

BOOK REVIEWS

Prozessgestalten. Die Anwendung der Selbstorganisationstheorie und der Theorie dynamischer Systeme auf Probleme der Psychologie. (Applying Theories of Self-Organization and Dynamic Systems in the Field of Psychology.) Wolfgang Tschacher. (1997). Göttingen, Germany: Hogrefe. 292 pages, €46.95, ISBN: 3-80171-062-9.

At a glance, one will not recognize this book to be one on psychology: The cover shows a fractured blue-and-white landscape of snow under a blue sky as well as the title *Prozessgestalten*. However, this concept might and, in fact, should induce the interested reader to notice at a second glance or on browsing that the author resolves to compile a synthesis of systems theory, synergetics, and gestalt psychology that may serve as a basis for questions of interest to clinical psychology. Moreover, the approach to the topic quickly turns out not to be purely dry and theoretical; rather, Tschacher endeavors a philosophically motivated perspective beyond the confines of psychology and assimilates a large number of empirical studies. “Prozessgestalten” is meant programmatically: It argues for a method focusing on temporal aspects of phenomena (“process”) to better investigate questions of order and pattern formation (“gestalt”) in psychological contexts. As soon as this endeavor becomes apparent (the first glance at this volume unfortunately does not encourage it), the relevance to clinical psychology becomes evident. The “Prozessgestalten” are written with psychotherapeutic applications in mind. Psychotherapy is understood here as pattern formation evolving in therapy systems. Thus, the often-heard

call in our field to focus on therapy process and consider change mechanisms is the very starting point of this book.

Let us first turn to the organization of the book. The very readable first two chapters outline the phenomena and problems to be analyzed (idiographic vs. nomothetic approach, nonlinearity, temporality) and summarize the currently available solutions in this context (Mach’s *Einheitswissenschaft*, gestalt psychology, theory of self-organization). In addition, phenomena are described, now from the viewpoint of psychology, which, according to the author, are understood poorly if the focus is not on “process” and “gestalt.” Chapter 3 addresses fundamental methods with which to analyze processes. The author adopts a quantitative, mathematical approach. In this chapter, the desire of the author for a formalization following the scientific model of synergetics becomes evident. The next two chapters explicitly invite gestalt psychology into the picture, especially the work of Köhler and Lewin. Their gestalt statements are reconstructed from a synergetic point of view; in particular, Köhler’s assumption of isomorphism is criticized to achieve a more abstract and formal definition of gestalt that falls in with modern theories of self-organization and complex systems.

With the concept of “Prozessgestalt” achieved, the book turns to general psychology. Tschacher understands the path from cognition to action—differing here from established psychological theory of action (e.g., Heckhausen’s rubicon theory)—as an evolutionary process of self-organization. Action, therefore, is not based on hierarchically nested feedback control systems and thus is not on computational information processing (a cri-

tique on which the author agrees with action theorists, such as Walter Volpert); rather, it is a flow of cognition and action optimizing the salience (*Prägnanz*) of a “Prozessgestalt.” Ultimately, the project of an alternative psychological definition of intentionality and action based on self-organizing cognitive dynamics is envisaged.

Chapter 8, which contains all empirical studies, is clearly the most extensive chapter in the book. The empirical data concern especially clinical psychology (various studies of psychotherapy process, crisis intervention) as well as psychiatry and psychopathology (schizophrenia, “dynamical diseases”). Data from adjacent disciplines such as social psychology (group development; synchronization processes) and biological psychology (dynamics of physiological activity; evolution of sleeping behavior in children) are investigated as well, often with reference to the context of psychotherapy. In these studies, the author succeeds in demonstrating self-organization processes and shows their significance for these fields of research and application. For instance, he shows that in psychotherapies of different modality the order of the therapy systems generally increases in the course of therapy. In addition, he shows how this phenomenon of pattern formation is significantly associated with positive therapy outcome. In this connection, the methodological sophistication contained in the empirical sections of the “Prozessgestalten” must be emphasized and applauded. Many of the methods used are highly innovative and have considerable potential (e.g., the bootstrap methodology that is implemented to characterize and classify psychotherapy and psychopathology processes). Finally, in Chapter 9, the author discusses consequences of his approach for theoretical psychology. He deals with the subject-object problem of epistemology (i.e., the observer-dependence of observation) by adopting the concept of “endosystem.” The psychological self is

addressed as such an endosystem. The author suggests that applications to psychotherapeutic practice are feasible on the basis of dynamical metaphors that guide psychotherapeutic action. Psychotherapy is viewed as an interplay of pattern formation (by self-organizational processes) and pattern destruction (by diversification in an endosystem and, consequently, generation of new processual gestalts). Tschacher thus proposes a conceptual language that transcends modality-specific concepts. This language promises to organize the various therapeutic change mechanisms suggested by psychotherapy schools.

It becomes clear that the author does not hold with postmodern theory or “systemic constructionism.” Concepts such as emergence, evolution, complexity, self-organization, and chaos are in danger of becoming arbitrarily applicable (and thus indeed postmodern) vogue words. This author instead positions them clearly within academic psychology, the scientific and method-driven orientation of which he shares to a large extent.

Also, Tschacher’s concern to re-award gestalt psychology its worthy place in psychology is to be supported. Like a red thread, one topic runs through “Prozessgestalten”: the endeavor toward a scientific psychology steering clear of pseudo-explanations (i.e., of a “homunculus”). This is an old subject of gestalt psychology, the explosiveness of which often enough is being ignored in current cognitive-psychological mainstream. Relevant questions may read as follows: How is optimal organization and order in therapy systems established? How are adaptive actions established? How is meaningful cognition possible? These questions are answered satisfactorily neither by the approaches of action psychology (to refer to Volpert’s criticism again) nor by cognitivism in psychology. Meaningfulness and optimality, however, are inherent to the gestalt concept and to self-organization. They are designated

in "Prozessgestalten" as *Prägnanz*. Thus, it is here that the progress of a systems-theoretical reflection as set forth convincingly in the current book becomes evident.

Why should a reader of *Psychotherapy Research* consider buying this book? It is a good value for its price because it is luxuriously equipped with subject and author indexes, a list of references, and an elaborated glossary. These elements, together with numerous tables and figures, guarantee easy access to the complex and sometimes difficult matter. All in all, the reader awaits a no doubt demanding but very rewarding examination of the creative perspectives opened up by Tschacher's dynamical systems approach to (clinical) psychology. For such an examination, as well as for the context of university seminars and lectures, this book is highly recommended.

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(Kriz recently published his textbook *Grundkonzepte der Psychotherapie* in its fifth, completely revised edition and is author of two other books related to the reviewed book: *Systemtheorie für Psychotherapeuten, Psychologen und Mediziner* [1999, 3rd ed.] and *Chaos, Angst und Ordnung* [1998, 2nd ed.]

Handbook of Psychological Change: Psychotherapy Processes & Practices for the 21st Century. C. R. Snyder and R. E. Ingram (Eds.). (1999). New York: John Wiley and Sons. 768 pages, \$107.95, ISBN: 0-47124-191-1.

I learned much from reading this book; it was thought provoking and stimulated new ideas regarding therapeutic techniques, methodology, processes, and

outcome evaluation. The editors have compiled a volume incorporating a range of important issues in psychotherapy practice and research, and the information is covered in a sophisticated, concise manner. Thus, this one volume may fill the place of several more limited or specific texts. For this reason, it is a very good resource for students, researchers, practitioners, and theorists alike. Given its breadth and substance, it is an excellent text for use in a graduate survey course on psychotherapy.

The book is organized into six sections covering (a) historical perspective, (b) research/methodology, (c) process components, (d) various theoretical/conceptual approaches, (e) special issues/samples, and (f) anticipation of future directions in the psychotherapeutic endeavor. The chapters are, for the most part, well written and well organized. Although the topic areas are many, the individual chapters are written with a thoroughness and depth one would expect from the many senior contributors assembled for this project. Two areas that set this text apart from others are its focus on the future and the inclusion of applied clinical examples, which will help the reader to translate more readily the theory and research discussed into applied clinical practice.

Chapters by Mahoney provide wonderful "bookends" to this volume. The first chapter reviews where we have come from regarding psychotherapy change, providing a nice contrast to the last chapter, which covers seven areas important for the training of future therapists. All of those involved in teaching the next generation of psychotherapists will benefit from reading this chapter and embracing the principles Mahoney espouses, such as clinical faculty being open to having their clinical work routinely observed by students. In fact, as I read through his seven principles for training good psychotherapists (self-knowledge, relatedness, compassion,

reflective philosophy, coping, ethics, and life span development), I thought of how they would also encompass a sophisticated way of gauging psychotherapy outcome that goes well beyond a simplistic, symptom-based medical model assessment of individuals via a 45-minute interview or short self-report questionnaire.

Two chapters, one by Haaga and Stiles and the other by Ingram, Hayes, and Scott, comprise the second section and provide a concise, comprehensive coverage of major methodological issues regarding psychotherapy process and outcome research. In addition, both note the limitations and benefits of efficacy and effectiveness research designs. Ingram, Hayes, and Scott provide thoughtful, complex, and at times appropriately critical evaluation of the American Psychological Association's Division 12 Task Force report on empirically supported treatments and the current Zeitgeist in our field.

The chapters comprising the third section, on psychotherapy process, were the ones I spent the most time thinking about both during and after reading the book. In particular, Teyber and McClure's organization of research on therapist variables was especially important. Coupled with Petry, Tennen, and Affleck's review on patient variables, these two chapters provide ample support to those who are convinced that highly specific, manualized treatments for limited, nonrepresentative, niche patient groups are not the best empirically supported or clinically applicable avenues for the field to travel. Karoly and Wheeler-Anderson present a skeptical perspective on treatment success, providing a convenient foil to the rest of the chapters in this volume. Their chapter may represent the modern-day equivalent of Eysenck's critique 50 years ago. I found myself repeatedly turning back to Karoly and Wheeler-Anderson's chapter to write comments based on information from chapters before and after

to challenge a number of their foundations, premises, methodology, and outcome information. They did not take account of the critique of Eysenck's position by McNeilly and Howard (1991), nor did anyone else in this volume. However, regardless of how one might regard Karoly and Wheeler-Anderson's chapter, it will stimulate psychotherapy researchers to think more complexly about the issues related to how and by whom "treatment success" is defined.

Two other individual chapters stood out, one by Westen and the other by Follette and Hayes. In a tradition reminiscent of Wachtel's work in this area, Westen's chapter on integrating psychodynamic and cognitive-behavioral therapy was outstanding. This should be required reading for students, teachers, researchers, and clinicians alike. Beyond a discussion of the competing strengths and weaknesses of the theoretical and technical features of these two predominant approaches, Westen adroitly points out that, in many instances, these conceptual schools are simply using a different language to describe the same phenomena (i.e., template, schema, and script vs. introject, object representation, and cyclical pattern/transference). His numerous clinical descriptions and vignettes provide practical illustrations that clarify his discussion points.

Follette and Hayes's chapter on contemporary behavior therapy is on the cutting edge of behavioral approaches. It may be shocking to some because it is quite different from the previous generation's version of behavior therapy. The authors discuss clinical phenomena and interventions much more complexly and with more interest in relational functioning than the behavioral authors of the '70s and '80s. They thoroughly describe the evolution of behavior therapy from the 1950s to the present and address a number of important concerns that have been expressed about behavior therapy

in a nondefensive and thoughtful manner (e.g., it is mechanistic and reductionistic, has an over reliance on animal research, and lacks significant focus on thoughts and feelings, the whole person, and the therapeutic relationship). Follette and Hayes provide a sophisticated discussion of clinical problems and interventions that addresses many of these early concerns. In fact, the discussion of contemporary behavior therapy was one of the best exemplars of innovations to be found in this book. For example, and dovetailing nicely with Westen's piece, contemporary behavior therapy focuses on transactions within the therapist-patient relationship as a powerful tool in treatment (e.g., in vivo relational skills training and affective awareness/coping). These advances in clinical practice bring behavior therapy closer to psychodynamic, existential, and interpersonal approaches, which have long made the relational and affective interaction between therapist and patient a central focus of treatment.

The limitation of this book is the variability of quality in a few chapters. For example, clinical vignettes were either left out altogether or were not well developed in the sections on theoretical/conceptual approaches and special samples. Additionally, a few chapters could have benefited from better organization and integration of more visual/graphic material, which Horowitz did so well in his chapter, "Brief Cognitive-Dynamic Treatment of Stress Response Syndromes." Despite these minor drawbacks, if the measure of a book is the amount of thoughtful reflection, inspiration for new ideas, and engagement on the issues it provokes, then Snyder and Ingram's *Handbook of Psychological Change* has done a splendid job. This is a book I will return to repeatedly as a valuable resource in my own clinical practice, research, teaching, and thinking.

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Critical Issues in Psychotherapy: Translating New Ideas Into Practice.

Brent D. Slife, Richard N. Williams, and Sally H. Barlow (Eds.). (2001). Thousand Oaks, CA: Sage. 336 pages, \$39.95, ISBN: 0-76192-080-3.

Ours is an era of complexity and perplexity, and yet too often it seems psychologists are the last to know. *Critical Issues in Psychotherapy* is an attempt to redress that gap in our knowledge base, and it marshals a formidable cast of scholars to fulfill its mission. *Critical Issues in Psychotherapy* is based on a 1999 conference at Brigham Young University in which a distinguished panel of theorists and practicing therapists met to tackle some of the thorniest, yet neglected issues in clinical practice.

Beginning with Stanley Messer's "Empirically Supported Treatments: What's a Nonbehaviorist to Do?" through philosophical and critical essays on assessment, biologization of therapy, spirituality, culture, managed care, individualism, science and practice, eclecticism, postmodernism, multiculturalism, diagnosis, feminism, and even free will and determinism, *Critical Issues* aims to clarify, elaborate on, and remedy some of the most current conundrums of our profession: What are the unacknowledged assumptions of science, and how do these play a role in "empirically supported" practice? What role

should spirituality play in therapy? How does cultural sensitivity affect contemporary practice? What is the short- and long-term impact of managed care? What is the role of “rugged individualism” in therapy, and how can it be challenged? What is the part played by postmodernism in therapy, and how can therapists avoid its potentially dangerous side effects? Is there a problem with “all-or-none” feminism? Is there a unifying principle around which all good therapy revolves?

Does *Critical Issues* fulfill its mission? The short answer is a resounding but qualified “yes.” *Critical Issues* is indeed substantive, philosophically sophisticated, and highly thought provoking. Although there is some variability in the quality of the chapters (e.g., the chapters on empirically supported treatments, culture, and individualism, to name but a few, are standouts, whereas a few of the brief respondents’ commentaries are lackluster), on the whole, the volume is lively and illuminating.

My second qualification is confined to the subtitle of the book: *Translating New Ideas Into Practice*. Although the book makes valiant efforts at such translation (e.g., providing case vignettes or general principles of application), I am not sure it provides the kind of hands-on elaboration that clinicians need. For example, the chapter by Hoshmond on cultural insensitivity provides an incisive and welcome critique of the problem but offers little in the way of concrete remedies. It is one thing to state the case (which she does eloquently) for “conversations in cultural negotiation and value analysis” with clients, but it is quite another to show clinicians, particularly depth clinicians, how they might deftly integrate such conversations into practice. There is a similar problem—elsewhere in the book—with therapeutic discussions of spirituality, philosophy, and sociopolitical realities. Although each of these contexts may be pivotal

in the therapist–client encounter—and I believe they are—their implementation requires a highly nuanced sensibility. However, in the absence of that sensibility, such discussions can all too readily devolve into arid, intellectualized, or downright ideological digressions. How, for example, do you introduce the oppressiveness of the market to a “broken” widower or the problems of racism to a tormented incest survivor? These are intricate problems that require exceedingly subtle reflections. *Critical Issues* broaches these but does not (and perhaps cannot be expected to) provide a detailed explication.

Some excellent points are made in this volume. In their chapter on eclecticism, for example, Slife and Reber thoroughly and perceptively challenge what they call “atemporal” forms of therapy. These are therapies that tacitly or overtly assume fixed and immutable laws of human nature, that selectively attend to phenomena that reflect these assumptions, and that deemphasize or deny particularized contexts. Against these, the authors propose what they call temporal modes of therapy. These modes attune fully to context, individuality, and moment-to-moment therapeutic unfolding. The authors proceed to show in how subtle a fashion atemporality can stultify even the most diversified eclectic and integrative practices. Also well formulated are Held’s critique of antifoundationalism and the impossibility of suspending therapist values and Maracek and Raynes’ interchange on feminism, which included timely and practical suggestions.

In sum, I found *Critical Issues in Psychotherapy* to be a highly stimulating and foundational work. It is particularly useful for thoughtful clinicians but raises important issues for therapy researchers as well. Among the latter are the many biases and oversimplifications that can taint conventional methodologies. These range from selection and instrumentation biases to ethnocentric models of mental

health and from facile assumptions about eclecticism to polarized views of the investigative process.

I cannot fairly fault the book for its theoretical and philosophical as opposed to hands-on clinical emphasis. Our field is sorely lacking in such critical overviews and is notably advanced by the advent of the volume. At the same time, I hope that Daniel Robinson's caution that "it is always the clinic that puts simplistic and confident theory on notice" will be more fully heeded. In light of this context, I urge that a companion volume be developed that will help clinicians take a further step, from critical thinking *about* their work to engagement of this thinking *in* their work and from well worked-out beliefs to ground-level illustrations of those beliefs.

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How Therapists Change: Personal and Professional Reflections. Marvin R. Goldfried (Ed.). (2000). Washington, DC: American Psychological Association. 343 pages, \$39.95, ISBN: 1-55798-727-0.

Research findings that began accumulating in the 1950s indicated that certain common factors foster progress in all forms of treatment and that different treatment methods yield approximately equal results on the average, although some are more effective than others in treating certain kinds of persons and problems. These findings and the experience of many clinicians led, in the early 1980s, to the emergence of an integrationist movement in psychotherapy. Psychotherapy integrationists have subsequently attended not only to common factors in diverse therapies but also to blending different ap-

proaches into an overarching conceptual framework, known as *theoretical eclecticism*, and to formulating atheoretical strategies for selecting effective treatments in the individual case, known as *technical eclecticism*. The integrationist movement revolves around the companion convictions that no one psychotherapy approach is always applicable and that therapists can enhance their effectiveness by learning about and respecting approaches different from their own.

How Therapists Change explores the kinds of critical events and personal reflections that have led psychotherapists originally trained within a particular frame of reference to broaden their horizons and become integrationists. To this end, Marvin Goldfried, as editor, invited 15 experienced therapists representing three major perspectives on psychotherapy to provide "professional memoirs" of their journey into eclecticism. The contributors were asked to describe how they were first taught to perform psychotherapy, the strengths and limitations of their original approach, the circumstances that resulted in their adopting more eclectic views and practices, and their current mode of conducting psychotherapy. Five authors present a psychodynamic perspective on psychotherapy integration (Lorna Benjamin, Morris Eagle, John Rhoads, George Stricker, and Paul Wachtel); five a cognitive-behavioral perspective (Herbert Fensterheim, Iris Fodor, Alan Goldstein, Arnold Lazarus, and Michael Mahoney); and five an experiential perspective (Larry Beutler, Arthur Bohart, Leslie Greenberg, Lynne Jacobs, and Barry Wolfe). To these 15 chapters, Goldfried adds an introductory overview of the psychotherapy integration movement and a concluding chapter summarizing common themes in how and why therapists change.

The contributors to this volume have risen admirably to their task, and their accounts provide not only insights into continued learning and growth among

professionals who remain open-minded but poignant episodes from their personal history as well. Goldfried sets the stage for what is to come in these personal memoirs by relating in his introduction an incident in which he was demonstrating cognitive-behavioral therapy (CBT) to a group of students observing behind a one-way mirror and became convinced that what his patient needed at the moment was some help in getting in touch with her feelings and some feedback concerning how she was dealing with the treatment relationship. What should he do? Should he continue to show his students how CBT is conducted, or should he shift gears into non-CBT interventions that his clinical sense told him were called for? He made the latter choice, which he describes as having been a "pivotal event" in his expanding his therapy perspectives, and which stands as an object lesson in being sufficiently empathic and flexible to meet patients' needs. Let it be suggested in this regard that good psychotherapy in the real world is unlikely ever to reduce to the prescriptions in a treatment manual.

The contributors to this volume share with Goldfried a readiness to regard new information and unexpected observations as reasons to consider modifying what they think and do rather than as phenomena to be incorporated within their existing beliefs and practices. Goldfried captures this characteristic open-mindedness of integrationists by describing them as "far more comfortable with unanswered questions than with unquestioned answers" (p. 323). Five other commonalities run through the views and revelations of these integrationist therapists. First, they concur that each of the three treatment approaches represented in the book has strengths and limitations and that, when adequately recognized and judiciously used, the strengths of one orientation can complement the limitations of another in therapeutically effective ways. Second, there is general agreement that effective-

ness in all forms of psychotherapy depends in large part on the quality of the working alliance forged between patient and therapist. Third, most of the authors report that, regardless of how their particular style of eclecticism evolved, they benefited greatly from having originally been taught an approach that emphasized sensitive listening to the patient. Fourth, most of the authors note also that their interaction with colleagues having views different from their own was of central importance in their professional growth and change. Fifth, all of the contributors comment that, as in Goldfried's case, changing their approach in psychotherapy was rooted in efforts to meet their patients' needs and be more helpful to them. This is a refreshing contrast with contemporary attention to providing treatments that alleviate or cure specific disorders. Planning and conducting psychotherapy should be based on evaluations of patients' needs, not the nature of their disorder as captured by a diagnostic label. Otherwise, psychotherapists will end up treating disorders rather than people, and we can do better than that. The message of this book and the personally revealing insights of its authors should be read and appreciated by a broad audience of psychotherapists and their students.

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The Great Psychotherapy Debate: Models, Methods and Findings. Bruce Wampold. (2001). Hillsdale, NJ: Erlbaum. 256 pages, \$49.95, ISBN: 0-80583-201-7.

Thomas Kuhn suggested that science evolves through dramatic challenges to prevailing theoretical structures. Bruce Wampold's *The Great Psychotherapy De-*

bate: Models, Methods and Findings may be an exemplar of a work that initiates such radical reexamination of our fundamental notions about psychotherapy.

Somewhat paradoxically, the method Wampold uses to undermine the foundations of prevailing wisdom is quite “mainstream,” even conservative. He begins in Chapter 1 by proposing that the essential healing process in therapy may be represented by two contrasting meta-models: The more traditional paradigm he identifies as the medical model. He argues that the core of this model is the proposition that in psychotherapy, as in medicine, cure is brought about by differential identification of client problems and application of specific interventions, resulting in amelioration of these problems. The medical model implies that the benefits of therapy are causally related to the “specific ingredients” of a particular treatment. Wampold then develops a contrasting meta-model, which he calls the contextual model. This alternative representation of how therapy works is an elaboration of Jerome Franks’ (1991) proposal that therapy benefits are the result of factors that are common to all helping endeavors. These common or contextual elements include a positive relationship with the therapist, a therapeutic ritual based on a plausible psychological theory, and techniques that both the client and the therapist believe to offer relief for the client’s problem.

Wampold further argues that current attempts to identify empirically supported treatments and the use of manualized clinical trials as a gold standard of evidence are based on the assumption that the medical model is the best way to understand the workings of psychotherapy. If, however, the contextual model is a better representation of what is effective in psychological treatment, then our approach to identifying effective treatments would need to be radically reconsidered.

In Chapter 2, Wampold argues that the case for or against these two meta-

models could be evaluated using a meta-analytic synthesis of the available research data. He specifically sets out to examine six hypotheses: Is there evidence for the efficacy of psychotherapy? Is the claim that some therapies are more effective than others justified? Are there effects uniquely related to specific interventions? Are there therapeutic factors that are generic to different psychotherapies? What is the impact of the therapist accurately delivering the required interventions in contrast to the therapist’s allegiance (loyalty) to a particular form of treatment? Is there a therapist effect over and above the skill of delivering the treatment accurately? The two meta-models, he argues, would predict different answers to all but the first of these questions.

In Chapter 3, the evidence supporting the absolute efficacy of psychotherapy is presented. Clearly, if psychotherapy is not effective, there would be no point in deciding which of these models better represents its effectiveness. The chapter focuses on reviewing the results of Smith and Glass’s (1977) and M. L. Smith et al.’s (1980) seminal meta-analyses that served to establish the absolute efficacy of psychotherapy. A number of more recent studies are also reviewed.

In Chapter 4, the evidence for and against the differential relative efficacy of various psychotherapies is considered. It is argued that the medical model predicts that treatments will vary in effectiveness and would assume that relative differences between treatments are due to the different specific ingredients in the treatments. The contextual model, on the other hand, predicts that treatments would produce more or less equivalent outcomes because it assumes that common factors are largely responsible for the impact of psychotherapy.

Wampold reviews several meta-analyses relevant to this question (e.g., Shapiro & Shapiro, 1982; Smith & Glass, 1977; Smith et al., 1980; Wampold, 1997). After taking into consideration the effect

of various confounds, he concludes that the balance of the evidence does not support the hypothesis of differential effects. Moreover, he estimates that the maximum differential effect based on the studies currently available is .20. This is a small effect size, certainly less than what we would expect to find if therapy effectiveness was mostly due to specific factors.

The fifth chapter examines the question of whether specific ingredients are uniquely efficacious (such a finding would support the medical model). Wampold reviews four research designs that have been used to test the effects of specific ingredients: (a) component designs, (b) comparative designs with placebo control, (c) designs examining mediating effects, (d) Person \times Treatment interactions. Evidence relating to each of these designs is examined, and no reliable evidence is found to support the differential treatment effect hypothesis.

The impact of the alliance on psychotherapy outcome is reviewed in Chapter 6; the evidence for the impact of allegiance (the therapist's belief in or loyalty to the particular form of treatment) and adherence (the degree of accuracy with which the particular treatment is actually delivered) is reviewed in Chapter 7. The empirical literature on the effect of alliance on therapy outcome is quite extensive. The medium effect (.54) associated with alliance, which appears to be uniform across different forms of therapy, is used as evidence in favor of the contextual model. Likewise, the evidence linking allegiance and therapy outcome supports the contextual model. The data on adherence is less clear; on balance, however, Wampold concludes that the medical model's prediction that adherence would be positively related to effectiveness is not supported.

Chapter 8 examines the evidence for therapist effect (i.e., the degree to which therapist's qualities, apart from specific factors, may affect the outcome

of therapy). Wampold estimates that 6% to 9% of the variance of treatment outcome is due to therapist effects. This is quite a striking finding when one considers that the estimated maximum impact of differential treatment effects presented in Chapter 4 amounted to only 1% of the variance in outcome. The importance of the therapist factor is taken as evidence supporting a contextual model.

The last chapter deals with the implication of the failure of the medical model to accurately represent the active healing ingredients in therapy. Wampold offers 11 recommendations, including (a) limiting the use of clinical trials (he argues that they miss the significant contextual factors), (b) abolishing criteria used in identifying empirically supported treatments (developed by American Psychological Association Division 12) as a viable means of selecting treatment, and (c) training psychotherapists to better appreciate the importance of the contextual aspects of psychotherapy.

Has the medical model been laid to rest? The thesis against the medical model is meticulously argued and the evidence conservatively evaluated. The conclusions fundamentally challenge the way we view therapy and the means by which empirical research may be able to improve it. However, it seems to us that the two contrasting meta-models, as presented, may be too narrow to encompass the complexity of the question. Is it the case that specific effects associated with particular interventions and the validity and importance of contextual factors are mutually exclusive? Wampold's arguments are more convincing when he critiques the specific ingredient (medical) model than when he makes the case for the contextual model as a replacement for it. Earlier in this debate (e.g., Crits-Christoph, 1997; Howard et al., 1997), questions were raised about the ecological validity of the body of research on which the meta-analyses are based and whether there may be an interaction between severity of problem and

specific factors (i.e., less severe cases may be less differentially responsive to “specific effects,” but more serious problems may respond better to specific interventions). Wampold acknowledges these possibilities but argues that, until such interactions are convincingly demonstrated, we are obliged to respect the best available evidence.

Among the conclusions that are likely to be controversial is the suggestion that all “therapeutic rituals” are equally legitimate as long as they are grounded in a “plausible psychological theory” and the therapist is sincerely committed to their usefulness. The notion of “plausibility” as the critical factor in deciding a theory’s claim to legitimacy is, in our view, one of the few weaknesses among his arguments. Without clearly establishing empirical criteria for what is “plausible,” we stand on shifting ground and have left no basis to argue that one theory as legitimate and another is less so. Are we, then, left with the therapist’s allegiance as the sole criterion for therapeutic practice? Although Wampold is careful to point out that the contextual model is not an invitation to “anything goes,” the restrictions on what he considers a “legitimate” therapy or plausible theory need more arguments and clarification. Without making clear what makes a theory plausible and a “therapeutic ritual” legitimate, we are faced with the question: On what basis should the therapist commit her or his allegiance?

The book seems to neglect the value of qualitative psychotherapy process research. In this body of research, there are commendable efforts to relate specific interventions in particular contexts to client change. Perhaps the most lasting message of the upcoming debate will be to draw our attention to careful, detailed investigations into *how* psychotherapy works as opposed to testing grand conceptualizations based on context or specific interventions.

The Great Psychotherapy Debate is highly recommended to anyone inter-

ested in the fundamental issues guiding both practice and research. This volume may turn out to be the work that defines the significant issues for therapy researchers for the coming decade. Be warned, however: The book is not light reading despite the author doing a very good job of making the technical aspects of meta-analysis, which forms the core of the arguments, accessible. It is, however, this thoroughness and attention to detail that makes Wampold’s arguments so persuasive and hard to resist.

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