
Public Presentation Versus Private Actions in Psychotherapy Research, Training and Practice

Linda M. McMullen

University of Saskatchewan

Martin (1995, this issue) has added his voice to the growing chorus of counselling and therapy researchers who, while once having sung the praises of experimental and classical empiricist methodologies, are now critical of the value of such methodologies for informing us about the enterprise of psychotherapy. To be sure, most of what Martin has to say has been said before, either in the context of critiques of psychological research, in general, or of psychotherapy research, in particular. There have been numerous articles on the presence of scientism in psychology, on the difficulties inherent in studying the complex subject matter that comprises much of psychology, on the pitfalls of operationalism, on the unsuitability of significance testing as a way of dealing with our subject matter, on the inappropriateness of proposing and searching for cause-effect relationships in most human encounters, on the failure of the drug metaphor as a paradigm for counselling and therapy (hereafter psychotherapy) research, and on the moral-rhetorical rather than scientific nature of psychotherapy (Frank, 1961; Mahoney, 1989; Meehl, 1978; Shotter, 1993; Stiles & Shapiro, 1989). Still, Martin's article serves as a succinct statement of some of these issues and as a springboard for discussion.

While I agree whole-heartedly with Martin's (1995) critique, I am left with the nagging question "But is this the whole story?" It is my contention that the image of psychotherapy we present to the public (i.e., through the books written by recognized experts, the articles published in scholarly journals, the lobbying efforts in Canada and the United States) is, at times, quite different from our private actions (i.e., what therapists actually do and what educators actually teach) and that a focus on these private actions might reveal not only a less scientific endeavour than what Martin had described but also a paradigm for future research.

Let me consider first the practice of psychotherapy. There can be no doubt that most of our influential theories about psychotherapy (e.g., Beck, 1976; Rogers, 1951) are based on "if-then" statements: If the therapist engages in such-and-such an intervention, then certain client outcomes should follow. While these statements give our theories a scientific appearance and imply that the practices of those who adhere to such theories are similarly scientific, there is evidence that suggests otherwise. First, it has been noted many times in the literature that therapists with different theoretical orientations behave in similar ways in

their interactions with clients and that there is little correspondence between a therapist's theoretical orientation and what the therapist actually does in therapy (e.g., Beutler, 1995). Second, we know from an inspection of psychotherapists' writings (e.g., see Siegelman, 1990) that therapists do rely on their own subjectivity in an effort to understand the client, that they view the world as more complex than our theories would lead us to believe, that they conceive of psychotherapy as an open causal system, and that they view change as multiply determined and not linearly progressive. There is, then, an enormous difference between our theories of psychotherapy and the practice and understanding of the average psychotherapist, but it is the former that have been in the spotlight and from which most of our research has been fashioned. A good clinician understands that a theory (even with its causal, law-like generalizations) is only a guide for making sense of the complex lives of individual clients and for determining how to intervene in those lives; most psychotherapy researchers seem to have taken the causal claims seriously.

I believe that a similar chasm might exist between the public practices of theorists and researchers and the private actions of many educators. An inspection of our public (published) training guides for psychotherapists reveals a strong emphasis on the teaching of specific skills and (ostensibly) individualized interventions, primarily in the form of the now-popular treatments found in manuals (e.g., Beck, Rush, Shaw & Emery, 1979; Klerman, Weissman, Rounsaville & Chevron, 1984; Luborsky, 1984). Similarly, the recent public actions of the Task Force on Promotion and Dissemination of Psychological Procedures of the Division of Clinical Psychology of the American Psychological Association indicate that there is now a very strong push toward the training of students in empirically-validated psychological treatments (see Task Force on Promotion and Dissemination of Empirically-Validated Psychological Treatments, 1995). The public message is clear: For certain psychological problems, specific therapist interventions leading to specific client outcomes have been identified and empirically-confirmed, and the training of students in empirically-validated treatments is a high priority.

To determine the extent to which doctoral students are currently being trained in these treatments, members of the Task Force surveyed Directors of clinical training of APA-accredited clinical psychology programs. On the basis of the findings, the authors of the survey concluded that most programs could improve in their coverage of these treatments in didactic courses (see Task Force on Promotion and Dissemination of Psychological Procedures, 1995). While these findings were worrisome to the members of the Task Force, I suggest that they might provide further evidence of the chasm between public presentation and private actions.

One possible reading of the findings is that, while many educators see the importance of training their students in some (so-called) empirically-validated treatments, they also know that the effects of these treatments are often modest, and that there are only a very few disorders (e.g., certain phobias) for which a specific treatment has been found to be more efficacious than other interventions. In addition to this, most clients currently seek help for “problems with living” rather than clearly diagnosable disorders, and most psychotherapies share a set of common ingredients—all of which might lead these educators to supplement students’ training in empirically-validated treatments with more generic conceptual frameworks (e.g., Frank, 1961) and the writings of particularly astute clinicians. The reality, of course, is that we know very little about the content of graduate courses in psychotherapy and about the practices of those who teach these courses. Exposure of these practices might reveal that what Martin (1995) is calling for (i.e., a more updated liberal education, the consideration of moral issues, the valuing of other ways of knowing) is actually occurring in our classrooms, despite our decidedly scientific public visage.

What kind of research agenda might be suggested by the less public, more private, actions and practices of therapists and educators? First, we could only study intensively what happens in psychotherapy, not with the goal of determining which therapist actions led to which client outcomes, but toward being able to describe empathically the process of client change, including the influence of events that occur outside of therapy (see Stiles, Shapiro & Harper, 1994 for an excellent example of this approach). Second, we could focus on describing and understanding what constitutes human change. Given that major personality change is a rare outcome in psychotherapy and that most courses of therapy are now quite brief, we need to know more about what people are actually getting out of their contacts with psychotherapists. How is relief from distress manifested in people’s lives? Third, we could study effective, experienced therapists doing therapy-as-usual, not those who have been trained to conduct a treatment from a manual, with the goal again being not to isolate process-outcome relationships, but rather to bring to light how the therapist’s thoughts, observations, and empathic experiencing lead to a way of understanding the client’s life. Fourth, we could describe with more clinical detail the common ways in which therapists seek to influence clients and place these descriptions in a particularized cultural/historical context. That is, we could provide students and practitioners with situated understandings (recognizing that these understandings are human constructions) of what influenced a particular individual, at a particular point in time, in a particular social context, to change in a particular way. The abilities demanded by such a research agenda are precisely those that are nurtured and shaped in the begin-

ning therapist by (in my view) the skilled educator, that is, the ability to hear, observe, and otherwise sense the nuances of human behaviour, the capacity for empathically understanding the human condition, and the ability to explicate our taken-for-granted cultural and moral assumptions and values.

Critiques such as those provided by Martin (1995) have played, and continue to play, an important role in exposing the inadequacies in much of the research on psychotherapy. However, by focusing the spotlight on our public presentation they also continue to relegate the more private activities of practitioners and educators to the shadows. Curiously, it is some of these activities that might actually form the basis for future inquiry into psychotherapy.

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About the Author

Linda M. McMullen is an Associate Professor and Director of Clinical Training in the Department of Psychology at the University of Saskatchewan. She teaches graduate courses in psychotherapy and in clinical research methods. Her major research interest is the study of both the figurative language used by clients in psychotherapy and the interpersonal narratives (or relationship episodes) that are recounted during therapy. Currently, she serves on the Editorial Board of *Canadian Psychology* and is the Associate Editor of the *Canadian Journal of Behavioural Science*.

Address correspondence to: Linda McMullen, Department of Psychology, University of Saskatchewan, Saskatoon, Saskatchewan, S7N 5A5.