

02.06 newsletter

Zurich, December 2006

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EDITORIAL

Dear colleagues,

This year was of great importance for IFP because to its main event which took place on August 22-26 in Kuala Lumpur, Malaysia: the 19th World Congress of Psychotherapy. This event goes traditionally together with our general assembly and with elections of the Board. Thus this first Newsletter of the new function period is dedicated to these events.

First I would like to take the opportunity to convey thanks to our president for his excellent engagement in the last term. There is wondering that such an effective concern for IFP lead to a re-election of him as president for the next four years! Although this result has its inner logic and is certainly of great advantage for IFP's future I can imagine that taking over this task means a great renouncement and gesture of attributing importance to IFP by a man so highly immersed in academic and presentational duties worldwide as it is the case with Ulrich Schnyder. –Thank you for giving to us this amount of participation!

Thinking back to the main IFP event in 2006 I first encountered gratitude for Prof. Thambu Maniam, the Malaysian president of this congress, and his assistant Zu Jamil Osman, our "Zu". They did an incredible job which certainly will have an impact on their own country and culture of psychotherapy.

Continuing looking back I found myself thinking about the necessity of IFP. I finished again in what is described so properly in our mission statement: IFP is a perfect platform for professionals around the

world, unified in the spirit of maintaining high standards, new developments within interdisciplinary and intercultural exchange. I personally took advantage from our congresses by the plurality of presentations and the different cultural aspects of understanding and treatment. It always fascinates me to see well known features through the eyes of other cultures like this year mainly through the eyes of our Malaysian and other Asian cultures. Bachtiar Lubis provides in his closing remarks a perfect insight in these different parts of psychotherapy which were present at this congress.

This Newsletter also brings the second part of Klaus Grawe's paper on "Agents of Change in the Processes of Psychotherapy" which provides an empirically based access to main structures in Western psychotherapy.

I leave you with my best wishes for a good change of the year



ALFRIED LÄNGLE, PHD
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Presidential Message

The **19th World Congress of Psychotherapy** is history already! The Conference was held in Kuala Lumpur, Malaysia, 22.-26. August 2006. Prof. Thambu Maniam, president of the Malaysian Psychiatric Association, and myself collaborated as co-chairpersons of the organizing committee, while Prof. Zain Azhar acted as president of the scientific program committee. Once again, the World Congress of Psychotherapy was a wonderful experience, both scientifically and socially! Please find Prof. T. Maniam's congress report further down on this Newsletter.

During the World Congress, the IFP General Assembly as well as the Council held their business meetings. In my presidential report, I reported about IFP's achievements over the last four years, mentioning in particular the excellent work of the secretariat in Zurich (Cornelia Erpenbeck: many thanks!), the new mission statement, the co-operation with „Psychotherapy and Psychosomatics“ and WPA, the development and establishment of a completely new website, the production of a new information leaflet and poster, the sponsoring of congresses and workshops. I also reported about our past president Edgar Heim's writing up the history of IFP which over the years has developed into a book project on the history of psychotherapy, with a special emphasis on psychotherapy organizations. The manuscript is planned to be edited by IFP as a book in about 1? years time. Suggestions were made for the future to distribute the Newsletter electronically (pdf format), in order to save mailing costs (Robertson), to publish general informations in the "IFP News" in Psychotherapy and Psychosomatics, and to publish more specific information on the IFP website (Siwiak-Kobayashi). Following the Board's suggestion, the IFP statutes were revised: future Boards will now consist of the President, the Past President and the President-elect, and up to six (6) members-at-large, three of whom shall serve as Vice-President, Secretary General, and Treasurer. The suggested changes of the statutes were unanimously accepted by the General Assembly.

Furthermore, I feel honored to inform you that I was unanimously re-elected by the General Assembly to serve as president of the IFP for the presidential term 2006-2010. I accepted this re-election, and stated that the world needs IFP, a professional society that emphasizes interdisciplinary, intercultural exchange

and mutual learning in the field of academic psychotherapy. I also thanked the former General Secretary Alfried Längle for his loyalty and cooperation throughout the past four years. According to my nominations, the following new Board members were unanimously elected: Vice-President: Alfried Längle, Austria. Secretary General: Mechthild Neises, Germany. Treasurer: Michael Rufer, Switzerland.

As mentioned earlier already, we have started introducing **IFP-sponsored master classes, seminars and workshops** internationally, thus promoting the dissemination of evidence-based psychotherapeutic approaches. In addition, IFP-sponsored workshops will provide an opportunity for psychotherapists to become individual members of IFP in that participants are offered a substantially reduced registration fee if they are already IFP members, or choose to apply for IFP membership. Trainings are conducted by internationally recognized experts. As a start, **Prof. Edna B. Foa, Ph.D.**, Philadelphia, USA, gave a four-day training workshop on Prolonged Exposure (PE) therapy for chronic PTSD. The workshop took place on March 15-18, 2006, in Zurich, Switzerland, and I can only say it was a great success!

The second IFP-sponsored workshop took place in Venice, Italy, September 22-23, 2006: **Prof. Giovanni Fava, M.D.**, Bologna, Italy, a member of the IFP Council, together with Dr. Fedra Ottolini, and Dr. Chiara Ruini, gave an introductory course on Well-Being Therapy (WBT), a novel psychotherapeutic technique for enhancing psychological well-being. The presenters provided information about the background, structure and applications of this approach which has been applied to mood and anxiety disorders in controlled studies. Treatment of individual cases was described, with plenty of opportunities for discussion. Participants were highly satisfied with this two-day workshop.

For 2007, a minimum of two IFP-sponsored workshops are planned, one on Brief Eclectic Psychotherapy for PTSD, and one to be determined.

Mission Statement

Finally, my “ceterum censeo”: All our members, meaning individual members of the IFP as well as individual members of associations who have membership status with the IFP, are offered the IFP's official journal.

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Looking forward to working with all of you, and serving the IFP for another four-year term!

Best regards

PROF. ULRICH SCHNYDER, MD
President IFP
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1. The IFP is a worldwide umbrella organisation for psychotherapy. The Federation is open to professional societies, institutions and individual members.
2. The IFP aims to promote, endorse and maintain high professional and ethical standards of psychotherapy in practice, research, and training.
3. The IFP fosters a worldwide intercultural, interdisciplinary dialogue and mutual learning among psychotherapists, psychotherapy researchers, psychotherapeutic orientations, traditions, and related sciences.
4. The IFP provides a platform for the development of theories, methods and treatment approaches, and promotes the integration of psychotherapeutic thinking in clinical and non-clinical fields.

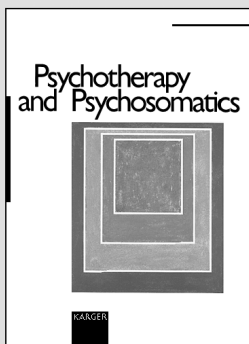
The IFP realizes its aims by means of

- World congresses (every four years)
- Regional congresses
- Supporting and co-chairing the organization of scientific congresses of their members and/or national umbrella organisations (and under certain conditions supporting them also logistically and financially)
- Supporting scientific activities in research, practice, and training, particularly activities of intercultural relevance
- Information transfer by constantly updated homepage and newsletters

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Only original papers written in English will be considered.

Manuscripts should be sent to:
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As the volume of literature in the fields of psychotherapy and psychosomatics continues to grow, it becomes increasingly difficult to keep abreast of new and important developments. 'Psychotherapy and Psychosomatics' has gained a considerable reputation of independence. It has launched debates on issues such as the potential risks of antidepressant drugs, conflict of interest in medicine and national trends of research versus investments, and criteria for academic promotion. The journal features editorials and review articles on current and controversial issues; original investigations of psychotherapy research; the interface between medicine and behavioral sciences, as well as practical descriptions of psychotherapeutic models and techniques. Characterized by strong clinical orientation and rigorous methodological appraisal of contributions, 'Psychotherapy and Psychosomatics' comprises a unique and vital reference to current research.

Selected contributions

Depression and Folate Status in the US Population: **Morris, M.S.**; **Fava, M.**; **Jacques, P.F.**; **Selhub, J.**; **Rosenberg, I.H.** (*Boston, Mass.*)

Management of Recurrent Depression in Primary Care: **Fava, G.A.** (*Bologna/Buffalo, N.Y.*); **Ruini, C.** (*Bologna*); **Sonino, N.** (*Padova*)

Opportunistic 'Rediscovery' of Mental Disorders by the Pharmaceutical Industry: **Starcevic, V.** (*Newcastle*)
 Atypical Antipsychotic Drug Use and Diabetes: **Ananth, J.**; **Venkatesh, R.**; **Burgoyne, K.** (*Torrance, Calif.*); **Gunatilake, S.** (*Norwalk, Calif.*)

Assay Sensitivity, Failed Clinical Trials, and the Conduct of Science: **Otto, M.W.**; **Nierenberg, A.A.** (*Boston, Mass.*)

Tolerance in Antidepressant Treatment: **Baldessarini, R.J.**; **Ghaemi, S.N.**; **Viguera, A.C.** (*Boston, Mass.*)

Psychiatric Disorders and Coronary Heart Disease in Women – A Still Neglected Topic:

Review of the Literature from 1971 to 2000: **Bankier, B.**; **Littman, A.B.** (*Boston, Mass.*)

Therapeutic Interventions Focused on the Family of Bipolar Patients: **Reinares, M.**; **Colom, F.**; **Martinez-Arán, A.**; **Benabarre, A.**; **Vieta, E.** (*Barcelona*)

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Congress Report

19th World Congress of Psychotherapy, Kuala Lumpur, Malaysia, 22.-26. August 2006 «Well-being across cultures: Psychotherapy in a biological era»

The 19th World Congress of the IFP was successfully held in Kuala Lumpur, Malaysia, last August. It was organized in collaboration with the Malaysian Psychiatric Association (MPA) and was held simultaneously with the annual conference of the MPA. While the overall attendance could have been better, a pleasing feature was the strong representation of countries from the Middle-east and South Asia, something which was seldom seen in earlier conferences in Malaysia.

Scientific aspects:

The Congress had a varied scientific program, so varied that I can only highlight a few of them. It began with pre-conference workshops, teaching and sharing skills in various aspects of psychotherapy. About 200 people attended these workshops.

The Congress proper, beginning with the masterly keynote address by Professor Russell Meares of Australia, and ending with a thought-provoking closing session on future challenges for psychotherapy in Asia by Professor Bachtiar Lubis of Indonesia, provided a stimulating environment for the discussion of issues pertaining to psychotherapy. In between, among other topics, Dr. Robertson discussed on the interesting aspect of the Western model of psychological trauma and its applicability to other cultures. Professor Schnyder presented in his usual inimitable fashion, on the current state and future of psychotherapy for PTSD, a topic that has stimulated tremendous interest since the Indian Ocean Tsunami and the earthquake in the Indian subcontinent. There was strong input also from the fields of IPT and CBT as well as issues relating to sexuality, culture, women and children. Two sessions catered specially to trainees and younger therapists, one by Professor Lubis on psychodynamic psychotherapy and another during the „Meet the Experts Session“ at the end of the Congress.

A particular feature of this conference was the prominence given to religio-cultural factors and their influence on the process of therapy. This was particularly

interesting to participants from Asian countries where such issues often emerge to the forefront in therapy situations. In one particular symposium ably chaired by Dr. Laengle, speakers from the major religious traditions of the world shared their approaches to religious clients. It was followed by very interesting comments from the audience, and some participants stayed back to continue the discussion.

We are thankful to the many who expressed their appreciation for the quality of the Congress, though the organizers felt there was much room for improvement.

Social aspects:

As in all such conferences a particularly salutary aspect was the opportunity afforded to delegates to mix, make friends and renew acquaintances, enabling networking and future collaboration. Some delegates and accompanying persons were given a tour of Putrajaya, the sparkling new administrative capital of Malaysia. Others were entertained to a social evening with dances showcasing Malaysia's multi-cultural society. At the end of the evening many would remember the IFP Council Members doing the Malaysian dance! All had the opportunity to explore Kuala Lumpur, the capital of Malaysia, a vibrant city presenting a potpourri of cultures. We hope they took back pleasant memories.

Overall, the conference was successful in promoting collegiality and the sharing of knowledge, skills and ideas. On the financial front, contrary to initial fears, it was also modestly successful. The local organizers would like to thank the IFP and the Council, especially Professor Schnyder, for trusting us with this onerous task and assisting us all the way. We have found not only new colleagues but also friends.

PROF. THAMBU MANIAM (PRESIDENT, MPA)
Chair
Organizing Committee,
19th World Congress of Psychotherapy

Closing note of the IFP's 19th World Congress

Kuala Lumpur, Malaysia, August 26, 2006

Ladies and Gentlemen,

The Congress Committee has graciously conceded me the honor to deliver the closing address for this conference. This conference, the second in the long and distinguished history of the Federation held in an Asian country, turns out to be of particular significance, after we have scanned the proceedings in the light of the latest developments - the latest developments of psychotherapy in the present world scene, and what the near future holds for our world.

Crisis in psychotherapy ...

Psychotherapy is in a crisis. This is the atmosphere; this is very much what we sensed to lie at or near the core of the proceedings. The crisis theme is highlighted by the choice and content of the majority of the presentations. It bears a striking resemblance with the first conference on Asian soil held by the Federation, in Korea, 12 years ago, which I had the good fortune to attend. The challenge to psychotherapy seemed to be posed by the advance of biological psychiatry, by the demands from evidence based medicine. Ways had to be found to overcome "culture barriers"; it seemed. In terms of contrasts between cultures (East and West), these were emphasized, which did not necessarily decrease resistance and non-understanding, but helps to foster hope that what happens to the West will not necessarily happen to the East, because there is a difference.

... and crisis in society

On the whole, the concern has shifted from clinical syndromes in individual patients to social and societal issues. Indeed, the scene of communal life nowadays is overshadowed with calamities of war, civil unrest and terrorism. There is the drug addiction problem, domestic violence, crime in the schools; also massive natural catastrophes and their psychological sequels. These call for quick and drastic action to avert danger and further damage and disorganization. They constitute emergency situations. There is a need for effective measures, and if possible, brief and handling groups of people rather than individuals. Not to mention demoralization on a

wide scale in the industry and the bureaucracy. All these make the case of individual mental disorder less of a priority. The urgency of these kind of problems does not put great premium on "listening and understanding" - there is little time for that; damage control comes first. Hope has been vested in religion. But there is word about the decline of religion, on the one hand, and the emergence of religious militancy, on the other. The art of persuasion and diplomacy also has run out of effective innovations. The western enlightenment holds out the way of reason to lead to progress, scientific reason and technology, to find the true and real way to deal with these problems. That is, perhaps, why we turn to biology - find ourselves within a "biological era." Psychotherapy cannot remain aloof from these realities, which are by now a global concern. Mental patients can not be seen merely as individuals with intrapsychic problems and conflicts, driving them mad; they are also victims of a sick and mad world.

Psychotherapy - two traditional faces

Traditionally, psychotherapy has been thought of as having two "faces." One is the structured, learned procedure, delivered and experienced as a highly technical and medical activity. Psychotherapists make diagnoses and prescribe treatment, to large extent in compliance with bureaucratic operations and insurance companies' conditions for payment. This face is covered with the veil of science and technology. It is mainly this psychotherapy with its problems that is usually discussed in professional conventions.

The second "face" is the one that psychotherapy presents to the patient and to itself. It is a vision of psychotherapy as a refuge from distress, a source for healing, and even for self-actualization and self-creation. It wears the veil of virtue, enlightenment, salvation and evolution. This is the humanistic face, upon which science looks with skepticism - with wonderment, at best. It stirs great expectations in the mind of the population, it is the charming face of psychotherapy, but it does not enjoy as much acclaim in professional congresses, where it is benevolently tolerated. Nevertheless, in this congress, some conspicuous contributions were made mainly by our Malaysian and Indian colleagues - and, as usual, apologetically labeled as Asian (or Eastern) thought. This therapy seems to work best if it takes on a religious and spiritual cloak, and its

effects become dubious whenever in a certain place religion itself is in crisis.

Psychotherapy's third face: social and cultural criticism

But a third "face" of psychotherapy has been unmasked in this conference, if not by design, because of its inevitability. It reveals itself as social criticism, as an agent of social and cultural change. This is what the other faces do not have; science, scientific technology and planning do not have it though liberal science takes it for granted. It is also not provided by religion. Contemporary psychotherapy, as exposed by the majority of the presentations in this congress, takes these issues much at heart. It experiments and speculates how to deal with post-traumatic conditions (war, and massive natural disasters), living in extreme poverty, deprivation and poor education, resulting in arrested development and maturation, drug abuse, domestic violence, problems with growing old, collapse of discipline and leadership. It deals less with madness as with incidents of illness. Yet it is shown that understanding and dealing with such problems requires thorough knowledge and insight, and speculative power, in psycho-dynamics and theories of personality. It needs knowledge and speculative power. And it requires critical skill to apply the appropriate techniques.

Leads the social crisis to the virtual split of East and West?

The sociologists say that the social crisis is actually a manifestation of an intellectual crisis. Reason is, at least in the West, as the ultimate guide of veracity and reality. But the reality value of speculation, trained intuition and knowledge of the unconscious, has – fortunately – not been discarded entirely; at least in the East (witness what has been brought up in this conference). To a large extent, it has created a so-called divide between Eastern and Western concepts and value systems: different ideas about freedom, about democracy, about morality and about madness and wisdom. This is a virtual divide, and – if sustained – will not be conducive to an understanding what psychotherapy is and what it can do, and should do, for mankind's betterment. East and West have much to learn from each other across this so-called barrier, and their concepts may prove to have much more in common.

Psychotherapy's future – duty despite uncertainty

Thus, there is no certainty in future predictions. Psychotherapy might, just like not so few people believe, actually eventually disappear – at least as a legitimized treatment modality acknowledged by the science of medicine, and the health bureaucracy. Yes, it certainly just might. It is vital for psychotherapy to fulfill a meaningful and effective role to redeem mad people and improve a society that makes or labels them so. So – first – we psychotherapists must continue to develop helping methods that work that are practical and clearly work better all the time. In so doing, wherever applicable, rigorous scientific research should be called upon for evaluation, comparison and optimizing applicability. That is where science and systems come in.

But – secondly (though not second in order of importance) – speculative ideas must continue to be encouraged and produced. They very rarely come out of the research laboratories, or out of executive planning boards. They arise out of the work of listening, from learned knowledge, and from the signs and symbols observed as well as those welling up in one's total living experience. They must be allowed room on academic forums, and channeled through professional journals to reach the public as well as the scientific testing ground. This conference has been conducted in such a spirit and has done its job well in enriching our experience, and countering some of the forces that, at present, threaten psychotherapy with fragmentation and demise.

I now take this opportunity, on behalf of all the participants of this congress, to express our appreciation and gratitude to our hosts, the Malaysian Psychiatric Association, to the Congress Organizing Committee, and to the citizens of this marvelous city of Kuala Lumpur. Your hospitality, your efforts to give us all a memorable experience in the pursuit of our ideals, all these have born fruit and deserve our warmest thanks. Till we meet again. Sampai jumpa pula.

Thank you.

D. BACHTIAR LUBIS
Dept. of Psychiatry, Faculty of Medicine
University of Indonesia, Jakarta

Agents of Change in the Processes of Psychotherapy, Part II

PROF. KLAUS GRAWE, PhD (1943 - 2005)

In our first study we selected from more than 8000 therapy sessions that had been conducted and videotaped in our outpatient clinic in Bern a sample of sessions in which the patients according to their own assessment in a post session questionnaire had experienced strong negative emotions related to the problems being treated. We regarded these as sessions with a strong process actuation of problems. Then we selected from this sample 30 sessions in which the patients according to their post session evaluation experienced a good session outcome defined by positive mastery and/or clarification experiences and 30 session with a bad session outcome according to the same criterion.

Each session was divided into 10-minute-segments. The three middle segments of each session, that means altogether 180 segments, 90 from sessions with a good outcome and 90 from sessions with a bad outcome, were analyzed with the Therapy Spectrum Analysis (TSA) a method of process analysis developed by us over the past few years (Grawe, 1997; Grawe et al., 1999). TSA is a system of rating scales that can be applied to therapy sessions of any kind. Each scale addresses an aspect of the therapy process for which consistency theory assumes a functional relation to session outcome or respectively therapy outcome. Normally 10-minute-segments of therapy sessions are rated.

I will not give a comprehensive overview of TSA here nor I will go into details about reliability, rater agreement and so on. That has been published in German and is available at request. I will describe the rating scales that were especially relevant for the research questions of this study when I report on the results. The 180 segments were analyzed by trained raters with sufficient rater-reliability. The raters were blind regarding the type of sessions and segments they were rating.

Our hypotheses were tested by comparing the 90 segments with good outcome with those with bad outcome with the t-test. The resulting t-value was transformed into an Effect Size, Cohen's d. In the following I report only the ES expressing the effect of the respective process variable on session outcome. For a single test a d of .33 would be significant on the $p = .05$ level of significance.

Three rating scales address the amount to which the patient has positive experiences regarding his need for attachment in the respective 10-minute-segment. The question of how psychotherapy works has ever been a main focus of psychotherapy research. Literally thousands of studies have been conducted investigating the influence of hundreds of variables on therapeutic outcome. David Orlinsky has tried to integrate the vast amount of findings on process-outcome correlations in his Generic Model of Psychotherapy (Orlinsky, Grawe & Parks, 1994).

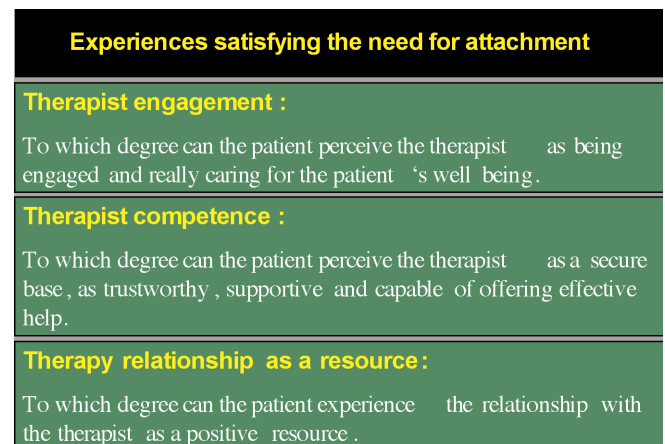


Figure 19

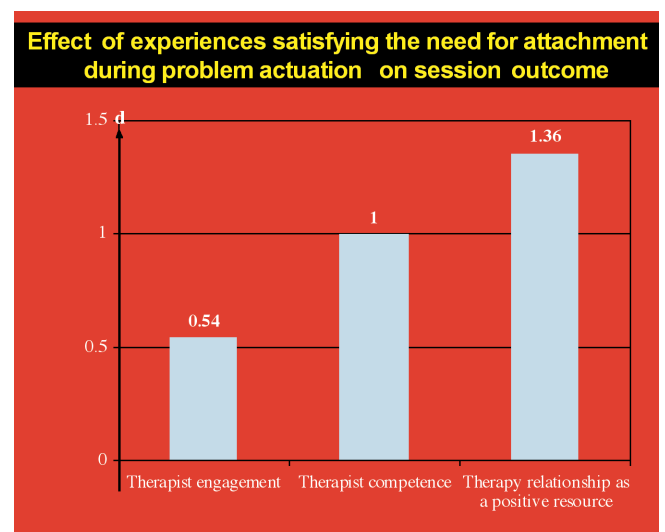


Figure 20

The results are very clear: The amount to which the patient is having positive experiences regarding his need for secure attachment whilst he experiences strong incongruence due to problem actuation has a decisive influence on whether the problem actuation will lead to positive mastery or clarification experiences or not.

Six scales address the degree to which different kinds of resources on the side of the patient are activated in this segment. The activation of these resources provides the patient with satisfying experiences regarding his or her need for control and need for self enhancement.

Effect of patient's activated resources that satisfy his/her need for control and for self enhancement on session outcome	
Explicit reinforcement of patient's goals and values	To which degree can the patient feel himself /herself supported and reinforced in his/her own goals and values ?
Explicit reinforcement of patient's competences and abilities	To which degree are patient's competences and abilities explicitly addressed and reinforced ?
Process activation of patient's own positive goals in the therapy relationship	To which degree is the patient's therapy - behaviour determined by his/her own motivated goals ?
Process activation of patient's abilities and competences in the therapy relationship	To which degree is the patient capable to do what the therapist wants him /her to do in therapy ?
Patient's experience of his/her positive sides	To which degree can the patient experience himself /herself from his/her positive side ?
Explicit addressing of patient's positive characteristics	To which degree are positive characteristics of the patient explicitly addressed ?

Figure 21

Again we find effect sizes of an absolute size that we rarely find for process variables in psychotherapy research. The ES indicate that the amount of resource activation being done during the experiential activation of harmful problems is decisive for the immediate effects of the problem actuation. Positive corrective experiences are generated only if the problem actuation is accompanied by strong resource activation.

For comparison I show also the effect sizes for several other variables that might make a difference between productive and unproductive problem activations.

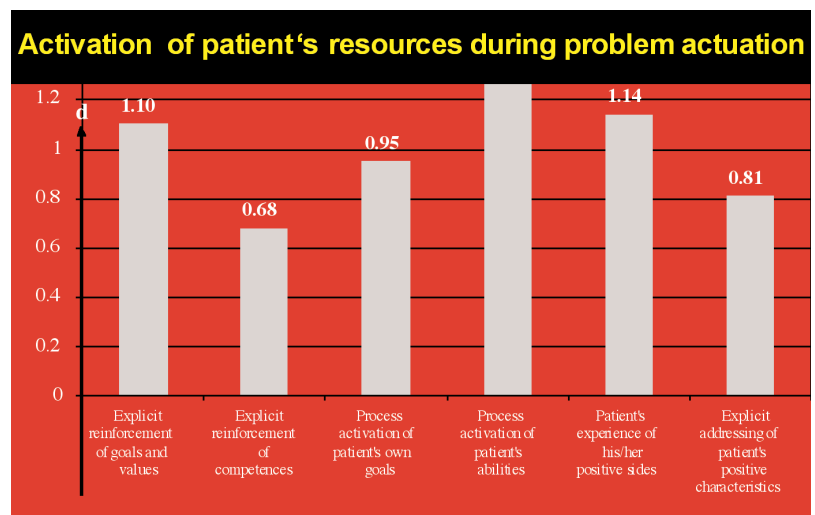


Figure 22

We see, most of these variables don't make a significant difference between productive and unproductive problem actuations. Only the intensity of problem treatment and a focus on problem change have a significant but comparatively moderate effect. The effect sizes found for these other variables emphasize again how strong the influence of need satisfying positive experiences within the therapy sessions is especially during painful therapeutic work.

In the second project we used a process analysis with a higher dissolving power analyzing 1 minute segments instead of ten minute segments. Whole therapy sessions lasting between 45 and 60 minutes were analyzed minute by minute. The rating scales for this Consistency Theory Micro Process Analysis have been developed by my coworker Daniel Gassmann.

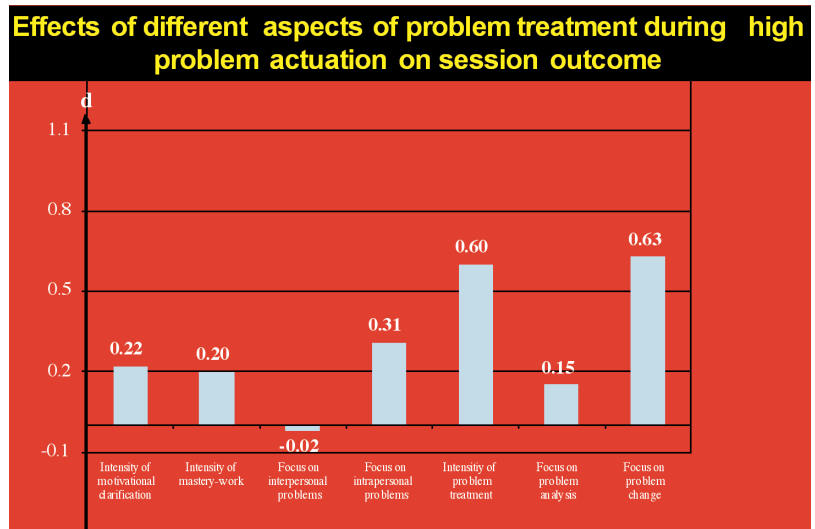


Figure 23

Consistency Theory Micro Process Analysis (Gassmann & Grawe)	
•	Content of therapeutic work (not relevant for this study)
•	Problem activation
- Patient:	- degree of emotional involvement - approaching or avoiding tendency
- Therapist:	- deepening or flattening interventions
•	Immediate Result of problem activation
- Patient:	- degree of noticeable problem change - mastery and/or clarification experiences
- Therapist:	- focus on goal discrepancy, status quo, or goal achievement
•	Resource activation
- Patient:	- degree to which resources are activated on the side of the patient
- Therapist:	- degree of resource oriented interventions

Figure 24

There are scales for.....

120 therapy sessions were analyzed in this study according to the following design:

Treatment outcome was defined by a broadly based integrated effect size and session outcome by the same criterion as in the first study, namely the degree of mastery and clarification experienced by the client in the respective session according to a post session questionnaire. Average session outcome for all treatment sessions of a given case and therapy outcome correlated with $r = .69$. This correlation is based on a far greater sample of more than 200 therapies.

The design enables us to contrast the best sessions of very successful therapies with the worst sessions of therapies with a poor outcome improving our chances to detect aspects of the therapy process that are functionally relevant for the outcome.

As a first step we compared the three outcome groups with our process measures as the dependent variable.

There is no significant difference in the degree of Process activation of problems between the groups. This is consistent with our earlier results. Problem activation in itself is neither good nor bad. This depends on the context in which it takes place.

Design of study 2 (Gassmann and Grawe)		
Therapy outcome \ Session outcome	session outcome very good (2 sessions per therapy)	session outcome bad (2 sessions per therapy)
10 therapies with very good outcome	20 sessions	20 sessions
10 therapies with medium outcome	20 sessions	20 sessions
10 therapies with poor outcome	20 sessions	20 sessions

Figure 25

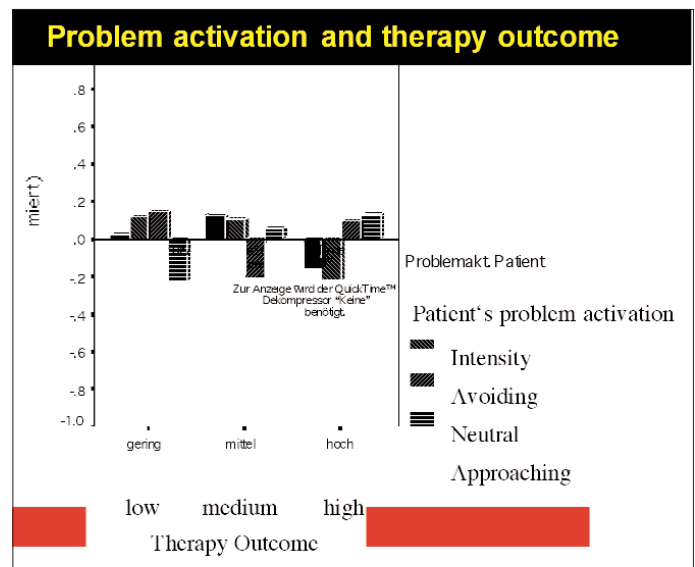


Figure 26

For resource activation the picture looks quite different. In the therapies with a poor outcome there is a highly significant lower level of resource activation on both sides, the patient and the therapist. This result shows that resource activation is a very potent change agent in itself, not only in combination with problem activation because in this study the sessions analyzed were not selected according to the criterion of high problem activation as in the study reported before.

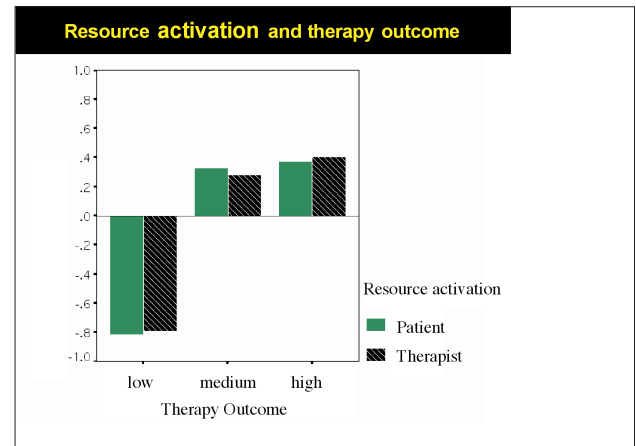


Figure 27

Figure 28 shows that improved mastery experiences as an immediate result of problem activation are happening in good outcome therapies significantly more often than in therapies with a poor outcome. This can be partly explained by the result before. Resource activation and mastery experiences are significantly correlated. But the therapist behaviour plays also a significant role in this regard.

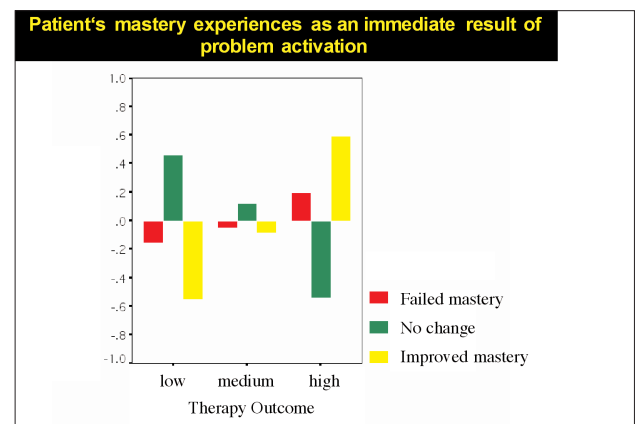


Figure 28

In good outcome therapies the therapist focuses significantly more on positive steps toward the goal and goal achievement than on the incongruence between current status and goal.

Let's now use the strength of our minute by minute analysis and see how resource and problem activation develop over the course of the therapy session. We compared for this purpose the best sessions from the good outcome therapies with the worst sessions from the poor outcome therapies.

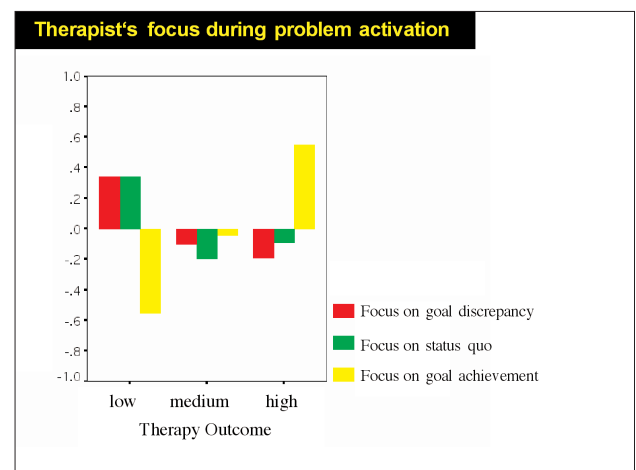


Figure 29

It's immediately evident that the degree of resource activation on both sides is a decisive characteristic of successful and unsuccessful therapy session. There is a clear difference over the whole course of treatment sessions.

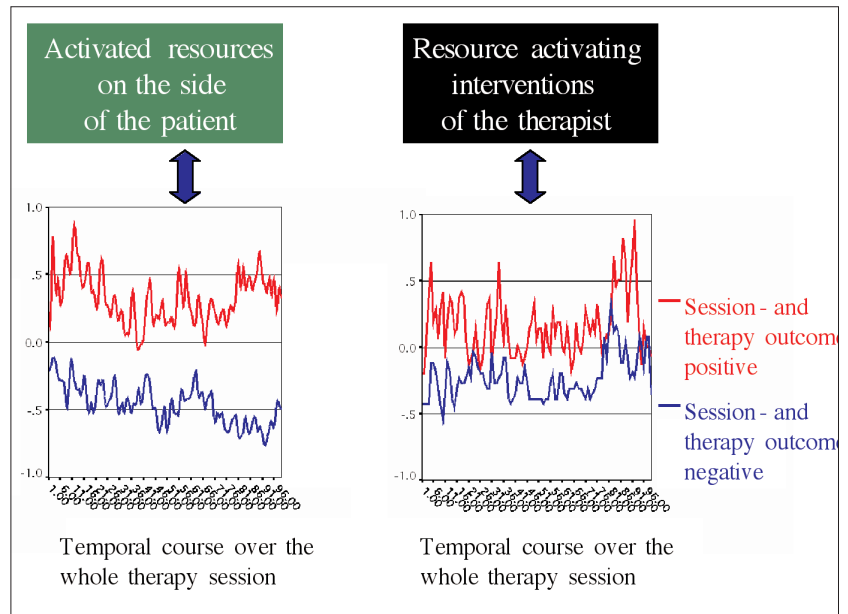


Figure 30

Figure 31 combines the degree of resource activation of therapist and patient in the same figure. Now an interesting pattern emerges for the unsuccessful sessions: Resource activation is low on both sides for most of the session, but suddenly, in the last ten minutes, the therapist becomes rather active in trying to activate patient's resources. Yet he is not successful at all. There are less and less resources activated on the side of the patient over the whole course of the therapy session. At the beginning of the session the therapist has neglected to activate patient's resources, at the end of the session he doesn't reach him any more.

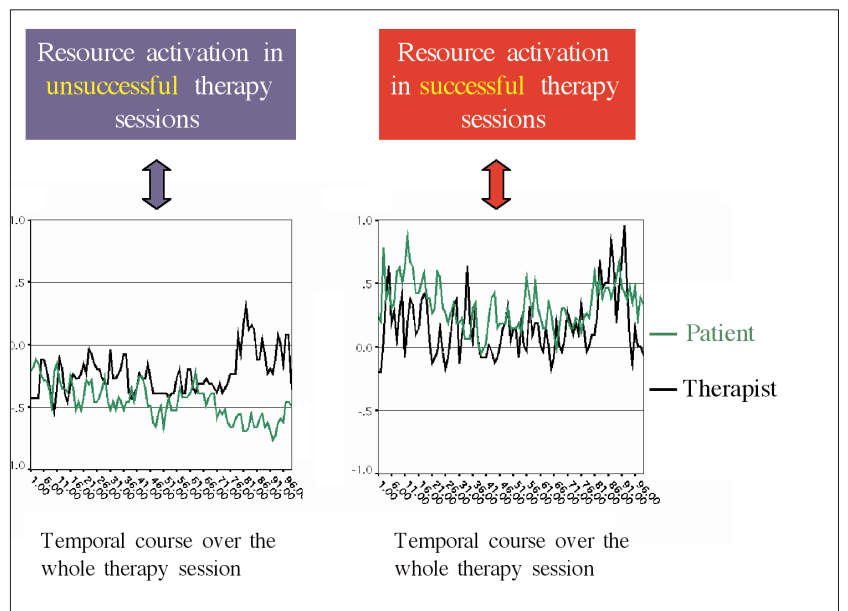


Figure 31

The failing resource activation in unsuccessful therapies is getting even clearer if we look at the cross correlations between activated resources on the side of the patient and resource activating interventions on the side of the therapist.

If patient's resources are not activated the therapist tries to activate them, if they are activated the therapist neglects and doesn't reinforce that. This is very stable interaction pattern. The negative correlations stay to be significant even after 7 time lags.

Quite the opposite stable interaction pattern we find for the successful therapies. Here the correlations are significantly positive. If patient's resources are activated the therapist reacts with resource activating interventions and vice versa.

Thus in unsuccessful therapies there is something going severely wrong between therapist and patient and this concerns especially the lack of the resource oriented positive feedback process that I presented in my theoretical introduction as one of two main pillars of a successful therapeutic process. As a consequence the patients in these therapies are having only rarely need satisfying experiences during therapy and their incongruence level will stay high. Accordingly their well being will keep to be low and their symptom level high.

Yet, the second pillar, corrective experiences is also damaged by this lack of resource activation.

Figure 33 shows the relative degree to which resource activation and problem activation have been realized on the side of the patient in successful and unsuccessful therapy sessions. In unsuccessful sessions the level of problem activation is always much higher than that of resource activation and this is definitely not the case in successful therapies in which the level of resource activation is always at least as high or mostly higher than that of problem activation.

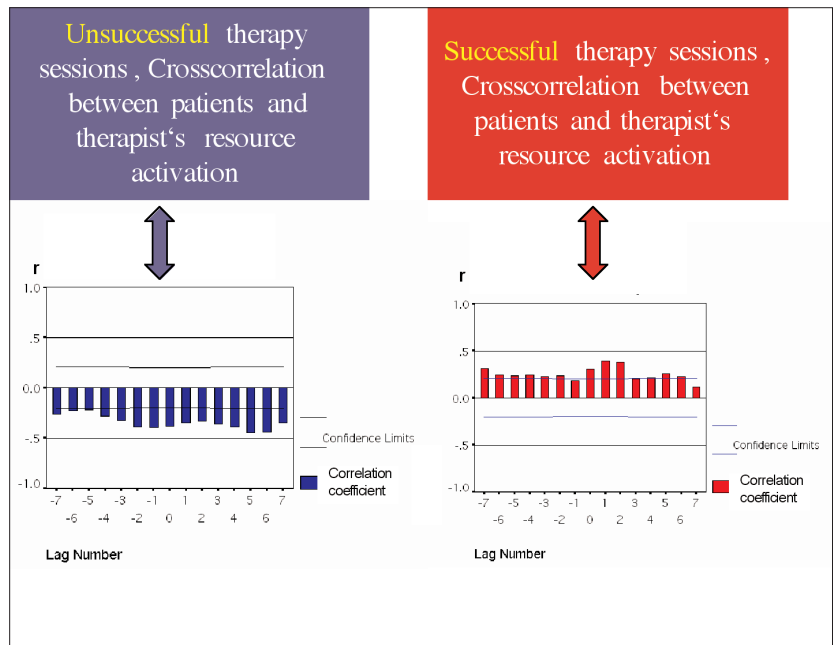


Figure 32

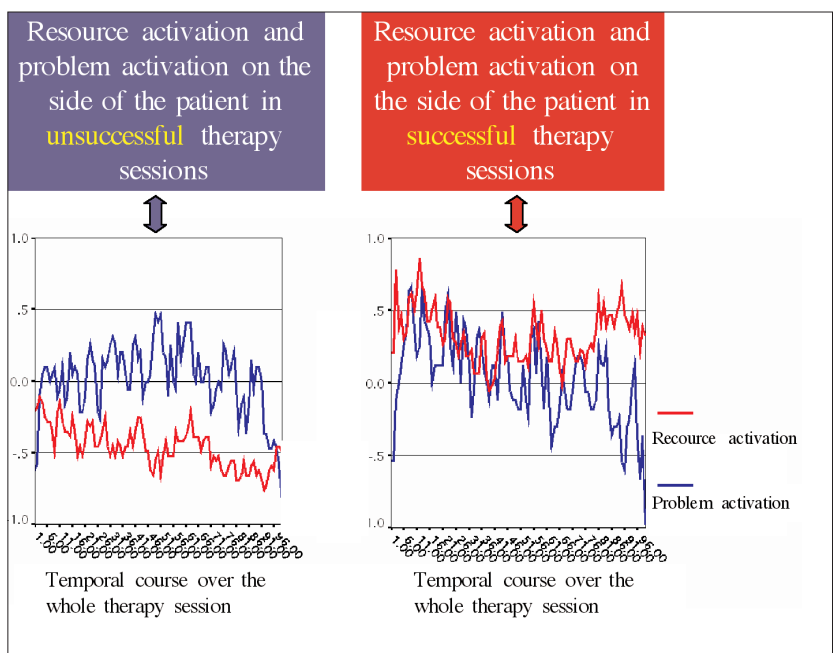


Figure 33

The same is true for the therapeutic interventions.

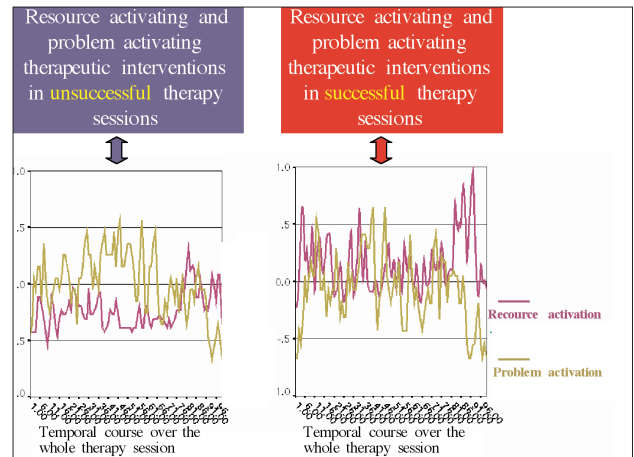


Figure 34

The pattern is getting even clearer when we subtract the scores for resource activation and problem activation from each other. In this figure the area above the dotted line indicates that resource activation is stronger than problem activation, the area below the line means the opposite. The curves are based on summary scores for the first five minutes of each session, five minutes from the middle and five minutes at the end of a session. In successful therapies resource activation dominates strongly at the beginning and at the end of a session. In the middle phase problem activation increases while resource activation decreases a little bit. But still resource activation is also during this phase of intensive therapeutic work on the problems somewhat higher than problem activation. In the unsuccessful therapies problem activation dominates resource activation at all times, this being extreme in the middle of the session.

Summarizing we can state that a specific combination of problem activation and resource activation seems to be an important characteristic of successful therapies. If problem activation is combined with an even higher level of resource activation the chances for immediate positive corrective experiences are good and so are the chances for a good therapeutic outcome at the end of therapy. On the contrary, if problems are activated without the patient at the same time having sufficient need satisfying experiences the problem activation will not result in positive corrective experiences.

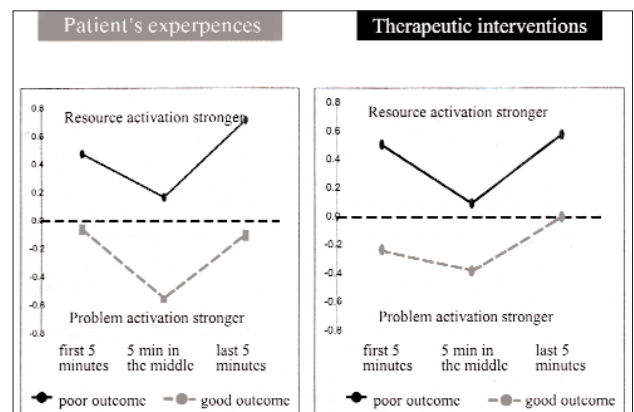


Figure 35

Coming back to my theoretical introduction I postulated that there are two kinds of therapeutic change, namely resource activation and corrective experiences, both achieving their therapeutic benefit by conveying the patient with need satisfying experiences that reduce the existing level of incongruence.

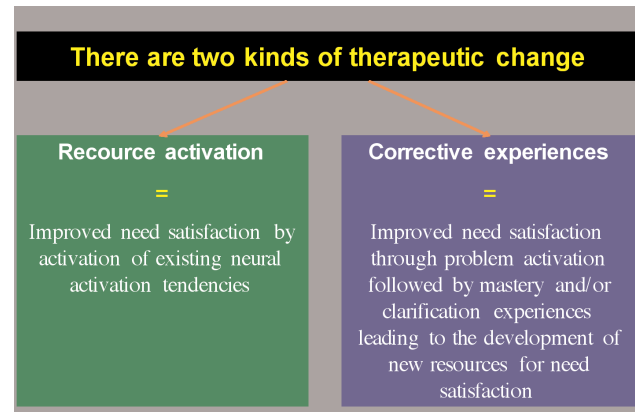


Figure 36

As far as this is successfully achieved, according to our results on the correlation of incongruence with clinical variables, we can expect that the patient will feel better and will experience a decrease of his psychopathological symptoms and of other maladaptive behaviour. The results I have presented show that the degree to which this can be achieved depends to a large extent on the degree to which resource activation is realized in the therapeutic process.

The crucial importance of this potent agent of change has been underestimated or neglected in most systems of psychotherapy, at least in the two most dominating ones, the psychodynamic and the cognitive-behavioural approach. I believe time has come to explicitly include this important aspect of successful therapeutic processes into every therapeutic conception and into the training of therapists. In order to be a good therapist it is not enough to be an expert in mental disorders, one must also be an expert in resource activation.



Figure 37



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News from Korean Academy of Psychotherapists

Twelve KAP members attended the 15th International Congress of the ISPS (International Society for the Psychological Treatments of the Schizophrenia and Psychoses) in Madrid, Spain during 2006. 6. 12-16, and organized a workshop and a symposium about Taopsychotherapy and Western Psychotherapy as below.

Symposium: Taopsychotherapy and Western Psychotherapy

Co-chairs: Brian Martindale (UK), Huh Chan Hee (Korea)

- 1) The Essence of Taopsychotherapy in Comparison with Western Psychotherapy
-> Rhee Dongshick (Korea)
- 2) Daseinsanalysis and Taopsychotherapy: The Meaning of Psychopathology and Psychotherapy
-> Erik Craig (USA)
- 3) Taopsychotherapy and Client-centered/Experiential therapy: A Common Search for Humanity and Wholeness
-> Garry Prouty (USA), Huh Chan Hee
- 4) Discussion
-> Brian Martindale, Rhee Dongshick, Erik Craig, Garry Prouty

Workshop: Taopsychotherapy

Co-chairs: Erik Craig (USA), Rhee Dongshick (Korea)

- 1) Introduction of the Case of Prof. Rhee's Consultation Interview with a Schizophrenic Girl
- 2) Listening the Audiotape of the Interview
- 3) Discussion
-> Garry Prouty (USA), Erik Craig (USA), Brian Martindale (UK), Kang Suk-Hun (Korea)

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