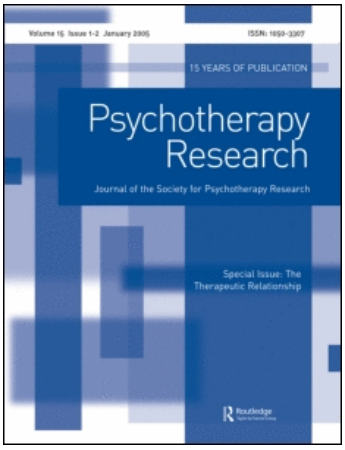


**Psychotherapy Research**
Publication details, including instructions for authors and subscription information:
http://www.informaworld.com/smpp/title~content=t713663589

# New methods—more questions: A commentary on interdisciplinary dialogues

Jacques P. Barber[a]; Brian A. Sharpless[a]
[a] Center for Psychotherapy Research, Department of Psychiatry, University of Pennsylvania, Philadelphia, Pennsylvania, USA

**To cite this Article** Barber, Jacques P. and Sharpless, Brian A.(2009) 'New methods—more questions: A commentary on interdisciplinary dialogues', Psychotherapy Research, 19: 6, 644 — 648
**To link to this Article: DOI:** 10.1080/10503300903045131
**URL:** http://dx.doi.org/10.1080/10503300903045131

*Psychotherapy Research*, November 2009; 19(6): 644–648



INTERDISCIPLINARY DIALOGUES

# New methods—more questions: A commentary on interdisciplinary dialogues

JACQUES P. BARBER & BRIAN A. SHARPLESS

*Center for Psychotherapy Research, Department of Psychiatry, University of Pennsylvania, Philadelphia, Pennsylvania, USA*

*(Received 11 May 2009; accepted 11 May 2009)*



## Commentary on Steele, Steele and Murphy

Steele, Steele, and Murphy describe the relevance of the Adult Attachment Interview (AAI) for psychotherapy research. Although the authors focus more specifically on this one measure of adult attachment style, the issues they raise hold a more general relevance for the evaluation of both attachment patterns and reflective functioning during psychotherapy. Undoubtedly, many clinicians and researchers believe that these overlapping constructs are important for the practice of psychotherapy in general and psychotherapy research in particular.

Steele et al. focus their article on addressing three key issues. They first describe two main streams of research related to attachment representation and organization. The first stream arises from the developmental psychology literature and the other from social psychology. Also of note, use of the AAI originated primarily from researchers interested in longitudinal research, whereas self-report measures have more often been used in cross-sectional designs.

Unfortunately, these two different methods of assessing attachment patterns do not converge. The fact that self-report measures of attachment were often developed to assess the quality of romantic relationships, whereas the AAI was developed to assess how adults conceptualize their relational world (including their childhood), could be responsible for this notable lack of convergence (e.g., Shaver, & Fraley, 2004). Another difference is that self-report attachment measures ask participants to generalize their style from many situations and sometimes from many relationships. In contrast, AAI interviewers inquire into specific relationships with specific people (mostly focusing on the relationship with mother and father). Of course, one could ask the respondents to complete the self-report questionnaire for different people or relationships. Using a self-report version of the core conflictual relationship theme (CCRT), McCarthy, Gibbons, and Barber (2008) used this very approach to get a better assessment of the respondent core conflict. However, the convergence between the repeated administrations of the self-report measure of core conflicts and the expert judge ratings obtained via the clinical method has not yet been examined.

A second issue the authors address is the history of how the AAI emerged out of Bowlby's work on unresolved mourning in the field of developmental psychology and, specifically, the ways in which these experiences color the individual's attachment patterns (and subsequent relationships). AAI interviews result in the interviewee being given a classification of "(1) secure, (2) insecure-dismissing, (3) insecure-preoccupied, or (4) unresolved with respect to past loss or trauma." These styles are clearly traced to the parenting behavior of the participants' caregivers, and these styles have been shown to be stable over time.

As part of their covering of the AAI's history, Steele et al. also describe some of its psychometric properties. Good interjudge reliability is obtained by certified raters who have taken a 2-week AAI institute training course and passed the subsequent test of interrater reliability on 30 interviews. Finding appropriate interrater reliability when rating the

Correspondence concerning this article should be addressed to Jacques P. Barber, Center for Psychotherapy Research, Department of Psychiatry, University of Pennsylvania, Room 648, 3535 Market Street, Philadelphia, PA 19104-3309, USA. E-mail: Barberj@mail.med.upenn.edu

ISSN 1050-3307 print/ISSN 1468-4381 online 
DOI: 10.1080/10503300903045131

same interview after such an extensive training regimen is reassuring but ultimately not very impressive. What is impressive, however, is the fact that there is indeed some evidence that the AAI is reliable when assessed by two independent interviewers conducting two different interviews (van Ijzendoorn, 1995), and that these comparisons yield adequate test–retest reliability. However, we were unable to locate evidence for what is arguably one of the most fundamental assumptions of the AAI: namely, that participants provide similar responses across different relationships. In other words, we have not found evidence that clearly addresses whether or not the AAI responses are stable across different relationships and situations. It would be challenging to study whether people have similar attachment styles with different people. However, it may be more feasible to study whether or not narrative coherence or integration of affect (just to mention a few characteristics of attachment style) are similar across different interactions with similar significant others and different interactions with different others. In other words, is it likely that individuals act secure in some relationships but insecure in others? If this is the case, a measure of attachment should be able to document this possibility at pretherapy assessment. This would also help psychotherapy researchers locate where and when particular changes occur as a result of treatment. It would also be interesting to examine whether individuals evidence different levels of reflective functioning when they are involved in different situations with the same others or with different others. Researchers could also ask whether patients with similar diagnoses are more likely to be consistent across relationships than other diagnostic groups or normal individuals.

Returning to the context of psychotherapy research, however, another important issue is how these phenomena may be impacted through different forms of psychotherapy. For example, does narrative coherence increase in a general way (i.e., most or all significant relationships) with dynamic therapy, or is change observable only in the specific relationships that are the primary therapeutic foci? Finally, it would be interesting to discover whether certain aspects of the therapist–patient relationship (e.g., the transference) are similar or different from attachment patterns displayed with parental figures and how these representations change by the end of therapy.

As a brief aside, one reason why such evidence is needed is because of the controversial status of trait theory as well as the increasingly prominent view that human behavior is due to a combination of trait and situational variables. In a preliminary test of this assumption in the CCRT, Barber, Foltz, DeRubeis, and Landis (2002) found little evidence for the consistency of interpersonal themes across different situations and across different relationships. Of course, the CCRT is not the same as the AAI, but they do share the same general assumption that clinicians can infer traitlike behaviors/states of mind that are consistent (or at least prominent) across different situations with the same other or consistent across different relationships.

The third goal of Steele et al.'s article is to demonstrate that the AAI should hold diagnostic appeal for clinicians, and that the AAI can indeed serve as a potentially useful index of change in a therapy outcome context. From our perspective, this is the most important section of the article for psychotherapy research. In particular, we would have liked to hear more of the authors' thoughts on the relation between the AAI measures and the construct of reflective functioning.

Reflective functioning has been operationalized as the metacognitive capacity to reflect on, and understand, one's own and other's behaviors in terms of internal mental states (e.g., Fonagy et al., 1995; Levy et al., 2006). Undoubtedly, changes in this construct would be relevant to many types of therapy. In fact, both attachment and reflective functioning have been found to be important outcomes of psychotherapy as well as potential mechanisms of change in dynamic psychotherapies (e.g., Rudden, Milrod, Target, Ackerman, & Graf, 2006, Levy et al., 2006). If one of the goals of a specific therapy is to change attachment style or reflective functioning, then assessment of them is undoubtedly needed. Using data from a study that demonstrated that patients with borderline personality disorder who received dynamic therapy showed similar symptomatic improvements compared with patients who received dialectical behavior therapy, Levy et al. (2006) further analyzed the results and found that those patients who received transference-focused therapy were more likely to develop a secure attachment representation than those who received dialectical behavior therapy. Similarly, they showed that level of reflective functioning and narrative coherence increased in dynamic therapy, but not in dialectical behavior therapy. Using a measure of metacognitive coping skills (Barber & DeRubeis, 1989) that is very different from the AAI, Connolly Gibbons et al. (in press) showed that those skills improved in both psychodynamic/interpersonal therapies and in cognitive behavioral approaches.

As Steele et al. seem to recommend, attachment style, narrative coherence, and reflective functioning levels are more likely to be assessed as moderator variables (e.g., McBride, Atkinson, Quilty, & Bagby, 2006). Additional data on both the moderational

and mediational role of these variables would be of great value to the field. Therefore, we are indebted to the authors for reminding us that these issues should be studied carefully, because both clinicians and researchers find the general concept of attachment style intuitively appealing and clinically relevant.

## Commentary on Relational Psychophysiology

The article on relational psychophysiology introduces psychotherapy researchers to the intricacies of biological measures of relational behavior. The authors make many interesting points and, of course, only a few can be addressed in this commentary.

Ham and Tronick's article clearly illustrates a potentially powerful means of examining the process of therapy using methods not often utilized by psychotherapy researchers. Given their interesting review of the limited studies of the psychophysiological correlates of psychotherapy, as well as the description of currently available technologies (e.g., skin conductance sampling at a rate of 100 times per minute), a potential may exist to more thoroughly examine the moment-to-moment, nonlinear dynamic interactional systems that are thought to comprise the psychotherapeutic encounter. The authors discuss a certain set of techniques that may help to move the field beyond speculation.

In their discussion of the background of their research into mother–infant interactions, the authors focus specifically on the use of measures of skin conductance (SC) and respiratory sinus arrhythmia (RSA) and further discuss ways in which these psychophysiological measures may serve as relevant operationalizations of constructs relevant to psychotherapy researchers. Briefly, RSA is used by the authors as an indication of the *parasympathetic* system. Higher levels of RSA would be indicative of the heart rate fluctuations associated with states of rest and digestion. Further, research is reviewed in which decreased RSA is associated with several types of adult psychopathology. Thus, it seems plausible that increased levels of RSA may be associated with greater psychological health or, at the very least, less chronic anxiety and more physiological flexibility. Similarly, as discussed by the authors, SC is taken to be a proxy for sympathetic nervous activity. It is widely used in psychological research, and most researchers would agree that it is a relatively broad measure of emotional arousal and activation.

As is implicit in their review, RSA and SC are not typical ways of exploring the questions that psychotherapy researchers often pose. Their methodological novelty should encourage researchers to consider these and many other seemingly unorthodox sources of data. As therapists, we often encourage our patients to respond to situations in novel and flexible ways, and we could certainly benefit from taking our own advice by not privileging certain modes of inquiry over others. Should the psychological correlates and implications of these psychophysiological methods be more thoroughly understood and found to be valid, the reliability and precision of their measurement should also encourage researchers to utilize them more frequently, as power demands in analyses may be significantly reduced because of their exactness.

However, utilization of these methods raises a number of intriguing questions. First, we wonder how the psychophysiological information could be most usefully interpreted within a more traditional psychotherapy research context (i.e., not a mother–infant dyad). Given that one half of the mother–infant dyad lacks the power of traditional expressive speech, physiological measures could conceivably be a very useful means for collecting such data, because information may be difficult to gather in more traditional ways (apart from observational inferences). We wonder how this context and information might differ when applied to dyads (or even groups) of older patients whose capacity to describe their internal world and experiences is more sophisticated and nuanced (i.e., higher levels of self-reflection, self-reflective consciousness, and reflective functioning that are able to be explicitly described). Can the use of physiological data yield information that would be unavailable through the more traditional methods of research? Alternatively, and related to the previous question, can physiological data be used in an adjunctive manner with traditional methods of psychotherapy research, and will this allow researchers to gather information over and above the use of either method alone?

As one example of this type of speculation, we could conceive of instances in which a patient's physiological reactivity during session may have its causal origin *outside* of the session, and we wonder whether the psychophysiological measures could differentiate between the two potential sources of the activation. This is an important issue, because sympathetic activation in the patient half of the dyad may occur not in response to the other half of the present dyad (i.e., the therapist) but as a result of the patient's interactions with an internalized other (or possibly even an internal dialogue). In this case, the presence of the other half of the dyad in the room, and any lack of physiological concordance in the dyad, may be purely coincidental and not directly reflective of patient–therapist interaction. However, given the fact that concurrent data on the perceived reasons behind activations are available (assuming that the patient is open to such disclosures), placing

the psychophysiological results in a broader context certainly seems possible. Because we are not experts in this area, we are unsure whether deliberate combinations of these approaches have yet taken place and what type of data they could yield. Some interesting research questions may be able to be answered as well (e.g., in a transferential context, are there physiological ways to differentiate between internal and external others?).

From a psychodynamic standpoint, we wonder whether patients may physiologically respond to troubling or emotionally laden topics of which they have little conscious awareness. It would be fascinating to empirically assess whether or not a patient's SC spiked while discussing topics that were later revealed to have profound dynamic importance. Consistent physiological ratings during the early sessions of therapy could yield such data. Specifically, when the unconscious issues manifest and become a focus of session time, prior sessions' physiological reactivity during discussions of the same material could be reviewed to determine whether there was any "spiking." Such a finding could have interesting clinical implications.

We are also interested in the potential parallels between the mother–infant research paradigm and psychotherapy. As the authors contend, psychotherapy may indeed be akin to the reunion episodes described in their mother–infant interaction paradigm. Dynamic therapists in particular are certainly receptive to the idea that therapy can often elicit recapitulations of earlier relationships and experiences. However, as the authors know, concordance and warmth do not exhaust therapist's techniques in psychotherapy. In fact, one could conceive of a caricature of classical psychoanalysis as being similar to the "still-face" paradigm (i.e., presenting the patient with a "blank screen"). Although a blank screen approach in dynamic therapy (and analysis) is neither methodologically desirable nor epistemologically possible, it is certainly true that not all approaches to psychotherapy are intended to soothe and support, but instead may serve to stimulate and provoke (e.g., Davanloo, 1980).

This stimulation does have a goal, however. Namely, one aspect common to many (if not all) psychotherapies is the (tacit or explicit) creation of a novel environment or context whose goal is to diminish the response priority of habitual behaviors. This novelty is indeed effective for the genesis of new learning (Nakamura & Broen, 1965), and we would not necessarily distinguish between the warm and accepting environment self-consciously created in Rogerian therapy or those created to be more confrontational and activating. In fact, most dynamic psychotherapy offers a balance on the supportive-expressive spectrum, and a regular movement between the two eventually evolves in response to the constantly shifting presentation and needs of the patient (e.g., Sharpless & Barber, 2009). Thus, therapists are responsive to the patient's idiosyncratic needs and fluctuations when delivering therapy (Stiles, Honos-Webb, & Surko, 1998). Addressing these constantly shifting emphases and goals is a necessary precondition when applying psychophysiological methods to psychotherapy research. Thus, we wonder whether concordance is always the goal and whether only concordance is associated with good outcome. We believe indirect evidence exists that demonstrates that a lack of concordance between treatment and personality style could indeed be associated with good outcome in the treatment of depression (Barber & Muenz, 1996). A more sophisticated hypothesis could perhaps take the stage of therapy more into account. For example, in the early stages of treatment, a therapist may need to be more concordant, but as the alliance develops and more techniques are incorporated into sessions, therapy often becomes more of a rich dialectic between discordance and concordance (e.g., Bonanno & Castonguay, 1994).

A number of possibilities may also exist to explore physiological reactions and responses to very specific techniques in therapy. For instance, one of cognitive therapy's most common techniques is to encourage patients to generate alternative hypotheses and appraisals. When entertaining other hypotheses and evaluating evidence in cognitive therapy, is it possible that physiological changes can occur that are measurable (e.g., increased RSA amplitude during hypothesis generation)? Further, will amplitude either decrease or increase as the patient becomes more comfortable and "playful" with other possibilities during a specific session and as therapy progresses (presumably, it would be the latter when these metacognitive skills are more internalized, as in Barber & DeRubeis, 1989)? If so, this could be a potentially powerful way to assess short-term outcomes in response to very specific interventions. This may be especially helpful in the early stages of therapy when patients are not yet able to comfortably detect and describe their reactions to novel behaviors and situations.

In closing, we found this special section of *Psychotherapy Research* to be thought provoking. Both articles, although using very different methodologies, can be seen as arising from similar research traditions in which the experiences of childhood are taken seriously and are viewed as foundational for later life. We look forward to the accrual of additional empirical and theoretical developments that not only

build on these frameworks but also take into account the real (yet methodological complex) fact that adult psychological life entails certain *qualitative* differences from childhood. Just as there appear to be important challenges in moving back and forth between physiological and verbal streams of data, there appear to be similar challenges involved in moving back and forth between decades of different types of experiences. Using these approaches will increase the methodological pluralism in psychotherapy research (e.g., Barber, 2009) and will help provide a more comprehensive description of the therapeutic process.

## Acknowledgements

This research was supported by National Institute of Mental Health grant MH 070664.



## References

Barber, J. P. (2009). Towards a working through of some core conflicts in psychotherapy research. *Psychotherapy Research*, *19*, 1–12.

Barber, J. P., & DeRubeis, R. J. (1989). On second thought: Where the action is in cognitive therapy for depression. *Cognitive Therapy and Research*, *13*, 441–457.

Barber, J. P., Foltz, C., DeRubeis, R. J., & Landis, R. J. (2002). Consistency of interpersonal themes in narratives about relationships. *Psychotherapy Research*, *12*, 139–158.

Barber, J. P., & Muenz, L. R. (1996). The role of avoidance and obsessiveness in matching patients to cognitive and interpersonal psychotherapy: Empirical findings from the Treatment for Depression Collaborative Research Program. *Journal of Consulting and Clinical Psychology*, *64*, 951–958.

Bonanno, G., & Castonguay, L. G. (1994). On balancing approaches to psychotherapy: Prescriptive patterns of attention, motivation, and personality. *Psychotherapy*, *31*, 571–587.

Connolly Gibbons, M. B., Crits-Christoph, P., Barber, J. P., Wiltsey Stirman, S., Gallop, R., Goldstein, L., et al. (in press). Unique and common mechanisms of change across cognitive and dynamic psychotherapies. *Journal of Consulting and Clinical Psychology.*

Davanloo, H. (1980). *Short-term dynamic psychotherapy.* New York: Jason Aronson.

Fonagy, P., Steele, M., Steele, H., Leigh, T., Kennedy, R., Mattoon, G., & Target, M. (1995). Attachment, the reflective self, and borderline states. In S. Goldberg & J. Kerr (Eds), *Attachment research: The state of the art* (pp. 233–278). New York: Analytic Press.

Ham, J., & Tronick, E. (in press). Relational psychophysiology: Lessons from mother–infant physiology research on dyadically expanded states of consciousness. *Psychotherapy Research.*

Levy, K. N., Meehan, K. B., Kelly, K. M., Reynoso, J., Weber, M., Clarkin, J. F., & Kernberg, O. F. (2006). Change in attachment patterns and reflective function in a randomized control trial of transference-focused psychotherapy for borderline personality disorder. *Journal of Consulting and Clinical Psychology*, *74*, 1027–1040.

McBride, C., Atkinson, L., Quilty, L. C., & Bagby, R. M. (2006). Attachment as moderator of treatment outcome in major depression: A randomized control trial of interpersonal psychotherapy versus cognitive behavior therapy. *Journal of Consulting and Clinical Psychology*, *74*(6), 1041–1054.

McCarthy, K. S., Gibbons, M. B., & Barber, J. P. (2008). The relation of rigidity across relationships with symptoms and functioning: An investigation with the Revised Central Relationship Questionnaire. *Journal of Counseling Psychology*, *55*, 346–358.

Muran, J. C. (in press). A fusion of horizons for psychotherapy research: Introduction to special section. *Psychotherapy Research.*

Nakamura, C. Y., & Broen, W. E. (1965). Facilitation of competing responses as a function of "subnormal" drive conditions. *Journal of Experimental Psychology*, *69*, 180–185.

Rudden, M., Milrod, B., Target, M., Ackerman, S., & Graf, E. (2006). Reflective functioning in panic disorder patients: A pilot study. *Journal of the American Psychoanalytic Association*, *54*, 1339–1342.

Sharpless, B. A., & Barber, J. P. (2009). Psychodynamic therapy. In R. E. Ingram (Ed.), *The international encyclopedia of depression* (pp. 460–465). New York: Springer.

Shaver, P. R., & Fraley, R. C. (2004). *Self-report measures of adult attachment.* Retrieved April 22, 2009, from http://www.psych.uiuc.edu/ ~rcfraley/measures/measures.html

Steele, H., Steele, M., & Murphy, A. (in press). The use of the Adult Attachment Interview to measure process and change in psychotherapy research. *Psychotherapy Research, 19,* xxx–xxx.

Stiles, W. B., Honos-Webb, L., & Surko, M. (1998). Responsiveness in psychotherapy. *Clinical Psychology: Science and Practice*, *5*(4), 439–458.

van Ijzendoorn, M. H. (1995). Adult attachment representations, parental responsiveness, and infant attachment: A meta-analysis on the predictive validity of the Adult Attachment Interview. *Psychological Bulletin*, *117*, 387–403.