British Journal of Guidance & Counselling, Vol. 29, No. 1, 2001

Common processes of change in psychotherapy and seven other social interactions

GEORGIOS K. LAMPROPOULOS
Department of Counseling, Psychology and Guidance Services, Teachers College 622, Ball State University, Munchie, Indiana 47306, USA

ABSTRACT *This paper argues that change processes in psychotherapy can be understood more clearly by comparing them with other change-inducing social relationships. In showing how this may be done, different social interactions (e.g. religion, parenting, education, politics, coaching, and sales) are described and discussed in terms of a parsimonious set of common factors in change. The importance of the cross-fertilisation of psychotherapy and other fields is stressed, and research recommendations are offered.*

The goal of this paper is to place psychotherapy in a general descriptive framework of human encounters (Stiles *et al.*, 1993), and demonstrate how specifically it fits in the broader context of change interactions. Although counselling/psychotherapy [1] has been cogently described as a special kind of process and relationship (Feltham, 1995), this paper focuses on the similarities between psychotherapy and other change-inducing social relationships. In the first part of the paper, the common factors in psychotherapy are summarised, in order to provide the basis for further comparison. In the second part, a comparative description of eight change-inducing interactions according to a common factors list is provided, along with a more detailed example from the field of parenting. Finally, research examples in the area are discussed and recommendations are offered. The literature review and discussion in the field of change-inducing interactions are by no means exhaustive; the focus is on the exploration of representative areas as examples that can stimulate discussion and research on these issues.

Common factors in psychotherapy

The common factors approach represents one of the three major thrusts in the contemporary movement of psychotherapy integration. The others include technical eclecticism and theoretical integration (for reviews and discussions, see Beitman, 1989; Dryden, 1986, 1992; Fear & Woolfe, 1996; Feltham, 1997; Hawkins &

ISSN 0306–9885/print/ISSN 1469–3534/online/01/010021-13 ' 2001 Careers Research and Advisory Centre
DOI: 10.1080/03069880020019356

Nestoros, 1997; Hollanders, 1999; Lazarus, 1989; Messer, 1989; Norcross & Grencavage, 1989; Omer & London, 1989; Owen, 1999). The common factors approach aims at identifying and defining the common elements across all therapies, commonalities that may be contributing to therapeutic change (Lampropoulos, 2000). The idea of common factors has a history of more than 60 years, beginning with Rosenzweig (1936), continuing with the influential work of Frank (1961; Frank & Frank, 1991) and others, and flourishing in the 1980s with several proposals of common factors. Notable contributions in this area over the last two decades include, but are not limited to, the work of Garfield (1980, 1992), and Goldfried (1980, 1991) and associates (e.g. Castonguay *et al.*, 1996).

The belief in the existence of common factors that cut across different therapies has been supported by the finding that all therapies are approximately equivalent in effectiveness (Lambert & Bergin, 1994; Luborsky *et al.*, 1975). Several sets of common factors have been suggested or identified thus far (see Frank & Frank, 1991; Grencavage & Norcross, 1990; Karasu, 1986; Orlinsky & Howard, 1987). A major review by Grencavage and Norcross (1990) of published proposals of common factors, revealed 89 different commonalities which are too numerous to be useful for clinical and research purposes. However, this number is artificial, because it consists of the same or similar processes conceptualised from different perspectives and categorised separately. For example, clients' positive expectations, therapists' function to cultivate hope, and placebo effect all refer to the same process. Obviously, the common core characteristics involved in all effective psychotherapies can be summarised in a shorter list. Based on Grencavage and Norcross' (1990) review of published common factors, a comprehensive list of eight factors was assembled by (a) selecting the most frequently reported factors, (b) grouping together the overlapping, similar, and subsumed factors, and (c) arranging them in a prototypical, heuristic time sequence in psychotherapy and change. As a result, the therapeutic process can be summarised as follows:

1. formation of a therapeutic relationship (bond, positive personal skills and qualities), and establishment of a working alliance (contract, goals, tasks);
2. accomplishment of catharsis and relief from distress (i.e. 'emotional regulation' via empathy, and support);
3. instillation of hope and raising of expectations (to actively engage client in therapy);
4. self-exploration, awareness, and insight into problems (feedback, reality testing);
5. provision of a theoretical explanation (rationale) for clients' behaviour and change (via interpretation, restructuring, reframing);
6. problem confrontation (exposure, working through, use of techniques);
7. acquisition and testing of new learning in and outside psychotherapy (behavioural–cognitive–experiential–interpersonal learning, via suggestion, persuasion, identification, modelling, etc.); and
8. control over the problem and mastery of the new knowledge (self-attributions of change and self-efficacy enhancement; generalised use of the solutions; change maintenance and relapse prevention).

Although not all researchers agree on these factors as a minimum, maximum, or optimal account, nor that this sequence of the factors is the one that always happens in psychotherapy, this list is suggested as a compromising description (i.e. parsimonious but adequate) of the therapeutic process. However, its purpose is not to become another ideal common factors list, but to provide a heuristic comparative framework for the examination of different change interactions. An attempt to identify these common factors in other change-inducing social relationships and interactions is provided in the next section.

Common factors in psychotherapy and other change-inducing relationships

The first person to identify and describe similarities between psychotherapy and other interactions was probably Frank (1961; Frank & Frank, 1991). Frank compared psychotherapy with nonmedical (religiomagical) healing of bodily illnesses in primitive societies and the Western world, as well as religious revivalism and conversion, and thought reform and rhetoric. However, a careful examination of the common factors in psychotherapy suggests that there are many more different change-inducing relationships and interactions that can be compared in terms of all basic processes that structure them. Such relationships/interactions include, but are not limited to, parenting relationships, educational relationships, religious activities, mentoring and coaching of any kind (e.g. sports, acting), medical treatment, sales, and politics. Thus, the present paper is an elaboration of Frank's work in the following dimensions: (a) *quantitatively*, commonalities with psychotherapy are researched in seven other change interactions (Table 1); (b) *qualitatively*, even the change interactions that are similar to those described by Frank are updated and presented in their contemporary form of practice (i.e. politics instead of thought reform and ancient oratory, and current religious practices instead of religiomagical healing and religious revivalism and conversion); and (c) *organisationally–structurally*, the exploration of common factors is systematic and is based on a standard set of basic commonalities originally identified in psychotherapy (i.e. all common factors are identified in all eight interactions). Although additional similarities possibly exist among these change interactions, these are either subsumed under the commonalities presented here, or may not be found in all these interactions. Such additional similarities should be explored in more close comparisons of these change interactions (i.e. in pairs; see detailed example later in parent–child description). The focus of this paper is on basic structural commonalities; the identification of a more specific common factors list in all these change interactions would be rather difficult, if at all possible.

A basic assumption that allowed this common factors comparison is the conceptualisation of psychotherapy and other interactions as *educational, helping, and change processes* that take place in dyadic relationships. Such dyads can be (a) psychotherapist–client (and medical doctor–patient), (b) teacher–student (of any kind and level), (c) minister–believer (and spiritual leader–follower), (d) parent–child, (e) coach–athlete (and trainer–trainee of any kind), (f) salesman–customer (and advertiser–consumer), (g) politician–voter, and (h) theatre director–actor.

TABLE 1. Common factors[a] in therapy and change-inducing relationships

	Need or problem	Relationship (personal skills & qualities)	Empathy & support/ catharsis	Positive expectations	Alliance[b] contract	Provision of rationale	Confrontation and learning	Mastery
Therapy	A psychological problem or a need for growth.	A therapeutic relationship bond between client and a therapist with specific skills.	The therapist will empathise and support the client, and facilitate catharsis and relief of tension.	The instillation of hope and raising of morale result in engagement in therapy.	A therapeutic alliance (contract, goals, and tasks) is formed.	The therapist employs a rationale according to which he interprets and changes clients' and others' behaviours.	The therapist will use various techniques to confront the problem, and promote new learning.	Mastery of the problem and generalised use of its solution are the final goals.
Education	Lack of knowledge, need to learn a specific material or subject.	Learning depends on personality and skills of the teacher; sometimes students learn for teacher's sake. In some instances, poor teachers make students hate the subject (transferential issues are probably involved here).	The teacher empathises with students' difficulty to study, supports them, and understands personal difficulties either in or outside school.	The teacher convinces students that they are capable of handling and learning the new material, and creates positive expectations about their future upon graduation from school.	Students and teacher make a kind of contract agreement to be taught and to teach, respectively. Class registration is the contract.	Educational curricula and modes of instruction, ranging from theoretical principles to specific techniques, exist in different countries, cultures and educational systems. Teachers, differing also in their personality and teaching styles, utilise a specific didactic rationale and various instructional techniques to teach. The educational orientation of a country is communicated through many modes of socialisation.	Students have to participate in these instructional activities (i.e. study, tests, presentations, discussions, papers) and comply with teaching methods in order to learn.	Assimilation of the material, and knowledge acquisition is proof of mastery. Students with time may surpass the teacher and even become teachers themselves.
Religion	Existential questions, fear of death.	Minister or spiritual leaders develop a special relationship with their followers – they are by definition God's chosen or representatives.	Confession and repentance, both sacred mysteries in Christianity, are facilitators of catharsis and relief. These mysteries also grant forgiveness and God's support, no matter what the sins are.	There is nothing more powerful than the promise that God will stand by you all the time, in this and the other life. Even if your problems are not cured here, they definitely will be in paradise.	A number of sacred oaths and rituals form an alliance between God and followers to serve each other in order to save humankind.	There are extensive writings available in all religions, rationales and rituals for people to believe and follow. Theory development in religion is central and extended, usually covers and guides every aspect of life.	The members of a religious community share common activities (fellowship and service), and, following the sacred writings, participate in a variety of rituals used in a place of worship, most of which have existed for centuries. Moral instruction is also very common.	Believers finally achieve peace and mastery over the fear of death. Religion can improve quality of life, relationships, maintain physical and mental health, and offer a sense of internal peace.

Parenting	Need for development, survival, lack of skills for success and quality of life.	Parental relationship is in fact the prototype on which every other is based and compared to. Child–caregiver attachment in early life will shape all subsequent relationships in life.	Caregivers by definition consistently provide children services ranging from relief of tension (e.g. starting from infancy, by touching, holding, and even massaging the infant), to care, support, love, etc.	Parents usually have the highest expectations for their children, which they communicate to them all of their lives. Parents' beliefs and wishes for their children's personal happiness and success are usually evident. Ideally, when parents communicate the message that the child is competent and able, this fosters achievement and growth.	Giving birth to a child is actually a lifetime contract for development and growth. Responsibilities are greater in infancy, usually continuing until adulthood, and then gradually decline.	Parental beliefs about life and personal values form the rationale according to which parents will raise their children.	Children will be exposed for 20 years to specific parenting and nurturing methods. This occurs during the most crucial period of life, and can determine one's future.	Survival, and a successful, happy, productive life, is the best proof of one's autonomy and mastery over life.
Coaching & sports	Need for a desired performance in sports.	Knowledge, experience, respect, trust, etc., are qualities important for a successful relationship in the very competitive field of sports, where the youthfulness of athletes and their special personalities need attention in order to succeed. Transferential issues may be common.	Catharsis for previous failures, continuous empathy and support in external and internal difficulties, both professional and personal. There are many examples of athletes that succeeded only after many years of difficulties and failures, because of the support of coaches that believed in them.	The boost of morale is very characteristic in sports, where specific rituals, songs, gestures, shows, etc. are used to raise the expectations of winning, while the unique phenomenon of fans can further raise expectations and enhance performance.	Alliance to train and be trained is officially documented with professional contracts, often inspired, 'approved and signed' by the sport fans of a whole nation.	Specific training methods often validated by degrees provide the ritual and the rationale for sport achievement. They can include physical, psychological, nutritional, as well as specific technical sports guidelines.	Confrontation is usually the toughest part of coaching, especially for champions. Long everyday practice is usually required as well as participation in competitions, where athletes have to face their limits, time, and other competitors.	Surpassing their limits and previous performance, being applauded by their fans, winning a medal or a game, or breaking a record are the best proofs of mastery.

Continued

TABLE 1. *Continued*

	Need or problem	Relationship (personal skills & qualities)	Empathy & support/ catharsis	Positive expectations	Alliance[b] contract	Provision of rationale	Confrontation and learning	Mastery
Sales & advertisement	Lack of a useful product. A need to solve a problem.	Salesperson appears to be polite, smiling, well-dressed, and ready to help you anyway he/she can, sometimes willing to come to your home to sell the product.	'Yes, we know what you have been through so far; we understand the problem, that's why our company developed this product to help you. We will support you constantly. Any time you need something, to replace, to fix, etc., we will take care of it. We guarantee . . .'	'Your troubles are over; 9 out of 10 people who use this product had no problems any more; this will save you. Listen to people that used it, what they have to say. This product has been tested and approved by. . .'	'Try this product for a week and if you are not satisfied with the results, you can have your money back, without questions.' This is part of a usual contract, an agreement on goals to accomplish.	'This product contains powerful ingredients, that enhance the activity of . . . and produce these results. This is the way it works.' In sales, products are presented with a therapeutic rationale that is communicated in advertisements, through powerful images and pictures (sounds, colours, and motion) that make the message imprinted; it is a really strong provision of rationale.	Exposure to the product through modelling (seeing actors use it), in imagination (rehearsing driving this sport car), and finally *in vivo*, you buy and use it.	Did you cover your need? Did you master your problem? The results of mastery will vary, as happens in all other interactions, depending on a variety of reasons (product quality, etc.).
Politics	Lack of socioeconomic conditions, poverty, not enough freedom, lack of social and political rights, low life quality.	Politicians, like ancient orators, have a special appeal to the public, special interpersonal and communication skills, attractiveness, respectfulness, and carefully construct their image, often using research and trained professionals.	Politicians always acknowledge people's problems, focus on them, empathise a lot (especially during election days), and promote cathartic reactions by encouraging people to express anger towards other parties (especially government) as those responsible for their problems.	Promises, promises and promises are the three main avenues that politicians use to raise people's expectations. They also capitalise on things they have done in the past and create dreams, visions, great ideas and bright goals for their country to reach. The alliance is created usually during election times, while the contract is sealed by the voting process. People agree to support the party by several means (mass	Programmatic announcements and standard political ideas are usually available at least during the election period. Politicians will explain people's problems according to their political and social theory, and apply it to eliminate them. Theory development is very important in politics and unlike psychotherapy, politicians are usually elected according to their theory.	Drafts, laws, directives, taxes, reforms, international agreements, even sometimes war are the usual techniques to solve the problems. Violating their theory, politicians often practice eclecticism (e.g. conservative in some issues and liberal in others). 'Empirically supported systems' such as capitalism may prevail over untested theories, such as communism, while others develop integrative models such as socialism.	A strong economy, safety, wealth, high life standards, etc. are signs of mastery of the problem.	

				gatherings, fund raising, voting, vote gathering), and the politician will pay them back, either as individuals, social groups, or as a nation.				
Acting	Need for adequate understanding and performance of a role.	Directors are talented, charismatic individuals that are usually well respected for their qualities; among others, they are skilful and trusted facilitators. They also respect and acknowledge the worth of their actors/actresses, since they usually choose them themselves.	Directors will create a supportive environment on the set and try to give a sense of family in their crew. This is very important, particularly with new and inexperienced actors/actresses, which often comment later in their lives on the support they had from directors when they started their careers.	Directors communicate their expectations to actors for success regarding their performance very early. The fact that the actors/actresses have been selected in usually highly competitive auditions (as well as the rest of the cast) and they are being directed by some of the best directors is enough sometimes to inspire great performances.	The alliance usually has been developed early in the shootings and is as crucial as in therapy: it may cause the contract to be revoked, which is usually signed before the alliance has been formed.	The scenario, book or screenplay describes in details the desired role, behaviours, plot and characters' interactions, while directors and actors/actresses can also negotiate the interpretations according to their visions and personalities. Formal training in acting and directing also can provide a framework to guide a performance.	Repeated rehearsals, shootings, discussions, negotiations and a variety of acting, directing and filming techniques will be used to shape the final performance.	Mastery of the desired performance will be achieved through time and repetitions; it will be judged by the audience, colleagues and critics, usually resulting in publicity, awards, social recognition and monetary rewards.

[a] Awareness/self-exploration: usually this factor is undermined, less evident or not applicable in these change interactions, since either awareness is already accomplished (the need is clear, the problem is simple and has existed for a long time, e.g. in sales), or it is offered in 'the package' (e.g. in advertisement or religion). The lack of self-exploration may be the big difference in favour of psychotherapy, raising ethical questions for some of the other interactions. Nevertheless, elements of this factor exist, since some self-exploration probably takes place in these interactions (e.g. in political parties' adherents, religions' followers, actors/actresses, and students), in which participants understand better and evaluate what their needs are and if they are met.

[b] The therapeutic alliance or contract has been listed separately from the relationship to picture more accurately when each process takes place in therapy as well as other change interactions.

Thus, to this transituational comparison between change-inducing relationships, we need to add another important common factor that cuts across them (including psychotherapies): the existence of a problem, difficulty, need, demand, or lack of a product or service. In this common factor, a situational dependence of a person in need of a person available/willing/trained/qualified to help is assumed; a situational differential position between the two parties regarding skills, training, experience, knowledge, expertise, maturity, wisdom, or just a more advanced condition, is also assumed.

The existence of similar core processes of change in many kinds of human relationships is illustrated in the next section in a detailed example drawn from the context of child development, as well as in a more concise table which summarises these common processes in other change-inducing interactions (see Table 1). This table is based on the foregoing eight common factors list in psychotherapy [2], plus the additional factor common in all change interactions (i.e. existence of a need/ problem). Once again, this paper focuses exclusively on the delineation of basic structural (i.e. process) commonalities in these change interactions. Obviously, important differences definitely exist between psychotherapy, education, religion, politics, and other interactions, both in terms of the processes they use, and much more in terms of their content (see also Feltham, 1995). The description of these rather apparent differences is out of the scope of this paper, since its goal is to provide a general common framework, in which psychotherapy can be placed and understood as a change interaction. In contrast to the popular practice of looking for the differentiation that has created the current chaotic situation in the field of psychotherapy (more than 400 therapies; Karasu, 1986), this paper strives for unification, even in such disparate areas of human functioning like psychotherapy, politics, and sales.

Finally, although these similarities might seem too broad and general to be important and useful, it is argued that (a) they represent the most specific common structures that can be identified in these different change interactions; (b) they provide an explanatory framework in which psychotherapy can be understood as one of many fundamentally similar change interactions; and (c) they represent major factors associated with positive outcomes in psychotherapy (i.e. the heart and soul of change; Hubble *et al.*, 1999) and possibly in all seven interactions discussed in this paper. Considering that credible suggestions for pure common factors models in psychotherapy are proliferating (based on factors such as the therapeutic relationship, support, and expectations; e.g. Arkowitz, 1992; Ogles *et al.*, 1999), it seems important to identify similar common factors in other change interactions as well.

The parental nurturing relationship – a developmental example

The nurturing process and the parental relationship throughout childhood may represent the best analogy to the therapeutic sequence. Consider a situation in which a seven-year-old boy tries to ride a bike for the very first time. Because he does not know how to keep his balance, he falls down, hurts himself and starts crying. He is in pain, is afraid and does not want to try to ride the bike again. In a normal situation,

his father already has a good *relationship* with his son and is accepted by the boy as a suitable, capable helper. The father will listen to his son describe the incident (*empathise*), offer his compassion for the event (*support*), and let him cry (*catharsis and relief*). Then he will tell him that, although he fell down the first time, he can still learn how to ride the bike (*raising of positive expectations*). The father offers to teach him and the son accepts the offer (*working alliance*). The son is already aware of the problem (he fell down and can't ride the bike), but he does not know the reasons (*partial awareness* and *limited insight*). His father will explain to him the cause of his accident, i.e. that he did not keep his balance, pedal continuously and/or keep the steering wheel straight. The son had to follow all these rules in order to successfully ride the bike. He is not incapable, as he might believe; he simply has to follow these specific rules (*provision of a rationale, interpretation, restructuring*). Next the father shows his son exactly how to do it (*confrontation of the problem*) by riding the bike himself (*modelling*), and then encouraging and assisting his son to try to do the same (*exposure*). The son will do it again and again under his father's guidance and support (*rehearsal and testing of the new behaviour* in vivo) and, after some successful rides, he will be able to do it without his father being there (*mastery of the new behaviour*). 'Congratulations son! You did it!' says the father. Now the son believes it is his accomplishment (*internal attributions of success*), especially if his father suggests the new techniques (*persuasion*) rather than insisting on their use (e.g. he can say 'why don't you try to pedal continuously and see what happens?'). Now the son knows that he can ride the bike alone any time he wants (*self-efficacy*).

This is only one example of human parenting and nurturing behaviour; child–parent interaction also has other aspects that resemble psychotherapy. For example, the periodic need of the client to see the therapist and take hope, feedback, and directions from him/her have been described as emotional refuelling (Hartley & Strupp, 1983; Weinberger, 1995). That is the very same tactic used by children in the attachment period, when they especially need this refuelling in order to feel safe and to continue exploring the environment. Strupp (1973) has demonstrated how psychotherapy uses the same mechanisms with child rearing, concluding '(psychotherapy) . . . is no more 'treatment' than child rearing is a form of therapy' (p. 7). Indeed, many of the therapeutic concepts and processes, particularly in the psychodynamic tradition, have been based upon early relationships with caregivers.

The following section describes examples of research conducted to investigate commonalities and differences in various change interactions. A specific research approach is presented (i.e. research on verbal response modes), and some suggestions for alternative research strategies are offered.

Research issues

A major line of research that covers many change-inducing communications and other social conversations is the one that focuses on *participants' verbal response modes* (VRMs). It operates on a micro-level, where verbal responses are categorised in discrete modes such as advisement, reflection, interpretation, question, and information (Elliott *et al.*, 1982, 1987). Participants' VRMs have been studied in

many social interactions and settings, including psychotherapy, medical interviews, professor–student conversations, parent–child interactions, presidential primary campaign speeches, friends, psychological radio call-in programmes, family practice lawyers, nonprofessional helpers, and labour/management negotiations (Elliott *et al.*, 1982; Stiles, 1992). A guide to the flourishing VRM literature and illustrative results are available in Stiles (1992, Chapter 4).

Although the full presentation of VRM research findings detracts from the scope of this paper, some important similarities in VRMs found in parallel social interactions are worth mentioning. For example, it has been found that in various status-discrepant relationships (i.e. psychotherapy, medical treatment, education, and labour/management negotiation) the higher-status person can overtly presume to understand the lower-status person's experience and provide explanations and suggestions (Hinkle *et al.*, 1988; Stiles *et al.*, 1979). It also appears that people may value explanations and suggestions for the solution of a personal problem more than empathic reactions in their relationships with both friends and therapists (Reisman & Yamokoski, 1974). In general, different VRMs have been found to be systematically used in specific stages, roles, and situations by participants in various social interactions (Stiles, 1992). Training programmes have used such findings to enhance communication skills in professionals and the public (Elliott *et al.*, 1982).

Research on VRMs represents only one example of how to study important commonalities and differences between social interactions. Research in different change interactions can borrow from the existing methodology in studying common and specific therapeutic agents in psychotherapy. Available strategies may include (a) the comparative examination of psychotherapy and other interactions in a conceptual/theoretical level; (b) quantitative and qualitative research to study goals, strategies, and gains of participants in different interactions; (c) exploratory research using tapes, transcripts, and outside raters; (d) comparisons of effective/helpful versus ineffective/harmful interactions; (e) transportation and test of theories and methodologies from one type of relationship to the other. Thus far, only a few of these strategies have been used in common factors research between psychotherapy and other change-inducing interactions [i.e. conceptual comparisons by Frank (1961), Feltham (1995), the present author, and others, and VRM-based research by Stiles and associates]. The foregoing methodologies can be used in research (a) between psychotherapeutic and other change-inducing interactions (e.g. cognitive or humanistic psychotherapy versus different styles of teaching), and (b) among change-inducing social interactions (e.g. sales versus education). To operationalise such research, Stiles *et al.* (1993) recommended the use of the existing process measures in psychotherapy. Lastly, conceptual comparisons such as those in Table 1 could serve to stimulate research hypotheses, and the proposed common factor structure and its importance could be empirically tested in all seven social interactions.

In conclusion, important similarities and differences between psychotherapy and other change-inducing social relationships call for further investigation. Potential benefits of such research include the identification of uniquely or commonly helpful (or harmful) processes of change and their transportation from one field of social change to the other. Findings about how people change in one type of social

interaction may also guide research in another field. Also, findings that are replicated in more than one type of change-inducing relationship may provide a better insight on what are the salient change principles in human interaction. The cross-fertilisation of psychotherapy, social sciences and related fields can mutually benefit them and enhance our understanding of human change.

Acknowledgements

An earlier version of this paper was presented at the 1999 Annual Meeting of the Society for the Exploration of Psychotherapy Integration, Miami, FL, 24 April. The author is thankful to David E. Orlinsky, David N. Dixon, Paul M. Spengler, and the anonymous reviewers for their comments on the preparation of this article.

Notes

[1] The terms psychotherapy, therapy, and counselling will be used interchangeably throughout the paper to indicate any form of psychological counselling (see also Feltham & Kidd, 2000; Thorne, 1999).

[2] A few minor modifications of these factors, which were deemed appropriate to better reflect the situation in other fields (Table 1) include (a) the separation of therapeutic relationship and alliance, in order to emphasise the latter in a specific time in change; (b) the omission of the self-exploration and insight factor due to lack of substantial supporting data in most change interactions; (c) the merging of the closely related factors of problem confrontation and new learning to maintain parsimony; and (d) the abbreviated listing of factors in Table 1's headings. In addition, some relationships that are closely related are subsumed and described together (i.e. minister–believer and spiritual leader–follower, and salesman–customer and advertiser–consumer). Further, no separate descriptions are provided for medical doctor–patient, since it resembles the psychotherapist–client relationship.

References

Arkowitz, H. (1992). A common factors therapy for depression. In J.C. Norcross & M.R. Goldfried (Eds), *Handbook of Psychotherapy Integration* (pp. 402–432). New York: Basic Books.

Beitman, B.D. (1989). Why I am an integrationist (not an eclectic). *British Journal of Guidance and Counselling, 17(3)*, 259–273.

Castonguay, L.G., Goldfried, M.R., Wiser, S., Raue, P.J. & Hayes, A.M. (1996). Predicting the effect of cognitive therapy for depression: A study of unique and common factors. *Journal of Consulting and Clinical Psychology, 64(3)*, 497–504.

Dryden, W. (1986). Eclectic psychotherapies: a critique of leading approaches. In J.C. Norcross (Ed.), *Handbook of Eclectic Psychotherapy.* New York: Brunner/Mazel.

Dryden, W. (Ed.). (1992). *Integrative and Eclectic Therapy: a Handbook*. Buckingham: Open University Press.

Elliott, R., Stiles, W.B., Shiffman, S., Barker, C., Burstein, B. & Goodman, G. (1982). The empirical analysis of helping communication: conceptual framework and recent research. In T.A. WILLS (Ed.), *Basic Processes in Helping Relationships* (pp. 333–356). New York: Academic Press.

Elliott, R., Hill, C.E., Stiles, W.B., Friedlander, M.L., Mahrer, A.R. & Margison, F.R. (1987). Primary therapist response modes: comparison of six rating systems. *Journal of Consulting and Clinical Psychology, 55(2)*, 218–223.

Fear, R. & Woolfe, R. (1996). Searching for integration in counselling practice. *British Journal of Guidance and Counselling, 24(3)*, 399–411.

Feltham, C. (1995). *What is Counselling*? London: Sage

Feltham, C. (1997). Challenging the core theoretical model. *Counselling, 8*, 121–125.

Feltham, C. & Kidd, J.M. (2000). Editorial. *British Journal of Guidance and Counselling, 28(1)*, 5–10.

Frank, J.D. (1961). *Persuasion and Healing*. Baltimore: Johns Hopkins.

Frank, J.D. & Frank, J.B. (1991). *Persuasion and Healing* (3rd ed.). Baltimore: John Hopkins University Press.

Garfield, S.L. (1980). *Psychotherapy: an Eclectic Approach*. New York: Wiley.

Garfield, S.L. (1992). Eclectic psychotherapy: a common factors approach. In J.C. Norcross & M.R. Goldfried (Eds), *Handbook of psychotherapy integration* (pp. 169–201). New York: Basic Books.

Goldfried, M.R. (1980). Toward the delineation of therapeutic change principles. *American Psychologist, 35(11)*, 991–999.

Goldfried, M.R. (1991). Research issues in psychotherapy integration. *Journal of Psychotherapy Integration, 1(1)*, 5–25.

Grencavage, L.M. & Norcross, J.C. (1990). Where are the commonalities among the therapeutic common factors? *Professional Psychology: Research and Practice, 21(5)*, 372–378.

Hartley, D.E. & Strupp, H.H. (1983). The therapeutic alliance: its relationship to outcome in brief psychotherapy. In J. MASLING (Ed.), *Empirical Studies of Analytic Concepts* (vol. 1). Hilsdale, NJ: Erlbaum.

Hawkins, P.J. & Nestoros, J.N. (1997). Beyond the dogmas of conventional psychotherapy: the integration movement. In P.J. Hawkins & J.N. Nestoros (Eds), *Psychotherapy: Recent Progress in Theory, Practice and Research* (pp. 23–95). Athens: Ellinika Grammata.

Hinkle, S., Stiles, W. B. & Taylor, L. A. (1988). Verbal responses in a labour/management negotiation. *Journal of Language and Social Psychology, 7(2)*, 123–136.

Hollanders, H. (1999). Eclecticism and integration in counselling: implications for training. *British Journal of Guidance and Counselling, 27(4)*, 483–501.

Hubble, M.A., Duncan, B.L. & Miller, S. (Eds). (1999). *The Heart and Soul of Change*. Washington, DC: American Psychological Association.

Karasu, T.B. (1986). The specificity versus nonspecificity dilemma: toward identifying therapeutic change agents. *American Journal of Psychiatry, 143(6)*, 687–695.

Lambert, M.J & Bergin, A.E. (1994). The effectiveness of psychotherapy. In A.E. Bergin & S.L. Garfield (Eds), *Handbook of Psychotherapy and Behavior Change* (4th ed., pp. 143–189). New York: Wiley.

Lampropoulos, G.K. (2000). Definitional and research issues in the common factors approach to psychotherapy integration: misconceptions, clarifications, and proposals. *Journal of Psychotherapy Integration, 10(4)*, 415–438.

Lazarus, A.A. (1989). Why I am an eclectic (not an integrationist). *British Journal of Guidance & Counselling, 17(3)*, 248–258.

Luborsky, L., Singer, B. & Luborsky, L. (1975). Comparative studies of psychotherapies: is it true that 'everyone has won and all must have prizes?' *Archives of General Psychiatry, 32(8)*, 995–1008.

Messer, S.B. (1989). Integration and eclecticism in counselling and psychotherapy: cautionary notes. *British Journal of Guidance & Counselling, 17(3)*, 274–285.

Norcross, J.C. & Grencavage, L.M. (1989). Eclecticism and integration in counselling and psychotherapy: major themes and obstacles. *British Journal of Guidance & Counselling, 17(3)*, 227–247.

Ogles, B.M., Anderson, T. & Lunnen, K.M. (1999). The contribution of models and techniques to therapeutic efficacy. In M.A. Hubble, B.L. Duncan & S. Miller (Eds), *The Heart and Soul of Change* (pp. 201–225). Washington, DC: American Psychological Association.

Omer, H. & London, P. (1989). Signal and noise in psychotherapy: the role and control of non-specific factors. *British Journal of Psychiatry, 155*, 239–245.

Orlinsky, D.E. & Howard, K.I. (1987). A generic model of psychotherapy. *Journal of Integrative and Eclectic Psychotherapy, 6(1)*, 6–27.

Owen, I.R. (1999). Exploring the similarities and differences between person-centred and psychodynamic therapy. *British Journal of Guidance and Counselling, 27(2)*, 165–178.

Reisman, J.M. & Yamokoski, T. (1974). Psychotherapy and friendship: an analysis of the communication of friends. *Journal of Counselling Psychology, 21(4)*, 269–273.

Rosenzweig, S. (1936). Some implicit common factors in diverse methods of psychotherapy. *American Journal of Orthopsychiatry, 6*, 412–416.

Stiles, W.B. (1992). *Describing Talk: a Taxonomy of Verbal Response Modes*. Newbury Park, CA: Sage.

Stiles, W.B., Waszak, C. & Barton, L. (1979). Professional presumptuousness in verbal interactions with university students. *Journal of Experimental Social Psychology, 15*, 158–169.

Stiles, W.B., Shapiro, D.A. & Barkham, M. (1993). Research directions for psychotherapy integration: a roundtable. *Journal of Psychotherapy Integration, 3(2)*, 91–131.

Strupp, H.H. (1973). On the basic ingredients of psychotherapy. *Journal of Consulting and Clinical Psychology, 41(1)*, 1–8.

Thorne, B. (1999). Counselling and psychotherapy are indistinguishable. In C. Feltham (Ed.), *Controversies in Psychotherapy and Counselling*. London: Sage.

Weinberger, J. (1995). Common factors aren't so common: the common factors dilemma. *Clinical Psychology: Science and Practice, 2(1)*, 45–69.

(*Accepted 16 October 2000*)