psychology, 73*, 861–871.
- Orlinsky, D. E., Grawe, K., & Parks, B. K. (1994). Process and outcome in psychotherapy. In A. E. Bergin & S. L. Garfield (Eds.), *Handbook of psychotherapy and behavior change* (4th ed., pp. 270–376). New York: Wiley.
- Orlinsky, D. E., Ronnestad, M. H., & Willutzki, U. (2004). Fifty years of psychotherapy process-outcome research: Continuity and change. In M. J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (5th ed., pp. 307–389). New York: Wiley.
- Pos, A., Greenberg, L., Goldman, R., & Korman, L. (2003). Emotional processing during experiential treatment of depression. *Journal of Consulting and Clinical Psychology, 71*, 1007–1016.

- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology, 21*, 95–103.
- Rogers, C. R. (1959). A theory of therapy, personality, and interpersonal relationships, as developed in the client-centered framework. In S. Koch (Ed.), *Psychology: A study of science: Vol. 3. Formulations of the person and social context* (pp. 184–256). New York: McGraw-Hill.
- Rogers, C. R. (1975). Empathic: An unappreciated way of being. *Counseling Psychologist, 5*, 2–10.
- Rogers, C. R. (1979). The foundations of the person-centered approach. *Education, 100*, 98–107.
- Sachse, R., & Elliott, R. (2002). Process-outcome research on humanistic therapy variables. In D. J. Cain & J. Seeman (Eds.), *Humanistic psychotherapies: Handbook of research and practice* (pp. 83–115). Washington, DC: American Psychological Association.
- Toukmanian, S. G. (1990). A schema-based information processing perspective on client change in experiential psychotherapy. In G. Lietaer, J. Rombauts, & R. Van Balen (Eds.), *Client-centered and experiential psychotherapy in the nineties* (pp. 309–326). Leuven, Belgium: Leuven University Press.
- Toukmanian, S. G. (1992). Studying the client's perceptual processes and their outcomes in psychotherapy. In S. G. Toukmanian & D. L. Rennie (Eds.), *Psychotherapy process research: Paradigmatic and narrative approaches* (pp. 77–107). London: Sage.
- Toukmanian, S. G. (1994/2004). *Levels of Client Perceptual Processing (LCPP): A measure for psychotherapy process research, revised*. Unpublished measure, York University, Toronto, Ontario.
- Toukmanian, S. G., & Armstrong, S. M. (1998). *York Therapist Process Measure*. Unpublished measure, York University, Toronto, Ontario.
- Toukmanian, S. G., & Jackson, S. (1996). An analysis of clients' self-narratives in brief experiential psychotherapy. In R. Hutterer, G. Pawlowsky, P. F. Schmid, & R. Stipsits (Eds.), *Client-centred and experiential psychotherapy: A paradigm in motion* (pp. 313–327). Frankfurt am Main: Peter Lang.
- Toukmanian, S. G., & McKee, S. (1998). *Change processes in brief psychodynamic and experiential therapies*. Paper presented at the 24th International Congress of Applied Psychology, San Francisco.
- Wachtel, P. L. (1993). *Therapeutic communication: Knowing what to say when*. New York: Guilford.
- Warwar, S. (1996). *The relationship between level of experiencing and session outcome in client-centered and process-experiential psychotherapies*. Unpublished master's thesis, York University, Toronto, Ontario.
- Watson, J. C. (2002). Re-visioning empathy. In D. J. Cain & J. Seeman (Eds.), *Humanistic psychotherapies: Handbook of research and practice* (pp. 445–471). Washington, DC: American Psychological Association.

About the Authors

Helen L. Macaulay, M.A., is a doctoral candidate in clinical psychology at York University in Toronto, Ontario. Within the area of psychotherapy process research, she is particularly interested in the *interpersonal* level of communication between client and therapist, and also the more *intra*-personal level of client cognitive processes and memory.

Shaké G. Toukmanian, Ph.D., is Senior Scholar and Professor Emerita of Psychology at York University in Toronto, Canada. A member of the York University Psychotherapy Research Group, her focus is on the application of relevant concepts in cognitive science to the study of change processes in psychotherapy.

Kimberley M. Gordon, M.A., is currently a full-time Grade 1 teacher with the Upper Grand District School Board, where she has a role in collecting and studying student achievement and intervention data. Her prior research interests included psychotherapy process and outcome.

Address correspondence to Helen L. Macaulay, Department of Psychology, Behavioural Sciences Building, York University, 4700 Keele Street, Toronto, ON, M3J 1P3, e-mail <helenmac@yorku.ca>.