

Serveur Académique Lausannois SERVAL serval.unil.ch

Author Manuscript

Faculty of Biology and Medicine Publication

This paper has been peer-reviewed but does not include the final publisher proof-corrections or journal pagination.

Published in final edited form as:

Title: Self-Knowledge in Personality Disorders: An Emotion-Focused Perspective.

Authors: Kramer U, Pascual-Leone A

Journal: Journal of personality disorders

Year: 2018 Jun

Issue: 32

Volume: 3

Pages: 329-350

DOI: [10.1521/pedi.2018.32.3.329](https://doi.org/10.1521/pedi.2018.32.3.329)

In the absence of a copyright statement, users should assume that standard copyright protection applies, unless the article contains an explicit statement to the contrary. In case of doubt, contact the journal publisher to verify the copyright status of an article.

Running Head: Emotional Self-Knowledge in Personality Disorders

Self-Knowledge in Personality Disorders: An Emotion-Focused Perspective

Ueli Kramer^{1, 2, 3}, & Antonio Pascual-Leone³

¹ Institute of Psychotherapy, Department of Psychiatry-CHUV, University of Lausanne

² General Psychiatry Service, Department of Psychiatry-CHUV, University of Lausanne

³ Department of Psychology, University of Windsor

All correspondence concerning this article should be addressed to PD Dr Ueli Kramer, IUP-
Dpt Psychiatry-CHUV, University of Lausanne, Place Chauderon 18, CH-1003 Lausanne,
Switzerland, ph. +41-21- 314 46 86, fax +41-21-314 27 84 ; e-mail : Ueli.Kramer@chuv.ch

Abstract

Awareness of emotion is a central component of human life and adaptive functioning. Emotional knowledge about one's own and other's emotional experience are central features of mental health and may be characteristic of therapeutic processes leading to good outcome. Clients with personality disorders (PD) often lack in their ability to access and accept emotional experiences, or to reflect on emotion and use it in adaptive ways; instead, they tend to process emotional information on more shallow levels. The present theoretical and clinical review discusses self-knowledge, and lack thereof, in personality disorders, from an emotion-focused perspective. A first section differentiates between two fundamental types of meaning construction processing, (a) bottom-up processing of emotion awareness, (b) top-down processing. These are combined in a constructive process, generating new meaning related with emotion. The second section describes, from an integrative therapy perspective, how self-knowledge may be facilitated in psychotherapy by the client-therapist interaction, by mainly focusing on implicit and non-verbal components of the interaction. A subsequent section discusses lack of awareness of one's own emotions in the construction of meaning associated with personality disorders, by reviewing literature from psychopathology and psychotherapy research. The final section describes first studies describing change occurring in constructing emotional self-knowledge, as correlate of treatment. The concepts of the review are illustrated throughout using three clinical cases of PD treated by the first author: a client with borderline personality disorder, a client with narcissistic personality disorder, and a client with obsessive-compulsive personality disorder.

Key-Words: Emotion; Self-Knowledge; Personality Disorders; Emotional Processing; Awareness; Insight; Experiential

SELF-KNOWLEDGE IN PERSONALITY DISORDERS:
AN EMOTION-FOCUSED PERSPECTIVE

“...le coeur a des raisons que la raison ne connaît pas »

Blaise Pascal

Introduction

Emotion is a central force in human life. It orients our daily choices, our actions and our thinking. It is the primary force contributing to the individual's adaptation (Frijda, 1986) and helps individuals to know what they really want. The processes of accessing – a process of actual feeling by the client in the room –, becoming aware of, staying with, regulating, and differentiating emotions are described as central components of several forms of psychotherapy (Fosha, 2000; Greenberg, 2002; Magnavita, 2006). Extracting vital adaptive information from experienced emotions – knowing oneself from one's emotion – is a constructive process contributing to stronger identities, more stable relationships and better functioning. Therefore, change in emotional knowledge has the potential of explaining the effects of different kinds of psychotherapies, as well as formulating a dynamic and “experience-near” theory of mental disorders. Greenberg (2002) has argued that nuanced and differentiated awareness of one's own emotions contributes to the process of emotion transformation, where the client's actual emotion is changed with another emotion. We argue that emotional self-knowledge is a key component of this process and might be particularly relevant in the study and treatment of personality disorders. In this, our thesis goes further than the study of the incapacity of identifying, labeling and communicating emotions in certain clients, described with the notion of alexithymia (Nemiah, Freyberg, & Sifneos, 1976). We propose a more complex theoretical and clinical account of *how* emotional self-knowledge is constructed in psychotherapy and what in this process of construction may be particularly difficult in clients with personality disorders.

As such, the present paper aims at synthesizing literature related to emotional self-knowledge in treatments for personality disorders, formulated from an integrative emotion-focused perspective. Firstly, we will describe two different types of processes of meaning construction, then how they can be fostered in a therapeutic context, then identify emotion components contributing to emotional self-knowledge which may be flawed in clients with PD and, finally, describe change in these components as a correlate – and potential mechanism – of treatment. The concepts will be illustrated by using three case examples of clients presenting with different personality disorders, undergoing three different types of treatments.

Three Case Studies

Before elaborating the concepts related to self-knowledge from an emotion-focused perspective, we shortly present three cases to be used for illustration. These clients have accepted that their data be used for publication and all identifying personal details are either changed or omitted. In order to save space, we opt for a succinct presentation of each case, leaving more room for elaboration and discussion of the concepts. All three treatments were conducted by the first author.

Case number one: Sara. Sara was a 50-year old client suffering from borderline personality disorder (BPD) and co-morbid alcohol abuse. This case was presented by Kramer and Pascual-Leone (2012). Sara received a two year-long emotion-focused therapy, using intensive Gestalt-type chairwork adapted for problems related with personality disorders (Pos & Greenberg, 2012; Warwar, Links, Greenberg, & Bergmans, 2008). Her main problem was her difficulty with asserting herself in interpersonal relationships, resulting in a high level of inner tension and arousal, which was initially “vented” using self-harming behaviors. Interestingly, Sara came into therapy with a certain degree of understanding of her inner dynamics, probably the benefit of earlier psychoanalytic treatment she had received.

However, this conceptual-biographical understanding seemed insufficient, as it did not prevent her from acting out. The focus of this new round of treatment was building Sara's emotional awareness, with a particular focus on the experiential awareness on a moment-by-moment basis.

Case number two: Mark. Mark was a 40-year old client diagnosed with narcissistic personality disorder and with several additional criteria met for BPD. This case was published by Kramer, Berthoud, Keller and Caspar (2014), with a particular focus on illustrating the intervention technique. Mark received a small number of sessions (eight) within a randomized controlled trial, where the idiographic intervention of motive-oriented therapeutic relationship (Caspar, 2007) was being added to a short psychiatric treatment. One of Mark's main problems was his lack of control over his anger in situations that threatened his identity, such as when his five year old daughter wet their tablecloth by accidentally knocking over a glass of water: he flew into a wild self-critical rage, feeling inadequate as a parent for not having monitoring his child enough. Mark presented with some awareness that the intensity of his anger in these situations was disproportionate, but he was unaware what other emotions might actually drive his angry outbursts.

Case number three: Daniel. Daniel was a 55-year old client suffering from obsessive-compulsive personality disorder. Daniel underwent a 3-year-long course of treatment in clarification-oriented psychotherapy, which focused on the underlying affective and cognitive elements related to his specific presenting problems (Sachse, Sachse, & Fasbender, 2011). These personal issues included his difficulties in standing up for his needs (i.e., for example in an intimate relationship) and maintaining personal boundaries in interpersonal relationships. His emotional processing style was highly intellectual, and he usually described emotions from a very removed or distant perspective. The focus of Daniel's treatment was building his experiential access to his underlying needs, which was central to

his difficulties. All three of the aforementioned cases will be illustrated and elaborated on in relation with the theoretical aspects described in this paper.

1. The Feeling Process as a Form of Self-Knowledge

In formulating the feeling process as a unique form of self-knowledge, we make a distinction between the emotional *contents* of self-knowledge (i.e., answering questions like “who am I?”, “What is this feeling?” and “what is there that stands in the way of me doing this or that?”) vs. the *processes* of self-knowledge (i.e., answering questions like “how did I become who I am today?”, “how did I get into this particular state? -- how did I get so angry?” and “how did I manage to fail/succeed on this task?”). Differentiating emotional content from emotional process is central, because doing so enables one to consider the broader underlying mechanisms – the “how” of emotional work in therapy – and not just the idiographic contents which often vary from one case to another. This emphasis on process is in line with Gendlin’s focus on the process of how the implicit becomes explicit in the construction of personality (Gendlin, 1964). Process designates here the *how* of the emergence of the explicit self-knowledge in the here and now, and not necessarily the developmental construction of a content, although both may abide by similar principles explaining change. Emergent narratives about the self (e.g., “I realize now that I am an unassertive person”, or “My current problems are caused by my being adopted”) are therefore only the final manifestation of a complex inner construction process, which might be subject to a number of dynamic influences (Greenberg & Angus, 2003; Greenberg & Pascual-Leone, 1995; Watson & Greenberg, 1996). Generally, it is the narrative that is taken by both the client and the therapist as an indicator of a personality pathology, however, we suggest that the actual underlying process of meaning construction is flawed and should be the central focus.

In what follows, we will therefore define emotional self-knowledge as a dynamic process of construction, one that takes into account a number of influencing factors: affective, cognitive, motivational, developmental, neurobiological, and behavioral. Fundamentally, we would argue there are two different ways in which emotional self-knowledge may be constructed. Firstly, there is the feeling as an emerging awareness (“bottom-up” experiential process), and secondly, there is the understanding of and thinking about emotion (usually a “top-down” conceptual process). Subsequent processing also includes the articulation between these two basic forms of meaning making that represent emerging vs understanding emotion.

In their chapter on emotional insights, Pascual-Leone and Greenberg (2006) have described in detail these two processes for generating emotional self-knowledge. *Bottom-up processes* are experience-near forms of self-knowledge: The client symbolizes a felt experience of the here and now, by giving some name or label to an emotional experience, for example, acknowledging “I am so sad,” based on a number of bodily felt aspects. Bottom-up processes work from concrete experiential contents, with increasing differentiation in the here and now of the therapeutic interaction. As such, these moments of self-knowledge are anchored in perceptual and emotional processes, rather than more distal conceptual and rational ones.

Top-down processes are experience-distant forms of self-knowledge: The client makes conceptual links between past and present, usually in terms of interpersonal aspects of the self, whether self-other or self-self, inferred from a broader narrative. For example, a client with PD may say, “I realize that my clingy style creates problems, my former boyfriend split up with me because of that. My mother doesn’t call me so much anymore, either. I think it basically puts people off, and so I spend a lot of time all alone in life.” In this example the client accesses a general bird’s-eye view of a particular aspect of experience, one that arches

across several situations. Top-down process works across different interactional situations establishing links between them; the activity of linking is the part of this process that generates self-knowledge. Top-down processes are therefore anchored in conceptual and rational processes, rather than perceptual and emotional ones (Pascual-Leone & Greenberg, 2006). Both are central for meaning making and both are helpful in the construction of emotional self-knowledge.

Because the meaning making process of clients is dynamic, ongoing, and aims to be internally coherent, in actual practice self-knowledge is unfolded through the interface between bottom-up and top-down processes. This *integration* takes into account both the movements described above. The generation of meaning is an iterative and dynamic process, a truly new synthesis between bottom-up perceptual-emotional and top-down conceptual-rational processes. It involves constant checking with the emerging bodily felt processes involved (“what do I feel in the body right now and what may this mean?”; pointing towards the perceptual processes), along with a general internalized questioning perspective (“What is it in me that has brought me into the present situation?”; pointing towards the rational processes).

Emotional processes and contents. The process perspective on construction of emotional self-knowledge is central because it helps to understand the emergence of an emotional state, particularly when it is so often experienced as a “given” by the person, something that is usually far from any logical-narrative account. Clients describe “very intense” emotional states, “overwhelming emotions”, “deep grief” and “angry outbursts,” not the underlying processes. In clinical practice, it is therefore important to combine the process perspective with some of the contents used, as they are described by persons. This will help anchor clinical observations with the process perspective on emotions, as described above. The change model of emotion developed by Pascual-Leone and Greenberg (2007) achieves

this. It shows a range of emotions that are not only sequentially organized – from the least to the most productive –, but also along two major, partially independent, axes, (a) depth of emotional processing and (b) approach related action tendencies (i.e. anger, compassion) vs. withdraw-related action tendencies (i.e., fear, sadness). For example, an initial emotional state, described as global distress, is a rather undifferentiated and non-deep (“shallow”) emotional processing state, where the client tends to have high arousal with marked withdraw-related action tendencies, but no specific meaning processes (see below), neither bottom-up nor top-down. Venting or expressing aroused distress may be comparable to what other authors call emotional “abreaction” in trauma therapy (e.g., Hoffman, 2006) or emotional “catharsis” (Baron & Richardson, 2004), describing a purging of emotion by a highly intensive state (see the original definition by Freud, 1893). These emotional states are present in clients with PDs, for example in borderline personality disorder (BPD) early in treatment (Berthoud, Kramer, Caspar, & Pascual-Leone, 2015).

The expression of such emotional states is understood as an important initial stepping stone in the process of emotion transformation, but is not sufficient for processing as they do not access deeper emotional meanings (Pascual-Leone, 2009). We would assume that the latter is only achieved when the individual experientially accesses the underlying *primary* sources of the distress (Greenberg & Paivio, 1997). This may be core fear of abandonment, shame for fundamental defectiveness or fear of annihilation. Such emotional states, when completely accessed, are then a new starting point for a final transformational step, the access of unmet needs and the associated meaning construction, in particular the integration of bottom-up and top-down processes. This may result in new and productive emotional experiences like deep grieving for not having had the parents one wished to have, or expressing assertive anger to maintain healthy identity-related boundaries. Defined as such, Pascual-Leone (2009) assumes that *emotion transformation* as a core and generic healing

process in human beings which dynamically undoes the pathological process, which is a broader conception than the classic psychoanalytic concept of *affect transformation* (Freud, 1887-1902) which was observed in certain melancholic or neurotic forms of hysteria and denotes the consequence of the defense process related with repression, where initially pleasurable experiences are linked with negative affects. Freud discussed the same term later (Freud, 1926) in relationship with the change from an unconscious affect to a conscious one.

The following example (case 1; Sara) will describe a bottom-up process in emotion-focused therapy. It will become clear that a bottom-up process of meaning construction emerges from the actual client's emotion experienced in the here and now. Sara initially presented with an intellectualized understanding of her inner dynamics, in an experience-distant way, and failed to link this understanding with the emotional experiences she was having in-session, which were at times still overwhelming to her. A detailed video-based analysis of the emotional states at Sara's intake session yielded a clear picture (Kramer & Pascual-Leone, 2012): there were hardly any moments of aroused emotion in this first session of therapy. The contents were presented in a rather shallow processing style, without much non-verbal or para-verbal expression (e.g., Sara mentions in a neutral tone of voice: "I know that ultimately, I will kill myself"). Despite such dramatic content, our process analysis of that session captured only some isolated moments of emotional arousal consistent with global distress, as described above. The same in-depth analysis of emotional processing much later in therapy after two years of emotion-focused therapeutic work, at session 95, revealed a very different picture: Sara presented with a large amount of assertive anger, which she expressed during imaginal dialogues (i.e., two-chair task) to her mother. These emotional states involved both non-verbal and para-verbal engagement in emotional arousal and a subsequent novel meaning construction emerging from this aroused state. In this later session, Sara had an in-session access to the submissive attitude she adopted facing her mother who formulated

boundary-overstepping requests to the client as a child. This helped the client to access a deep sense of inner pain which, suddenly, transformed into feelings that signified her awareness that the submissive attitude she was forced to take as a child was not justified and did not reflect what Sara really wanted in life and what she deserved. In this treatment, such emotional awareness is fostered using expressive two chair dialogues (as done in emotion-focused or Gestalt therapies). Thus, these dialogues are not used for sole expression of the unexpressed, but to get at the underlying core feeling in the very moment of doing it. The latter feeling will be part of a new meaning construction in relation with a traumatic situation from the past, and thus contributes to an emerging knowledge structure. In this 95th session, Sara was able to express out loud and imagine saying to her mother in a two-chair dialogue:

Sara (to imaginary mother): “Do you think there is a race that is superior to another race? Those with the money versus the others? ... That’s not fair!” (*Sara smiles with relief at her therapist*)

Th: “But you are also smiling. I guess, saying this feels good...?”

Sara: “Oh yes, it does, it really feels good to do this, yeah.”

Th: “Tell her more.” (indicating imaginary mother)

Sara: “Let me tell you, it isn’t the ones with money vs the rest of us. That’s no way to treat people, just giving more importance to some people... There’s no way that I will give in or submit again to people like that, some kind of elite, no! I am an independent and strong woman!”

This expression of anger at a discriminating mother is meaningful for Sara and a key moment in her treatment, as this is the first time she asserts herself as a “strong woman” facing her mother. Notice the emergence of some relief, underlying the expression of this kind of assertive anger. This is a good example of how the expression emotion (i.e., anger) can have a direct positive impact on the client, depending on the client’s ability to access and

articulate the emerging adaptive information related to those strong feelings (Greenberg, 2002). In this way the example illustrates bottom-up processes of self-knowledge, where the therapist draws attention on non-verbal and bodily anchored aspects of the accompanying relief, facilitating the change of emotion with emotion.

The case of Daniel (case number 3) illustrates top-down processes of emotional meaning making in clarification-oriented psychotherapy. Daniel describes his lack of assertion facing Cathy, a woman he desires, but to whom he fails to declare his affection. On Valentine's day, he wanted to be with her and called her up, but was unable to propose they spend the evening together. He described the situation in the following therapy segment.

Th: "I would like to come back to your phone call with Cathy."

Daniel (moves back on his chair and manifests discomfort.)

Th: "What happens inside you, imagine you are in that situation, you want to see Cathy, it's Valentine's Day and as you start to get off the phone you say to her 'Have a good night.' So, you go to hang up the phone, but what is happening inside you?"

Daniel (sighs deeply)

Th: "You sigh, what's happening inside you?"

Daniel (with cracking voice) "I don't know what to do with this situation, I'm lost."

Th: "You feel like..."

Daniel: "I feel embarrassment. These are my, I would call them my self-destroying moments in my life."

Th: "You destroy yourself."

Daniel: "Self-destroying moments, yes. It's that I am a masochist. Sometimes, I do such negative things to myself, destroy myself and I suffer from this."

While the therapist tends to focus on the here and now, in order to be able access the underlying assumptions and emotions which hold Daniel back from expressing his desire to

Cathy, the client certainly describes his embarrassment, but then elaborates a more general theory of his interpersonal functioning (“I am a masochist”). These two aspects (feeling embarrassed and the acknowledgment of being a masochist) together were important initial steps in the construction of emotional self-knowledge, however, at this point of the session, it was unclear to the client what the actual link between the two were.

2. Self-knowledge as Facilitated by Client-Therapist Interaction

Consistent with the emotion-focused perspective we adopt in the present paper, we assume that self-knowledge in psychotherapy is a complex and dynamic construction process taking place within the client. This process may be fostered, or hindered, by moment-by-moment and recursive client-therapist interaction. This conception is at odds with the fundamental assumption generally made in randomized controlled methodology that a specific therapist intervention “produces” specific outcome effects (Carey & Stiles, in press). We rather assume that the client constructs him-/herself some of the self-knowledge that is central for change and there are certain types of therapist interventions which contribute – from a process-perspective “implicitly” – to the construction of emotional self-knowledge from either a bottom-up or top-down perspective. In addition to the facilitating interventions detailed here, there are alternative therapist techniques addressing meaning construction processes in relationship with emotions, for example in mindfulness adapted for clients with personality disorders (Ottavi, Passarella, Pasinetti, Salvatore, & Dimaggio, 2016), in schema therapy for borderline personality disorder (Arntz & Van Genderen, 2010) and in meta-cognitive interpersonal therapy for clients with personality disorders (Dimaggio, 2015). For example, for the latter approach, specific interpersonal episodes – recruiting resources in autobiographical memory – are collected and explored with regard to the core emotions (Dimaggio, Montano, Popolo, & Salvatore, 2015). Despite the technical focus on emotions, their underlying intervention theory is either behavioral, cognitive or interpersonal, and not

emotion-focused, as proposed by our framework. In what follows, we will review emotion-focused therapeutic options of how such self-knowledge processes may be directly fostered in therapy for clients with PDs.

Facilitating self-knowledge bottom-up. In order to facilitate the emergence of experience-near self-knowledge, Gendlin (1996) developed a therapeutic procedure called *focusing*. The principle of experiential focusing is the client's sustained attention to inner feelings, in particular the bodily felt sense and giving this feeling the possibility to being symbolized. The process of symbolization may be achieved either by a word, by an image or a metaphor the client lets emerge out of the process. Such a process yields a transformation of the initial feeling in the client, called a "felt shift," towards a different, more complex, meaning state. This new state integrates hitherto non-accessed contents which now make sense to the client. Focusing might be particularly useful when the client does not have direct access to inner feelings (Hendricks, 2009). Focusing instruction may therefore be used for clients with PDs, in particular when the therapist takes into account the client's style of processing. It fosters bottom-up processing, because focusing let "speak" the bodily felt senses in a specific and unpredictable way.

In client-centered psychotherapy, Rice and Saperia (1984) have examined the construction of meaning when the client presents with a problematic reaction point. The latter is a particular emotional-cognitive state marked by a narration about a reaction the client had in the recent past which he/she assesses as "unusual," "strange," or "problematic." In therapy, this problematic reaction point becomes the center of attention until its resolution. A number of steps, involving both client and therapist activity, were described in this context (Greenberg, Rice, & Elliott, 1993). A particularly central piece here is the construction by the client of a "meaning bridge" (Rice & Saperia, 1984). A meaning bridge can be a word (or a different kind of symbol) that connects the initial "problematic" state with the underlying,

more generic, understanding of this initial state. Our clinical experience has been that these therapeutic procedures may be helpful for clients with PDs, however, so far, formal empirical demonstration of its efficacy is lacking for this population. The emergence of a meaning-bridge is a bottom-up process, because of its emergence “out” of the problematic state.

Facilitating self-knowledge top-down. Whereas top-down processes of self-knowledge may occur in all therapies, they are most typical in psychodynamic psychotherapy, probably due to the identification of situation-overarching *patterns* of relationships (Pascual-Leone & Greenberg, 2006), based on transference and counter-transference hypotheses construction central to psychodynamic psychotherapies (Gelso, Kivlighan, Wine, Jones, & Friedman, 1997; Hoglend, 2014). The studies trying to relate the number of interpretations with therapeutic outcome generally fail to find the simple and direct link that has been first hypothesized (e.g., Johansson et al., 2010). In order to overcome these difficulties, it was suggested that there might be “something more” than therapist interpretations which actually drives the outcome in dynamic psychotherapy. Stern and colleagues (1998; Boston Change Process Study Group, 2008) have defined the notion of implicit relational knowledge which described the way client and therapist interact, their mutual gazes, their adjusted postures and moment-by-moment synchronies and de-synchronies on the non-verbal level. These authors assumed that this implicit relational knowledge is a generalized way of being together, and is co-constructed within the early therapeutic interaction and may function as secure context for later stages of the treatment. Even though this relational knowledge works on implicit levels within the client, we would still assume it as being constructed from a generalized and quite experience-distant perspective within the client, thus falling into the category of fostering a top-down process to emotional self-knowledge. This is because it is assumed that the primary piece of information in this conception is a generalized *pattern* of interaction, rather than a moment-by-moment experience.

A top-down case formulation by the therapist may facilitate bottom-up processes.

Between the facilitation of top-down processes and bottom-up processes, an articulated perspective is possible. By assuming that underlying principles of action, “Plans,” organize the client’s behavior and experience, the “Plan Analysis” approach to case formulation can be seen as a combination of the two perspectives (Caspar, 2007). For this method, the therapist formulates behavior- and experience-underlying Plans and uses this over-arching – and top-down – formulation to tailor the relationship offer to each particular client. This relationship-tailoring is called motive-oriented therapeutic relationship and encompasses a number of individually-tailored heuristics which are implemented on the moment-by-moment process-level, in adjustment to the client’s activated processes. When done appropriately, it may result in a new implicit (or explicit) relational experience in the client, an experience that may be contradictory to his/her central assumptions about relationships, hence producing a type of corrective experience in its own right (Alexander & French, 1945). This may be achieved in an implicit way, without necessarily reaching the client’s awareness (see case number 2 below). Research on a sample of inpatients with major depression in interpersonal psychotherapy has shown that non-verbal aspects of therapist adjustment to client’s activated Plans (e.g., the therapist giving control to the client who manifests a strong motive for control in the process, by encouraging the client with a head movement to take initiative in the session) was related with symptom change, whereas the verbal adjustment (such as encouraging to take initiative by making this aspect explicit) was not (Caspar, Grossmann, Unmüssig, & Schramm, 2005). The same hypothesis was tested in a sample of clients with major depression and co-morbid personality disorders undergoing psychodynamic psychotherapy (Kramer et al., 2011). This study failed to confirm the role of the motive-oriented therapeutic relationship for clients with major depression only, but a significant effect was found for clients presenting with a co-morbid Clusters B and C PDs (Kramer et al.,

2011): therapists focusing non-verbally and para-verbally on the client's activated underlying motives was related with more symptom decrease at the end of treatment.

The case of Mark illustrates how such a top-down formulation can facilitate bottom-up construction of emotional self-knowledge. Mark had the experience of a specific implicit corrective relationship in the here and now of his interaction with the therapist, which enabled him to open up more in the emotional process (for details see Kramer, Berthoud, et al., 2014). What was first expressed as reactive anger (in an abrupt response to his daughter's spilling water on the tablecloth) later transformed in a key session into the articulation of an underlying identity-related emotion (i.e., shame-anxiety that his daughter will not evolve perfectly, and that he may be inadequate as a parent). Mark acknowledges this in session 4 of the therapy:

Mark: "I am so afraid ... when I see kids on the road, 14-15 years old, ... it freaks me out. I want to pass my values on to my daughter, teach her respect, everything. But it's true, I am too much a man of principles, as you say, the glass of water is always half empty, it's true. Little things drive me crazy. I push too hard, like if she's not perfect, it's just not good enough" (Kramer, Berthoud, et al., 2014; p. 78).

This emotional meaning differentiated further, towards underlying attachment-related issues, based on the fear that the daughter will eventually not be with the client anymore (Kramer, Berthoud, et al., 2014, pp. 78-79):

Mark: "When [my daughter] disobeys, I get so afraid... (pause) I am so afraid she might go away, leave me behind. I don't want her to go away."

Th: "Mhm".

Mark: (pause)... "I feel an emotion coming up in me, right here (points to his chest)... I don't want her to go away (he cries).

Th: Mhm...yeah, mhm...yeah. (soothing voice) “Your daughter is so important to you.”

Mark: (pause) “Like I said, I think about bad things sometimes. When Michelle (his daughter) cries because she hurt herself, I feel the hurt inside of me (cries)... I don’t want her to go away.”

Mark: “It’s like somebody has robbed me of my own childhood” (cries).

Th: “What does this mean to you, as you say this?”

Mark: “I didn’t have a good childhood” (holds back his tears).

This excerpt illustrates how very early on in therapy, it can be central to assess and promote emotional awareness. In this case, emotional micro-change can be observed as moving from the expression of shallow forms of anger (i.e., rejecting anger) to the experiential access of a deeper form of shame about being an inadequate father, which then transforms into underlying primary hurt, further connected with core biographical issues related with being left alone in life. This process was fostered by the specific interaction style of the therapist, marked by non-verbal tentativeness and encouragement of vulnerable primary experiences (e.g., “soothing voice”; Kramer, Berthoud, et al., 2014). This interaction style potentiates a common change principle in psychotherapy: therapist responsiveness, denoting the mutual influence of two interaction partners, promoting ultimate change. This principle provides a broad explanation for why such moment-by-moment adjustment to client characteristics, as illustrated in the case of Mark, is effective in facilitating the client’s bottom-up self-knowledge.

Responsiveness as a generic change principle in treatments of PDs. The principle of therapist responsiveness not only helps explain the effects of psychotherapies for PDs, including on emotional self-knowledge, it also draws researcher’s attention to central problems encountered in psychotherapy research, which often attempts to link therapist

interventions to outcome, sometimes without fully taking into account the client's changing process characteristics (Stiles, Honos-Webb & Surko, 1998). These therapist interventions are influenced by the emerging context: the client's changing manifestations in the here and now. Emotional processing characteristics, and their associated qualities of emotional self-knowledge, might be particularly central client variables prone to responsiveness effects. For example, a client with borderline personality disorder who accesses, in the here and now of a therapy session, inner hurt about being left behind in her life may evoke compassion in the therapist, which he or she may express in various ways. A client with narcissistic personality disorder who accesses a need for recognition as being "someone useful" in society, and have an important role, may be emotionally touching for the therapist (see McMain, Boritz and Leybman, 2015).

3. Components of Emotional Self-Knowledge in Personality Disorders

What are the specific processes related with emotional self-knowledge in PDs? Different processes related to emotional self-knowledge have been associated with the experience of clients with PDs, which in turn are related to improved treatment outcomes. In this section, we will review some of the literature from an integrative emotion-focused perspective.

In general, the literature describes a number of *secondary emotional states* for clients with PD, sometimes present as formal psychiatric symptoms, which are linked to maladaptive ways of dealing with core emotions. For example, clients with PD may present with angry outbursts, blaming, and hostile comments towards the therapist. Their anger is not self-directed but is often non-specific in its meaning, these clients do not know what they are really fighting for in their angry state, rather the anger is generally addressed at others, and it is usually a secondary rejecting anger (Pascual-Leone, Gillis, Singh, & Andreescu, 2013). Such an emotional state may cover (and trigger immediately) underlying (maladaptive) sense

of shame, around the notions of “I am never good enough” or “I’m a no-good father” (see the example of Mark). This state is very difficult to tolerate for the individual, so clients tend to switch quite rapidly back into a secondary rejecting anger, which offers little benefit to therapeutic change, but is used by clients to defend against vulnerability. Such circular dynamics between shame and secondary (rejecting) anger are present in both Sara and Mark. This specific emotional dynamic has been studied as part of interpersonal violence (Dutton, Ginkel, Starzomski, 1995; Tangney, Wagner, Fletcher, & Gramzow, 1992). According to an emotion-focused perspective, the underlying primary shame needs to be experientially accessed (i.e., felt by the client in the therapy room), before a transformation towards underlying primary adaptive emotional states can take place (Greenberg, 2002). We argue that the emotion transformation process is characterized by an integrative generation process of self-knowledge, as such combining both bottom-up and top-down processes of meaning making.

This usually fluid and dynamic construction process of self-knowledge is based on experientially accessed emotion (Greenberg & Pascual-Leone, 2001) but tends to go awry in clients with PDs. The reason for this may be associated with their shallow processing of experience, vagueness in the narrative, the use of experiences in efforts to create interpersonal influence, or problems related with emotion regulation (i.e., impairments in either under-regulation or over-regulation), which will be reviewed below.

Shallow processing of experience is a marked difficulty in clients with PDs, for which alexithymic personality traits may be the most common clinical expression. Alexithymia denotes a basic deficiency in symbolizing emotions and elaborating based on emotional experience (Nemiah et al., 1976). Ogrodniczuk, Piper and Joyce (2011) showed that across samples with personality disorders, clients had a deficit in their ability to adequately symbolize emotional experience. Furthermore, an experimental study demonstrated the link

between PDs and alexithymia is partially independent from the actual symptom load: even among clients with PDs who have rather low symptom levels present with alexithymic features, speaking towards a central feature of emotional knowledge processes in these clients (De Panfilis, Ossola, Tonna, Catania, & Marchesi, 2015). Clients with such alexithymic features may still describe emotions, but in a non-differentiated way, sometimes even despite their being “high-arousal” states, consistent with what has been called global distress (Pascual-Leone, 2009). Alexithymic persons do neither have access to content nor process aspects of emotional self-knowledge, therefore no meaning construction process can take place. Another form of shallow processing of experience are intellectualized (and seemingly accurate) descriptions of emotional states. These intellectual descriptions seem to overlap with what Fonagy, Gergely, Jurist and Target (2002) called *pseudo-mentalizing*, where the experiential, bottom-up, information is ignored or discarded. This was present as main presenting problem in the case of Sara, at intake, and for Daniel as his overall processing style.

The *vagueness* of emotional experiences as an impediment to self-knowledge in PDs is echoed in research on the role of pathological worry and rumination observed in Cluster C PDs. By using client self-reports, Spinhoven, Bamelis, Molendijk, Haringsma, and Arntz (2009) showed that individuals diagnosed with cluster C PDs reported higher rates of worry as compared to controls. Furthermore, this shallow and verbal form of worry mediated the relationship between their PDs and the specificity observed in their autobiographical memories. Thus, heightened worry corresponded to recalling more overgeneralized memories as well as significantly fewer personal memories, both of which represent less emotionally evocative meaning exploration. These results relate to Pascual-Leone and Greenberg’s (2006) description of the here-and-now affective and perceptual components to bottom-up insight and awareness. These findings on the kinds of overgeneralized memories recalled by

individuals with cluster C PDs (Dimaggio, Salvatore, Popolo, & Lysaker, 2012) points to less perceptual detail and a reduced sense of bottom-up re-experiencing (c.f. Pascual-Leone and Greenberg, 2006).

Use of experiences for interpersonal influence may be partly a consequence of shallow emotional processing. However, they may also describe a mental state with the result of a particular focus on impacting (external) interpersonal interaction. Greenberg (2002) has described this emotion type as “instrumental” where a specific interpersonal effect is anticipated as a result of the expression of a particular emotional state. For example, the client may express anxiety to his or her partner, in order to assure that the partner reacts in a particularly empathic way. For clients with PDs, Sachse and colleagues (2011) have defined the notion of interpersonal manoeuvres, with a dozen specifically described forms of such manoeuvres. The latter are biographically learned action and interactional patterns designed (either implicitly or explicitly) to have an interpersonal effect. A client with narcissistic personality disorder, for example, might present as a surprisingly invincible and non-vulnerable person, expecting from the interaction partner to confirm self-images of grandiosity, strength, and power. This was the case for Mark, to a moderate extent. Kramer and Sachse (2013) have shown that the degree to which the interpersonal manoeuvres were present at the intake session can be used as a marker for the likelihood of symptom change in clients with BPD: the more interpersonal manoeuvres, the smaller the chance of symptom relief. Because interpersonal manoeuvres tend to have an “external” focus (i.e., on the interaction), the experientially valuable information on the internal emotional processes of this client is not being used for generating new awareness, i.e., on *self*-knowledge. This external focus may also explain results of experimental research demonstrating that clients with BPD present with enhanced cognitive capacities of inferring about other people’s minds, as compared to healthy controls (see the experimental research by Fertuck, et al., 2009, using

the Reading the Mind in the Eyes Test; see also Dinsdale & Crespi, 2013 and Scott, Levy, Adams & Stevenson, 2011).

Dysregulated emotional experience is a hallmark feature of BPD (Linehan, Bohus, & Lynch, 2007), and may be present in a number of other PDs (McMain et al., 2010). Over-regulation of emotional experience, known as emotional restriction, may also be found in clients with any PD (Popolo et al., 2014); this formulation has been elaborated as a problem area for example BPD (Kramer & Pascual-Leone, 2012; Pos & Greenberg, 2012) and avoidant personality disorder (Pos, 2014, 2015). In more severe cases of PD and in association with interpersonal traumatic history, both over-regulation and dys-regulation of emotional experiences may be present, side by side, in the same client depending on the content area (Paivio & Pascual-Leone, 2010). As a result, these individuals often switch between a constricted emotional processing mode and feeling over-whelmed by poorly integrated emotional processing state.

The present overview of studies on components of emotional self-knowledge in clients with PDs illustrates also how difficult it is to access these specific features in a study using appropriate methodology. Whereas self-reported questionnaire present problems of construct validity, single case studies and clinical descriptions may compensate for these problems, but are then limited by their restricted generalizability. Experimental research on emotion may solve some of these problems, but then tend to suffer from limited ecological validity and clinical relevance. Observer-rated assessment of emotion awareness, or of distinct subjective emotion states, might be a possible assessment strategy that takes these constraints optimally into account. Methodological recommendations with regard to the experimental study of emotion, by taking into account the subjective experience of the client, have been put forward by Pascual-Leone, Herpertz and Kramer (2016).

4. Change in emotional self-knowledge within treatments for personality disorders

The understanding of emotional self-knowledge as a change process (i.e., how it emerges, and how it contributes to change) over treatment is only beginning to be empirically explored. There is an emerging literature, conducted from a variety of theoretical perspectives, on change in emotion regulation, in emotion awareness, in cognitive markers of affective change and on emotion transformation that occurs in treatments for PDs. Most empirical data stem from secondary analyses of randomized controlled trials for treatments of BPD, creating a necessarily skewed formulation that is not likely to be generalizable to all PDs.

A first attempt to operationalize change in emotional self-knowledge is a focus on *emotion regulation*. McMain and colleagues (2010; Herpertz, 2011; Linehan et al., 2007) have argued that emotion regulation is a central therapeutic task of clients presenting with BPD. In an exploratory process study on data stemming from a randomized controlled trial, McMain, Links, Guimond, Wnuk, Eynan, Bergmans and Warwar (2013) demonstrated that Dialectical-Behavior Therapy (DBT), as well as general psychiatric treatment, brought about increasingly better capacities of cognitive problem solving and emotional balance in BPD. From a neurobiological perspective on emotion regulation, Schnell and Herpertz (2007) showed after inpatient DBT increased inhibitory functions associated with brain areas responsible for emotion arousal (i.e., specific regions associated with the amygdala and the insula) at the end of treatment, and this was not the case for control subjects. Schmitt, Winter, Niedtfeld, Schmahl and Herpertz (2013) demonstrated that DBT treatment was associated with increased neural pre-frontal-amygdalar connectivity for clients responding to treatment. This result was interpreted as the client's increased capacity of emotion regulation associated with DBT. Again using a sample with BPD, Neacsiu, Rizvi and Linehan (2010) showed that the everyday use of behavioral skills facing disruptive emotional states functioned as mediator of change in DBT. From this behavioral perspective, emotional processing implies the

regulation and control of "disruptive" emotional states which are fundamentally understood as being too intense. As such, healthy functioning in this conceptualization means that the emotion intensity is down-regulated. It is unclear, however, to what extent such down-regulation of emotion – or balancing out of emotion – is accompanied by increased emotion awareness and emotional self-knowledge. More research should investigate this point.

Greenberg and Pascual-Leone (2006) have argued that emotion regulation is central for therapeutic change, but other operations applied to emotion are equally central, as well, in particular from the perspective of the construction of self-knowledge. In particular, *emotion awareness*, the integration between cognitive and affective aspects related to the perception of one's own emotion, along with emotion transformation, were discussed. Ogrodniczuk, Joyce and Piper (2013) focused on emotion awareness and demonstrated in a sample where 31% presented with avoidant PD that therapeutic change was related to decreases in client's levels of alexithymia. This study used two forms of psychodynamic psychotherapy. What is more, there were a number of cognitive variables which are understood as correlates of the emotion awareness in clients with PD as they undergo different forms of psychotherapy. A client's mentalizing capacity, a concept encompassing both emotional awareness and aspects of regulation, may be defined as "the way humans make sense of their social world by imagining the mental states (e.g., beliefs, motives, emotions, desires, and needs) that underpin their own and others' behaviors in interpersonal interactions" (Choi-Kain et al., 2008, p. 1127). This capacity was assumed to play a central role in generating emotion (and cognitive) awareness in treatments for PDs (Fonagy et al., 2002). Levy and colleagues (2006) have investigated three forms of psychotherapy for BPD, Transference-Focused Psychotherapy (TFP), DBT and supportive therapy within a randomized design and found that only TFP was significantly associated with increases in mentalizing capacities, along with the development of more secure attachment patterns. These results might suggest that change in mentalizing capacities

is specific to certain types of psychodynamic treatments, specifically focusing on the transference-countertransference issues.

From a slightly different theoretical viewpoint, Semerari and colleagues (2005) put forward the notion of “meta-representation”, an over-arching concept that is divisible into sub-functions, such as differentiation of cognitive and emotional processes and decentration from the experience. In this sense, both – mentalizing and meta-representation – may help identify problems in the meaning generation related to emotional self-knowledge, and may help identify specific sub-processes of meta-representation that go awry in this process. Change in such representational processes may be observed in the client’s in-session speech. For such changes in two treatments for Cluster B and C PDs (schema-focused and clarification-oriented), Arntz, Hawke, Bamelis, Spinhoven and Molendijk (2012) used a lexical analysis to show that after treatment, clients used more positive emotional words, less negative emotional words, as well as less negations. Decrease in the latter two categories was also linked with symptom change in the end of treatment, showing a process-to-outcome relationship. Treatment related cognitive change was found across therapies for PDs. In a pilot study using the motive-oriented therapeutic relationship described above, Kramer, Caspar and Drapeau (2013) showed that this treatment component, brought about a specific decrease in negative biased thinking in clients with BPD. This decrease was observed in particular in the lessening of the over-generalizing thoughts, as they underlie in-session cognitive-affective processing of central contents. These results may suggest that change in cognitive awareness of affect, as observed in session, may occur in a similar fashion across treatment forms. The studies also show that the process perspective of describing experience (“the how”) is a productive avenue of research.

Research carried out on *emotion transformation* – a process fundamentally moving towards meaning making – has shown specific changes. In a randomized controlled study on

DBT skills group training aiming at developing a more efficient emotion regulation in clients with BPD, a study focused on change in anger (Kramer, Pascual-Leone, Berthoud, et al., 2016). The authors differentiated between secondary rejecting anger (i.e., with an external focus and with rather low individual meaning) and a more advanced form of anger marked by emotional self-knowledge, the primary assertive anger. The latter presents with an internal focus, characterized with an awareness of what the individual was angry about. As such, it is a “deeper” type of emotion processing, assumed to be underpinned by approach-related action tendencies and more elaborated self-knowledge than in rejecting anger. The results showed an increase in such assertive anger for the clients who received a DBT skills group, compared to no change in assertive anger for the clients who did not receive the treatment. This change in assertive anger mediated the reduction of problems related to social role. Because this study focused on two different emotion categories, it remains an open question *how* the assertive anger is emerging over the course of therapy, i.e., what therapeutic variables facilitate this productive emotional state.

In a sample of clients with mostly narcissistic and histrionic PDs, Kramer, Pascual-Leone, Rohde and Sachse (2016) showed that the clients who were in the working phase of clarification-oriented psychotherapy and who would later have good outcomes, presented with self-soothing emotions and rejecting anger. Whereas the latter may be associated with the expression of the specific psychopathology of clients with PD (see above, and the case of Mark), the former is an integrative process where specific meaning on the underlying missing need is formed and how a client may soothe him or herself given certain emotional hurts. The therapist fostering client’s experiential access to underlying fear and/or shame was understood as central in this form of therapy, therefore, the authors micro-analyzed the interaction process leading up to those emotional states. They found that the therapist process directivity, i.e., the close moment-by-moment following and guiding the here and now process towards the

central inner focus, was related with the emergence of shame and fear later in the same session. Emotion transformation helps to give some understanding into the actual process of change in emotional self-knowledge taking place in the client during a therapy session. Such research might help us understand the pieces – or process steps – necessary for the client to build emotional self-knowledge, understood here as a dynamic process of construction.

These studies point into the direction that an emotion-focused conception of self-knowledge may be fruitful for understanding change in clients with PD undergoing psychotherapy. It might be a particularly fruitful conception, because of its integrative nature: a number of clients with PDs present with difficulties in emotion awareness and the productive use of in-session emotional information is attempted across several forms of therapy for PD; therapists may choose between fostering a bottom-up experiential process and fostering a top-down experience-distant process. It seems that the construction of emotional self-knowledge is characterized by increased awareness, emotion change, and emotion transformation. It is unclear if the regulation of emotion also helps the construction of such emotional self-knowledge, although it seems that excessive arousal or a poor ability to regulate is always a factor that could prevent or derail the construction of emotional self-knowledge.

Conclusions

Components, steps and pieces of emotional self-knowledge, and how they interact to form new meaning within the client, may be examined from the perspective of a constructive and iterative process, in combination with experiential contents described by the actual client. As such, the process perspective on emotional meaning making is complemented by a content perspective. Process features observed in clients with PDs, like the shallow processing of experience, the vagueness of emotional experience and the use of specific experience for interpersonal influence, may be found in certain emotion categories, such as the state of

global distress, as defined by Pascual-Leone and Greenberg (2007). We may assume that transformation towards accessing fully the primary experience is underpinned with a deep and elaborated emotional self-knowledge, together contributing to therapeutic change.

Emotional self-knowledge – the moment-by-moment awareness of one’s own emotions and extracting adaptive information – is a central productive process in treatments for clients with PD, in particular on three levels. Firstly, emotional self-knowledge may contribute to alleviate problems related to aspects of identity, such as needs, in PDs (Livesley, 2016, 2012; Kramer, Pascual-Leone et al., 2016): the client, by becoming aware and accessing underlying needs, may more easily stand up for him-/herself and defend a strong identity within a social context. Secondly, emotional self-knowledge may contribute to alleviate problems related to interpersonal relationships in PDs: the client, by becoming aware and accessing attachment-related emotions, may more easily open up to intimate partners and other significant person, thus possibly having more fulfilling and authentic relationships. Thirdly, emotional self-knowledge may contribute to alleviate problems in global functioning in PDs: the client, by becoming aware and accessing his/her underlying primary emotions, may be able to function more accurately in key social contexts. Finally, our review has also outlined some specific types of intervention, for example the ones consistent with the principle of therapist responsiveness (Stiles et al., 1998) – and there are certainly others – which tend to facilitate the processes of emotional self-knowledge in clients with PDs.

References

- Alexander, F., & French, F (1946). *Psychoanalytic therapy: Principles and application*. New York, NY: Ronald Press.
- Arntz, A., Hawke, L. D., Bamelis, L., Spinhoven, P., & Molendijk, M. L. (2012). Changes in natural language use as an indicator of psychotherapeutic change in personality disorders. *Behavior Research and Therapy*, 50, 191-202.

- Arntz, A., & Van Genderen, H. (2010). *Schematherapie bei Borderline-Persönlichkeitsstörung*[*Schematherapy for borderline personality disorder*]. Basel: Beltz.
- Baron, R. A., & Richardson, D. R. (2004). *Human Aggression*. New York: Plenum Press.
- Berthoud, L., Kramer, U., Caspar, F., & Pascual-Leone, A. (2015). Emotional Processing in a Ten-Session General Psychiatric Treatment for Borderline Personality Disorder: A Case Study. *Personality and Mental Health, 9*, 73-78.
- Boston Change Process Study Group (2008). The foundational level of psychodynamic meaning: Implicit process in relation to conflict, defense, and the dynamic unconscious. *International Journal of Psychoanalysis, 88*, 843-860.
- Carey, T. A., & Stiles, W. B. (in press). Some problems with randomized controlled trials and some viable alternatives. *Clinical Psychology and Psychotherapy*. DOI: 10.1002/cpp.1942
- Caspar, F. (2007). Plan Analysis. In T. D. Eells (Ed.). *Handbook of Psychotherapy Case Formulations. Second Edition* (pp.251-289). New York: Guilford Press.
- Caspar, F., Grossmann, C., Unmüßig, C., & Schramm, E. (2005). Complementary Therapeutic Relationship: Therapist behavior, interpersonal patterns, and therapeutic effects. *Psychotherapy Research, 15*(1-2), 91-105.
- Choi-Kain, L. W., & Gunderson, J. G. (2008). Mentalization: Ontogeny, Assessment and Application in the Treatment of Borderline Personality Disorder. *American Journal of Psychiatry, 165* (9), 1127-1135.
- De Panfilis, C., Ossola, P., Tonna, P., Catania, L., & Marchesi, C. (2015). Finding words for feelings: The relationship between personality disorders and alexithymia. *Personality and Individual Differences, 74*, 285-291.

- Dimaggio, G. (2015). Awareness of maladaptive interpersonal schemas as a core element of change in psychotherapy for personality disorders. *Journal of Psychotherapy Integration, 25*(1), 39-44.
- Dimaggio, G., Montano, A., Popolo, R., & Salvatore, G. (2015). *Metacognitive interpersonal therapy for personality disorders : A treatment manual*. London: Routledge.
- Dimaggio, G., Salvatore, G., Popolo, R., & Lysaker, P. H. (2012). Autobiographical memory and mentalizing impairment in personality disorders and schizophrenia : clinical and research implications. *Frontiers in Psychology, 3*, 529.
- Dimaggio, G., Semerari, A., Carcione, A., Nicolo, G., & Procacci, M. (2007). *Psychotherapy of personality disorders : Metacognition, states of mind and interpersonal cycles*. London: Routledge.
- Dinsdale, N., & Crespi, B. J. (2013). The borderline empathy paradox: evidence and conceptual models for empathic enhancements in borderline personality disorder. *Journal of Personality Disorder, 27*, 172-195.
- Dutton, D. G., Ginkel, C., & Starzomski, A. (1995). The role of guilt and shame in the intergenerational transmission of abusiveness. *Violence and Victims, 10*(2), 121-131.
- Fertuck, E. A., Jekal, A., Song, I., Wyman, B., Morris, M. C., Wilson, S. T., Brodsky, B. S., & Stanley, B. (2009). Enhanced "Reading the Mind in the Eyes" in borderline personality disorder compared to healthy controls. *Psychological Medicine, 39*(12), 1979-1988. Doi: 10.1017/S003329170900600X
- Fonagy, P., Gergely, G., Jurist, E. L., & Target, M. (2002). *Affect regulation, mentalization, and the development of the self*. London: Karnac.
- Fosha, D. (2000). *The transforming power of affect: A model offor accelerated change*. New York, NY: Basic Books.

- Freud, S. (1887-1902). *Aus den Anfängen der Psychoanalyse*[*On the beginnings of psychoanalysis*]. 95.
- Freud, S. (1893). Ueber die psychischen Mechanismen hysterischer Phänomene[*On the psychic mechanisms of hysterical phenomena*]. *Wiener Medizinische Presse*, 34(4), 121-126 and 34(5), 165-167.
- Freud, S. (1926). *Hemmung, Symptom und Angst*[*Inhibitions, symptoms and anxiety*]. Standard Edition. New York: Norton & Company, Inc.
- Fridja, N. H. (1986). *The emotions*. Cambridge: Cambridge University Press.
- Gelso, C. J., Kivlighan, D. M., Wine, B., Jones, A., & Friedman, S. C. (1997). Transference, insight, and the course of time-limited therapy. *Journal of Counseling Psychology*, 44, 209-217.
- Gendlin, E. T. (1964). A theory of personality change. In P. Worchel & D. Byrne (Eds.), *Personality Change* (pp. 129-173). New York: Wiley.
- Gendlin, E. T. (1996). *Focusing-oriented psychotherapy: A manual of the experiential method*. New York, NY: Guilford.
- Greenberg, L. S. (2002). *Emotion-focused therapy. Coaching clients to work through their feelings*. Washington, D. C.: American Psychological Association.
- Greenberg, L. S., & Angus, L. (2003). The contributions of emotion processes to narrative change in psychotherapy: A dialectical constructivist approach. In L. Angus & J. McLeod (Eds.), *The handbook of narrative psychotherapy: Practice, Theory and Research* (pp. 331-349). Toronto: Sage.
- Greenberg, L. S., & Paivio, S. C. (1997). *Working with emotions in psychotherapy*. New York, NY: Guilford.
- Greenberg, L. S., & Pascual-Leone, A. (2006). Emotion in psychotherapy: A practice-friendly research review. *Journal of Clinical Psychology: In Session*, 62, 611-630.

- Greenberg, L. S., & Pascual-Leone, J. (1995). A dialectical constructivist approach to experiential change. In R. Neimeyer & M. Mahoney (Eds.), *Constructivism in psychotherapy*. Washington, DC: American Psychological Association.
- Greenberg, L. S., & Pascual-Leone, J. (2001). A dialectical constructivist view of the creation of meaning. *Journal of Constructivist Psychology, 14*, 165-186.
- Greenberg, L. S., Rice, L. N., & Elliott, R. (1993). *Facilitating emotional change: The moment-by-moment process*. New York: NY: Guilford.
- Herpertz, S. C. (2011). Affektregulation und ihre biologischen Grundlagen[Affectregulation and its biological underpinnings]. In B. Dulz, S. C. Herpertz, O. F. Kernberg, & U. Sachsse (Eds.), *Handbuch der Borderline-Störungen* (pp. 74-85). Stuttgart: Schattauer.
- Hendricks, M. (2009). Experiencing level: An instance of developing a variable from a first person process so it can be reliably measured and taught. *Journal of Consciousness Studies, 16*(10-12), 129-155.
- Hofmann, A. (2006). *EMDR. Therapie posttraumatischer Belastungssyndrome*[EMDR. Therapy for post-traumatic stress syndroms]. 3. Auflage. Stuttgart: Georg Thieme.
- Hoglend, P. (2014). Exploration of the patient-therapist relationship in psychiatry. *American Journal of Psychiatry, 171*(10), 1056-1066..
- Johansson, P., Hoglend, P., Ulberg, R., Amlo, S., Marble, A., Bogwald, K.-P., Sorbye, Ol., Sjaastad, & Heyerdahl, O. (2010). The mediating role of insight for long-term improvements in psychodynamic psychotherapy. *Journal of Consulting and Clinical Psychology, 78*(3), 438-448.
- Kramer, U., Berthoud, L., Keller, S., & Caspar, F. (2014). Motive-oriented psychotherapeutic relationship facing a patient presenting with Narcissistic Personality Disorder: A case study. *Journal of Contemporary Psychotherapy, 44*, 71-82.

- Kramer, U., Caspar, F., & Drapeau, M. (2013). Change in biased thinking in a 10-session treatment for borderline personality disorder: Further evidence of the motive-oriented therapeutic relationship. *Psychotherapy Research, 23*(6), 633-45.
- Kramer, U., & Pascual-Leone, A. (2012). *Emotional Processing across Long-term Psychotherapy in a Patient presenting with Borderline Personality Disorder: A Case Study*. Presentation at the 42nd EABCT-Congress. Geneva, Switzerland.
- Kramer, U., Pascual-Leone, A., Berthoud, L., de Roten, Y., Marquet, P., Kolly, S., Despland, J.-N., & Page, D. (2016). Assertive anger mediates effects of dialectical behavior-informed skills training in borderline personality disorder: a randomized controlled trial. *Clinical Psychology and Psychotherapy, 23*(3), 189-202 . Doi: 10.1002/cpp.1956
- Kramer, U., Pascual-Leone, A., Rohde, K. B., & Sachse, R. (2016). Emotional processing, interaction process, and outcome in clarification-oriented psychotherapy for personality disorders: A process-outcome analysis. *Journal of Personality Disorders, 30*(3), 373-394.
- Kramer, U., Rosciano, A., Pavlovic, M., Berthoud, L., Despland, J.-N., de Roten, Y., & Caspar, F. (2011). Motive-oriented therapeutic relationship in brief psychodynamic intervention for patients with depression and personality disorders. *Journal of Clinical Psychology, 67*(10), 1017-1027.
- Kramer, U., & Sachse, R. (2013). Early clarification processes in clients presenting with Borderline Personality Disorder: Relations with symptom levels and change. *Person-Centered and Experiential Psychotherapies, 12*(2), 157-175. Doi: 10.1080/14779757.2013.804647.
- Levy, K. N., Meehan, K. B., Kelly, K. M., Reynoso, J. S., Weber, M., Clarkin, J. F., et al. (2006). Change in attachment patterns and reflective function in a randomized control

- trial of transference-focused psychotherapy for borderline personality disorder. *Journal of Consulting and Clinical Psychology*, 74(6), 1027.
- Linehan, M. M., Bohus, M., & Lynch, T. R. (2007). Dialectical behavior therapy for pervasive emotion dysregulation: Theoretical and practical underpinnings. In J. J. Gross (Ed.), *Handbook of emotion regulation* (pp. 581-605). New York: Guilford Press.
- Livesley, W. J. (2012). Integrated treatment: A conceptual framework for an evidence-based approach to the treatment of personality disorder. *Journal of Personality Disorders*, 26(1), 17-42.
- Livesley, W. J. (2016). A modular strategy for treating emotional dysregulation. In W. J. Livesley, G. Dimaggio, & J. F. Clarkin (Eds.), *Integrated treatment for personality disorder. A modular approach* (pp.232-257). New York: Guilford Press.
- Magnavita, J. J. (2006). The centrality of emotion in unifying and accelerating psychotherapy. *Journal of Clinical Psychology: In Session*, 62(5), 585-596.
- McMain, S. F., Boritz, T. Z., & Leybman, M. J. (2015). Common strategies for cultivating a positive therapy relationship in the treatment of borderline personality disorder. *Journal of Psychotherapy Integration*, 25(1), 20-29.
- McMain, S. F., Links, P. S., Guimond, T., Wnuk, S., Eynan, R., Bergmans, Y., & Links, P. S. (2013). An exploratory study of the relationship between changes in emotion and cognitive processes and treatment outcome in borderline personality disorder. *Psychotherapy Research*, 23(6), 658-673.
- McMain, S. F., Pos, A. E., & Iwakabe, S. (2010). Facilitating emotion regulation: General principles for psychotherapy. *Psychotherapy Bulletin*, 45(3), 16-21.

- Neacsiu, A. D., Rizvi, S. L., & Linehan, M. M. (2010). Dialectical behavior therapy skills use as a mediator and outcome of treatment for borderline personality disorder. *Behaviour Research and Therapy, 48*, 832-839.
- Nemiah, J. C., Freyberger, H., & Sifneos, P. E. (1976). Alexithymia, A view of the psychosomatic process. In O. W. Hill (Ed.): *Modern trends in psychosomatic research. Vol. 3* (pp 430-439). London: Buttersworth.
- Ogrodniczuk, J. S., Joyce, A. S., & Piper, W. E. (2013). Change in alexithymia in two dynamically informed individual psychotherapies. *Psychotherapy and Psychosomatics, 82*, 61-63.
- Ogrodniczuk, J. S., Piper, W. E., & Joyce, A. S. (2011). Effect of alexithymia on the process and outcome of psychotherapy: a programmatic review. *Psychiatry Research, 190*(1), 43-48.
- Ottavi, P., Passarella, T., Pasinetti, M., Salvatore, G., & Dimaggio, G. (2016). Adapting Mindfulness for treating personality disorder. In W. J. Livesley, G. Dimaggio, & J. F. Clarkin (Eds.), *Integrated treatment for personality disorder. A modular approach* (pp.282-302). New York: Guilford Press.
- Paivio, S. C., & Pascual-Leone, A. (2010). *Emotion-focused therapy for complex trauma. An integrative approach*. Washington, D. C.: APA.
- Pascual-Leone, A. (2009). Dynamic emotional processing in experiential psychotherapy: Two steps forward, one step back. *Journal of Consulting and Clinical Psychology, 77*, 113-126.
- Pascual-Leone, A., Gillis, P., Singh, T., & Andreescu, C. A. (2013). Problem anger in psychotherapy: An emotion-focused perspective on hate, rage, and rejecting anger. *Journal of Contemporary Psychotherapy, 43*(2), 83-92.

- Pascual-Leone, A., & Greenberg, L. S. (2006). Insight and awareness in experiential psychotherapy. In L. G. Castonguay & C. E. Hill (Eds.), *Insight in Psychotherapy* (pp. 31-56). Washington, D. C.: American Psychological Association.
- Pascual-Leone, A., & Greenberg, L. S. (2007). Emotional processing in experiential therapy: Why “the only way out is through”. *Journal of Consulting and Clinical Psychology*, 75(6), 875-887.
- Pascual-Leone, A., Herpertz, S. C., & Kramer, U. (2016). Experimental designs and the “emotion-stimulus critique”: Hidden problems and potential solutions in the study of emotion. *Psychopathology*. doi: 10.1159/000442294
- Pos. A. E. (2014). Emotion focused therapy for avoidant personality disorder: Pragmatic considerations for working with experientially avoidant clients. *Journal of Contemporary Psychotherapy*, 44, 127-139.
- Pos., A. E. (2015). *Integration in personality disorders: an emotion-focused perspective*. Presentation in Panel. Annual Meeting of the Society for the Exploration of Psychotherapy Integration (SEPI). Baltimore.
- Pos, A. E., & Greenberg, L. S. (2012). Organizing awareness and increasing emotion regulation: Revising chair work in Emotion-Focused Therapy for Borderline Personality Disorder. *Journal of Personality Disorders*, 26(1), 84-107.
- Popolo, R., Lysaker, P. H., Salvatore, G., Montano, A., Buonocore, L., Sirri, L., Imbimbo,, A., & Dimaggio, G. (2014). Emotional inhibition in personality disorders. *Psychotherapy and Psychosomatics*, 83, 377-378. Doi: 10.1159/000365110.
- Rice, L. N., & Saperia, E. (1984). Task analysis and the resolution of problematic reactions. In L. N. Rice & L. S. Greenberg (Eds.), *Patterns of change: Intensive analysis of psychotherapy process*. New York: Guilford Press.

- Sachse, R., Sachse, M., & Fasbender, J. (2011). *Klärungsorientierte Psychotherapie von Persönlichkeitsstörungen*[Clarification-oriented psychotherapy for personality disorders]. Göttingen: Hogrefe.
- Schmitt, R., Winter, D., Niedtfeld, I., Schmahl, C., & Herpertz, S. C. (2013). *Effects of dialectical behavior therapy on the neuronal correlates of cognitive reappraisal in borderline personality disorder*. Poster presented at the Conference of the ISSPD. Copenhagen.
- Schnell, K., & Herpertz, S. C. (2007). Effects of dialectical-behavioral-therapy on the neural correlates of affective hyperarousal in borderline personality disorder. *Journal of Psychiatric Research, 41*, 837-847.
- Scott, L. N., Levy, K. N., Adams, R. B. Jr., Stevenson, M. T. (2011). Mental state decoding abilities in young adults with borderline personality disorder traits. *Personality Disorders, 2*, 98-112.
- Semerari, A., Carcione, A., Dimaggio, G., Nicolo, G., Pedone, R., & Procacci, M. (2005). Metarepresentative functions in borderline personality disorder. *Journal of Personality Disorders, 19*(6), 690-710.
- Spinhoven, P., Bamelis, L., Molendijk, M., Haringsma, R., & Arntz, A. (2009). Reduced specificity of autobiographical memory in Cluster C personality disorders and the role of depression, worry and experiential avoidance. *Journal of Abnormal Psychology, 118*, 520-530. Doi: 10.1037/a00162393.
- Stern, D. N., Sander, L. W., Nahum, J. P., Harrison, A. M., Lyons-Ruth, K., Morgan, A. C., Bruschiweiler-Stern, N., Tronick, E. Z. (1998). Non-interpretive mechanisms in psychoanalytic therapy: The "Something more" than interpretation. *International Journal of Psychoanalysis, 79*(5), 903-921.

Stiles, W. B., Honos-Webb, L., & Surko, M. (1998). Responsiveness in psychotherapy.

Clinical Psychology: Science and Practice, 5, 439-458.

Tangney, J. P., Wagner, P., Fletcher, C., & Gramzow, R. (1992). Shamed into anger? The

relation of shame and guilt to anger and self-reported aggression. *Journal of*

Personality and Social Psychology, 62, 669-675.

Warwar, S. H., Links, P. S., Greenberg, L. S., & Bergmans, Y. (2008). Emotion-focused

principles for working with borderline personality disorder. *Journal of Psychiatric*

Practice, 14(2), 94-104.

Watson, J. C., & Greenberg, L. S. (1996). Emotion and cognition in experiential therapy: A

dialectical-constructivist perspective. In H. Rosen, & K. Kuelwein (Eds.),

Constructing realities: Meaning-making perspectives for psychotherapists. San

Francisco: Jossey-Bass.