

Running Head: INTRODUCTION TO THE SPECIAL ISSUE

In press Psychotherapy Research

<https://doi.org/10.1080/10503307.2024.2417401>

Therapist responsiveness in psychotherapy:

Introduction to the special issue

Ueli Kramer<sup>1</sup>, Jan R. Boehnke<sup>2</sup>, & Giovanna Esposito<sup>3</sup>

<sup>1</sup>University Institute of Psychotherapy, Department of Psychiatry-CHUV, University of Lausanne, Lausanne, Switzerland and Department of Psychology, University of Windsor, Windsor, ON, Canada

<sup>2</sup>School of Health Sciences, University of Dundee, Dundee, United Kingdom

<sup>3</sup>Department of Humanities, University of Naples Federico II, Naples, Italy

Ueli Kramer ORCID: 0000-0002-5603-0394

Jan R. Boehnke ORCID: 0000-0003-0249-1870

All correspondence concerning this article should be addressed to Prof. Dr Ueli Kramer, University Institute of Psychotherapy, Department of Psychiatry-CHUV, University of Lausanne, Route de Cery 1, CH-1008 Prilly-Lausanne, Switzerland, ph. +41-21-314 00 50, fax +41-21-314 27 84; e-mail : [Ueli.Kramer@chuv.ch](mailto:Ueli.Kramer@chuv.ch)

### Abstract

Therapist responsiveness denotes that therapists provide therapeutic interventions within an emerging context of client manifestations and moment-by-moment internal and external changes. So far, psychotherapy research on explaining how therapy works falls short of operationalizing the sequence of events constituted by therapist responsiveness.

The present special issue of Psychotherapy Research addresses this conceptual and methodological gap and proposes six original contributions, using several validated assessment protocols, both from a quantitative and qualitative viewpoint, to study therapist responsiveness in psychotherapy. It aims at providing a rigorous conceptual and methodological basis of studying a core principle of change in psychotherapy for the future.

### Key-Words:

Therapist Responsiveness; Process; Sequential; Therapy Relationship; Methods

Therapist responsiveness is rooted in the observation that emerging context (i.e., client utterance, relationship and contextual aspects of the interaction) impacts the therapist's choice of formulation and intervention (Stiles, Honos-Webb, & Surko, 1998). Therapist responsiveness – the therapist's capacity to respond to such emerging context – has been discussed as a core feature of psychotherapy process explaining outcome, but methodological complexity has it that only a few studies have tested these assumptions.

The complexity involves a sequence of events in the therapeutic process. The therapist a) displays an initial intention, formulation or action, then the client (or other emerging contextual variables) b) displays something different or inconsistent with this initial therapist plan, then the therapist c) makes a choice for a formulation or intervention that is different from a), based on b). This model may constitute the empirical responsiveness sequence of events that should be studied in psychotherapy research. In what follows, we will discuss each paper in the special issue with regard to this sequential model.

Constantino et al. (this issue) tested the therapist addressing clients' self-verification at session two into the psychotherapy on the subsequent quality of the therapeutic alliance. The authors found that therapists who verified the clients' self-concepts (mostly related with disaffiliation and overcontrol) where the dyads with a higher quality of the therapeutic alliance at session three. The therapist action (c) takes into account client utterance in terms of negative self-concept (b), but the therapist initial formulation or action was not modeled in this study.

Levy Chaimonic et al. (this issue) focus on the interplay of responsiveness and rupture resolution processes. Based on data from sessions three to five of 35 clients diagnosed with mild depression they show that confrontation ruptures were negatively associated with clients' experiences of their therapists' responsiveness (but not with therapists' own ratings of their responsiveness); and no associations were found with withdrawal ruptures. As the data were

on session level (global ratings for each construct for each session), the study does not directly speak to the sequential nature of these processes. But as potentially the first investigation of this kind, it identifies a target for fine-grained process research into the associations between ruptures, repairs, and therapist responsiveness.

Abargil et al. (this issue) studied therapists' emotional responses right before and after therapy sessions, in 40 patient-therapist dyads within supportive expressive psychotherapy; these responses were tested as regards their links with the patients' and therapists' perceptions of therapist responsiveness in-session. The authors found that therapists' emotional responses related to inadequacy was negatively associated with patient ratings of in-session responsiveness, while therapists' responses related to parental feelings was positively associated with both ratings of therapist responsiveness. This study did not separate between the pre-session intention and the actual in-session therapist action, but it demonstrates the potential impact of therapists' emotional responses on various aspects of patient-perceived therapist responsiveness.

Culina et al. (this issue) used 5-minute intervals of initial sessions of 47 clients diagnosed with borderline personality disorder to capture dynamic aspects of therapist actions and whether clients expressed feelings. They showed that only a selection of measures of level and variability of these predicted clients' or therapists' therapeutic alliance ratings of the first 10 sessions of therapy underscores the dynamic nature of responsiveness. Since the study does not clearly separate (a-c), it also illustrates the need for theory-based or individualized rating instruments that are able to capture these different sequences within the responsiveness construct.

Pellens et al. (this issue) conducted a qualitative study on the impact of client's depressiveness on the therapist experiences, and described that therapists felt more "constricted" and felt it was difficult to maintain an open and compassionate stance of

presence. The therapist internal response (c) to the client's problematic presentation (b) is present in this study, but it is unclear what the therapist initial feeling was (a; before considering b).

Watson (this issue) reviews her research program in terms of client process variables responsible for change across psychotherapy approaches and how these client processes affect therapist choice of intervention. Among the different conclusions, the author demonstrates that facing clients who display resistance (i.e., in cognitive approaches to therapist directivity and in experiential approaches to therapist structuring), therapy process may become difficult and unbalanced. Watson (this issue) also demonstrates that therapists respond with negative feelings (i.e., feeling dispirited) when their clients do not make enough progress. Overall, these series of studies highlight the relevance of the different steps in the sequential model of therapist responsiveness, but no study included all three elements of the sequence.

While the present special issue demonstrated that the study of therapist responsiveness is cutting edge and alive, it also builds the conceptual and methodological basis for the future of such research. All studies were assessed based on Stiles' definition and our extension with regard to three sequential events: no study has demonstrated the full three-step process. We hereby formulate a call to researchers to do so from a variety of perspectives. All studies have used specifically validated process methodology to assess aspects of intra-session behavior and responsiveness, with two major scales used by Abargil et al. (this issue), Culina et al. (this issue) and Levy Chajmovic et al. (this issue), while more individualized methods, based on case formulations, are available for patient-focused analyses (Caspar, 2023; Watson & Wiseman, 2021). A particular component is generally neglected in the sequence, that is the therapist initial intention (i.e., initial plan or initial intervention), although Abargil et al. (this issue) showed the potential impact of therapist's emotional response assessed pre-session on responsiveness. Qualitative analyses, such as the interpersonal process recall, or methods

based on case formulation, may be used to sharpen this assessment. The combination of these methods may help to assess the full sequence of events of the responsiveness construct.

## References

- Abargil, M., & Tishby, O. (this issue). Therapist emotions and their relation to patients' experience of attunement and responsiveness. *Psychotherapy Research*.
- Caspar, F. (2023). A longitudinal view of an approach to responsiveness: Principles followed and lessons learned. *Psychotherapy Research*.  
<https://doi.org/10.1080/10503307.2023.2275627>
- Constantino, M. J., Coyne, A. E., Gaines, A. N., Goodwin, B. J., Muir, H. J., Critchfield, K. L., Westra, H. A., & Antony, M. M. (this issue). Therapist verification of patient self-concepts as a responsive precondition for early alliance development and subsequent introject change. *Psychotherapy Research*.
- Culina, I., Ranjbar, S., & Kramer, U. (this issue). Fluctuations in therapist responsiveness facing clients with borderline personality disorder: starting therapy on the right foot. *Psychotherapy Research*.
- Levy Chajmovic, M., & Tishby, O. (this issue). Therapists' responsiveness in the process of ruptures and resolution: Are patients and therapists on the same page? *Psychotherapy Research*.
- Pellens, H., Vanhees, V., Dezutter, J., Luyten, P., & Vanhooren, S. (this issue). Therapist responsiveness in the blank landscape of depression: A qualitative study among psychotherapists. *Psychotherapy Research*.
- Stiles, W. B., Honos-Webb, L., & Surko, M. (1998). Responsiveness in psychotherapy. *Clinical Psychology : Science and Practice*, 5, 439-458.

Watson, J. C. (this issue). Psychotherapy process research: Identifying productive in-session processes to enhance treatment outcomes and therapist responsiveness. *Psychotherapy Research*.

Watson, J. C., & Wiseman, H. (2021). *The responsive psychotherapist: Attuning to clients in the moment*. American Psychological Association.