

S34 *New frontiers of psychotherapy research: a quest for the future*

INTERACTIONS BETWEEN THERAPIST AND PATIENT:

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1. Clinical data: Psychotherapeutic processes have been increasingly considered as interactional, and methods have been devised aiming to capture these interactive dimensions. Our research concerns processes during mother-infant psychotherapy. These therapies are often brief; their success depends in part on the clinician's capacity to define rapidly a central focus, according to formulations close to Luborsky's CCRT. It also depends on the patient's capacity to elaborate her conflicts. Two clinical vignettes will illustrate how a first session evolves when the focus is easily obtained versus when it is not obtained. Technical considerations concerning the determinations of a therapeutic focus will be proposed.

2. Research data: Our research aimed to identify processual variables responsible for change in brief mother-infant psychotherapies. We looked for correlations between early identification of focus and outcome. We also used an instrument devised by Czogalik in order to assess profiles of patient-therapists interactions in terms of verbal interactions. Styles of interactions, and of development of themes will be presented; their correlation to easy and difficult evolution will be illustrated in two cases.

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INTERACTIVE RELATIONSHIP PATTERNS, REACTIONS OF THE THERAPIST AND PSYCHOTHERAPEUTIC CHANGE

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In this contribution, the significance of psychotherapeutic interaction for psychotherapeutic change is explored. The focus lies on affective regulation processes occurring in the context of guilt feelings. One basic assumption of our approach is that in the context of narrative episodes in which a client describes a situation of experienced guilt feelings, typical interactive patterns are enacted with the therapist. These interactive patterns (so called *traps*) are elements of a client's offer of specific roles to the therapist and are characterized by typical verbal and non-verbal behaviour. They imply specific reactions of the therapist, e.g., verbal confirmations or legitimizing comments. According to the therapist's reaction, *successful* or *unsuccessful* traps are differentiated. The significance of these interactive behaviours for the therapeutic process is investigated. What is the "best" way for the therapist to cope with traps? What is the significance of successful or unsuccessful traps for therapeutic change? In order to study these questions, verbal as well as nonverbal aspects (especially facial expression) of the interaction of videotyped therapy sessions were analysed with microanalytic methods. The investigation shows that the evaluation of productivity of "abstinent" or "responding" therapeutic reactions and interventions has to take into account the actual affective relationship between client and therapist. The succeeding course of the therapy session must be considered.

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NEW FRONTIERS OF PSYCHOTHERAPY RESEARCH: A QUEST FOR THE FUTURE

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Psychotherapy is a valuable treatment and a specific ingredient of psychiatric training and clinical practice. In the present time of changing cultural paradigms and mental health policies, the medical relevance of psychotherapy is overtly challenged by the rapid progress of scientific knowledge and increased need for evidence-based treatment guidelines. Psychotherapy research is the most important tool to survive this challenge, and innovative studies should be directed to develop new assessment instruments, set up cost-effective psychotherapy and combined treatment programmes, and to better understand process and change within psychotherapy. This symposium will review recent research efforts intended to meet these aims, as well as to convert research progress into better care.

S35 *Eating disorders*

SYMPOSIUM ON EATING DISORDERS. CLINICAL ASPECTS AND TREATMENT

G.F.M. RUSSELL (Chairman), H.-C. STEINHAUSEN (Vice-Chairman)

OBJECTIVE: To present recent advances in clinical features, outcome and treatment in anorexia nervosa (AN) and bulimia nervosa (BN).

METHODS: These range from electronmicroscopy of biopsied muscle sections in AN to a metaanalysis of the literature in AN and BN.

RESULTS AND CONCLUSIONS:

1. A proximal myopathy may complicate severe AN, with atrophy of type II muscle fibres and glycogen granules between the myofibrils.
2. The mean recovery rate for AN is 45% and for BN 48%. The mortality rate for AN is 5.5% and for BN 0.7%.
3. AN is often associated with obsessive-compulsive symptoms. Patients with OCD have a raised frequency of eating disorder symptoms. The relationship between the two disorders is explored.
4. A range of psychological tests reveals characteristic clinical features, co-morbidity and outcome in male patients with BN and binge-eating disorder.
5. The effectiveness of a self-help manual has been evaluated. Recovery occurred in 20% BN patients; the addition of a few therapist-guided sessions improved the outcome to a rate similar to cognitive-behaviour therapy.