

the course of treatment. They also get to know the client over time what is occurring in the client. For-

ified to guide clinicians in the de- berg & Watson, 2005).

s narrative about the problem s attachment and identity histories concerns s style of processing emotions. nful aspects of the client's experi-

arise suggest tasks appropriate to and interpersonal processes ment processing to guide interven-

ation involve the identification of related narrative, and gathering identity histories as it pertains to view of their presenting prob-

nd explores how clients fit prob- point, therapists are also gather- instances in order to assess clients' support. Throughout all of this, clients' relationships and attach-

ows and guides the client in a

focused exploration of internal experience. In-session, process-diagnostic formulations are made in response to the current material presented by the client. In some sessions, this involves continued exploration of momentary cognitive-affective processing, encouraging awareness of internal experi- ening, while in other sessions, a marker might emerge that will lead to a formulation that it would be most productive to introduce a specific task. There is generally no definite plan that particular contents should be fo- cused on in future sessions. In each session, the therapist waits to see what emerges for the client. As the self is seen to be reforming freshly in each moment, it is assumed that clients reorganize themselves differently each session, having reintegrated new information that may have emerged in the previous session and throughout the week. Any formulation is held very tentatively and is constantly checked with the client for relevance and fit, with clients' moment-to-moment processing in the session remaining the ul- timate guide. As all clients have a tendency, in a facilitative environment, to work toward mastery, it is assumed that by closely attending to clients' cur- rent phenomenology, their efforts at resolving their problems and their blocks or interruptions to this will emerge. The different ways in which therapists attend to emotional processing initially and throughout therapy are outlined below.

As therapists build the relationship, they begin, from the first session, to formulate the person's type of global processing style. They note whether the client is emotionally overregulated or underregulated and engaged in conceptual or experiential processing and note the depth of the client's ex- perencing, the client's vocal quality, and the degree of emotional arousal. The therapist assesses whether clients have the capacity to assume a self-focus and are able to turn attention inward to their experience. For this, thera- pist attend not only to clients' content but also to the manner and style in which they present their experiences. Attention is paid to *how* clients are presenting their experiences in addition to *what* they are saying. To aid therapists in reading such paralinguistic cues, they are trained to evaluate vocal quality (Rice & Kerr, 1986), the current depth of experiencing (Klein, Mathieu, Gendlin, & Kiesler, 1969), and the concreteness, specificity, and vividness of language use and different types of emotional processing. Four vocal styles relevant to experiential processing have been defined: focused, emotional, limited, and external (Rice & Kerr, 1986). For exam- ple, a therapist will notice when a client's voice becomes more focused. This is an indication that the client's attentional energy is turned inward and the person is attempting to freshly symbolize experience. Alternatively, a highly external voice that has a premonitored quality involving a great deal of attentional energy being deployed outward may indicate a more rehearsed conceptual style of processing and a lack of spontaneity. While this may ini- tially give an impression of expressiveness, the rhythmic intonation pattern conveys a "talking at" quality. It is unlikely that content being expressed in