So... why does it work?

First published in The Therapist Vol. 3 No. 2 Summer 1995

All forms of therapy, regardless of the technique or methods used, work equally well, and there is more in common among the various disciplines than separates them. These are facts which could have far reaching implications in terms of the way in which therapists and healers of all persuasions are taught their skills.

It is now reckoned that in the UK there are some 300[1] different models of psychotherapy. In the USA there are more than 400[2]. Despite the amount of research that has been done, and the potential commercial gains for the training organisation which can prove its case, no trial has shown that any particular model performs significantly better than the others.[3].

A number of studies have shown that, regardless of the type of psychotherapy being practised, about 65% of clients make gains. Similar rates of improvement are reported for a range of conditions I involving other alternative methods as diverse as acupuncture, magnetism and yoga. If we take the whole spectrum o f healing to its two extremes we find that even the most primitive models of healing are as successful in terms of outcome as the most sophisticated. A survey of 50 Nigerian witch doctors concluded that they were as effective as Western psychiatrists. [4] Though some might question whether 'primitive' and 'sophisticated' are used appropriately here, this small sample indicates that the data is available, and it all points to the ~ same thing; when a client visits a healer, whatever the techniques used, the chances of a successful outcome are roughly the same.

This uniformity provides an important clue to the second part of the argument; that all therapies share common factors. The debate on the effectiveness of different schools of psychotherapy will not be laid | to rest on the strength of a few statistics. However, the importance of the existence of these common factors makes that debate unimportant, because they provide answers to why therapy works. That being the case, it is reasonable to assume that these factors represent the sine qua non of all forms of healing.

At the beginning of the last century Freud spoke of the alliance between therapist and client. He predicted that in a successful alliance the client would identify the therapist with a benevolent figure in the past[5] and though this idea was a little more basic than later writers have postulated, it served as a basis for further development within the psychodynamic framework. In 1961 Jerome Frank [6] suggested that common factors were responsible for the uniformity of outcomes between different modes of treatment, and it was in the early 70s that interest in

certain non-specific factors' or 'core conditions' [8] in healing, psychotherapy in particular, achieved wider recognition. These terms refer to factors active in the healing process that are not part of specific discipline-related skills of the practitioner. According to Frank, a crucial ingredient in all of the above results is the establishment of a particular kind of relationship between healer and client, involving trust, dependency, emotional arousal, directness, disclosure and responsiveness.

Various 'analysis of therapy' sessions have consistently produced variations of these criteria. One study by Truax and Mitchel[9] reported that three core ingredients "cut across the parochial theories of psychotherapy and appeared to be common elements (in a wide variety of models.)" They said that an effective therapist must be:

• authentic, non-phoney and genuine in his or her relationships;

• able to provide a safe, non-threatening, secure and trusting atmosphere through acceptance of the client;

• able to understand and have a high degree of empathy with the client.

Other studies have approached the same question from the client's subjective interpretations of the therapist's behaviour. The following six criteria were identified by Luborsky et al.[10]

They stated that the patient must:

- feel the therapist is warm and supportive;
- believe the therapist is helping;
- feel changed by the treatment;
- feel a rapport with the therapist;
- feel the therapist respects the values of the patient.
- display a belief in the treatment process.

In a more recent review [2] the writers Miller, Duncan and Hubble whittled the list down to four common factors central to all forms of therapy whatever the theoretical orientation, mode or technique employed, or even the number of sessions. These four criteria relate neither to the interpersonal skills of the therapist nor the client's impressions of them. They have coolly divided the factors in the process which contribute to a successful outcome under four headings:

- Therapeutic technique: all therapies involve the therapist talking

- Therapeutic relationship: clients who are 'connected 'with the therapist will benefit most
- Expectancy and placebo: the client's increased hope and expectancy for change
- Client factors: the client's perceptions of the therapeutic process.

Findings such as these, and there are plenty of them, show clearly that the most salient factors in a productive therapeutic exchange are no different from those which influence human behaviour in any other setting. This means that a client's willingness or ability to change has little to do with therapist's preoccupations or understanding of the theory of his or her art, unless these basic criteria are first met. The client must trust and believe in the therapist, feel safe and understood, expect the process to 'work', and, on top of all that, like the therapist. Those who are more comfortable taking refuge in theory than developing warmth and empathy for their clients may find this difficult to accept, particularly when we consider that a large part of these requirements must be met in the first hour. It may mean that the therapist has at times to engage special skills to hasten the process.

Footnote: Because the sources cited are mainly from the field of psychotherapy this argument holds true in this case mainly for psychotherapy. However, ff is easy to see that these common elements are significant in all healer/patient interactions, and are therefore not restricted to the field of psychotherapy, broad and diverse though it is. As an aside, it is worth asking just which forms of therapy do not share something with psychotherapy. As one massage therapist once commented: "I never wanted to be a counsellor but when my first client walked in I realised that is partly what I did."

References:

1 *Dictionary of Counselling*, Feltham & Dryden, Whurr, 1993.

2 *No More Bells and Whistles,* Miller, Hubble & Duncan, Family Therapy Networker (USA) March 1995.

3 Idem.

4 *Indigenous Yoruba Psychiatry,* RH Prince, in *Magic Faith and Healing*, Free Press, New York, 1964

5 *The Working Alliance*, Horvarth and Greenberg (Eds.), Wiley, 1994.

6 *Persuasion and Healing, a Comparative Study of Psychotherapy*, Jerome Frank, John Hopkins University Press, 1991 (3rd ed.)

7 *The Therapeutic Relationship,* Schaap, Bennun, Schindler & Hoogduin, Wiley, 1993.

8 *On Being a Client,* David Howe, Sage Publications 1993.

9 See 6

10 See 5