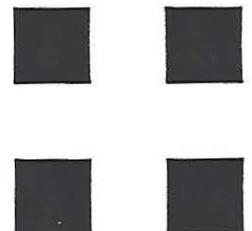


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## Are there no cures?

ROBERTA RUSSELL, New York

ON 25 JUNE 1993, at an International Meeting of the Society for Psychotherapy Research (SPR) in Pittsburgh, Dr Hans Strupp, a distinguished and relentless crusader for scientific truth who has devoted the last four decades of his life to understanding the processes of psychological change, approached the microphone. Sixty scientists waited to hear him pronounce, "There are no cures". Dr Strupp is not a prototypical ivory-tower scientist; he has been trained by Frieda Fromm-Reichmann and profoundly influenced by Freud. The poetry and mysteries of psychoanalysis have not escaped his notice.

Nor is SPR an ordinary professional group. The 300 or so scientist-practitioners who comprise this unique organization do not seem to be predominantly driven by insular competitions: they have distinguished themselves by their unstinting quest for truth, no matter how unsettling the results. Although guided by the rigour and objectivity of science, they still seem to care for each other as well as for the people whose fates they try to improve.

Dr Strupp orchestrated the now-classic Vanderbilt I study which compared the psychotherapy results of patients treated by benign college professors with those treated by seasoned professional psychotherapists. Both types of therapist worked with matched groups of depressed male college students, only to find that, in the main, the untrained "nice guys" did just as well as the experienced and well-regarded professionals. He felt that the researchers may have inadvertently stacked the decks against the professionals because the depressed male college students had more in common and therefore more to talk about with the college professors than with the professional psychotherapists. This "mistake" may prove to be a very useful clue that points to results discussed later in this article.

At this SPR conference, Strupp had news of the Vanderbilt II study to report. In this study, manuals were used to standardize the behaviour of the professionals and thereby minimize individual differences in their performance. The Structural Analysis of Social Behavior Model

(SASB), a measure of interpersonal sensitivity, was used to measure each dyad of selected therapeutic segments. This is one example of process research, whereby one can see what is happening between the client and the therapist with great accuracy.

Using another reality check, a patient-rated "therapy report card", Dr David Burns reported that some therapists are surprised and upset to discover the negative effect that they are having on the client, and therefore may become reluctant to use such measures. Strupp found that SASB feedback can be constructive and tends to increase conformity to the procedures delineated in the manual. Still Strupp has not reported that even this reality-based learning has been demonstrated to increase therapeutic results. He did report, however, that positive therapeutic outcomes tend to diminish over time, because of the many changes in people's lives over the years. Long-term therapeutic gains appear to be an elusive commodity.

In the next room at the SPR conference a meta-analysis debate broke out. Meta-analysis is a much explored and statistically complex means of putting many experiments into one proverbial pot and weighting the ingredients according to their contribution to the importance of the statistical stew. "Meta-analyses are subject to the biases of the meta-analyst", reported Dr Luborsky from a nearby conference room. The results of the meta-analysis are influenced by the choice of experiments that comprise the analysis. Drs Grawe and Svartberg both agree with Dr Luborsky; all three have produced and presented meta-analyses whose conclusions support their own differing theoretical orientations.

Both the selection of experiments included, and the shibboleth by which the therapeutic methods are enacted leave a great deal of room for interpretation. This is because psychotherapists, regardless of their particular persuasions, tend to talk about what they do in a way that corresponds more to their training and affiliative group than to what they actually do. It is a well known fact that experienced therapists perform

more like each other across disciplines than they do when they are compared to therapists of all experience levels that are drawn exclusively from within their own persuasion. According to Dr Lester Luborsky, meta-analysis bias is virtually impossible to correct.

Professional eclecticism is on the rise. The common effective ingredients to all schools of psychotherapy are a legitimate area for study. Since the placebo group used to control for the effects of psychotherapy in experiments often entails many of these common ingredients such as increased hopefulness, or alliance in the case of a so-called "inert" meeting with another person, *the placebo has often been called a misnomer*. But the placebo which is comprised of the effective human ingredients available for solace may indeed be the generic penicillin for neurosis. Strupp's prior reference to having tipped the balance in favour of the professors who had more in common with the client students than the professionals did in his Vanderbilt I study, is perhaps the point on which this report must pivot. Dr Benjamin, the originator of the aforementioned, internationally used SASB model, has devoted decades to the careful scrutiny of the actual process of human relationship. She has quoted the late Harry Harlow, her major professor: "A lone monkey is a dead monkey". Relationships are vital to life.

At the meeting, Dr Ed Bordin was commemorated in a moving memorial symposium for having devoted much of his professional work to the study of the therapeutic alliance. Drs Luborsky, Strupp and Benjamin and other professional researchers reported being profoundly influenced by him. The focus of their work is the study of alliance. Bordin believed that the strength rather

than the kind of working alliance would prove to be the major factor in change achieved through psychotherapy.

Healing alliance is naturally sought after by distressed individuals. Dr Frank Riessman, Director of the National Self-help Clearing House, has pointed out that the benefit accrued to an individual through being understood is a powerful dimension of self-help mutual aid, because of the potential for experiential understanding. Many people on waiting lists for therapy who comprise placebo groups benefit from self-help groups of other kindred spirits who rise to the occasion of their needs.

If we ask the right questions such as, "What can psychotherapists do to improve their effectiveness?", interesting answers begin to reveal themselves.

Luborsky, Strupp and other seasoned researchers find that alliance (as judged by the client) is the currently acknowledged most powerful force in effective psychotherapy. In a time of increasing accountability, the outcome of psychotherapy research must make its complex findings public so that quick fixes and unsubstantiated cures don't replace the more arduous and enduring therapeutic alliances that are the solid structure on which various methods of treatment guide the client to more satisfying responses to life's trials. We must use this hard won knowledge and study success - wherever it occurs - rather than elusive hypothetical constructs. We must look at the man or the woman more than the method.

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