

Editorial

The Italian section of the Society for Psychotherapy Research (SPR) was founded in 1995 to promote the culture of research in psychotherapy in Italy, widely neglected until then, both in the academic field and in various psychotherapy schools. The primary aim was to spread the knowledge emerging from international research about the effectiveness of psychotherapies, the process and the outcome and, more generally, the psychopathology field. A second aim was to create a scientific climate and community in order to promote the growth of an Italian generation of qualified researchers, capable of producing ideas and knowledge, using reliable tools, and taking part in the international debate on how and why psychotherapies work.

The title of an early SPR meeting suggests that “Research is good for clinical practice’s health” but also that “Clinical practice is good for research’s health”. Impelled by this conviction, SPR-Italy has always striven to establish a culture capable of responding with the proverbial patience of those involved in empirical research to all those who, from the perspective of hermeneutic hypersubjectivism or of pragmatic hyperobjectivism, consider psychotherapy of little interest to science and in any case an “unmeasurable” quantity.

Over the last fifteen years, SPR-Italy has become a reality, both in academic contexts and in private psychotherapy schools; many young people are investing their energy in research and various groups have long taken part in the international debate on psychotherapy research. The Italian section of the Society for Psychotherapy Research was established in 1995, thanks to the efforts of Professor Salvatore Freni and his group of researchers; it soon gained the support of many

colleagues who felt the need to promote scientific research in psychotherapy (for a history of the Italian section of SPR, go to Menu, *Italy Area Group*, History).

Apart from the national meetings, the main means of diffusion of ideas in Italy has been the journal *Ricerca in Psicoterapia* [*Research in Psychotherapy*]. Since 1998, our journal has given Italian researchers the opportunity to publish the results of their work, knowing that they will be read by an interested public, regardless of the school to which they belong. In 2006, thanks to the joint efforts of an Italian group of SPR researchers, the first Italian manual for research in psychotherapy was published (Dazzi, Lingiardi, & Colli, 2006), which enjoyed international SPR sponsorship and boasted an introduction by the past president of SPR, John Clarkin.

We are pleased to acknowledge that the reason for these fast and fruitful changes is also owed to a *Zeitgeist* change, so that the idea of theories and models based on the clinical and intellectual authority of their representatives has given way, at least partly, to the idea (and to the practice) of a psychotherapy that, through research, has come to account for the characteristics and the effectiveness of its interventions. Psychotherapists wondering how and why a certain therapy is working, and for what kind of patient it might be indicated (or contraindicated), are no longer a minority of lunatics.

One first result of this change was the appearance in university courses of programs inspired by research and, after a little more effort, research has been planned in public services and in psychotherapy schools (see, for example, Fava & Masserini, 2002, 2006).

Psychotherapy researchers in Italy follow the international debate and draw their knowledge from scientific publications mostly written in English. Therefore, as SPR-Italy, we felt the need to testify to the international community of our way of thinking, doing and disseminating research. Changing our journal *Ricerca in Psicoterapia* to

the present *Research in Psychotherapy: Psychopathology, Process and Outcome* was the natural corollary.

The state of the art is rich both in solid knowledge and in open questions on which the curiosity and energy of researchers can be focused. The creation of a journal about research in psychotherapy that is moving in sync with the international scenario must necessarily define its themes and its aims.

We are starting to unearth interesting data about the factors that influence the course of psychotherapy: the characteristics of the patient, the characteristics of the psychotherapist, and obviously those of their relationship (Norcross, 2002; Norcross & Wampold, 2011; Castonguay & Beutler, 2006). We know, for example, that therapies with patients who have difficult socioeconomic circumstances, a hostile/antagonistic interpersonal style, or little ability to identify and describe their own relations or to focus on their own or others' mental states tend to have a worse outcome.

Another important field of research sees psychotherapy as an essential area to delve into for clinical intervention. If, on the one hand, today's clinician know that, to be efficient, s/he must be able to implement general and transversal factors in assigning a therapy, on the other hand s/he also knows that s/he must have the specific tools to cure a specific disorder, going beyond the patient uniformity myth. The therapy of a patient affected by an obsessive-compulsive personality disorder requires specific characteristics, which are quite different from those required by a patient affected by a borderline personality disorder. Research on personality disorders, particularly research aimed at identifying clinical-diagnostic subtypes (see also see PDM Task Force, 2006), as in the case of team works by Westen and Shedler (Thompson-Brenner & Westen, 2005) and by Blatt, Shahar and Zurhoff (2002), is fundamental.

Particular attention will be given to the choice of tools for the evaluation of patients and for the gathering of data. We particularly support, whenever possible, well-tested, reliable and popular tools, rather than “local” tools or tools which have been used in a very small number of studies. Another subject of our research will be the therapeutic alliance, to be considered less and less as a non-specific factor/umbrella term explaining the fate of each therapy (Horvath, 2006), and to be restored more and more to its constructive dimension (Hill & Knox, 2009), as for example in the rupture/resolution cycle (Safran & Muran, 2000).

The development of treatments, especially the manualized ones, poses important questions: for example, whether the mechanisms of change assumed for a certain disorder actually correspond to the efficient ingredients of the cure. An investigation of what happens at the core of a session is probably the best way of resolving this question. Another example is the recent trials of effectiveness for the treatment of borderline personality disorder (Bateman & Fonagy, 2009; McMain, Links, Gnam, Guimond, Cardish, Korman, & Streiner, 2009), which show how a well-structured control group is able to generate more or less the same degree of change as in target treatments (*Mentalization Based Treatment and Dialectical Behavior Therapy*) (also see Gabbard, 2009). Do “all roads lead to Rome?” given the same intensity and pattern of treatment, or do different therapies share common elements of efficacy? It is clear that this issue forces us to engage with the EST vs. ESR debate, and invites us to reflect on the limitations of the excessive manualization of treatments (Chambless & Ollendick, 2001; for a wider debate, see Dazzi, 2006). As Luborsky (2001) argued, “the EST movement needs to be taken seriously, certainly from a scientific standpoint, but also from a political one” (p. 599). At this point it is necessary to make a reference to the article by Westen, Morrison and Thompson-Brenner (2004) and the important distinction between

efficacy (evaluated under “laboratory” conditions) and *effectiveness* (“ecologic” efficacy in the clinical context); in other words, between a “hypothetic” and “real” patient. And here is the centrality of diagnosis, and the necessity for the community of psychotherapists to develop a critical reflection on the DSM-5 proposals and their limitations (Shedler, Beck, Fonagy, Gabbard, Gunderson, Kernberg, Michels, & Westen, 2010).

Another promising trend is the study of the interplay between the different variables. For example, how do the personality structure of the patient, the use of specific techniques, the personal style of the therapist and the quality of their relationship interact, leading treatments to a positive or negative outcome? Questions like this are the challenge for the current and the next generation of researchers, researchers who must be encouraged to study the relation among therapeutic factors, specific characteristics of the patient and of the therapist, mediators and moderators of change. Is it possible to explain a higher or lower effectiveness of a therapeutic action (Jones, 2000; Gabbard & Westen, 2003)? How come in certain situations change never occurs, despite a “theoretically” efficient therapy being applied?

It goes without saying that one of the most fertile grounds for understanding how the therapeutic process takes place is the intensive analysis of session transcriptions. In this context, a special place in the training of Italian researchers is occupied by one of the founding fathers of the international society, Lester Luborsky, who, with his *Core Conflictual Relationship Theme* (CCRT) (Luborsky & Crits-Christoph, 1998), paved the way for the analysis of transcriptions, in search of the dominant interpersonal patterns of the patient and of the way they act in the therapeutic relationship [see also *Psychotherapy Process Q-set* by Enrico Jones (2000)]. It is worth noting that the instrument, originally a psychodynamic matrix, has aroused the interest of therapists of every school, thanks to the clarity with which

the construct of transference schemes was operationalized. Since the first applications of CCRT, this intensive analysis of the process, which can often be applied to single-case research, was very successful in our country, including, among others, research on defense mechanisms with the Defense Mechanism Rating Scale (DMRS; Lingiardi, Lonati, Fossati, Vanzulli, & Maffei, 1999), studies on metacognition (Dimaggio & Lysaker, 2010; Dimaggio, Semerari, Carcione, Nicolò, & Procacci, 2007; Semerari, Carcione, Dimaggio, Falcone, Nicolò, & Procacci, 2003), analysis of narrative processes (Santos, Goncalves, Matos, & Salvatore, 2009), research on referential activity (De Coro, Ortu, Caviglia, Andreassi, Pazzagli, Mariani, Visconti, Bonfanti, Bucci, & Maskit, 2004), application of the Adult Attachment Interview (De Bei, Tanzilli, Miccoli, & Lingiardi, 2009), and operationalization of rupture/resolution processes (Colli & Lingiardi, 2009). Following this tradition, *Research in Psychotherapy* will gladly receive contributions of research based on session transcripts.

It is possible that the intensive analysis of clinical dialogue will prove the right picklock to open a treasure chest so far hidden by generic and static constructs. We are in a way obliged to reason about how the aforementioned therapeutic alliance is measured. Assessed by self-report instruments (with all the concomitant problems of reliability: what if the evaluator has scant auto-reflexive abilities? will s/he be able to correctly report what s/he hears/thinks compared with the therapist?) and in definite points of the therapy, it essentially remains a static concept, present or absent at a certain level. But what the clinician is interested in is understanding how therapist and patient construct their alliance and develop their relationship (from the first moment they look at each other or shake hands and start talking), how it wavers and consolidates, and what kind of efforts they both have to

make to keep it alive or construct it together (Safran & Muran, 2000; Ackerman & Hilsenroth, 2001, 2003).

It will be interesting to reflect on training paths, a theme which has not been sufficiently developed yet, and the evaluation of the effectiveness of training methods, particularly those related to the knowledge of empirical research data. Speaking of training, *Research in Psychotherapy* nominates itself to stimulate and accept the work of young Italian and international researchers.

Finally, we have to cope with the issue of funding for research. One of the many solutions to this problem is European funding, especially when it involves virtuous co-ordination among research groups (academic and otherwise) and the participation of colleagues, professionals and administrators of public and subsidized health services (doctors, psychologists, educators, social and healthcare workers). Let us remember that our tools of analysis can be used in very different fields, and that if the clinical and scientific contribution offered by research in psychotherapy is undervalued or ignored (apart from a small circle of "experts"), it is psychotherapy itself that is in danger of being marginalized or expelled from the contexts of care.

It should be clear by now which are the key words that characterize the articles you will be reading in this journal, which will sometimes appear as a special issue. It will have themes like, for example, process research, multi-instrumental research, single-case research, narrative cases, clinical and methodological theory of research design, dialog between models, but also personality disorders psychotherapies, neurosciences for psychotherapy research, qualitative vs. quantitative research, conceptual research, meta-analytic studies, etc.

Research has succeeded in responding to the criticisms that psychotherapy as a clinical practice has received: now it must learn to

speak to clinicians, showing how research findings could provide valuable help in their daily work with patients.

Reference

- Ackerman, S., & Hilsenroth, M. (2001). A review of therapist characteristics and techniques negatively impacting the therapeutic alliance. *Psychotherapy, 38*, 171–185.
- Ackerman, S., & Hilsenroth, M. (2003). A review of therapist characteristics and techniques positively impacting the therapeutic alliance. *Clinical Psychology Review, 23*, 1–33.
- Bateman, A., & Fonagy, P. (2009). Randomized Controlled Trial of Outpatient Mentalization-Based Treatment Versus Structured Clinical Management for Borderline Personality Disorder. *The American Journal of Psychiatry, 166*(12), 1355-1364.
- Blatt, S.J., Shahar, G., & Zurhoff, D.C. (2002). Analytic/sociotropic and introjective/autonomous dimensions. In J. Norcross (Ed.), *Psychotherapy Relationships that Work* (pp. 315–333). New York: Oxford University Press.
- Castonguay, L.G., & Beutler, L.E. (2006). Principles of therapeutic change that work. New York: Oxford University Press.
- Chambless, D.L., & Ollendick, T.H. (2001). Empirically supported psychological interventions: Controversies and evidence. *Annual Review of Psychology, 52*, 685-716.
- Colli, A., & Lingardi, V. (2009). The Collaborative Interactions Scale: A new transcript-based method for the assessment of therapeutic alliance ruptures and resolutions in psychotherapy. *Psychotherapy Research, 19*(6), 718–734.
- Dazzi, N. (2006). Il dibattito contemporaneo sulla ricerca in psicoterapia. In N. Dazzi, V. Lingardi & A. Colli (Eds.), *La ricerca in psicoterapia. Modelli e strumenti* (pp. 3–29). Milano: Raffaello Cortina.
- Dazzi, N., Lingardi, V., & Colli, A. (Eds.). (2006). *La ricerca in psicoterapia. Modelli e strumenti*. Milano: Raffaello Cortina.
- De Bei, F., Tanzilli, A., Miccoli, D., & Lingardi, V. (2009, October). *Therapeutic relationship, attachment and therapeutic process: an empirical study*. Paper presented at the VII European Conference of the Society for Psychotherapy Research, Bolzano/Bozen, Italy.
- De Coro, A., Ortu, F., Caviglia, G., Andreassi, S., Pazzagli, C., Mariani, R., Visconti, E., Bonfanti, A., Bucci, W., & Maskit, B. (2004, June). *Referential Activity and Verbal Exchanges in Psychotherapy: A First Clinical Application of the Italian WRAD Version to the Study of a Single Case*. Paper presented at the 35th Annual Meeting of the Society for Psychotherapy Research, Rome, Italy.

- Dimaggio, G., & Lysaker, P.H. (Eds.). (2010). *Metacognition and severe adult mental disorders: From basic research to treatment*. London: Routledge.
- Dimaggio, G., Semerari, A., Carcione, A., Nicolò, G., & Procacci, M. (2007). *Psychotherapy of Personality Disorders: Metacognition, States of Mind and Interpersonal Cycles*. London: Routledge.
- Fava, E., & Masserini, C. (2002). *Efficacia delle psicoterapie nel servizio pubblico*. Milano: Franco Angeli.
- Fava, E., & Masserini, C. (2006). Psicoterapia nei servizi pubblici. In N. Dazzi, V. Lingiardi & A. Colli (Eds.), *La ricerca in psicoterapia. Modelli e strumenti* (pp. 171-187). Milano: Raffaello Cortina.
- Gabbard, G.O. (Ed.). (2009). *Textbook of Psychotherapeutic Treatments*. Washington, DC: American Psychiatric Publishing.
- Gabbard, G.O., & Westen, D. (2003). Rethinking therapeutic action. *International Journal of Psychoanalysis*, 84, 823–841.
- Hill, C.E., & Knox, S. (2009). Processing the therapeutic relationship. *Psychotherapy Research*, 19(1), 13–29.
- Horvath, A.O. (2006). The Alliance in context: accomplishments, challenges, and future directions. *Psychotherapy: Theory, Research, Practice, Training*, 43(3), 258–263.
- Jones, E.E. (2000). *Therapeutic Action. A guide to Psychoanalytic Therapy*. Northvale, NJ: Jason Aronson.
- Lingiardi, V., Lonati, C., Fossati, A., Vanzulli, L., & Maffei, C. (1999). Defense mechanisms and personality disorders. *Journal of Nervous and Mental Disease*, 187, 224–228.
- Luborsky, L., & Crits-Christoph, P. (1998). *Understanding Transference. The Core Conflictual Relationship Theme Method, 2nd*. Washington, DC: American Psychological Association.
- Luborsky, L. (2001). The meaning of empirically supported treatment research for psychoanalytic and other long-term therapies. *Psychoanalytic Dialogues*, 11(4), 583-604.
- McMain, S.F., Links, P.S., Gnam, W.H., Guimond, T., Cardish, R.J., Korman, L., & Streiner, D.L. (2009). A randomized trial of dialectical behavior therapy versus general psychiatric management for borderline personality disorder. *American Journal of Psychiatry*, 166(12), 1365–1374.
- Norcross, J.N. (2002). *Psychotherapy relationships that work*. USA: Oxford University Press.
- Norcross, J.C., & Wampold, B.E. (2011). Evidence-Based Therapy Relationships: Research Conclusions and Clinical Practices. *Psychotherapy*, 48(1), 98–102.
- PDM Task Force (2006). *Psychodynamic Diagnostic Manual (PDM)*. Silver Spring, MD: Alliance of Psychoanalytic Organizations.
- Safran, J.D., & Muran, J.C. (2000). *Negotiating the therapeutic alliance: A relational treatment guide*. New York: Guilford Press.

- Santos, A., Goncalves, M.M., Matos, M., & Salvatore, S., (2009). Innovative moments and change pathways. A good outcome case of narrative therapy. *Psychology and Psychotherapy: Theory, Research and Practice*, 82, 449–466.
- Semerari, A., Carcione, A., Dimaggio, G., Falcone, M., Nicolò, G., & Procacci, M. (2003). Assessing problematic states in patients' narratives: The grid of problematic states. *Psychotherapy Research*, 13, 337–353.
- Shedler, J., Beck, A., Fonagy, P., Gabbard, G.O., Gunderson, J., Kernberg, O., Michels, R., & Westen, D. (2010). Personality disorders in DSM-5. *American Journal of Psychiatry*, 167, 1026–1028.
- Thompson-Brenner, H., & Westen, D. (2005). Personality subtypes in eating disorders: validation of a classification in a naturalistic sample. *British Journal of Psychiatry*, 186, 516–524.
- Westen, D., Morrison, K., & Thompson-Brenner, H. (2004). The empirical status of empirically supported psychotherapies: assumptions, findings, and reporting in controlled clinical trials. *Psychological Bulletin*, 130, 631–663.