Week 3 – Read Schut

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Although Freud expressed his wish for a scientifically informed psychoanalytic psychotherapy over 100 years ago (see[Westen, 1998](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c82)), a survey of modern-day practitioners indicates that the bevy of empirical findings generated from academic psychology (e.g., psychotherapy research) has little, if any, impact on actual, day-to-day clinical practice ([Beutler, Williams, Wakefield, &Entwistle, 1995](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl" \l "c9)). Indeed, many analytically oriented psychologists would probably agree that the research activities expected of them during their graduate training are either irrelevant to or far removed from the conduct of analytic work. Although this state of affairs is probably multiply determined, we believe that the schism analysts face between the “ivory tower” of academic psychology and the “real world” of psychoanalytic practice is a product of at least two tacit assumptions about the analytic encounter that have been perpetuated within the scientific and practicing communities. First, there has been a longstanding belief that the analytic process is, and should remain, exempt from the scientific endeavors of academic psychology because of its inherent complexity and/or because it involves the assessment and treatment of private, hard-to-operationalize structures, processes, and contents of the mind. Second is the assumption that researching the analytic encounter in some way contaminates or disrupts the treatment process, thereby invalidating the very phenomenon to be studied.

These two assumptions have contributed to the virtual detachment of psychoanalytic psychotherapy from the empirical movement that has dominated the rest of academic clinical psychology ([Strupp, 1976](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl" \l "c79)). In our view, this disconnection of analytic practice from scientific inquiry is problematic for at least two reasons. First, with the infiltration of managed-care organizations in psychotherapy practice and the press for implementing empirically supported treatments (usually brief, symptom-oriented treatment methods) (e.g., [Chambless&Hollon, 1998](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c21)), the failure of the analytic community to provide scientific support for its concepts or treatment methods threatens to render psychoanalytic psychotherapy a nonreimbursable form of therapy and push it toward the realm of an outdated pseudoclinical science. Second, the weak impact of scientific findings on the application of psychoanalytic psychotherapy is antithetical to the mission of clinical training and education set forth by the American Psychological Association (APA) after it adopted the Boulder Model in 1949 ([APA, 1950](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c1)). Trainees are, at the least, expected to read relevant scientific literature and utilize research methodology to bolster the efficacy of their analytic treatment or to provide empirical support for their theoretical conceptualizations regarding psychopathology or psychotherapy.

Fortunately, however, over the last two-and-a-half decades, a contingent of psychoanalytic psychotherapy researchers has begun to generate a substantial body of empirical research on the analytic encounter, breathing new life into the psychoanalytic approach and reaffirming its position as a worthy clinical and scientific enterprise. Recent publications have already presented clear evidence for the beneficial impact of psychodynamically oriented therapy ([Anderson & Lambert, 1995](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c2); [Crits-Christoph, 1992](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c23); [Luborsky et al., 1993](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c55)). In this article, we first specifically highlight empirical studies that explicate the process and mechanisms of change in psychoanalytic psychotherapy and show how such programmatic research demonstrates empirical support for some of the basic tenets of psychoanalytic theory and practice. Next, we summarize recent process research findings on analytic treatment that present a challenge to traditionally held theoretical notions or assumptions regarding therapeutic technique and clinical improvement, which, in turn, may suggest the need for conceptual and/or clinical refinements. Finally, we show how the study of process in psychoanalytic and nonanalytic psychotherapies has generated strong evidence to suggest that analytic researchers can inform theoreticians and researchers of other orientations about the basic mechanisms of change operating in their approaches. The implications of these reviewed empirical findings in terms of the present state and future of clinical training and education are offered in the closing section.

[A Sample of Research Findings on Some Basic Tenets of Psychoanalytic Theory and Practice](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#toc)

Within the last 25 years, several groups initiated sophisticated programs of research investigating the fundamental assumptions about the psychoanalytic process as originally posited by Freud or other important authors of this tradition (e.g., Sullivan). Perhaps one of the more prolific groups associated with this line of clinical research was started by Lester Luborsky at the University of Pennsylvania. [Luborsky and his colleagues (1985)](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c50) have committed to a series of investigations of what they aptly called “Freud's grandest clinical hypothesis”: the phenomenon of transference. Using clients' narratives of their interpersonal relationships or “relationship episodes” as the source of data, Luborsky and colleagues developed a system to objectively describe clients' central relationship patterns. Their method, entitled the “core conflictual relationship theme” (CCRT), was intended to operationalize and extract the template or general relationship pattern that[Freud (1912/1958)](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c29) suggested clients brought to session. These templates or relationship patterns, Freud argued, are eventually experienced in the moment with the therapist and are expressed by the client via the transference.

As described by[Luborsky and Crits-Christoph (1990)](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c54), the CCRT has three components: the clients' wishes, intentions, or needs; the (expected) responses of others, and the responses of self. Research shows that each of the CCRT components—the presumed elements of Freud's hypothesized transference template—as well as the relationship episodes themselves can be reliably identified in psychotherapy transcripts ([Crits-Christoph, Luborsky, Popp, Mellon, & Mark, 1990](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl" \l "c26)). This line of research also generated empirical evidence corresponding with many of Freud's basic assumptions about transference phenomena as outlined in his clinical “technique” papers (e.g., [Freud, 1912/1958](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c29); [1914/1958](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c30)). Using the CCRT method, [Luborsky (1990)](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c51) and his colleagues showed that (a) clients' main relational patterns are found within relationship episodes about the therapist, that is, their pattern comes to “involve” the therapist; (b) the relational pattern originates in early parental relationships and exhibits consistency over time; (c) clients' wishes conflict with responses of self and others; and (d) the use of interpretations, particularly those that focus on the client's pattern as reflected in the CCRT, change the expression of the pattern and are associated with client improvement.

The CCRT method is just one of the many systems currently used to assess transference phenomena. More generally, such systems are used to develop psychodynamic case formulations that later serve to guide actual therapeutic interventions. Although describing each system is beyond the scope of this article, the reader is directed to recent volumes and journal articles devoted to comparing the psychometric properties and clinical usage of some of the more popular systems (e.g., [Horowitz, 1991](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c41); [Luborsky, Popp, & Barber, 1994](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c56)).

Alongside these developments in transference/case-formulation measures are equally exciting innovations in other domains of analytic theory and practice. They include the movement toward operationalizing and empirically demonstrating (a) the clinical ramifications of the quality and depth of patients' object representations (e.g., [Blatt, Stayner, Auerbach, &Behrends, 1996](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c11)), (b) the patient's representation and internalization of the therapist (e.g., [Harrist, Quintana, Strupp, & Henry, 1994](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c33); [Orlinsky& Geller, 1993](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c65)), (c) the relationship between perceived childhood experiences with primary caregivers and actions directed towards the self in adulthood (e.g., [Benjamin, 1996](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c7)), (d) the development of the therapeutic alliance and its link with treatment outcome (e.g., [Gaston, 1990](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c31); [Horvath & Symonds, 1991](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c43); [Westerman, 1998](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c83)), (e) mechanisms of defense (e.g., [Perry, 1993](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c67)), (f) countertransference phenomena (e.g., [Hayes, Riker, & Ingram, 1997](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c35); [Normandin& Bouchard, 1993](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c63)), (g) primary and secondary process mentation (e.g., [Bucci& Miller, 1993](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c15)), (h) the structure and functions of emotions (e.g., [Dahl, 1991](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c27)), and (i) the systematic codification of psychoanalytic technique (e.g., [Barber &Crits-Christoph, 1996](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c5); [Jones &Pulos, 1993](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c46); [Piper, Debbane, de Carufel, &Bienvenu, 1987](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c70)).

While many more lines of research on psychoanalytic theory and practice continue to emerge (see reviews by[Beutler&Crago, 1991](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c8); [Bornstein &Masling, 1998](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c14); [Fisher & Greenberg, 1996](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c28); [Henry, Strupp, Schacht, & Gaston, 1994](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c39); [Luborsky, Barber, &Beutler, 1993](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c52); [Luborsky, Barber, &Crits-Christoph, 1990](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c53); [Miller, Luborsky, Barber, & Docherty, 1993](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c57); [Wallerstein & DeWitt, 1997](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c80); [Weiss & Sampson, 1986](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c81); [Westen, 1998](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c82)), the take-home message for the reader is that the psychoanalytic encounter can, indeed, be subjected to rigorous scientific methods and survive! Strong evidence now suggests that once-considered vague analytic constructs and techniques can be operationalized, reliably and validly assessed, and meaningfully linked with client improvement.

[Recent Challenges to Old Assumptions About the Link Between Technique and the Process of Change](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#toc)

Alongside these advancements within the psychoanalytic psychotherapy research field are intriguing data that raise serious questions about traditional views of the relationship between psychoanalytic technique and the process of change. For example, [Strachey (1934)](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c78) and others have argued extensively in the clinical literature that the “mutative” factor or the vehicle of cure in psychoanalytic psychotherapy is the interpretation of the transference. Until recently, this clinical hypothesis went unchallenged by convincing empirical evidence and perhaps inadvertently led some analysts to take this clinical postulate to an extreme position, for example, the idea that frequent use of transference interpretations intrinsically leads to greater client improvement than moderate or infrequent use of such interventions (see[Piper, Azim, Joyce, & McCallum, 1991](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c68)).

However, several recent, well-controlled empirical studies conducted at independent sites indicate that such an extreme position is far from accurate (see[Henry et al., 1994](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c39); [Piper, Joyce, McCallum, & Azim, 1993](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c71), for reviews). In general, excessive use of transference interpretations has been found to be either ineffective or actually detrimental to the therapeutic alliance and to outcome (e.g., [Høglend, 1993](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c40); [Piper et al., 1991](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c68); [Piper, Debbane, Bienvenu, de Carufel, &Garant, 1986](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c69)). This does not mean, however, that transference interpretations are not helpful or that they should not be used in treatment. For example, research shows that the accuracy or suitability of the therapist's interpretations, including transference interpretations, is predictive of clients' insession progress or productivity (e.g., [Silberschatz, Fretter, & Curtis, 1986](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c77)), the development of the therapeutic alliance ([Crits-Christoph, Barber, &Kurcias, 1993](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl" \l "c24)), and outcome ([Crits-Christoph, Cooper, &Luborsky, 1988](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl" \l "c25)). More finer-grained analyses indicate that the clients' quality of object relations (i.e., primitive vs. mature) may also moderate the relationships among transference interpretations, alliance, and treatment outcome. For example, research by[Piper et al. (1993)](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c71) has showed that a low frequency of highly accurate transference interpretations appears to facilitate positive outcomes in individuals with mature object relations. For those with less mature object relations, [Piper et al. (1993)](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c71) found that highly accurate transference interpretations were associated with poorer therapeutic alliance and outcome. More recently, [Connolly et al. (1999)](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c22)and[Ogrodniczuk, Piper, Joyce, and McCallum (1999)](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c64) found that higher levels of transference interpretations were associated with poorer outcomes for those clients described as having low quality of object relations. Consequently, [Connolly et al. (1999)](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c22)and[Piper, Joyce, McCallum, and Azim (1998)](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c72) suggested that more supportive, as opposed to interpretive, therapeutic work might be beneficial for individuals presenting with primitive modes of relating. This is in line with other investigations demonstrating that less disturbed patients benefited more from expressive (or interpretive) interventions, whereas more disturbed patients improved with supportive types of therapeutic techniques ([Horowitz, Marmar, Weiss, DeWitt, & Rosenbaum, 1984](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c42); [Jones, Cumming, & Horowitz, 1988](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c45)).

As cogently argued by[Binder and Strupp (1997)](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c10), however, the majority of research investigating proposed links between therapeutic techniques and outcome have typically failed to consider the interpersonal tone and context from within which such interventions are provided. Thus, the frequent failure to find strong positive links between technique and outcome ([Lambert, 1992](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c49)) may be more a function of how and under what interpersonal context the therapist provides his or her interventions (i.e., an issue of process) rather than a function of the actual type of interventions he or she uses (i.e., an issue of content).

The distinction between process and content is not necessarily new to analysts regarding their clinical work, but it does potentially shed additional light on older notions from classical theory that suggest simply providing particular types of interventions (e.g., confrontations, interpretations) be related to client improvement. The importance of the process/content distinction is highlighted from the Vanderbilt I and II Psychotherapy Research Projects. In these studies, it was revealed that therapists, while using similar techniques with similar patients, exhibited markedly different interpersonal behaviors in their “poor” outcome cases as compared to their “good” outcome cases ([Henry, Schacht, &Strupp, 1986](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c36), [1990](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c37)). Specifically, therapists' “good” outcome cases involved significantly more affiliative modes of therapist communication (e.g., they were more affirming and understanding, more helping and protecting, and less belittling and blaming), whereas therapists' “poor” outcome cases involved significantly more negative (i.e., hostile and controlling) types of interpersonal exchanges. For example, there was a greater frequency in the poor outcome cases of negative interpersonal complementarity, where hostility from one member of the therapeutic dyad “pulled for” hostility from the other participant.

Although[Henry et al. (1986](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c36), [1990)](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c37) did not investigate the relationship between specific types of interventions and interpersonal process within the client-therapist dyad, their results suggest that while the content of interventions may not vary across clients, the*process* by which the therapist provides his or her interventions may yield radically different therapeutic outcomes. Interestingly, even specific training designed to help therapists detect and manage negative process within the therapeutic relationship did not guarantee improved outcome, as many therapists showed more frequent hostile or complex communication (e.g., communication that simultaneously supports and blames) while increasing their adherence to techniques (e.g., transference interpretations) following such training ([Henry, Strupp, Butler, Schacht, & Binder, 1993](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c38)).

Clearly, these data cast doubt on old notions that simply implementing techniques undoubtedly leads to client improvement. The negative transference-countertransference matrix created by particular client-therapist interactions may only add “fuel to the fire” unless careful consideration is given to the ways in which one offers his or her interventions. [Binder and Strupp (1997)](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c10), along with many other analysts (e.g., [Aron, 1996](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c4); [Kohut, 1984](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c47); [Schwaber, 1983](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c76)), argued that great care must also be made with respect to the theoretical and philosophical propositions from which one works. More specifically, it has been argued that individuals working from the classical psychoanalytic perspective often use methods that are “experience-distant,” that implicitly blame the client for his or her troubles, and/or that promote the view that the client is distorting reality and that the therapist is the arbiter of truth. Such models may serve to only disengage the client and therapist from one another and promote negative process ([Binder &Strupp, 1997](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c10)).

[An alternative, relational view of the analytic process (e.g.,](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#fn2) [Aron, 1996](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c4); [Mitchell, 1988](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c58); [Safran&Muran, 2000](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c75)) strives for a more “experience-near” perspective in which the therapist and client both examine their contributions to the unfolding of the therapeutic relationship. Through “metacommunicative feedback,” whereby the therapist aims to process his or her observations about the here-and-now interaction with the client, it is argued that negative process can be more easily detected and effectively managed ([Binder &Strupp, 1997](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c10), p. 133).

[Building Bridges: Identification of the Basic Mechanisms of Change and the Movement Toward Psychotherapy Integration](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#toc)

Recent studies devoted to comparing the process of change in psychoanalytic and other forms of psychotherapy have also yielded surprising evidence suggesting that factors once believed to be unique to psychoanalytic psychotherapy may actually play a crucial role in the promotion of change in other therapeutic modalities. For example, in a study comparing the process of change in cognitive-behavioral and brief psychodynamic psychotherapy for depression, [Jones and Pulos (1993)](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c46) found that actions and techniques typically associated with psychodynamic approaches (e.g., therapists' emphasis on deepening clients' feelings; interpretation of clients' warded-off wishes, feelings, or ideas; linking of clients' feelings or perceptions to situations of the past) were associated with client improvement in*both* cognitive-behavioral and psychodynamic treatments. However, none of the techniques and activities typically associated with cognitive-behavioral therapy (e.g., therapists' didactic-like behavior; emphasis of specific activities clients should engage in outside of treatment; discussion of clients' ideas or belief systems) were found to relate to positive change in either treatment. In a similar vein, [Hayes, Castonguay and Goldfried (1996)](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c34), using a theory-neutral coding system to study the process of change in cognitive therapy for depression, discovered that interventions addressing interpersonal and developmental aspects of clients' functioning (e.g., attachment experiences with parents) were found to be positively associated with client improvement, whereas interventions addressing intrapersonal aspects of cognition were not. Finally, studies of the psychodynamic construct of the working or therapeutic alliance (e.g., [Zetzel, 1956](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c85)) have shown that the alliance is strongly predictive of outcome in psychodynamic therapy and also in cognitive, cognitive-behavioral, interpersonal, and pharmacological therapies (e.g., [Castonguay, Goldfried, Wiser, Raue, & Hayes, 1996](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c19); [Krupnick et al., 1996](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c48)).

The results of these process studies provide much needed empirical support for psychoanalytic models of change. However, these data also point to the identification of basic mechanisms of change that may cut across other theoretical orientations. This latter observation is particularly noteworthy given the recent trend in psychotherapy research for identifying “common factors” of treatment (e.g., [Arkowitz, 1992](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c3)) and given the increasingly popular movement toward the practice of eclectic or integrative psychotherapy ([Castonguay&Goldfried, 1994](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl" \l "c17); [Jensen, Bergin, & Greaves, 1990](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c44)). In fact, several theorists from nonanalytic orientations have already begun the process of integrating psychoanalytic clinical wisdom into their practice. Perhaps one of the more well-known integrative models comes from Jeremy Safran, who has developed a fruitful line of clinical-research integrating psychodynamic-interpersonal, experiential, and cognitive traditions. His integrative approach has stemmed a vast number of studies devoted to helping clinicians negotiate and repair ruptures to the therapeutic alliance (e.g., [Safran&Muran, 1996](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c74)).

Largely influenced by the work of Safran and substantially based on the process findings described above, a group of researchers has developed a form of therapy that integrates psychodynamic and interpersonal techniques within a cognitive-behavioral treatment (CBT) for generalized anxiety disorder (GAD) ([Newman, Castonguay, &Borkovec, 1999](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c60)). Specifically, the protocol adds to the coping and skill-training techniques of CBT a number of procedures to (a) increase emotional deepening, (b) explore and resolve conflicts between needs and fears, (c) explore past relationships with early caregivers, (d) address current maladaptive interpersonal patterns, and (e) explore and repair alliance ruptures that emerge in therapy. The rationale underlying the addition of these techniques is based on the fact that although CBT therapists tend not to focus substantially on emotional, conflictual, developmental, and interpersonal issues, process findings suggest that when they do so in ways that are reminiscent of psychodynamic and interpersonal practices their patients show greater improvement (see[Castonguay, 2000](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c16)). Results from a preliminary investigation of this new treatment indicate that CBT and psychodynamically oriented techniques can indeed be integrated, that is, that therapists can adhere to the treatment protocol and implement it with minimal competence ([Newman, Castonguay, Borkovec, &Schut, 1999](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c62)), and that the therapist and client experience (e.g., feelings, thoughts, actions) in therapy is consistent with the model of change underlying the protocol ([Castonguay, Schut, Newman, &Borkovec, 1999](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl" \l "c20)). Based on preliminary, but promising, outcome results ([Borkovec, Newman, &Castonguay, 1998](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl" \l "c13); [Newman, Castonguay, Borkovec, & Molnar, in press](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c61)), a large clinical trial is currently being conducted comparing the integrative form of therapy with CBT—which currently stands as the gold-standard treatment for GAD.

Despite these recent trends and preliminary results from comparative process studies, however, much more research on the psychoanalytic process (and on the identification of the specific active ingredients in psychoanalytic psychotherapy) needs to be conducted before more precise conclusions can be made. This observation coalesces with the recommendations made by members of the National Institute of Mental Health (NIMH) workshop on psychotherapy integration, who indicated that researchers must continue to elucidate the “crucial components of treatment” before more fruitful integration is to occur ([Wolfe &Goldfried, 1988](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c84), p. 449). This being said, future researchers may wish to investigate the role of other factors that have rich clinical and theoretical roots within psychoanalytic forms of treatment (e.g., holding and containing functions on the part of the analyst, the use of support), as well as factors that have traditionally gone under-investigated (e.g., clients' and therapists' race, ethnicity, sexual orientation) as they may relate to the process of change.

[Implications of the Reviewed Psychoanalytic Process Research Findings for Clinical Training and Education](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#toc)

We began this article by describing how psychoanalytic clinicians have historically either failed to see the relevance of their graduate research training on the practice of psychoanalytic psychotherapy or refused to integrate clinical research methods or empirical findings from academic psychology into their current-day analytic work. We then noted how these realities, stemming from traditionally held assumptions about the analytic process, have contributed to the detachment of psychoanalytic psychotherapy from the empirical approach that has dominated mainstream academic clinical psychology throughout this century. In our opinion, this disregard for the scientific tradition by individuals within the analytic community reflects a breakdown in the graduate clinical training and education process. Specifically, we strongly believe that there needs to be greater effort made by the training faculty in clinical programs to expose students to the type of process research findings and methodologies we reviewed in this article. Programs that fail to introduce such clinically relevant data and methodology in their graduate seminars on research methods, advanced psychotherapy, or clinical practica perform a great disservice to the professional development of their trainees and perpetuate the already-existing schism between the scientific and practicing communities. In our view, process research findings such as those described above speak directly to the conduct of psychotherapy, which, in turn, lead to better theoretical and clinical developments regarding the nature and task of therapeutic change. For analytic practitioners in particular, process research findings that lend support to some of the long-held theoretical constructs or techniques developed from clinical wisdom may be (within the current social and political climate) required if psychoanalytic psychotherapy plans to remain a viable clinical science.

It is thus no longer appropriate or valid for the psychodynamically oriented therapist who also serves as a faculty member, mentor, or clinical supervisor to students to believe that research on the moment-to-moment processes between therapist and patient fails to capture the complexity and vicissitudes of the therapeutic interaction, is unreliable, or is unable to measure such private internal or interpersonal states. As we have shown, programmatic research shows that some of the most fundamental aspects and core tenets of psychoanalytic theory and practice (e.g., transference) can indeed be operationalized, reliably and validly assessed, and meaningfully linked with client improvement. Studies such as these need to continue, but the onus now lies with the educators in terms of integrating these process research methods into their graduate-training curricula. Clearly, advisors could encourage trainees to conduct psychoanalytic process research studies as part of their master's or dissertation projects or enlist their skills for their own ongoing process research. Client and therapist self-reports of the therapeutic encounter (e.g., [Orlinsky& Howard, 1966](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c66)) or observer-based coding of the intrapsychic and interpersonal aspects of the analyst-patient dyad (e.g., [Benjamin, 1974](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c6)) can be implemented into any research paradigm. Trainees may also wish to study the process and mechanisms of change using archival data sets or organize data collection for research on more naturalistic settings, for example, some state psychological associations have begun to implement practice-research networks (cf. [Borkovec&Castonguay, 1998](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c12)).

Our review of some of the more recent psychoanalytic process research findings on transference interpretation challenges assumptions carried over from classical analytic theory regarding the link between technique and client improvement. We believe that this line of research clearly highlights how scientific exploration of the conditions under which therapists use such techniques can inform clinical practice as well as the training of future therapists. As discussed by[Henry et al. (1993)](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c38)and[Binder and Strupp (1997)](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c10), the preponderance of negative process in psychotherapy is commonly a function of the use of therapeutic techniques under poor interpersonal contexts. The literature we have summarized by[Henry et al. (1986](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c36), [1990)](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c37) thus suggests that clinical training and supervision may need to expand its focus from simply training students in the use of particular therapeutic techniques to include the training of how to detect and manage negative interpersonal cycles. According to[Binder and Strupp (1997)](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c10), metacommunication may be a highly therapeutic tool when working with negative interpersonal complementarity between members of the analytic dyad. From this perspective of clinical training, students could feasibly empirically observe the effects of various interpersonal transactions within their own caseload. Such intensive, single-case process research designs have been encouraged by[Moras, Telfer, and Barlow (1993)](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c59) and by[Rice and Greenberg (1984)](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c73).

Finally, our brief review of studies examining the process of change in psychoanalytic and nonanalytic forms of treatment appear to inform the practice and training of not only dynamic therapists but also those of other orientations. For example, it was revealed that mechanisms once considered unique to psychoanalytic psychotherapy (e.g., the link between present-day functioning and early experience with primary caregivers) may, surprisingly, serve as a vehicle of change in these other treatment modalities. These findings clearly provide needed empirical support for psychoanalytic theories of change. However, as we have shown with a new treatment for GAD, researchers and clinicians from other theoretical/clinical orientations (e.g., cognitive-behavioral, humanistic) may also find that integrating the above findings into their clinical research programs or private practices will assist them in the construction and development of more effective treatments ([Grencavage& Norcross, 1990](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl" \l "c32)). In addition, nonpsychodynamically oriented graduate programs could integrate these findings in such a way as to improve the clinical training and education of their students. Students involved in cognitive-behavioral programs, for example, should be exposed to the empirical findings that demonstrate that not only do psychodynamic processes (e.g., emotional deepening, exploration of attachment issues) take place in cognitive-behavioral therapy but that they are also related to client improvement. Because research evidence indicates that such processes are active ingredients of change, they deserve to become integral parts of any graduate training anchored in the Boulder Model.

[Footnotes](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#toc)

[1](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#b-fn1) Although we focus attention in this article on empirically derived psychoanalytic psychotherapy process findings and their implications for clinical training and education, it is important to note that the research programs from which these findings are based are indebted to the groundbreaking efforts of many psychoanalytic clinical investigations that have taken place over the last century.

[2](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#b-fn2) These clinical insights have received preliminary empirical support from an exploratory study conducted by[Castonguay, Goldfried, Hayes, Raue, Wiser, and Shapiro (1990)](http://eds.a.ebscohost.com.lopes.idm.oclc.org/ehost/detail/detail?sid=8beb99c0-0450-4307-9470-5f2132db86f3%40sessionmgr4009&vid=1&hid=4210&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#c18). These authors found that psychodynamic therapist interventions aimed at changing clients' views of self were negatively related to improvement. Content analyses conducted to clarify this finding revealed that the therapists frequently reattributed the responsibility to clients (or blamed them) for their problems (e.g., “Is it possible that the way your wife behaves is, in part, a reaction to your own behavior?”). These results, however, should be considered with caution until replicated. Although the size of the negative correlation between the therapist interventions and client improvement was substantial (i.e., −0.51), this correlation was only marginally significant (*p*< .1) due to the small sample.

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