what works in psychotherapy when it does work?

Roberta Russell

If, in psychotherapy, everyone seems to have won and everyone received prizes, what might the essential ingredient in this success be? Research suggests that the therapeutic alliance is the critical factor in successful therapy. This paper explores the process and oucome of the logical extension of this finding—Mutual Alliance Therapy.

Roberta Russell is a freelance journalist and author working in New York. Mutual Alliance Therapy Workshop inquiries or reports of relevant experience may be directed to Roberta Russell, c/o Hillgarth Press, P.O. 1440, Lake Placid, NY 12946 (Fax/Tel 518 523 1360). Send correspondence or call: Roberta Russell, 404 East 55 Street, New York City, NY10022. Tel. 212 758 6389.

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Psychotherapeutic methods are proliferating, and a professional eclecticism which incorporates them is also on the rise. In an attempt to filter out the active ingredients in psychotherapy from its inert stylistic embellishments, professionals in the field have been examining the ways psychotherapy is conducted and the results it produces. The consensus of what the latest methods of process research has revealed belies the postulates of most traditional training in psychotherapy.

It is the feeling of alliance between the therapist and the patient, as perceived by the patient, not the therapist, that is most predictive of good therapeutic outcome (Horvath and Greenberg, 1993; Luborsky, 1994). Disregarding the important variable of individual therapist differences, this single factor is more important than the therapist's theoretical orientation, his or her training, personal analysis, or the length of time that the patient attends therapy. Is there some sense of alliance perceived by those who comprise the placebo groups often used in psychotherapy outcome studies? Might this account for the significant benefits attributed to the placebo effect? What is revealed if we observe the therapeutic alliance outside of the confines of therapy?

Healing alliance is naturally sought after by distressed individuals. Dr Frank Reissman, Director of the National Self-help Clearing House in New York, 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 benefit from self-help groups or other kindred spirits who rise to the occasion of their needs.

learning from the time-honoured placebo

The placebo group, used to control for the effects of psychotherapy in experiments, is often composed of people on waiting lists for therapy, or those seeing non-professional helpers such as religious counsellors, friends and self-help groups who are not offering formal therapy, but do tend to their needs. Like people in therapy they experience increased hopefulness, and alliance. The placebo has often been called a misnomer because it is actually composed of the effective

human ingredients available for solace. These natural virtues may indeed be the generic penicillin for neurosis. It may be the magic elixir in the placebo, human love, guided by intelligent attention that helps to cure the two-thirds of the people who get better with or without the benefit of formal psychotherapy.

meta meta on the wall: which treatment is the finest of them all?

Meta-analysis, a new approach to interpreting a body of treatment effectiveness research, arose in the mid-1970s (Smith and Glass, 1977). With this procedure, the results of individual studies are systematically sampled, surveyed, weighted and coded into a database, that is then analysed, as if it were a single study, in order to provide cumulative figures representing the totality of known data. Increasingly sophisticated meta-analyses have culminated in a new conceptual vehicle, the *meta-meta-analysis* by Lipsey and Wilson (1993). Using this procedure, they have examined and weighted 302 meta-analyses, which, in turn, include thousands of studies on the effectiveness of psychotherapy. Cumulatively, they clearly demonstrate the healing power of the placebo. This is all the more reason that the common effective ingredients to all schools of psychotherapy—some of which are shared by the placebo—are a legitimate area for study.

therapeutic professors or professional therapists?

Hans Strupp, one of the leading researchers in the field of psychotherapy, has prominently exemplified the power of a consoling relationship with a good person who does not have either the benefit or the possible encumbrance of professional training in psychotherapy. Strupp thinks that growth is promoted by non-specific factors such as understanding, trust and warmth, which are not the exclusive province of any single therapeutic school of thought. By and large, he feels that all prominent therapeutic approaches have been shown to be equally effective. Although they may not all be alike, there is no proof that one is better than the other *across the board*. However, there is evidence that behaviour therapies are superior for target symptoms such as tics, phobia and bed-wetting (Eysenck, 1993). Strupp observed that:

> *The art of psychotherapy may consist largely of judicious and sensitive applications of a given technique, delicate decisions on when to press a point or when to be patient, when to be warm and understanding or when to be remote. The therapist structures the situation in bold relief so that the patient is forced to renounce the helping relationship or undergo change.*

Strupp's now classic Vanderbilt study (Strupp, 1979) links the therapist's technical skills and the qualities inherent in a good human relationship to outcome in time-limited individual psychotherapy. In this study, Strupp worked with male college students who exhibited high levels of depression, anxiety and social introversion. One group of 15 was treated by highly experienced psychotherapists. Another group of depressed, obsessional, anxious men was treated by "nice guy" college professors chosen for their ability to form understanding relationships.

Each student participated in therapy sessions once or twice a week over a period of three to four months for a total of 25 hours. Strupp used multiple measures of

assessment, such as patient, clinician, and therapist ratings of fundamental change, change in test scores and change in specific target complaints. In addition, he followed up one year later, when the initial gains shown in many studies have long since dissipated. The results of this investigation were consistent and straightforward. On the average, the patients who consulted with college professors showed as much improvement as the patients treated by experienced psychotherapists. The greatest degree of change occurred during the treatment period, but the gains still held one year after the study began. The experimenters concluded that positive change was generally attributable to the healing effects of a benign human relationship.

In a recent conversation, Strupp told me that he thought he had tipped the balance in favour of the professors who had more in common with the client-students than the professionals did in his original Vanderbilt study. This is perhaps the point on which we may build on a naturally occurring phenomenon, friendship. How would we fare if we *found a partner with whom we might relate* and formed a *mutual therapeutic alliance*? If the therapist reading this article tries to channel a natural relationship into a therapeutic venture, using the same focus of attention and intent that he or she might bring forth in the ideal therapist/client relationship, would the friend benefit? Since alliance (as judged by the client) is the currently acknowledged most powerful force in effective psychotherapy (Luborsky, 1994; Strupp, 1994), the challenge of finding a potential therapeutic partner is worth the considerable risk and effort it entails.

One may wonder why this sort of mutual alliance is not already the provenance of friendship. It may well be, but a survey of one's relationships may leave a great deal of room for constructive improvement. Should this work for us, might it not also help a wistful client who might be strengthened by the structure and benevolent intent of such a plan?

what if we increase the alliance?

In a surprisingly neglected but remarkable study the powerful effect of increased peer-alliance, with professional guidance, has already been demonstrated in a cost-effective manner. This series of studies on peer alliance which yielded extraordinary results even ten years after the experiments were over, has unfortunately not reached many psychotherapy practitioners or the psychotherapy training institutes that form them. These experiments were conducted by the late Dr Irving Janis and Dr David Hoffman in 1970 and 1982 at Yale University (Janis, 1983). Paired-off patients with similar challenges who were part of a once-a-week counselling programme were instructed to agree to talk about their progress on a daily basis with an assigned peer who was also in the programme. They agreed on goals and the means to get there. Even ten years later the advantage gained by a short term of peer support was still maintained in proportion to the amount of peer contact that they had. The daily conversers had a significant lead over the once-a-week talkers who, in turn, did better than those that just had the once-a-week professional counselling, but were without peer-pairing. Salutary effects this long-lasting have rarely been demonstrated, even though research into the effective ingredients in psychotherapy by such organisations as the Wellcome Trust, the Economic and Social Research Council

in the UK and the National Institute of Mental Health in the US represents an investment of over £100 000 000 in the last ten years.

If we ask the right questions such as, "What can we do to increase the therapeutic alliances in our lives and thereby improve our effectiveness and well-being?", interesting answers begin to reveal themselves.

Since psychotherapy research tells us that the engendering of hope is therapeutic, and the number of therapy sessions is unrelated to psychotherapy outcome, and the therapist's training is also unrelated to outcome, the question of what qualities in a relationship might make one hopeful becomes the focus of our attention.

Shall we then engage in an anecdotal experiment? Suppose each of us who has the strength and motivation selects another with whom we form an intentional therapeutic alliance? This selection must be made with care and consideration because it involves a mutual commitment, beyond the normal demands of polite behaviour. When the going gets rough we will want to find a time and place to confront our partner or be confronted, with the intention of creating greater understanding and compassion. Because this is not easy, the selection of our chosen other must be made carefully, maybe even with a short trial period. The amount of contact should be pre-arranged as it is in psychotherapy. Although therapeutically allied partners who participated in experiments done at Yale initially committed only to time-limited, regular contact, afterwards, some participants maintained their ongoing relationships in a less formal way for several additional weeks. Whether or not they chose to continue active contact, the benefits of the alliance have demonstrably endured for more than ten years—a rare occurrence in the social sciences. Clearly, not all patients or even all therapists are appropriate candidates for Mutual Alliance Therapy. But for those with sufficient ego strength and a therapeutic intention the prospects are promising.

Mutual Alliance Therapy: an experiment in structured friendship?

On 2 October 1993 at the University of Auckland in New Zealand, I initiated the first *Mutual Alliance Therapy Workshop*. This anecdotal experiment was based on research-supported evidence that an increased alliance will increase the long-lasting beneficial effects of therapy. Since that event, the participants, however dissimilar their goals, have been talking to each other daily about their adherence to their course of action, each one custom-designed, with the help of the group, to meet their own objectives. (Surprisingly, there were more men than women attending the workshop.) They have committed to do this every day, by phone, for six months. Less dedicated inquirers were asked not to come. So far the results have been encouraging. I participated as well. A prominent financial counsellor is gratified to be helping a professional psychologist to resolve her issues of whether to live independently, as she had been, or to see how she might co-exist in some kind of harmony with her husband. This is what she has done, with the added support of her financial counsellor ally. She thinks this has worked really well. The financial consultant, a very intelligent and responsible, but cautious man, was completely amazed at his therapeutic effectiveness. In addition to business goals he's now adding weight-loss to his agenda. As for me, I lost 12 pounds in the first seven weeks (still off at the time of this writing) while my partner got control of his

cholesterol intake and stopped eating candy (a previously elusive goal). A woman business consultant who is also a veteran psychotherapy patient, lightened her dependence on professionals, and reports that she has been launched from a dream world into the world of reality. A working couple who had lost touch with each other because of their preoccupation with demanding independent careers and five children are now talking to each other again on a daily basis, even though this had to be scheduled at 6.30 am. The stories of life's everyday victories go on. Reportedly, a leader-guided approach with monthly group meetings might increase the power of this method of mutual help. The great distance prevented this but a one-year follow-up meeting was scheduled in Auckland, New Zealand.

While these gains may sound minor in comparison with solutions to the more serious problems clients present in the consulting room, they seem to me a step in the right direction for those able to avail themselves of a constructive mutual relationship with another human being. Many of us are absorbed in the business of earning a living or lost in consumerism, or zonked out on routinised television, or living in an alcoholic haze. A therapeutic alliance can provide a heartful readjustment in a society in which we are normally alienated from our feelings and from each other.

Will these preliminary results prove to be enduring? Only controlled research—now in the planning stage—will be able to provide definitive answers. Nevertheless, cumulative research results have given researchers good reason to explore the long-term results of therapeutic alliances.

Having a mutually congenial thing-to-do helps to buttress the evolving relationship against the stresses inherent in most mutual commitments, and it holds us steady when the fear of the other's betrayal or lack of interest comes to the fore. It was an initial partially successful therapeutic alliance of this sort in which I co-authored a book with the late R. D. Laing (Russell and Laing, 1992), that encouraged me to explore other manifestations of therapeutic alliances. Even without a mutual project, a commitment of daily phone calls in which partners discuss their compliance to mutually-agreed-upon tasks and goals, will do the job, if one is guided by the right intentions and equipped with the capacity to listen attentively, so that one hears the other's intent behind the words.

can mutual alliance be a cost-effective adjunct to professional therapy?

How can therapists seeking to increase the dose of healing alliance they can offer their appropriate clients implement mutual alliances between them, without jeopardising their professional incomes? All systems tend to maintain themselves and only a saint would knowingly give a hard-earned practice over to the patients themselves while he or she had to turn to a vocational counsellor for discussion of another career.

But therapy is a service, one that is provided in a competitive market. As it is in the selling of any other service, there is, here too, a wisdom to the marketplace. The judicious pairing of appropriately committed and guided patients may very well increase the value given to them in a cost-effective manner. This, in turn, would theoretically increase the demand for the service offered. Very little else in research suggests such promising results. *Audaces fortuna iuvat.* Fortune favours the bold.

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