

# The Point



## ABOUT THIS NEWSLETTER

The Point shares insights from the research conducted at The Psychological Center with the broader CCNY community. We welcome your input and contributions.

## Why Psychotherapy Research?

While longstanding, research into the processes by which psychodynamic therapy offers individuals change, support, hope, etc., remains preliminary. The nuances of therapist and patient identities, the intricacies of the relationships between them, the ways in which all of these factors may shift over time, together contribute to complexities that are difficult to capture with standardized research methods.



Notable progress has been made to answer core questions of psychodynamic psychotherapy: How does it work? For whom does it work? What do we mean by work? Inspired by a legacy of psychotherapy process research, the Intersect Lab is working to expand upon the current discourse using data from our short-term psychodynamic psychotherapy program, outlined below. This issue of the point offers a glimpse into some of our recent projects.

## Therapeutic Alliance and Assessment Project (TAAP)

Inspired by brief psychotherapy research programs, TAAP launched in 2019, with the aim of utilizing rich sources of session by session data to analyze clinical work and foster patient improvement. TAAP sessions run over the course of 12 weeks, with the first 8 weeks involving twice weekly sessions, and the last 4 weeks involving once weekly sessions. At the start of each therapy session, patients complete self-report measures, which the therapist reviews before the start of the session. Rather than purely serving as sources for outside inquiry and analysis, TAAP measures are situated within the therapeutic sphere and are an active part of treatment sessions. Weekly supervision provides an opportunity to review the quantitative shifts in patient symptoms and patient-reported working alliance. Such shifts are then elaborated on during the viewing of session video recordings, where therapists deliberately practice their own therapeutic skills by pausing the recordings, practicing technique, and engaging in exercises that promote awareness of the self and other. The underlying theoretical basis for TAAP emphasizes the role of the present in therapy and, more specifically, the role of therapist and patient affect and alliance-building, as sources of therapeutic change.

## Research

Attempts to understand psychotherapy often begin with questions about its mechanisms of change, or the ways in which therapy fosters shifts in patient outcomes. Another subset of empirical studies explore how therapists feel about their patients and how patient-therapist interactions elicit change. In this vein, we may wonder how shared bidirectional relationships between therapist and patient, marked by salient moments between them, contribute to patient perceptions of therapy. We may ask how therapists' views of themselves affect how their patients, in turn, view them and view the therapeutic relationship. Below are glimpses at two subsets of research that have

been and are currently being conducted within the Clinic. The first highlights a recently-completed dissertation that engages with complex questions regarding the role of therapist countertransference within the psychotherapy process, as well as the ways in which therapists engage with, or retreat from, patient emotional experiences (Westerman, 2021). The second presents two dissertations-in-progress that engage with therapist self-perceptions and shared moments of laughter between therapist and patient as important therapeutic factors related to working alliance and patient outcomes.

### Part 1: Therapist Engagement with Patient Emotions

Therapist countertransference has been viewed as both impediments to and drivers for therapeutic change. Despite differences in theoretical stances on the role of countertransference, there is widespread research that argues that a therapist's conscious *awareness* of their own countertransference reactions is vital to psychotherapeutic outcomes. Additionally, a therapist's ability to *experience* their emotional states and to be attuned to their own internal experiences in the moment have been increasingly recognized as important variables within therapy. A recent dissertation investigated the ways in which these two constructs, countertransference and therapist *Experiencing* (Gendlin, 1969), relate to each other as well as relate to both therapist engagement with patient emotions and patient-reported symptoms over the course of treatment.



Using recorded sessions from five distinct therapeutic dyads, as well as several quantitative scales and qualitative coding techniques, the analyses yielded five main findings:

1. There was a positive relationship between a therapist's capacity for *Experiencing* and their engagement with patient affect. That is, the more that therapists reflected, understood, and felt their own experience while in session, the more they were able to engage with their patients' emotional experiences in therapy sessions.

2. The type of countertransference (i.e., positive vs. negative) was related to the frequency with which the therapist engaged with patient emotions. Therapists behaved differently in sessions when experiencing positive versus negative countertransference, and the behavioral shifts were unique to each dyad.
3. Countertransference is not inherently problematic, but a therapist's lack of awareness of its occurrence can be problematic for the success of treatment.
4. Patient-reported improvements such as symptom reduction and increased functioning were more likely to occur when patients worked with therapists who: 1) engaged with patient affect as it arose in the moment during sessions, and 2) engaged in greater experiential self-reflection.
5. Findings suggest that supervision is vital for increased quality of therapist engagement with patient affect and therapist capacity for greater experiential self-reflection. Supervisory sessions are a central part of the TAAP training protocol for therapists, and such findings emphasize the way in which supervision is important not only for a therapist's own development, but also for patient change.

Westerman, A. (2021). Countertransference and the Patient's Experience: Exploring How Engagement with Patient Affect is Related to Short-Term Psychotherapy Outcomes. Doctoral Dissertation, Graduate Center, City University of New York.

## Part 2

### Therapist Feelings of Incompetence

The therapeutic relationship has been shown to contribute more to patient outcomes than the specific modality of therapy used in treatment. A recent dissertation investigated how therapists' feelings, and specifically their feelings of incompetence, influence both the therapeutic relationship and treatment outcomes. Countertransference feelings of incompetence relate to experiences of inadequacy, helplessness, and ineffectiveness. One way to measure the strength of the therapeutic relationship is by looking at the "working alliance," or the therapist and patient evaluation of patient treatment goals, methods for achieving those goals, and the quality of the bond between patient and therapist.

The results from this study suggest that among the therapeutic dyads studied, higher

levels of incompetent feelings among therapists were related to lower levels of patient outcome improvement and a weaker working alliance. Findings also suggested, in accordance with previous research, that patients who reported stronger working alliance had higher levels of improvement. Further investigation of these preliminary results showed that feelings of incompetence actually influenced patient outcomes *through* the working alliance. Video data of the therapy sessions illustrate the ways in which therapists' feelings of incompetence led to breakdowns in the working alliance, thereby hindering patient outcomes. In other words, therapists that felt incompetent, through experiences of self-doubt, self-criticism, or others, on average had weaker alliances with their patients, and such weakened alliances

became a roadblock to patient change. These findings highlight the importance of attuning to feelings of incompetence and of using such feelings as signs of potential issues within the therapeutic relationship, all with the aim of ensuring greater patient improvement.

Bernstein, B. (In Progress). Therapist feelings of incompetence and their relationship to working alliance and outcome in short-term alliance focused therapy. Doctoral Dissertation, City College of New York

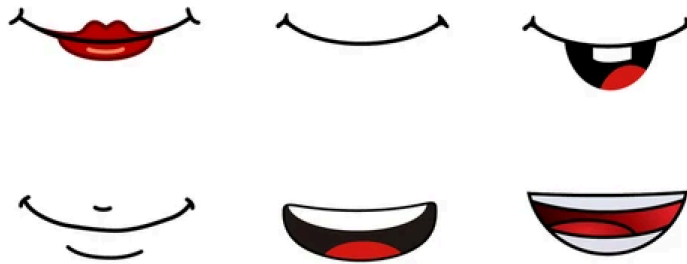
## Shared Laughter in Psychotherapy

A third project to come out of TAAP focuses on the function of shared laughter between the patient and therapist. How do moments of joint laughter relate to the working alliance in a short-term psychotherapy treatment? At present, very little research has been conducted to understand what laughter means in the therapeutic context, but preliminary research suggests that laughter has myriad meanings ranging from recognition of a shared joke to managing feelings of embarrassment. A patient who laughs while telling a disturbing story is most likely experiencing a very different feeling than a patient who laughs at a joke told by a therapist. However, most of the existing research on laughter focuses on humor in psychotherapy, and considers laughter as a byproduct of humor, rather than focusing on laughter as meaningful in and of itself. Empirically, very few studies have looked at the functions of laughter. TAAP's videotaped sessions offer a rich dataset with which to study the phenomenon of shared laughter within therapy.

The aims of this study, which are underway, are twofold: 1) To assess the function of shared laughter between patient and therapist over the course of a short-term psychotherapy treatment. 2) To assess the relationship between shared laughter and the working alliance at both the session level

and treatment level. This research will rely on both the Working Alliance Inventory scores of patients and therapists as well as the quantitative and qualitative coding of TAAP therapy sessions. Three main functions of laughter have emerged from the data analyses thus far: Laughter as a facilitator of **connection**, laughter as **up-regulation** from negative affect, and laughter as a way to manage **tension/disconnection**.

All three of these functions of laughter involved affect regulation in some way, whether it was relieving negative affect or managing an awkward moment. As this research study proceeds into its next phase of inquiry, it will focus on the examination of joint laughter in treatments with notably weaker working alliance than



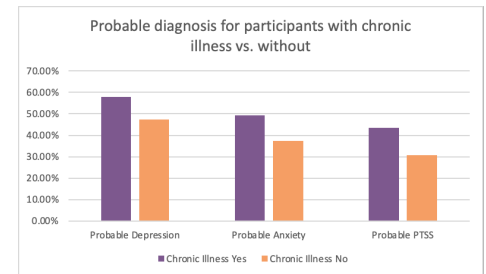
the first few treatments analyzed. It will be interesting to see if the frequency and function of joint laughter is different within treatment dyads with a stronger versus weaker therapeutic alliance. The researcher hypothesizes that all three functions of laughter are desirable in a treatment and that a disproportionate amount of any one type or the notable absence of shared laughter will be related to a weaker working alliance.

Rappaport, M. (In Progress). Joint laughter between patient and therapist: Exploring the function of these moments and their relationship to the working alliance in short-term psychotherapy. Doctoral Dissertation, City College of New York.

## Chronic Illness and Psychological Distress

Recent investigations conducted with data collected during the first peak in COVID-19 cases in New York City Spring 2020 found that individuals with chronic illnesses, such as asthma, cardiovascular disease, diabetes, and others, had meaningfully higher prevalences of probable depression, anxiety, and post-traumatic stress symptoms (PTSS) than those who did not endorse chronic illness. Such findings emphasize the compounded psychological harm of pandemic-induced stress among individuals with chronic illnesses and/or disabilities. A disability-rights framework is necessary for examining the toll of the pandemic and for working towards psychological and health equity.

Bhatt, K., et al., (In Progress) Living With Chronic Illness During the COVID-19 Pandemic: Are People With Disabilities at Increased Risk of Psychopathology?



Probable diagnoses refer to scores on diagnostic questionnaires that meet the cutoff scores for likely diagnosis. Actual diagnoses can only be given with a clinical interview.

## Mentalization and Social Stress

Mentalized affectivity is a three-part construct that refers to one's capacity to identify, process, and express emotional states. Using this model, we investigated the effects of each mentalization phase on COVID-19-related social stressors, such as isolation or interpersonal conflicts, and depression and anxiety outcomes. We found, interestingly, that a greater ability to identify emotions resulted in lower levels of anxiety in the context of COVID-19 social stress. In other words,

the relationship between social stressors and anxiety was attenuated for participants with higher levels of identifying emotions. Additionally, we found that the

capacity to express emotions buffered the negative impact of social stress on depression symptoms. The relationship between social stress and depression was weaker for participants who had higher emotional expression. Within the context of research that documents the relationship between anxiety and feelings of uncertainty, as well as research that examines the role of social withdrawal and internalized aggression, within depressive symptoms, these findings make sense. Above all, such results highlight the importance of therapy in the context of COVID-19. Although therapy cannot seek to solve the detriments of the world around us, especially in the context of such a pervasive and chronic disaster, therapeutic interventions that increase mentalization capacities, can offer increased space and flexibility to reduce severe distress.

Rudenstine, S., Schulder, T., Bhatt, K., McNeal, K., Jurist, E., Ettman, C., Galea, S. (Under Review). Mentalization protest against symptoms of anxiety and depression in the context of COVID-19 social stress.

## Coping, Depression, and Anxiety

We recently examined the role that perceived coping plays within stress-induced depression and anxiety symptoms at two time points during COVID-19. In both April and July, we found that greater coping capacities, or perceptions of one's ability to cope with stressful and traumatic events, buffered against depression and anxiety symptoms in the context of pandemic stressors.



In other words, individuals who felt that, in the face of enduring a stressful or traumatic event, they would be able to continue working towards their current goals, to distract themselves, to laugh, to ask for help as well as to help others, had greater protection against COVID-19 stress-related depression and anxiety. Perceived coping is often used to assess potential reactions to a future traumatic event. However, given the chronic and extensive nature of the pandemic, our analyses have important implications. Not only can adaptability and potential resilience be investigated preceding an event, they can also be investigated *during* an ongoing stressor. Such findings highlight the importance of underlying psychology in facing pervasive stress and protecting against worsened psychiatric symptoms.

## Constellation: Collaboration Among Faculty

### Childhood Adversity, ADHD, and Post-Traumatic Stress

There are notable difficulties in the differential diagnosis of Attention Deficit/Hyperactivity Disorder (ADHD) and Post-Traumatic Stress Symptoms (PTSS). Adverse Childhood Experiences (ACEs), including instances of abuse and neglect, are well-documented correlates of adult psychopathology, and in particular the development of both ADHD and PTSS. We sought to closely investigate these relationships with the goal of specifying the differences between these two types of psychiatric symptoms, and how, as clinicians, we can better-identify their associations. In our analyses of hyperactive ADHD symptoms, we found that experiences of both abuse and neglect were associated with hyperactivity symptoms through PTSS, *and* that such childhood adverse experiences were also associated with PTSS through hyperactivity symptoms. This exemplifies the important relationship of the two symptoms' clusters. The presence of both PTSS and ADHD hyperactivity symptoms make us more vulnerable to the onset of,

or exacerbation of, the other, particularly within the context of childhood adversity.

We subsequently investigated the relationships between childhood adverse experiences and inattentive ADHD symptoms. We found, importantly, that there was no direct relationship between childhood adversity and inattention, but there was an indirect relationship through PTSS. In other words, inattention consequent to ACEs, may be a post-trauma reaction, rather than ADHD. Symptoms that arise out of a potentially traumatic experience, such as disassociation and numbing, common to PTSS profiles, may be misinterpreted as inattention indicative of ADHD. Such findings are crucial, in that there are disparate gold-standard treatments for each of these diagnoses. Forming more detailed differential diagnostic paradigms is foundational to aiding individuals and mitigating symptoms, all whilst ensuring that they receive the most effective care.

O'Neill, S., Rudenstine, S., Schulder, T, Richards, S. (Under Review). Childhood Adversity, Adult Inattention/Hyperactivity and Post-Traumatic Stress Among a Diverse Mental Health Outpatient Population.

#### Collaborate with us

Please send thoughts, ideas, and contributions to [mrudenstine@ccny.cuny.edu](mailto:mrudenstine@ccny.cuny.edu)  
For more information visit: [www.intersectccny.com](http://www.intersectccny.com)

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