

Wampold, Bruce E. (2009-12-14T22:58:59). *The Heart and Soul of Change, Second Edition: Delivering What Works in Therapy* (Kindle Locations 214-243). American Psychological Association.

FOREWORD

DAVID E. ORLINSKY

A joke circulated among insiders some years ago about psychotherapy being a field of applied science for which the science that was applied had not yet been developed. The humorous bite of this old joke hit home when it was made in the middle of the last century because it reflected a situation that was largely true at the time. Systematic scientific research on psychotherapy was in its infancy, and there was little beyond traditional clinical theories and illustrative case histories to serve as bases for training and practice. Now, 6 decades later, a substantial body of knowledge does exist, thanks to the efforts of a large and growing number of psychotherapy researchers in many countries. This body of knowledge is based on well-replicated findings about therapeutic processes, outcomes, and clients' characteristics, and thus the situation in which psychotherapists work today is very different. By the end of the 20th century, the real joke (now sad rather than funny) was that too few therapists knew there was a sound scientific foundation for their practice. The great contribution of *The Heart and Soul of Change: What Works in Therapy* when it appeared in 1999 was to systematically digest and present this research to psychotherapists. Research has continued to accumulate rapidly over the past decade. Moreover, to those (like the editors of this volume) who have thought about it, the implications of this research-based knowledge for therapeutic practice have become ever clearer. These are the reasons for a new edition of this volume.

A brief historical sketch of the relationship between psychotherapy research and practice may be in order to help readers appreciate the accomplishment that this volume represents.

Systematic empirical research on psychotherapies began as long ago as the late 1940s (e.g., Muench, 1947; Raimy, 1948; Raskin, 1949) and commenced in earnest during the early 1950s (e.g., Eysenck, 1952; Powdermaker & Frank, 1953; Rogers & Dymond, 1954; Snyder, 1953; Wolff & Precker, 1952). Although the field continued to flourish during the 1950s and 1960s, it is probably fair to say that for the first 25 or 30 years of this field's history, studies of psychotherapy taught us more about how to improve our research techniques than they did about how to improve clinical practice. As late as 1969, a leading therapy researcher who contributed as much or more than anyone to this field could publish an article titled "Research Cannot Yet Influence Clinical Practice" (Luborsky, 1969). Clinicians and clinical theorists who had turned expectantly to these early studies for validation or guidance were inevitably disappointed. Many turned away, and for a long time practitioners could afford to disregard research as largely irrelevant to questions of clinical practice.

The tide began to turn in the 1980s with the introduction of meta-analysis (e.g., Smith, Glass, & Miller, 1980) and the publication of the second and third editions of the *Handbook of Psychotherapy and Behavior Change* (Garfield & Bergin, 1978, 1986), which provided comprehensive synopses and syntheses of research results from the preceding decades. Viewed cumulatively, it became apparent that an already massive body of data had established the general effectiveness of psychotherapeutic treatment and had begun to indicate the features of therapy that contributed to its effectiveness (e.g., Orlinsky & Howard, 1986). By the early 1990s, there was compelling reason to reconsider the rift between research and practice, which

researchers began to do in the mid-1990s (Aveline & Shapiro, 1995; Talley, Strupp, & Butler, 1994). In the volume titled *Psychotherapy Research and Practice: Bridging the Gap* (Talley et al., 1994), Luborsky's pessimistic outlook of prior years was replaced by a chapter that he now titled "The Benefits to the Clinician of Psychotherapy Research: A Clinician-Researcher's View" (Luborsky, 1994). My own contribution to the same volume was a chapter titled "Research-Based Knowledge as the Emergent Foundation for Clinical Practice" (Orlinsky, 1994). Within 5 years, the first edition of *The Heart and Soul of Change* provided clinicians with an extensive and systematic account of how therapeutic practice should and can be informed by research results (Hubble, Duncan, & Miller, 1999).

From its uncertain beginnings in the mid-20th century, the field of psychotherapy research had truly come of age by the century's end. Indeed, certain findings had been so well replicated that they could be viewed as established facts; for example, findings regarding the therapeutic value of the patient-therapist relationship (Norcross, 2002; chap. 4, this volume). Although research by its nature is open-ended, not given to declaring certainties or making broad generalizations, the accumulated evidence had grown sufficiently to serve as a guide to clinical practice. In the 1st decade of this 21st century, the pace of research on therapy has only increased. Interested clinicians could keep up with some of this new work through occasional articles appearing in newsletters like the *Psychotherapy Networker* (e.g., those collected in Lebow, 2006), but enough has been done since the 1990s to justify this new and enriched second edition of *The Heart and Soul of Change*.

However, this new edition is more than a survey of research findings that have been translated for practitioners. It presents a research-based

paradigm of psychotherapy that has emerged as a more accurate alternative to the established but overly narrow, ill-fitting one based on an analogy between psychotherapy and pharmacology (e.g., Orlinsky, 2006; Wampold, 2001; see also chap. 2, this volume). Briefly, the old (and largely still accepted) paradigm assumes that treatment is basically a process of applying psychological techniques to emotional or behavioral disorders, that therapeutic efficacy inheres in the procedures used, that there is a set of optimal procedures for use in treating each disorder, that patients are "carriers" of diagnosable disorders and are more or less cooperative recipients of treatment, and that therapists are more or less discerning diagnosticians and are more or less skillful at administering the optimal procedures for each diagnosed disorder. This view fits well with the individualistic and mechanistic suppositions of modern culture (e.g., Berger, Berger, & Kellner, 1974), which probably accounts for its persistence. Unfortunately, it does not fit very well with 6 decades of accumulated research findings and therefore does not serve very well as a paradigm for psychotherapy.

The alternative paradigm, articulately presented and expertly documented in this volume, holds that therapeutic efficacy inheres primarily in the patient's experience and in the use of a remoralizing, resource-enhancing, and motivating relationship with a therapist who is supportive and challenging (in proportions and at times that suit the patient's needs and abilities). The therapist's procedures are important but become effective largely by contributing to the formation and development of this relationship in the patient's experience.

This view provides a better fit with the cumulative findings of psychotherapy research than does the pharmacological paradigm, as

various chapters in this book show. Moreover, this view is grounded implicitly in the following facts of species biology: individuals are born into environments primarily comprising human relationships; for many formative years, individual survival depends on the nurture, discipline, and education provided by relationships; lives take form and persons grow by participating in relationships that are more or less satisfying and more or less stressful, occurring in social and cultural communities that are more or less cohesive and coherent. From this perspective, it is not surprising to find that relationships that are experienced as discerningly perceptive, genuinely caring, and practically encouraging should be effectively therapeutic.

Implicit recognition of this new paradigm is reflected in the fact that the architects of this new edition have abandoned the traditional distinction between common factors and specific factors as an organizing framework (in which specific factors refers primarily to differences in therapists' procedures or techniques) and have replaced that with a simpler, more inclusive emphasis on therapeutic factors. They insist, correctly, that they are not proposing another new theoretical orientation or school of therapy. Rather, they present a comprehensive view of all psychotherapy based on research that demonstrates the factors that contribute to effective change for clients. When described in terms of effectiveness rather than outward forms and arrangements, there is really only one psychotherapy—defined by “what works”—and what works derives from elements that are combined more or less effectively in all forms of therapy.

The idea that there is basically one psychotherapy emphatically does not mean that all forms of psychotherapy are equivalent, nor does it mean that any particular form of

therapy is just as well suited (or effective) for all clients and all types of problems. It does not mean that any form of therapy is as well suited as any other to the diverse talents and limitations of particular therapists or can be learned as readily and practiced as effectively by all therapists. There are individual differences among clients in relationship skills and in their ability to be moved by cognitive, affective, imaginal, or enactive aspects of experience. There are also individual differences among therapists in these respects. Some clients are more receptive and ready, with some therapists, using some procedures to engage in and benefit from an effectively therapeutic relationship. Some therapists are more proficient, with some clients, and with some types of problems in creating and cultivating an effective therapeutic relationship. Some procedures are more efficient with some clients, in some circumstances, and in the hands of some therapists in producing and maintaining an effective therapeutic relationship. These are all variables in the therapeutic equation, but the constant in psychotherapy is a relationship, cocreated and sustained by client and therapist, that is applied by clients effectively as a source of corrective influence in their lives.

The findings on which this paradigm is based have implications for practice as well as research. One of the most interesting (and underrated) results of process–outcome research concerns differences between observational perspectives (e.g., Orlinksky, Rønnestad, & Willutzki, 2004, p. 312). There is typically only partial convergence in ratings of therapeutic processes and outcomes by clients, therapists, and external observers—observers—even when focused on what is nominally a fairly specific concept such as empathy—and the same has been found to be true with regard to the evaluation of outcomes. This differs strikingly from epistemological

expectations based on the physical sciences, in which high levels of agreement between observers can be achieved and residual disagreements can be statistically discounted as error. Yet lawful relations between process and outcome are found within and between perspectives, indicating that not just measurement unreliability or random errors of observation are at issue. The epistemological situation in the human sciences is simply more complex than in the physical sciences because participant–observers (and external observers, in a different way) are inherently more extensively involved in constructing the reality they observe. In a most basic sense, observations are relative to the perspective from which they are made. Findings validated from one perspective cannot be assumed valid for other perspectives until it has been empirically demonstrated that they are.

Therapists and supervisors cannot assume that impressions and assessments of events in therapy constitute privileged data (i.e., the “expert knows best”) or that they know what has really happened because they have participated in a session or witnessed it themselves. They must assume instead that they have access only to part of that reality (their part of it); that there are certainly other legitimate viewpoints in any shared event; and that learning what was experienced by other parties, on the basis of their participation in the event, contributes to a better understanding of what is really happening. This point is made forcefully in the second edition’s emphasis on “delivering what works,” linked to the practice of routinely monitoring clients’ experiences to provide feedback for therapists from the client’s perspective (see chap. 8, this volume). This is how therapists can know that the relationships in which they engage with clients are progressing effectively toward therapeutic ends. Integration of perspectives is integral to

the new paradigm both in research and in practice.

If these ideas make sense, then read on—for they are lucidly expounded, critically examined, and pragmatically explored in this new edition of *The Heart and Soul of Change*. The evidence supporting these ideas is reviewed and synthesized with practice in mind, and readers will likely find that *The Heart and Soul of Change* will improve their understanding of what is truly therapeutic in the diverse forms of psychotherapy practiced today. Therapists and supervisors will also find an integrative conceptual framework through which to connect what they currently know and do as a therapist or supervisor to a broader range of research and practice that will enable them to know more and do more, without negating the essentials of what they currently know and do.

REFERENCES

- Aveline, M., & Shapiro, D. A. (1995). *Research foundations for psychotherapy practice*. Chichester, England: Wiley.
- Berger, P., Berger, B., & Kellner, H. (1974). *The homeless mind: Modernization and consciousness*. New York: Vintage Books.
- Eysenck, H. J. (1952). The effects of psychotherapy: An evaluation. *Journal of Consulting Psychology*, 16, 319–324.
- Garfield, S. L., & Bergin, A. E. (Eds.). (1978, 1986). *Handbook of psychotherapy and behavior change* (2nd & 3rd eds.). New York: Wiley.
- Hubble, M. A., Duncan, B. L., & Miller, S. D. (Eds.). (1999). *The heart and soul of change: What works in therapy*. Washington, DC: American Psychological Association.

- Lebow, J. (2006). *Research for the psychotherapist: From science to practice*. New York: Routledge.
- Luborsky, L. (1969). Critical evaluation of Strupp and Bergin. Research cannot yet influence clinical practice. *International Journal of Psychiatry*, 7, 135–140.
- Luborsky, L. (1994). The benefits to the clinician of psychotherapy research: A clinician–researcher’s view. In P. F. Talley, H. H. Strupp, & S. F. Butler (Eds.), *Psychotherapy research and practice: Bridging the gap* (pp. 167–180). New York: Basic Books.
- Muench, G. A. (1947). An evaluation of nondirective therapy by means of the Rorschach and other tests. *Applied Psychological Monographs*, 13, 1–163.
- Norcross, J. C. (Ed.). (2002). *Psychotherapy relationships that work*. New York: Oxford University Press.
- Orlinsky, D. E. (1994). Research-based knowledge as the emergent foundation for clinical practice. In P. F. Talley, H. H. Strupp, & S. F. Butler (Eds.), *Psychotherapy research and practice: Bridging the gap* (pp. 99–123). New York: Basic Books.
- Orlinsky, D. E. (2006). Comments on the state of psychotherapy research (as I see it). *Psychotherapy Bulletin*, 41, 37–41.
- Orlinsky, D. E., & Howard, K. I. (1986). Process and outcome in psychotherapy. In S. L. Garfield & A. E. Bergin (Eds.), *Handbook of psychotherapy and behavior change* (3rd ed., pp. 311–381). New York: Wiley.
- Orlinsky, D. E., Rønnestad, M. H., & Willutzki, U. (2004). Fifty years of psychotherapy process-outcome research. In M. J. Lambert (Ed.), *Bergin and Garfield’s handbook of psychotherapy and behavior change* (5th ed., pp. 307–389). New York: Wiley.
- Raimy, V. C. (1948). Self-reference in counseling interviews. *Journal of Consulting Psychology*, 12, 153–163.
- Raskin, N. J. (1949). Analysis of six parallel studies of the therapeutic process. *Journal of Consulting Psychology*, 13, 206–220.
- Powdermaker, F. B., & Frank, J. D. (1953). *Group psychotherapy: Strides in methodology of research and therapy*. Cambridge, MA: Harvard University Press.
- Rogers, C. R., & Dymond, R. F. (Eds.). (1954). *Psychotherapy and personality change: Co-ordinated research studies in the client-centered approach*. Chicago: University of Chicago Press.
- Smith, M. L., Glass, G. V., & Miller, T. I. (1980). *The benefits of psychotherapy*. Baltimore: Johns Hopkins University Press.
- Snyder, W. U. (Ed.). (1953). *Group report of a program of research in psychotherapy*. State College: Pennsylvania State University.
- Talley, P. F., Strupp, H. H., & Butler, S. F. (Eds.). (1994). *Psychotherapy research and practice: Bridging the gap*. New York: Basic Books.
- Wampold, B. E. (2001). *The great psychotherapy debate: Models, methods, and findings*. Mahwah, NJ: Erlbaum.
- Wolff, W., & Precker, J. A. (Eds.). (1952). *Success in psychotherapy*. New York: Grune & Stratton.