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**EMPIRICAL PAPER**

# Immersion and distancing during assimilation of problematic experiences in a good-outcome case of emotion-focused therapy

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**Abstract**
**Objective:** Some studies have suggested that a decrease in immersion (egocentric perspective on personal experiences) and an increase in distancing (observer perspective on personal experiences) are associated with the resolution of clinical problems and positive outcome in psychotherapy for depression. To help clarify how this change in perspectives relates to clinical change, the present study compared changes in immersion and distancing across therapy with progress in one client's assimilation of her problematic experiences. **Method:** We analyzed all passages referring to the central problematic experience in a good-outcome case of emotion-focused therapy for depression using the Measure of Immersion and Distancing Speech and the Assimilation of Problematic Experiences Scale. **Results:** Results showed that immersion and distancing were associated with different stages of assimilation. Immersion was associated with stages of emerging awareness and clarification of the problem and in the application of new understandings to daily life. Distancing was associated with problem-solving and attaining insight. **Conclusion:** The decrease of immersion and increase of distancing associated with therapeutic improvement should not be taken as a recommendation to avoid immersion and encourage distancing. Immersion and distancing may work as coordinated aspects of the processes of psychotherapeutic change.

**Keywords:** immersion; distancing; assimilation; change and emotion-focused therapy

Immersion and distancing are contrasting perspectives on one's own emotional experiences. Immersion refers to viewing experience from an egocentric stance, whereas distancing refers to viewing it from an observer stance (Nigro & Neisser, 1983; Robinson & Swanson, 1993). In experimental work immersion in negative emotional content has been seen as representing a risk to psychological health (Kross & Ayduk, 2008; Kross, Gard, Deldin, Clifton, & Ayduk, 2012), whereas a distancing perspective on such content has been seen as promoting health benefits (e.g., Ayduk & Kross, 2010b; Kross & Ayduk, 2008, 2009, 2011; Kross et al., 2012).

The assimilation model of psychological change offers a different, more dynamic interpretation of these observations, suggesting that immersion in problematic experiences may be a necessary step in the psychotherapeutic process and distancing may represent, at different points in the change process, either avoidance of problems or a process of understanding and mastering problems (Stiles, 2011; Stiles et al., 1991). We investigated the quantitative and qualitative relation of immersion and distancing to stages of assimilation by tracking them across sessions in a good-outcome case of emotion-focused therapy (EFT; Elliott, Watson, Goldman, & Greenberg, 2004; Greenberg & Watson, 2006).

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## Immersion and Distancing as Two Perspectives Toward Previous Experience

Immersion and distancing are contrasting perspectives that a person can adopt toward his or her previous experience. Immersion refers to taking an egocentric point of view about a personal experience, considering the self who analyzes the previous emotional experience here and now as coincident with the self who experienced the event (Nigro & Neisser, 1983; Robinson & Swanson, 1993). Specifically, the experience is viewed in the first person, that is, the person sees the experience "through his/her own eyes" (Ayduk & Kross, 2010b, p. 810). The original thoughts, feelings, behaviors, and events repeat themselves as the person replays the event (Nigro & Neisser, 1983; Robinson & Swanson, 1993). In contrast, distancing refers to taking an observer point of view about a personal experience, considering the self who analyzes the previous emotional experience here and now as separate from the self who experienced the event (Nigro & Neisser, 1983; Robinson & Swanson, 1993), similar to a "fly on the wall" that can see itself in the experience (Ayduk & Kross, 2010b, p. 809). The experience is analyzed in the third person, so that the person has a broader vision about the experience, considering the big picture rather than focusing on concrete details (Nigro & Neisser, 1983; Robinson & Swanson, 1993).

Studies, in which participants' verbalized analysis of their experience according to an immersed or distanced perspective, provide illustrations of how each of these perspectives are manifested in speech: focusing on the description of the experience or on the explanation/exploration of it. When people describe their experience from an immersed perspective, they tend to recount specific particularities of the experience (what happened; what I felt). In contrast, when people describe an experience from a distancing perspective, they tend to recount less and, instead, focus on explaining and exploring the experience, integrating different aspects of the experience, making statements that suggest insight and closure (e.g., Kross, Ayduk, & Mischel, 2005; Kross et al., 2012). For instance, when reflecting on a rejection experience, an individual may focus on explaining what led to it, what consequences it had on his life, and how well he handled it. These observer-like positions toward their experiences and internal states characterize distancing, focusing on explaining them rather than just describing and re-experiencing them.

An illustration of the immersed perspective is: "My mother told me that I do not worry about my parents. So, I could not leave the house. I felt sad. They don't understand my point of view." In this example the individual focused on what happened (what mother said), and expressed original feeling and thought that occurred in that event. An illustration of the distanced perspective is: "I am passive in relationships with others because I do not want to be rejected by them." In this example, the individual did not focus on the specific event, but, instead, expressed a broader vision about her/his behavior pattern in relationships with others and provided a possible reason to that.

## Immersion and Distancing in Psychological Health

It has been suggested that immersion in problematic experiences can lead to rumination cycles, which involve continued focus on thoughts and feelings associated with negative experiences (Ayduk & Kross, 2010a; Kross et al., 2005). Rumination can prevent the creation of new meanings, while the emotional arousal exacerbates the negative states, making people feel overwhelmed (Nolen-Hoeksema, Wisco, & Lyubomirsky, 2008). Rumination predicts (Ciesla & Roberts, 2007) and exacerbates (Takagishi, Sakata, & Kitamura, 2013) depressive moods. Consistently, experimental studies have shown that immersion is the most common perspective in people with depression (Kross & Ayduk, 2009; Kross et al., 2012).

In contrast, distancing facilitates reconstruction of experience (Ayduk & Kross, 2010b; Kross & Ayduk, 2008, 2009; Kross et al., 2005). Analyses have shown that distancing helps people to make meaning out of problematic experiences and to gain a sense of closure, improving the emotional well-being (e.g., Kross & Ayduk, 2011; Kross et al., 2012). In comparison with immersion, distancing is associated with lower emotional reactivity (Ayduk & Kross, 2010b; Gruber, Harvey, & Johnson, 2009; Kross & Ayduk, 2009), shorter duration (Kross & Ayduk, 2011; Verduyn, Mechelen, Kross, Chezzi, & Bever, 2012), and lower intensity (Kross & Ayduk, 2008; Kross et al., 2005) of positive and negative emotional states (Gruber et al., 2009). Some authors have suggested that the immersed perspective may be adaptive in dealing with positive experiences, enhancing positive emotional states, whereas distancing may be adaptive in dealing with problematic experiences, preventing an excessive increase of negative emotional states (Ayduk & Kross, 2010a; Gruber et al., 2009; Verduyn et al., 2012).

This conception of immersion and distancing has emerged mainly from cross-sectional experimental studies, in which each person was assessed on only

one occasion or over a period of a week or less, and immersion and distancing were considered as individual difference variables or as alternative strategies for dealing with emotional issues. Longitudinal studies of clients in psychotherapy suggest important modifications to the static view.

Our clinical studies of EFT and Cognitive Behavior Therapy (CBT) for depression have found that both good and poor outcome cases show a high frequency of immersion and a low frequency of distancing at the start of therapy (Barbosa, Amendoeira, Bento, et al., 2016; Barbosa, Lourenço, Amendoeira, Pinto-Gouveia, & Salgado, 2013; Barbosa, Silva, Pinto-Gouveia, & Salgado, 2016). The high immersion and low distancing persisted throughout therapy in poor outcome cases of EFT (Barbosa, Silva, Pinto-Gouveia, et al., 2016), whereas there was a decrease in immersion and an increase in distancing across treatment in both EFT (Barbosa, Silva, Pinto-Gouveia, et al., 2016) and CBT (Barbosa, Amendoeira, Bento, et al., 2016) good-outcome cases (Barbosa et al., 2013). Additionally, immersion was associated with negative emotions and distancing with positive emotions (Barbosa, Amendoeira, Bento, et al., 2016). Extrapolating from the experimental studies (e.g., Ayduk & Kross, 2010a, 2010b; Kross & Ayduk, 2009; Kross et al., 2005, 2012), it might seem plausible that, in viewing their problematic experiences from an immersed perspective, people focus on painful details, exacerbating negative affect, and maintaining depression. However, immersion was the dominant perspective throughout therapy and immersion was significantly higher in good-outcome cases than poor outcome cases at the start of the therapy in the EFT cases (Barbosa, Silva, Pinto-Gouveia, et al., 2016).

Some treatment approaches, including EFT, suggest that immersion in negative feelings can be beneficial when people are too distanced from their emotions (e.g., Elliott et al., 2004). Some authors have argued for the importance of the emotional expression—an immersed perspective—for activation of painful emotions and subsequent mastery of them (e.g., Kennedy-Moore & Watson, 2001). The "fever model of disclosure" (Stiles, 1995), for example, suggests that increased expression of subjective states (e.g., "I think … ," "I feel … "), which are typical of the immersed perspective (e.g., Kross et al., 2005), can be both an indicator of psychological distress and part of a corrective response, just as an increased body temperature is both an indicator of infection and part of a bodily defense against it. To put it another way, an immersed perspective may be an effect as much as a cause of emotional distress and depression.

## Assimilation Model and Change in Psychotherapy

The assimilation model (Stiles, 2011; Stiles et al., 1991) offers a way to synthesize this pattern of results. It suggests that, in successful therapy, problems progress through a sequence of stages or levels and that immersion and distancing may be emphasized at different points in these stages of change (Caro Gabalda & Stiles, 2009; Stiles et al., 1991).

The assimilation model suggests that the self is composed of multiple internal voices, which normally form a stable and organized structure called the community of voices (Honos-Webb & Stiles, 1998). The voices are composed of traces of past experiences. The traces (voices) are activated when current experiences are similar to those past experiences in some way. They emerge to help the person deal adaptively with current experiences by using knowledge from the previous ones (Caro Gabalda & Stiles, 2009; Stiles, 2011). New experiences are usually assimilated smoothly, maintaining a stable and organized community structure (Stiles, 2011). Psychological distress arises, however, when the new experiences are not compatible with the community of voices, that is, when they are traumatic, painful, or grossly inconsistent with the usual self (Stiles, Osatuke, Glick, & Mackay, 2004). When the traces of such problematic experiences are addressed, they may produce strong negative affect and/or avoidance. That is, the self becomes selective and rigid in some respects, avoiding new experiences that are incompatible. For example, a dominant voice (representing the community) that takes the position "I should be perfect" may be incompatible with an experience that suggests "I am failing." A minor failure may produce strong negative affect and the voice of the failure experience may be avoided or suppressed. In psychotherapy, change (assimilation) occurs by the creation of meaning bridges, which are semiotic links between problematic voices and the community of voices (Stiles, 2011). Assimilation takes place in a sequence of stages (Stiles et al., 1991), from dissociation of the problematic voice (in extreme cases) to its complete assimilation. The sequence is summarized in the Assimilation of Problematic Experience Scale (APES; Caro Gabalda & Stiles, 2009; Stiles et al., 1991), shown in Table I.

## Immersion and Distancing in the Assimilation Process

The assimilation model suggests that across the lower APES stages (0–2) the client progresses from dissociation or avoidance of problematic experiences

Table I. Brief description of assimilation of problematic experiences scale.

| Assimilation level | Cognitive content | Emotional content |
| --- | --- | --- |
| 0. Warded off/dissociated | Content is unformed; client is unaware of the problem | Distress may be minimal, reflecting successful avoidance |
| 1. Unwanted thoughts/ active avoidance | Content includes distressing thoughts. Client prefers not to think about it | Strong negative feelings |
| 2. Vague awareness/ emergence | Client acknowledges his problematic experience and describes the distressing thoughts, but cannot formulate the problem clearly | Feelings include acute psychological pain or panic |
| 3. Problem statement/ clarification | Includes a clear statement of a problem, that is, something that could be worked on | Feelings are mainly negative but manageable, not panicky |
| 4. Understanding/insight | The problematic experience is placed into a schema, formulated, understood, with clear connective links (meaning bridge) | There may mixed feelings with some unpleasant recognitions, but also with curiosity or even pleasant surprise |
| 5. Application/working through | The understanding is used to work on a problem, so there are specific problem-solving efforts | Affective tone is positive and optimistic |
| 6. Resourcefulness/ problem solution | Client achieves a solution for a specific problem. As the problem recedes, feelings become more neutral | Feelings are positive, satisfied and proud of accomplishment |
| 7. Integration/mastery | Client successfully uses solutions in new situations, automatically | Feelings are neutral because problem is no longer a problem |

*Source.* Adapted from Caro Gabalda and Stiles (2009).

to deeper and more vivid awareness. This entails increasingly powerful negative emotions (Stiles et al., 2004). To cast this in the immersion/distancing framework of the present study, the client may be expected to move from avoidance at APES 0 to full immersion in the problematic experience at APES 2. Subsequently, as the problem is formulated, understood, and mastered (APES 3 and higher), the client is increasingly able to analyze the experience from a broader perspective, promoting insight, creating alternatives, and solving the problem (Caro Gabalda & Stiles, 2009; Stiles, 2011; Stiles et al., 1991). In immersion/distancing terms, the client should move from deep immersion at APES 2 to increasing distancing from the problematic experience at APES 3 and beyond. Putting this another way, at lower APES levels (particularly APES 2) the client speaks mainly *from* the problematic and dominant voices, whereas at higher APES levels of assimilation, the client can also speak *about* the problematic and dominant voices (Honos-Webb & Stiles, 1998).

In summary, the assimilation model suggests that therapeutic progress evolves from avoidance when the problem is warded off, to deep immersion as the problem emerges, and then to greater distancing, representing a broader, integrative perspective on the formerly problematic experience.

## Purpose and Hypotheses of the Study

This study explored how immersion, distancing, and assimilation of a problematic experience evolved across sessions in a good-outcome case of EFT. We tested the simple linear hypothesis that immersion would decrease and distancing would increase across successful therapy, as the person moves from a dysfunctional state to a normal state. We also examined the assimilation model's suggestion that immersion should be the main perspective at APES stage 2, whereas distancing should be increasingly prominent at higher APES stages. Looking more closely, we also sought to examine how both immersion and distancing are involved in the process of psychotherapeutic change. Our approach can be described as theory-building case study research (Stiles, 2009), intended to contribute to an assimilation model understanding of immersion and distancing phenomena. In theory-building research, each case has the ability to strengthen, weaken, or change the theory through new observations.

## Method

### Participants

Alice (a pseudonym) was a 26-year-old woman, Portuguese, single, and Catholic. She was diagnosed with moderate major depressive disorder in the "Decentering and change in psychotherapy" study (Salgado, 2008), a randomized clinical trial that compared CBT with EFT for depression. Alice was treated in the EFT arm of the study and was considered to have had a good outcome, as described later.

Alice's main problems concerned her insecurity and lack of assertiveness in her relationships with her parents, brother, boyfriend, and at work. Alice felt unable to become independent of her parents or to oppose their conservative cultural values (e.g., to marry before living with her boyfriend, not to come

home late). She was distressed by her parents' critical reaction to her failures in meeting those values and by her own need to be accepted by them. In addition, she was concerned about how she and her family had dealt with her father's past affair, a shared secret. In EFT terms, this unfinished business with her father was marked by self-interruption of her anger and resentment leading to un-symbolized body discomfort and symptoms when around him. In relation to the boyfriend, she felt that her needs were unmet, while she always gave in to his wishes; for example, she wanted marriage, but for him it was not important. At work she was passive, unable to assert her rights. At the beginning of the therapy she was working, in the middle she was unemployed due to the end of her work contract, and at the end of therapy she had started a new job. By the time of the last sessions, she had decided to live with her boyfriend. Alice was one of two cases considered in a study of setbacks in assimilation (decreases of one or more APES stages from one passage to the next), where it was shown that most of her setbacks were attributable to the therapist's directing her attention to relatively unassimilated strands of the problem being discussed (Mendes et al., 2016).

Alice's therapist was 31-year-old woman with a Ph.D. in clinical psychology, a university faculty member. At intake, she had had 8 years of experience as a therapist and 1 year of clinical practice in EFT but had been pursuing training in EFT for 4 years. As part of the clinical trial, she received weekly group supervision conducted by an experienced EFT therapist.

## Treatment

The "Decentering and change in psychotherapy" study used an EFT treatment manual that specifies intervention strategies for depression (Greenberg, Rice, & Elliott, 1993; see also Elliott et al., 2004). EFT is an empirically supported humanistic therapy (Elliott et al., 2004; Greenberg & Watson, 2006). It aims to change maladaptive emotional processing following five principles: awareness, emotional arousal, emotional regulation, emotional reflection, and emotional transformation (Elliott et al., 2004). Markers that indicate maladaptive emotional processing are associated with specific strategies to access maladaptive core emotional schema and transform them into adaptive emotional responses and new meanings. In treating depression, the first step of the intervention is to access the core of depression, namely the perception of self as weak or bad, by the fear and shame emotional schema in order to activate, approach, tolerate, accept, and transform these emotions (Greenberg & Watson, 2006).

In Alice's case, the initial phase of the treatment (sessions 1–5) focused on empathic exploration and validation of her main needs and concerns. In the middle phase (sessions 6–11) work was directed toward her main difficulties in current relationships, including her lack of assertiveness with her boyfriend and her boss, her unfinished business with her father, and her difficulties in dealing with transitional unemployment. In accomplishing this, the therapist used two chair work and focusing exercises, following the EFT treatment manual (Greenberg et al., 1993; see also Elliott et al., 2004). The final phase (sessions 12–16) was focused on consolidating personal agency and working through unfinished business with her father.

## Measures

**Beck Depression Inventory-II.** The Beck Depression Inventory-II (BDI-II) (Beck, Steer, & Brown, 1996) was adapted for a Portuguese population by Coelho, Martins, and Barros (2002). The BDI-II is a self-report inventory designed to assess the severity of depression symptoms. It is composed of 21 items, each scored from 0 to 3. Total scores below 13 indicate depressive symptoms within normal range, scores from 14 to 19 indicate mild to moderate levels of depression, scores from 20 to 28 indicate moderate to severe depression, and scores above 29 indicate a severe level of depression. The Cronbach's Alpha was 0.89 (Coelho et al., 2002).

**Global Assessment of Functioning scale.** The Global Assessment of Functioning (GAF) (American Psychiatric Association [APA], 2000) assesses the psychological, social, and occupational functioning. This scale describes the symptoms and functional severity according to 10 levels and scale points ranging from 1 to 100. Ratings until 50 indicate that the global level of functioning is severely affected. Ratings from 51 to 100 indicate moderate to good global levels of functioning.

**APES scale.** As described earlier, the APES (Caro Gabalda & Stiles, 2009; Stiles et al., 1991) rates the degree of assimilation of a problematic experience on a scale of 8 stages or levels (scored 0–7; see Table I).

**Measure of Immersed and Distanced Speech.** The Measure of Immersed and Distanced Speech (MIDS) is an observational measure that assesses immersion and distancing in client speech in transcribed sessions. This measure seeks to apply the theoretical definition of immersion and distancing to people's speech (e.g., Ayduk & Kross, 2010b; Kross & Ayduk, 2008, 2009; Kross et al., 2005, 2012).

As shown in Table II, the MIDS infers immersed speech from *what statements* and *attributive statements*; and distanced speech from *insight statements* and *closure statements*. When none of these is appropriate, the speech is classified as *other*.

The immersed categories aim to identify the ego-centric point of view. They include client speech in which there is a concrete construction of the experience, namely "what happened" through what statements, and "what did I feel" through attributive statements. In these categories are include the description of events, original thoughts, behaviors, feelings, or internal states about client or others as experienced in the first person. The distanced categories aim to identify the observer point of view. They include client speech focused on explaining and exploring the experience through the integration of different aspects of the experience (insight statements) or on a broader stance based on past and current experiences (closure statements). Distanced categories include statements that characterize insight or closure regardless of adaptiveness of the content expressed. That is, the MIDS construes the immersed and distanced perspectives as processes that place the self-closer to or further from the

experience—as an observer, respectively, whether or not the content expressed is adaptive. For example, if the client is establishing relationships between different facets of the experience (feelings, cognitions, and events, for example), the statement is considered as distancing (insight statements), even if the content is not representative of the reality.

The study about MIDS's validation is under preparation (Barbosa, Silva, Castro, Pinto-Gouveia, & Salgado, 2016). Preliminary results show a high internal consistency for both immersion ($\alpha = .95$) and distancing ($\alpha = .91$), as well as a good to strong interrater reliability (Hill & Lambert, 2004) for raters' pairs (Cohen's kappa ranged from .75 to .96).

## Procedure

**Selection of the case.** Inclusion criteria for the "Decentering and change in Psychotherapy" study were: the presence of major depressive disorder (mild or moderate); a GAF scale (APA, 2000) higher than 50; and no psychotropic medication. The exclusion criteria were other psychological or psychiatric treatment: high risk of suicide; current or previous diagnosis of one of the following DSM-

Table II. Brief description of the MIDS.

| Type of speech | Categories | Contents | Examples |
|---|---|---|---|
| Immersed | What statements | Client describes a specific chain of events | "He yelled at me and treated me badly." "He told me to back off." |
| | | Client describes specific and original thoughts or behaviors | "I went to my room and cried for a long time." "My work is worthless." |
| | Attributive statements | Client ascribes characteristics to self or others without explaining or providing reasons to them | "He was mean." "I was kind of stupid." |
| | | Client describes feelings or other internal states | "I feel sad." "I feel happy." "I have a great pain and a permanent restlessness." |
| Distanced | Insight statements | Client describes the causes underlying the event, his or her feelings, behaviors and cognitions | "He does not respect me because I never established any limits." |
| | | Client establishes relations between behaviors, feelings or cognitions | "Maybe I reacted that way because I felt he rejected me." |
| | | Client expresses new awareness about own behaviors, feelings or cognitions | "It may have been somehow irrational but now I better understand my motivation then." |
| | Closure statements | Client indicates he or she assesses a past experience from a broad perspective, taking into account past and current experiences to make sense of feelings and experiences | "I look back and I see that suffering had to do with how I interpreted criticisms. Now I know that critical remarks can be constructive and it does not mean that others do not like me." |
| | | Client establishes relations (contrasts or similitudes) between past and present behaviors, feelings or cognitions | "Today I know that I'm valued by my father." "Today I barely hugged my father, whereas before we were like brothers" |
| | | Client express present feelings or thoughts about past experience or situations | "I thought about how glad I am that part of my past is over." "I see my past as a difficult moment of my life that brought implications in what I am today." |

IV Axis I disorders: panic, substance abuse, psychosis, manic-depression, or eating disorder; or one of the following DSM-IV Axis II diagnoses: borderline, antisocial, or schizotypal. The inclusion and exclusion criteria were assessed by the Structural Clinical Interviews for the DSM-IV-TR I (First, Spitzer, Gibbon, & Williams, 2002) and II (First, Gibbon, Spitzer, Williams, & Benjamin, 1997), and the BDI-II for Portuguese population (Coelho et al., 2002).

Alice was randomly assigned to EFT and to her therapist, and she completed 16 weekly sessions plus 6 follow-up sessions at 1, 3, 6, 9, 12, and 18 months after concluding treatment. She was considered a good-outcome case, showing reliable and clinically significant change on the BDI-II scores according to the criteria proposed by Jacobson and Truax (1991). Alice's BDI-II scores decreased from 22 to 1 from pre- to post-therapy, ending below the cut-off score of 13 points, with a decrease exceeding the Reliable Change Index of 7.75 for Portuguese version of the BDI-II (Coelho et al., 2002). The treatment and the collection and processing of data followed the ethical principles and standards of the American Psychological Association and the Code of Ethics of Portuguese Psychologists. Alice gave her informed consent for participation in all aspects of this research. Her personal information was de-identified to protect her anonymity.

**Ratings of assimilation and of immersion and distancing.** Alice's 16 sessions were transcribed following guidelines proposed by Mergenthaler and Stinson (1992). The transcripts were analyzed following three steps: (i) identification of the problematic experience, (ii) rating the problematic experience according to APES, and (iii) rating of the problematic experience according to the MIDS. The APES and MIDS were applied by different pairs of judges; each pair was blind to the results obtained with the other scale.

The two APES raters were women aged 26 and 30, with a master's degree and a Ph.D. in clinical psychology, respectively. As training for rating assimilation, they read and discussed journal articles and the APES rating manual (Honos-Webb, Stiles, & Greenberg, 2003), which included descriptions of formulating dominant and problematic voices. They then applied the APES to several EFT sessions of until they reached the reliability criterion, which was an Intraclass Correlation Coefficient (ICC; Shrout & Fliess, 1979) higher than .70 (considered high reliability by Hill & Lambert, 2004). A team member with experience applying the assimilation model conducted this training, clarifying the coding

system, answering questions, and supervising the coding of the training sessions.

The analysis of the immersion and distancing involved a different team, comprising a 29-year-old female Ph.D. student and a 29-year-old man with a master's degree in clinical psychology. Initially, the raters had training in unitizing procedures, dividing speech into segments following guidelines described by Hill and O'Brien (1999). The raters applied the unitizing procedures to four practice sessions, reaching an agreement above 90%. Then, these raters received training for MIDS coding, which consisted of reading relevant articles and manuals as well as practicing the coding procedures independently, in an EFT case, in which they met the reliability criterion of Cohen's kappa >.75 (see Hill & Lambert, 2004).

***Identification of the problematic experience.*** The raters who identified Alice's problematic experience were those who later rated the APES levels. They began by reading all of the Alice's sessions, identified the main clinical issues, and excerpted all text that concerned them. The raters considered, by consensual judgment, that Alice's central problematic experiences involved two themes—"difficulty in being assertive" and "feeling hurt in relation to her father." The "difficulty in being assertive" theme occurred with more frequency (73.6% of the therapeutic process). This theme referred to her constant fear of disappointing others (family, boyfriend, colleagues) and not asserting her needs and rights. The theme "hurt towards her father" (7% of the therapeutic process) related to unfinished business with her father; she had great difficulty dealing with this issue or expressing hurt. Both themes were formulated as involving the following dominant and problematic voices: the dominant voice (i.e., Alice's usual self) was described as "submissive." This voice involved client's fear of being rejected and abandoned, which led her to inhibit her expression of feelings and needs. It was expressed in a pervasive interpersonal pattern marked by passivity in significant relationships (mother, father, brother, boyfriend, friends) and work. The problematic voice was described as "assertive." It was associated with expectations of rejection whenever she gave voice to her needs and rights, particularly her need to be accepted and her right of decide her own life and of express her hurt in relation to the father's behavior (for more details, see Mendes et al., 2016).

***APES rating.*** First, the two raters independently divided the text that concerned each problematic experience into separate passages. A passage, the coding unit for the APES, was the stretch of client

speech delimited by a change in the theme or by markers of changes in APES levels, as described in the rating manual (Honos-Webb et al., 2003). The APES raters identified 554 such passages in Alice's 16 sessions. Finally, the raters rated the passages independently according to the APES. The experienced assimilation researcher supervised the APES rating procedures. Disagreements were resolved by consensus between raters (see Hill et al., 2005). Interrater reliability of the independent ratings was ICC (2, 2) = .97l.

***Analysis of immersion and distancing.*** The passages representing Alice's central problematic experiences previously identified by the two APES raters were highlighted in the transcripts (with different colors), and the highlighted transcripts (but not the APES ratings) of Alice's 16 sessions were provided to MIDS raters. The first step of the analysis of immersion and distancing was dividing these passages into small units (essentially sentences) following guidelines proposed by Hill and O'Brien (1999). This unitizing was done independently by the two raters, who obtained an agreement level of 94% on a total of 9072 MIDS units. Raters discussed all unitizing discrepancies and resolved them by consensus (see Hill et al., 2005). Next, the coders independently coded each unit according to the MIDS (Table II), recording the presence or absence of the three types of speech: *immersion, distancing,* and *others.* Interrater reliability was strong (Cohen's kappa was .88; Hill & Lambert, 2004). The disagreements were resolved by discussion between raters (see Hill et al., 2005).

**Qualitative and quantitative analysis of the data.** To test the linear hypothesis that immersion would decrease and distancing would increase across successful therapy, we analyzed the trends of the APES and the MIDS across sessions and the relation of the APES ratings to the MIDS codes across sessions. For each session, prevalence of immersed and distanced speech was calculated as the frequency of units coded in each type of speech divided by the total of number of MIDS units in that session, and this was compared with the mean APES ratings of assimilation in that session. Simulation Modeling Analysis (SMA) was used to compare these variables. SMA uses a bootstrap sampling method to minimize the statistical problems generated in case-based time series studies, including autocorrelation and low numbers of observations (see Borckardt et al., 2008 for technical details).

To assess the assimilation model's suggestion that immersion should be predominant at APES stage 2,

whereas distancing should be increasingly prominent at higher APES stages, we examined the relative frequencies of immersion and distancing in passages at each assimilation level independently of the session in which this occurred. APES passages often included several MIDS units (essentially sentences), so there were many fewer APES ratings (554) than MIDS codes (9072) in the theme-relevant passages. We compared the MIDS code of each unit with the APES rating of the passage that contained that unit. Thus, for each APES level, the immersion and distancing proportions were calculated as the number of units given each MIDS code (immersion, distancing, or others) in passages rated at that APES level divided by the total of number of MIDS units in passages rated that APES level. That is, the unit of analysis for the comparison was based on the number of MIDS units.

Additionally, we examined the extent to which immersion and distancing occurred in the same passages. Our interpretations in this study are illustrated by selected passages. This procedure was inspired by Morrow (2005) who argued that "Just as numbers contribute to the persuasive 'power' of a quantitative investigation, the actual words of participants are essential to persuade the reader that the interpretations of the researcher are in fact grounded in the lived experiences of the participants" (p. 256). Such examples are considered as fundamental in theory-building case studies (Stiles, 2005), to provide readers with psychological proximity with phenomena being studied, conveying their characteristics and appreciation of the client's experience.

## Results

### Immersion and Distancing Across Successful Therapy

Figure 1 shows the relative frequency of immersion and distancing and the mean APES rating achieved in each session. The mean APES level was between 2 and 3 in session 1, and it reached a mean level of nearly 5 in the last session, showing that the problematic experience progressed from unresolved to resolved. The Spearman correlation of the mean APES rating with session number was, $r_s(16) = .75$, $p < .001$. Immersion was higher than distancing except in sessions 14 and 16, in which distancing was higher. Immersion tended to decrease across sessions, $r_s(16) = .76$, $p = .003$, and distancing tended to increase, $r_s(16) = .64$, $p = .003$. There was a negative relationship between assimilation and immersion, $r_s(16) = -.69$, $p = .002$, and a positive relationship between assimilation and distancing, $r_s(16) = .79$, $p < .001$.
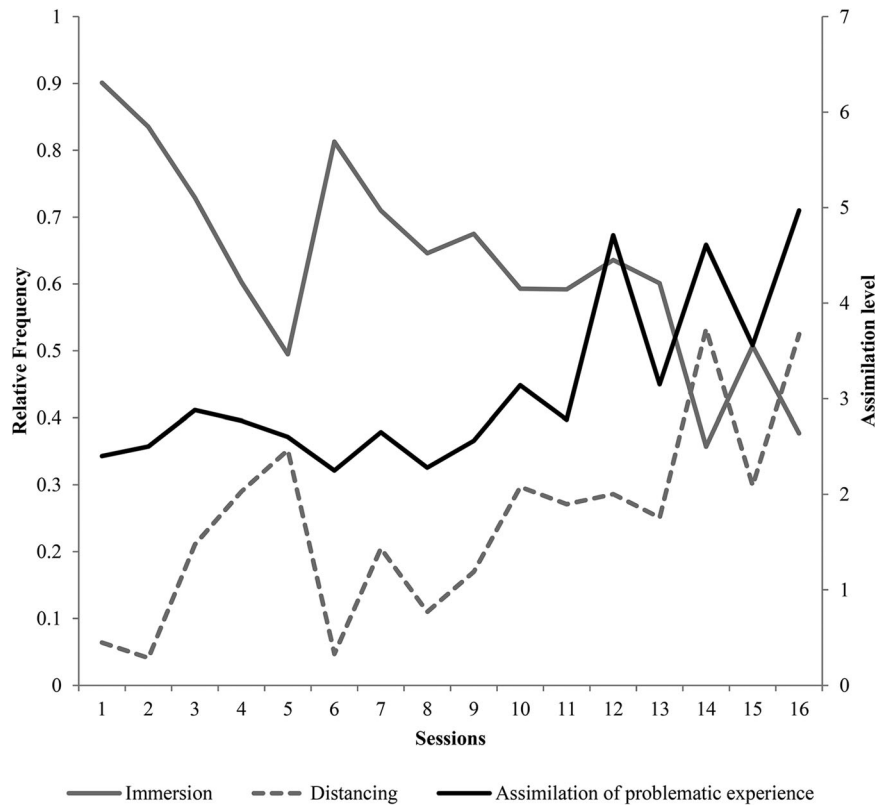
Figure 1. Immersion, distancing, and assimilation across therapeutic sessions.

## Immersion and Distancing at Different Assimilation Levels

Figure 2 shows the frequency of immersion and distancing in passages rated at each assimilation level independently of when the passage occurred. As suggested by the assimilation model, immersion was greatest (and distancing least) in passages rated at APES level 2 (vague awareness/emergence), where the problem was emerging and being confronted. Distancing exceeded immersion in passages rated at APES levels 4 (understanding/insight) and 6 (resourcefulness/problem solution). Note that in passages rated at APES 1 (unwanted thoughts/avoidance), although immersion was predominant, distancing was greater than in passages rated at APES 2, consistent with some degree of avoidance. Note also that in passages rated at APES 5, immersion exceeded distancing; we address this unexpected observation in the Discussion section. APES levels 0 and 7 did not occur in Alice's transcripts.

To convey the psychological meaning of these relations, we next illustrate how immersion and distancing appeared at each APES level. In the following excerpts, which were translated from Portuguese by the first author, text coded as immersion is shown in italics and text coded as distancing is underlined.

**Level 1—unwanted thoughts/active avoidance.** In the following examples, Alice avoided working on her unfinished business with her father. In the immersed perspective at this APES level, Alice focused on her avoidance of thinking about this issue, which seemed to stem from a fear of losing her ability to function in daily life:

Therapist:  Do you think that it is an experience that you would like to reflect on and work on here?
Alice:  *I don't know … I don't know …* [Immersion]
Therapist:  What is the meaning of "I don't know"? I'm curious (laughs).
Alice:  (laughs) *I don't know if I feel ready to talk about it.* [Immersion]
Therapist:  […] it is like: "I have the feeling that the things are quiet right now and I am afraid of what will happen if I touch this box." It is what happens inside you, right?
Alice:  *Yes, yes is exactly that.* [Immersion]
Therapist:  What are you afraid of?
Alice:  *I don't know how to deal with the whole situation, how to deal with my father … I don't feel good about this because when we're together, I'm more nervous, more anxious, more anguished …* [Immersion] (Session 6)
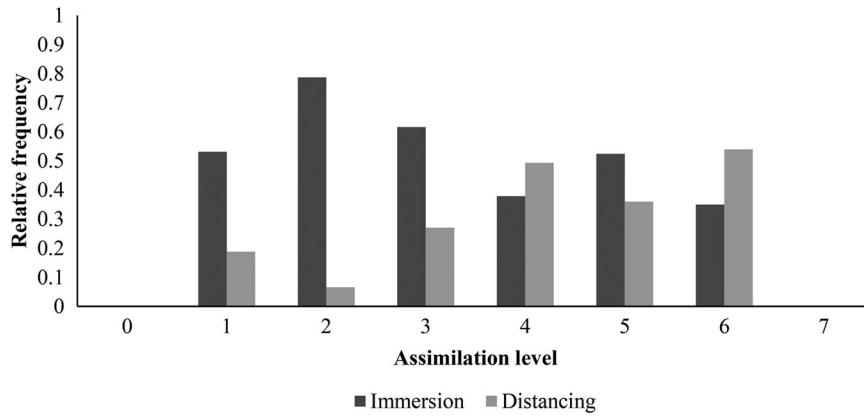
Figure 2. Immersion and distancing within each assimilation level.

In the distanced perspective at APES level 1, Alice actually avoided the problematic experience, reflecting only on peripheral content of the experience with distancing language:

Therapist: […] please explain to me a little better this problem, this difficulty. For me it seems that part of you agrees that to talk about this issue is the right thing to do, but another part of you does not accept that.

Alice: I'm aware that maybe to talk about it would be important for dealing with the relationship with my father, because it is a complicated relationship. Although I know this, and maybe he is also aware of it, we don't want to face the situation. [Distancing] (Session 6)

**Level 2—vague awareness/emergence.** The following examples also refer to the unfinished business with her father. In immersion at APES 2, Alice described uncomfortable thoughts and events, activating painful emotions associated with her experiences in a repeated and passive way. This example involved use of the empty chair technique:

Therapist: Do you remember the first time you controlled this anger?

Alice: *It was when I discovered that my father had someone else, because I wanted to tell him that I knew that, but I didn't.* [Immersion]

Therapist: Tell him here [in the empty chair] "father I knew, I knew, I discovered."

Alice: *Father I knew, I discovered and I could do nothing, I could not tell anyone.* [Immersion]

Therapist: And "I felt"—what? Anger?

Alice: *Yes, anger.* [Immersion]

Therapist: More than that, right?

Alice: *I think I felt disgusted.* [Immersion]

Therapist: Ok. Tell him that.

Alice: *I felt disgust and anger.* [Immersion]

Therapist: "How is it possible"?

Alice: *Yes, how is it possible?* [Immersion] (Session 15)

In distancing, which was very rare at APES 2 (Figure 2), Alice observed the impact of the experience on her daily life. She reflected on her experience in a metaphoric way, exploring the problem (negative consequences) without concretizing it:

Alice: It's like those movies in which the father is our hero and then stops to be—it was what eventually happened. [Distancing]

Therapist: So tell him that.

Alice: Because everything that I thought, everything he made me feel like "father is a good person and is there for me" … [Distancing]

Therapist: was lost.

Alice: …was lost, stopped, no longer exists. He remains always there but something was lost. [Distancing]

Therapist: Tell him what was lost, what he left, what he did.Alice [still speaking to the therapist, not the empty chair]: Confidence, concept of family and respect. [Distancing] (Session 15)

**Level 3—problem statement/clarification.** At this level, immersion and distancing occurred in a coordinated way, clarifying the problem. In the immersed perspective, Alice focused on illustrative episodes of the problem (what happened, what I thought, what I felt). In the distanced perspective, Alice observed and expressed the intentions, thoughts or feelings of herself and others that caused her suffering:

Alice: *On Sunday I went out with John and I arrived home at eleven o'clock. My parents were upset because I had not warned I would not dine at*

*home* […] *but I know that on Sunday my family does not dine* […] *This situation made me criticize myself and think "you are bad, you are being selfish, you only think about yourself, in your own well-being."* [Immersion]

Therapist: What do selfish and bad people deserve?
Alice: They deserve—maybe I'm on the other side [distancing] (points to the other chair).
Therapist: Sit here.
Alice: (change chair)
Therapist: What did you do?
Alice: … I did nothing wrong […] in the same way that I should have called, they also could have called […] [distancing]
Therapist: And what about "you are bad, you are selfish"?
Alice: I'm not being selfish. Maybe my problem is not being selfish enough and not thinking a little more about me—what makes me happy … and thinking about what others will say or think, and if they will criticize my actions or not. [Distancing] (Session 10)

**Level 4—understanding/insight.** At this level, the change from immersion to distancing and distancing to immersion was more frequent. In immersion, Alice was not so focused on negative experiences that caused suffering. She described her own private experiences and experiences with other people that illustrated her problem. In distancing, Alice produced insights, establishing possible connections between the different experiences:

Alice: *I was watching an episode of Desperate Housewives* […] *and one of the women had never felt pleasure during sexual intercourse. This episode showed the phase of her life in which it was established that, for women, sex was an obligation* […] *so she did not enjoy it, she had no pleasure,* [immersion] and I looked at this and I thought that since my childhood I heard that the woman has to date, marry and have children … so, I associate the story of that episode to my life. [Distancing]
Therapist: So, you are talking about that critic voice
Alice: Yes, yes. It's closely linked to the education I had: "It is not expected to be this way. What is expected is you to date, then marry and then have children." [Distancing]
Therapist: Exactly.
Alice: and maybe what is expected for my life is too established in me, [distancing] *For example, I have male cousins from Lisbon and none of them is married* […] *but they always came on vacation and slept in my family's house with their girlfriends, which sometimes were different year after year. My parents never had any trouble about it* [immersion] […] I think this is the issue that

sometimes really makes me stop, and feel sadder, more vulnerable. [Distancing] (Session 14)

**Level 5—application/working through.** In the immersed perspective at APES 5, Alice focused on events that illustrated a partial resolution of the problem. She described new actions, thoughts, and feelings that occurred in daily life. In the distanced perspective, Alice assessed the events, exploring the novelties and their impact in her life. In the following excerpt Alice talks about her decision of going on vacation with her boyfriend for the first time, and how it did not prevent her to job search:

Alice: […] *I said "I decided I'm going on vacation," I was very tired and after vacation I felt better, with energy* […] *and I also took all documents that are need to apply for a job* […] [immersion]
Therapist: Everything programmed.
Alice: *Yes everything programmed because if my curriculum became necessary, I would send it by e-mail or my parents would send it, so I thought, "I did everything I could. If I really don't get the job, it was not for lack of effort."* [Immersion]
Therapist: Mm-hm and so I can have peaceful vacation.
Alice: Because if I was not on vacation, I would continue to suffer and it just would make me worse […] [distancing]
Therapist: Mm-hm. How do you feel now after all this?
Alice: […] I feel the ideas are clearer, everything is much clearer. [Distancing] (Session 12)

**Level 6—resourcefulness/problem solution.** In immersion at APES 6, Alice described episodes and emotions associated with the problem resolution. In distancing speech, Alice reflected on how she was previously and how she is now, assuming a metacognitive stance. She offered an overview of how the changes occurred. Sometimes she started with a description of the change in her daily life, comparing the present with past behaviors or experiences. In this example, Alice started in immersed perspective, describing how her behavior was now different. Then, in distanced perspective, she compared her past and present experiences, describing the differences in daily life:

Therapist: What did people say? Who said it?
Alice: *My friends Mary and Susy. They say that I have a more positive attitude, more confident and that I don't have such difficulty in making decisions.* [Immersion]

Therapist:    How does it feel to hear this from people who are close to you and know you well?

Alice:    *It's good, it's good. It's always nice to know that people have noticed differences, that I'm more positive, that I'm ok with myself* [immersion] […] now I start to think differently, I think "they will accept if I do not go", but previously I did not think this was the right way, "I have to go because if not, they will get upset with me" and I was afraid of the reactions of others, and now this doesn't happen. This is a way in which I have improved […] [distancing]

Therapist:    What happened with the fragile Alice, and with her fear?

Alice:    The fear continues but it is a more positive fear; it's a part of us, it's a different fear. I do not feel the insecurity. I was an extremely insecure person in many aspects, and now I feel that I'm different, I'm a more secure person, more confident. [Distancing] (Session 14).

## Discussion

Our observation that Alice's APES levels tended to increase across treatment supported the assimilation model's expectations for a good-outcome case. Likewise, the observation that her psychological improvement was generally associated with a decrease in her relative frequency of immersion and increase in her relative frequency of distancing converges with the experimental studies that argued for the association of distancing with adaptive self-reflection on problematic experiences (Ayduk & Kross, 2010a, 2010b; Gruber et al., 2009; Kross & Ayduk, 2008, 2009; Kross et al., 2005; Verduyn et al., 2012) and for the association of immersion with negative psychopathologic states, such as depression (e.g., Ayduk & Kross, 2010a; Barbosa, Amendoeira, Bento, et al., 2016; Barbosa et al., 2013; Barbosa, Silva, Pinto-Gouveia, et al., 2016; Kross & Ayduk, 2009; Kross et al., 2005, 2012).

These findings could be seen as consistent with the suggestion that distancing is adaptive and immersion is harmful. However, the associations we observed do not demonstrate a causal direction, and some features of our results weigh against viewing immersion and distancing as causal. For one thing, immersion remained high throughout most of treatment, with the exception of the two final sessions. This result suggests that high immersion does not prevent improvement (cf., Barbosa, Amendoeira, Bento, et al., 2016; Barbosa et al., 2013; Barbosa, Silva, Pinto-Gouveia, et al., 2016). On the contrary, finding that substantial frequencies of immersion co-occurred with distancing at all assimilation levels

suggest that immersion was also important in the therapeutic process. Indeed, immersion was more common than distancing at APES level 5, a stage of application and generalization of new understandings in daily life (Caro Gabalda & Stiles, 2009; Stiles et al., 1991). Thus, high immersion may not inevitably represent destructive rumination or negative processes as some authors have suggested (Ayduk & Kross, 2010a; Kross & Ayduk, 2009; Kross et al., 2005, 2012).

Finding that immersion was highest at APES level 2, as Alice was becoming aware of the problem, than at level 1, when she was avoiding it, is consistent with the assimilation model suggestion that more immersion is associated with an adaptive (albeit painful) emergence of the problem, overcoming the avoidance (Varvin & Stiles, 1999). The EFT approach encourages immersion when emotions are being avoided, in order to activate and process them (Elliott et al., 2004). Finding that distancing predominated over immersion at APES level 4 (understanding/insight) and level 6 (resourcefulness/problem solution) suggests that distancing is associated with success in building meaning bridges and solving the problem. This converges with the suggestion that distancing is linked with reconstructing experience (Ayduk & Kross, 2010b; Kross & Ayduk, 2008, 2009; Kross et al., 2005) and closure on problems (e.g., Kross et al., 2012).

Immersion and distancing may each play a role within each assimilation level. For example, in our illustration of APES level 1, Alice seemed to avoid confronting her unfinished business with her father. This involved immersion in her fear of losing functionality and also taking a distancing perspective on the central contents of the problematic experience. In this way, she avoided the painful emotions related with the problematic experience. Such avoidance may be considered as a form of emotional regulation (see Kennedy-Moore & Watson, 2001). However, it hinders access to aspects of the experience that are essential for problem resolution (e.g., Kashdan, Barrios, Forsyth, & Steger, 2006), suggesting that immersion and distancing used in this way are unproductive.

Finding the greatest relative frequency of immersion at APES levels 2 and 3, is consistent with the assimilation model's suggestion that an immersed perspective at these stages of the change process can reflect productive awareness (level 2) and clarification of the problem (level 3). Theoretically, in both the assimilation model and EFT, immersion is important for accessing the thoughts and powerful emotions (e.g., anger) associated with the problem. Immersion in episodes that illustrated the problematic experience (e.g., the episode in which Alice

returned home late) served to focus on what happened and what Alice felt and thought. Immersion at an early or cathartic phase of therapy may reflect a need to confront and reveal painful feelings, which is consistent with the fever model's (Stiles, 1995) account of the benefits of self-disclosure. Later in the process, at APES level 4, the increase of distancing and decrease of immersion reflects work on assigning meaning to the experience. At this level Alice had insights moments, finding relations between different experiences (e.g., she found links between her education and her relationship with her boyfriend). Clients finding such links converge with the experimental suggestion that distancing is associated with the meaning making out of experience (Kross & Ayduk, 2011).

As shown in the passages illustrating APES levels 3 and 4, immersion and distancing seemed to occur in a more coordinated way in the middle stages, with frequent changes back and forth between them, yielding more adaptive and flexible views of the self and reality. This interaction between perspectives may have been facilitated by the reduced emotional threat of the problem at these levels, as compared to lower APES levels (Caro Gabalda & Stiles, 2009; Stiles et al., 2004). That is, at APES level 1 Alice was overwhelmed by the problematic experience, and she avoided contact with the painful content. Then, as she achieved more emotional regulation, she was progressively able to reflect by alternating immersed and distanced perspective on central aspects of the problem in an integrative way (level 4).

The observation that Alice showed more immersion than distancing at APES level 5 (application/working through) was unexpected from both an assimilation model and an immersion/distancing perspective (Figure 2). Taking in consideration that affect tends to be positive at level 5 (Caro Gabalda & Stiles, 2009), one possibility is that at this level, the immersion was in positive experiences, perhaps helping to sustain positive emotional states (Verduyn et al., 2012). Alternatively, the relatively higher frequency of immersion codes may be an artifact of the therapeutic situation. Because application of new understanding to daily life must be reported rather than achieved within the therapeutic hour, APES 5 ratings are given mainly for reports of events experienced outside therapy. Such narratives of life events tend to get immersed codes.

Our analysis has focused on client processes, but of course the therapist plays a role in the changes. EFT principles for treating depression indicate that in the early stages of treatment, therapists should attend to and validate clients' expressed feelings and current sense of self, establishing a collaborative focus on the presenting internal states (Greenberg & Watson,

2006). This therapist position is directly complementary with the client's immersed perspective. As client and therapist enact these reciprocal roles, clients become aware of their phenomenal experience and create a narrative that helps them to clarify their problem (Greenberg & Watson, 2006), which is congruent with therapeutic work at low assimilation levels (APES 2–3). At later stages of the treatment, EFT principles suggest that therapist promotes reflection on experience to create new meanings using therapeutic tasks like two chair work (Greenberg & Watson, 2006). These interventions are complementary with a distancing perspective, since they imply a differentiation of the self, allowing clients to observe the several parts of themselves and reflect about alternative ways to construe experience. As this happens, clients become able to make links among different contents of their experience and see alternative perspectives and solutions (Greenberg & Watson, 2006). This is consistent with therapeutic work at higher assimilation levels (APES 4–6). This progression could be seen in the interventions by Alice's therapist, as described previously. Probably these evolving reciprocal roles in successful therapy are best understood as reflecting mutual influence, in which therapist both respond to and promote client immersion in poorly assimilated material and then, as the material is assimilated, both respond to and promote a more distancing perspective.

Depressed clients like Alice may tend to present in an immersed state, but clients with other disorders may have different requirements. For example, some studies of social phobia (Coles, Turk, Heimberg, & Fresco, 2001) and post-traumatic stress disorder (e.g., Berntsen, Willert, & Rubin, 2003), argue that client visualize anxiety memories from a persistent observer perspective, which may have an avoidance function, blocking adaptive confrontation of their experience. Perhaps in these situations distancing is associated with low assimilation of crucial experiences at the beginning of the therapy (APES 1, avoidance), requiring therapeutic work to achieve immersion (APES 2).

### Implications, Limitations, and Future Research

This study can be considered as theory-building (Stiles, 2009) since its results directly addressed assimilation theory, and tentatively elaborated some aspects. The findings demonstrated a systematically changing pattern of immersion and distancing associated with rising APES levels in this good-outcome case of EFT for depression. Showing that immersion was predominant in a good-outcome case is consistent with assimilation model expectations, though it challenges some

immersion/distancing expectations. The observation that immersion and distancing seemed to alternate in systematic ways in the middle APES stages suggests a refinement in assimilation theory. Our observations also suggest a refinement of the immersion/distancing theory distinction between immersion in negative versus positive emotion, specifically distinguishing between immersion in problems (as in early APES stages) and immersion in narratives of solving problems (as at APES level 5).

Clinically, these observations could give therapists additional tools to identify the assimilation level of clients, giving information about what to expect and how to proceed. For example, deep immersion in problematic experiences may signal confrontation of problematic experiences at APES 2. Coordinated alternation between immersion and distancing (experiencing and observing) may signal coming to terms with the problem at APES 4. Research on cases presenting with other disorders and treated with other approaches is needed to assess and refine these suggestions.

As in any theory-building case study, the burden of generalization is borne by the theory; the observations are not meant to be generalized independently (Stiles, 2009). Any particular results could be specific to this particular case; however, a good theory must account for such distinctive details and may grow by accommodating them. Our results lend a small increment of confidence to the assimilation model's account of the interplay of immersion, distancing, cognition, and emotion (Stiles, 2011), but further clinical cases will be important to support our interpretations.

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