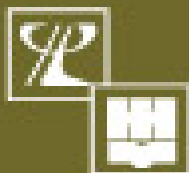


KLAUS GRAWE

# PSYCHOLOGICAL THERAPY



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Klaus Grawe

# Psychological Therapy



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## Preface

This book was originally published in German, and despite its size quickly found a broad readership among psychiatrists, therapists and psychologists in Germany, Switzerland, and Austria. The concepts developed in that original edition, namely for an integrative form of psychological therapy with a consistent theoretical basis, have over recent years been presented — and at times heatedly discussed — at numerous congresses and meetings outside of those German-speaking countries, and have attracted considerable interest among colleagues of many different nationalities. With this English translation of the book, these colleagues and a broader international group of readers will, I hope, now have the opportunity to properly understand and get to grips with the concepts that we have not just been talking about, but also successfully putting into practice.

I would like to thank Robert Dimbleby from Hogrefe & Huber Publishers for his professional coordination of the work of translating and correction of the English edition. Brigitte Müller-Lankow and Jeof Spiro have translated the not always easy German text into English, and have shown great patience while we together tried to find the best English expressions for much of the specialist German terminology. In particular I am grateful to my psychotherapy research friend and colleague Dr. Björn Meier, who spent a great deal of time and effort in editing large parts of the book to make it as readable as possible for English-speaking and international readers. His contribution to the final quality of the text has been great, and with his willingness to take on this often difficult task he has been, for me, a model of exemplary collegiality. Dr. Anne Trösken has provided invaluable assistance in proofreading the final text; to her, too, I would like to extend my thanks and best wishes.

Finally, of course, I hope that this English edition of the book will attract just as much interest and attention as the original German edition did.

Klaus Grawe,  
Bern, Spring 2004



# Prologue

Psychotherapy denotes a healing that occurs via mental means. Psychological therapy, in contrast, means healing by using **psychologically based** procedures. This book deals with explanations of how mental processes can be influenced in a therapeutic manner. These explanations are rooted firmly in scientific psychology.

The psychological explanations developed herein contain ideas for how mental processes can be influenced most **effectively**. The psychological understanding of the psychotherapeutic process developed in this book yields specific suggestions for maximizing therapeutic effectiveness.

What I aimed for in this book is a vision of psychotherapy that is based on the principles of scientific psychology. It is a broad vision intended to include all of psychology and psychotherapy. Any procedures that can effectively alter mental processes are potential interventions for a psychological therapy. To arrive at a truly psychologically based psychotherapy, though, we must understand not only *that* something works but also *how* it works. Psychotherapy can well be conducted without comprehending the mechanisms of change. Conducting psychological therapy, by contrast, means strategically utilizing interventions whose psychological mechanisms are understood.

Psychology and psychotherapy have developed on somewhat separate trajectories. A person who knows a lot about psychology may not be an expert in psychotherapy and vice versa. Even within psychotherapy there has been a gap between the scientific research community and practitioners. Yet, all three areas of competence are needed to fully understand the mechanisms of psychotherapy and to be able to utilize this understanding in a therapeutic setting: The professional competence of the practitioner, that of the psychotherapy researcher, and that of the basic research psychologist. A psychological therapy in the sense of my definition can grow only from a mutually stimulating interchange, not from the continued separation of these areas. What is needed to develop this kind of a psychologically based psychotherapy, then, is a dialogue.

With this book I have tried to create such a dialogue. A practicing therapist, a psychotherapy researcher, and a basic research psychologist jointly explore the idea of a psychological therapy. Each of them contributes to and enriches this dialogue with his or her specific expertise.

The book is structured as a conversation among these three discussion partners. In the course of their conversation, they gradually develop the concept of a psychologically based psychotherapy. The discourse is divided into three dialogues. Each participant leads the discussion in one of the dialogues, which deals with his or her specific area of competence.

Each of the three dialogues is, in a sense, independent of the others because each focuses on a different perspective. However, these issues are generally interrelated and based on each other. Thus, the dialogues may be viewed as a sort of trilogy.

**The first dialogue** starts with issues primarily relevant for the practicing therapist. This discussion focuses on the question of which factors are responsible for producing outcome in psychotherapy. The psychotherapy researcher has much to say about this issue and does most of the talking in the first dialogue. Among the questions addressed

here are: What can psychotherapy research tell us about the mechanisms by which psychotherapy exerts its effects? What are the conceptual implications of such findings? The conversation progresses well, and certain principles that account for the effects of the various therapeutic interventions emerge with increasing clarity.

Eventually, however, the discussants encounter a fundamental barrier: How can we truly understand changes in patients' mental functioning if our knowledge of these processes is in itself severely limited? In the second dialogue, therefore, the discussion focuses on the question of how the mechanisms of psychotherapy can be understood from a basic psychological perspective. This requires an excursion into the areas of basic perception and memory research. The research psychologist leads the discussion in this section and introduces the others to several basic psychological concepts that seem crucial for understanding the mechanisms of psychotherapy.

This second dialogue represents the core of the book in the sense that it establishes the foundations for the model of psychological therapy described in the third dialogue. Therefore, the second dialogue is subtitled "**Foundations of Psychological Therapy.**" This part is extensive, given that the foundations to be considered are indeed many. It would have been easy to discuss these foundations in even greater detail, or to consider additional psychological subfields, but the therapist and the therapy researcher make sure that the focus on issues relevant for psychotherapy is not entirely lost. In this second dialogue, the foundations are laid for an understanding of mental disorders, which then sets the stage for exploring the therapeutic implications of these ideas in the third dialogue.

This second dialogue may be of interest especially for therapists who either completed their degrees long ago or who never completed a regular degree in general psychology. The findings summarized in this part are often inaccessible to therapists because they tend to be scattered throughout the literature. For this dialogue alone, I reviewed over 500 publications from different areas of psychology and neurobiology. Writing this section was the most laborious and time-consuming, but it was also the most enjoyable part. I hope that I have managed to present this material in a way that conveys my own enthusiasm to the reader.

**The third dialogue** deals with the theoretical and practical implications of the concepts discussed in the first two dialogues. The previously discussed foundations are condensed into a three-component-model, which no longer has a merely descriptive character but also provides concrete guidance for therapeutic thought and action. In this part, it is the therapist who does most of the talking. She introduces a process model and a system of psychotherapy that can be viewed as a **theory of psychotherapy** and, at the same time, can serve as a **model for the practice of therapy**.

This model of a psychologically based therapy is then elaborated and rendered tangible via a case example. The conclusions suggested by this model are often at odds with conventional methods of therapeutic service provision. The question arises, then, if the psychological therapy developed here can be truly relevant for therapists practicing in the context of existing frameworks. Questions such as these are discussed in the chapter on "**Psychotherapy Training and Service Provision**" at the end of the third dialogue.

After the third dialogue, the three discussants leave the stage. In a short **epilogue** I then present a few more thoughts on my completed project. Specifically, I address the

question of how “**Psychological Therapy**” is to be understood compared to the concept of a “**General psychotherapy**,” which I supported in earlier publications (Grawe, 1995).

## On the Format of the Presentation

I had several good reasons for writing this book in a dialogue format. The three competence areas—that of the practitioner, the therapy researcher, and the basic scientist—suggested a natural fit with this style. Additionally, I wanted to illustrate that I do not regard psychological therapy as a finished product but rather as a continuing and evolving process. In the same way that psychology is in a state of continuous development, psychological therapy must also continue to evolve so that its concepts and methods remain linked to current principles within scientific psychology.

The dialogue format emphasizes that this book is not about absolute truths. What the three professionals say represents their opinions, which they try to substantiate to the best of their abilities. Everything they say is open to further discussion. The dialogue format illustrates that things could also have been said in different ways, and that the course of the discussion might have taken a different direction. At the same time, the dialogues could not have been completely different as long as the three discussants stick to their task of representing their respective domains of competence. I do not believe that any form of psychologically based psychotherapy could look entirely different from what is presented here, as long as such a therapy is built upon a sound scientific basis.

Finally, it was my hope that the dialogue format would make this rather thick book more entertaining. Several long sections deal with issues whose relevance for daily therapy practice may not be immediately apparent to practitioners. However, I found these issues important, which is why I chose to include them. It is the therapist’s job in the first two dialogues to represent the practitioner’s sphere of interest, thus preventing the conversation from drifting too far afield from topics that actually concern practitioners.

Despite its advantages, however, the dialogue format also added a particular presentational problem, for which I am asking the reader’s forbearance. That is, in the first and third dialogue I could not help repeatedly referring to my own research work. After all, I have been concerned with these questions for almost thirty years. My practical experience and my own research have played a decisive role in shaping many of the views expressed in these dialogues. It would have seemed unnatural to me to deny these sources of my own views. Therefore, I let the participants in the discussion quote the author Grawe as if he were a third person. This would not be an inherent problem, except for the frequency of the citations in some parts of the book, which inevitably leads to the question of whether the author Grawe deserves this kind of attention.

As an author, I can certainly admit that what I think and write in the present has been influenced by what I thought and wrote in the past. This is all the more true considering that my writings have focused on a single major topic for many years. Nevertheless, there remains a certain element of awkwardness when the three professionals quote my work so frequently. I was tempted to reduce some of this awkwardness by having them attack some of my writings and point out inconsistencies in previous works. After all,



as an author, one knows best when one is “guilty” of inaccuracies and inconsistencies. In the end I decided not to bother with this approach because it would not have contributed much to my overall goal.

There was a second presentational problem resulting from the dialogue format, for which I must also request the reader’s understanding. In many cases, the ideas developed in the conversation needed to be illustrated with diagrams, and the reader might wonder, in light of the apparent spontaneity of the discussants’ statements, how they could possibly come up so quickly with exactly the right diagram for each of their points. As the author, I functioned in these cases as a *deus ex machina*, so to speak. The same is true for the multitude of references that the professionals pull from their memories, seemingly without difficulty.

Furthermore, I thought it would be helpful for the reader to be referred to other points in the dialogue, where a specific topic is discussed in more detail. This allows the reader to jump from one part of the dialogue to another, where related issues are addressed in different contexts.

## Acknowledgments

The majority of this book was written during a sabbatical year in San Francisco. I hope that the book conveys to the reader some of the stimulating, innovative, and optimistic atmosphere of this wonderful city. Psychology is an exciting, fascinating science, and psychological therapy is a world that remains rich with possibilities.

The constraints of my daily work would not have allowed me to write a book such as this. I am indebted to those who sheltered me from daily demands and provided me with the opportunity to concentrate on my reading, thinking, and writing. First and foremost, I owe thanks to my wife Mariann, who lovingly granted me exemption from so many responsibilities I should have attended to during that time. Thanks are also due to my longtime colleague and friend Franz Caspar, with whom I knew that my occupational duties and concerns were in the best of hands.

I thank my secretaries Heidi Rupprecht, Susanne Frischknecht, and Susanna Althaus for the sheltered niche they afforded me. I thank my staff, doctoral candidates, and master’s students for respecting my need to concentrate on this book project for a longer period of time, for deferring legitimate and important matters, and for seeing that upon my return to the daily routine I was not overwhelmed by longstanding duties.

Several friends and colleagues in the field, whose opinions I value greatly, have read this manuscript during its development, giving valuable advice and suggestions on issues I would have otherwise disregarded or not given enough attention to. For that, I thank Claudia Baltensperger, Hinrich Bents, Franz Caspar, Martin Grosse Holtforth, Barbara Heiniger Haldimann, Mariann Grawe-Gerber, Dietmar Schulte, and Hansjörg Znoj. My special thanks to Mariann Grawe-Gerber for her suggestions on the interpersonal and resource perspectives.

Much of my own research this book is based on was supported by grants from the Swiss National Research Foundation (SNRF).

My relationship to this book would be different if it were not for the many daily experiences my colleagues and I have had in the practical implementation of a non-

school oriented general psychotherapy over the last ten years. At the Psychotherapy Center of the University of Bern, approximately one hundred therapies are being performed over the course of a year, using a procedure that comes very close to the principles developed in this book. In the past years many therapists have completed their therapy training based on these methods, or are presently doing so. Those who participated in this experience know that a general (non-school-oriented) psychotherapy is indeed possible. Naturally, given our limited competence and capacities, we have not yet exhausted the full potential of this kind of psychotherapy.

For a long time I have been discontent with defining our common approach by demarcating it from what others do. General psychotherapy as a contrast to school-oriented therapy may reflect only a transitional stage, in the sense that this general approach to psychotherapy is currently replacing the therapy-school phase of psychotherapy.

Psychological therapy aims to contribute to a positive definition of our common identity as therapists. Our common work has its basis in scientific psychology. We are psychological therapists not so much based on our professional affiliations but by virtue of the common sources we draw from. Physicians can also be psychological therapists if they draw from the same sources. It is my hope that this book will also stimulate therapists who never completed a regular degree in general psychology to seek out the psychological foundations of psychotherapy.

For colleagues in the field who feel addressed by this book I have a request: Although I have reviewed a wide range of psychological research for this book, it is inevitable that I may have overlooked some areas and studies or not sufficiently acknowledged important programs of research. I would appreciate receiving suggestions on any areas, concepts, and studies that could supplement, correct, or constructively add to the ideas elaborated in this book, so that I can include them in an improved future edition. A common or general psychotherapy should be as good as it can possibly be. This can only be accomplished when many individuals contribute to this project.

San Francisco, October 1997

Klaus Grawe



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## **First Dialogue**

**How Does Psychotherapy  
Achieve Its Effects?**



# Part 1: Entering Into Dialogue

## 1.1 The Participants Present Themselves

**Therapist:** I am pleased that both of you accepted my invitation to this discussion. I had already explained to you what this conversation is all about and I am glad you responded indicating your interest. I think as a start it might be a good idea for each of us to briefly explain what motivates him or her to take part in this discussion.

**Psychologist:** I would first like to offer my thanks for the invitation. I must say that at first I was somewhat surprised when you called me. I never thought that a practicing therapist would show an interest in basic psychology research, but after you explained the invitation to me, it made a lot more sense. It is, however, like “preaching to the converted,” although I would probably not have had the idea myself to organize such a discussion group.

**Therapy researcher:** That is exactly how I felt. In fact, I was somewhat surprised that a practitioner would show an interest in the findings of therapy research of her own accord. This was somewhat unusual for me. I might add that, for a moment there, I was a bit suspicious of what motives might be hidden behind this invitation. However, once you began to explain your idea to me, I was all for it. What I liked in particular was your idea to include a basic researcher.

To be frank, not only do I have an interest in an intensive exchange with the practice of therapy, but in my development as a therapy researcher, I have come to a point where I am afraid that without stronger ties to basic psychology research my work might stagnate. I too would have not come up with this idea for a three-party discussion myself.

**Therapist:** I noticed from your reaction before that both of you have a self-interest in taking part in such an exchange and that is a perfect ground upon which to begin. So, let me give you a detailed account of what motivates me to seek such a discussion.

After having worked as a therapist for over twenty years, I have reached a point at which I feel a strong need to reorient myself. Of course, I know my business as a therapist, but by the same token, I see myself confronted with more unanswered therapy-related questions than ever before.

I studied psychology and became a therapist because I wanted to understand more about human life. My desire to help and to do something beneficial has always been closely tied to this objective.

In this respect, my psychology studies in the sixties could be seen as a serious disappointment to me. What was offered to us, was so far removed from real life! We considered ourselves happy when the research hypotheses were supported by data collected among college students and not among animals. Only observable behavior was a legiti-

mate research subject, and all personal experiences were excluded since they were considered taboo or declared irrelevant epiphenomena. Consciousness, the relationship between conscious and unconscious processes, the question of the self, feelings of self-esteem, and identity, or questions of how feelings, thoughts and motives are interrelated; all these questions which truly would have provoked my interest were not even addressed.

The question of how people can change themselves was reduced to two learning principles: classical and operant conditioning. Although I was ready to accept that temporal contingencies must play an important role in individuals' mental lives, I simply could not acquiesce to the implications such as—in my view—simplistic and reductionist psychology has for the concept of humans.

At that time, I would have been willing to also familiarize myself with more complicated methods, had I seen the necessity for this. But I simply could not imagine what all this had to do with a person's real life and with my own private experiences. More and more, I began to doubt the explanatory value and the use of such a psychology, particularly with the prospect of wanting to become a therapist. So I eventually completed my psychology studies more or less only because it was the proper and reasonable thing to do.

In the meantime I had learned about a different kind of psychology, which was more tangible, more exciting, and appeared more useful, and by which I was absolutely enthralled. Via a student encounter group I had come into contact with therapists using client-centered therapy and gestalt therapy approaches, and I had also completed a practical course at a psychoanalytically oriented clinic for psychosomatic illnesses. There I found everything I had missed in my psychology studies. From then on, the kind of psychology I had encountered before became far less interesting to me. In the course of the years I completed many therapy training courses, allowing myself to be guided by my active interests, and as a result, ended up benefiting from each of them. Yet, I am not a person who can be considered a loyal supporter of any one school of therapy.

By the way, I think a lot of therapists have gone through a similar development and by now have reached a similar point. Whenever I get together with other therapists, the conversations reflect a mixture of terminology from all kinds of different schools of therapy. Somehow it has become obvious that none of the schools can ever cover all the experiences and observations made by therapists, which then results in us simply applying the concept that is best suited to a specific situation.

One can easily live with that, but—as I said before—the longer the current situation lasts, the more displeased I become with it. Without a doubt, I have achieved a certain virtuosity in the application of the different therapeutic concepts. However, I see these concepts as more like playing with words rather than as accurate descriptions or explanations of what is really going on. I use them for communication regardless of whether I believe in them. At the same time, as I also stated earlier, I feel sure and competent in my practical routine.

So, where do I stand today with my desire to better understand peoples' mental lives, something that was so important for me in the beginning of my career as a psychologist and therapist? In the interim, I have learned a great deal more than I knew way back then, and I could certainly pretend in one of the many word games, both with

myself and in front of others, that I do indeed understand patients and how they function. I find it easy enough to write a convincing patient report for a health insurance company, conveying that it makes sense, or that it is even necessary, for a patient to receive this or that treatment. But even I do not believe in my own explanations any more. On a much higher level, I have somehow returned to the same initial questions: How am I to conceive mental functioning? How am I to conceive the overall interaction between motivations, emotions, perceptions, cognitions, actions, conscious and unconscious processes, and the emergence of psychological disorders? How am I to conceive how people can best accomplish long-term changes?

As an ideal situation for my professional work I imagine operating within a conceptual sphere, the dimensions of which correspond to the current state of psychological knowledge as well as to the peculiar nature of psychotherapy. These concepts ought to be—even if this sounds somewhat strange—as true and useful as possible.

So, as you can infer from above, I no longer have the urge for absolute truths. In fact, after having been flooded with absolute truths for many years, I have become impervious to them. As a result, I am in pursuit of concepts that can claim an adequate explanatory power for themselves **today**. The possibility that at some point these concepts might be in need of revision, as psychology and its neighboring sciences progress, is not a problem for me at all. On the contrary, this is exactly the goal, at least in my eyes. Along with my desire for a better understanding of the therapeutic process today, I have a strong interest in an ever advancing knowledge, in a continuous learning process; I do not want to cling to certain concepts forever.

This is why, with my desire for better understanding, I am once again turning to psychology, because I have noticed that such a learning process is under way there. After my experiences with all the different schools of therapy and with their certainties about their approaches, I have now, at this stage of my life, a greater appreciation of empirical psychology and of the provisional nature of its knowledge than I had during my student days. Today I would actually gladly choose to study psychology again, but I am realistic enough to see that a regular psychology program could not possibly answer all my current questions. This is how I came up with the idea of starting a discussion group set up in a way that allows me to address my own questions.

Since completing my studies, my trust in psychology has increased because it has proven that it can develop further. Through my daughter, who also is a psychology major, I have been able to reestablish a contact with academic psychology that I had almost lost. My daughter's reports about her lectures lead me to believe that, aside from certain methodology courses, most topics have little to do with what I was taught way back. The program my daughter is enrolled in deals with the relationships between motivation and emotion, motivation and action, emotion and cognition, with determinants of self-esteem, unconscious information processing, functions of consciousness, non-verbal communication, determinants of personal commitment, even with issues such as free will, and a variety of other questions that have tremendous significance for my daily practical work as a therapist. On top of that, there is the entire field of clinical psychology with all the basic knowledge of psychological disorders, which is something the discipline essentially has only begun to focus on within the last two decades.

My daughter would also like to become a therapist, but she dreads the thought of doing her therapist training in one of these therapy schools. She maintains that this

would be like living in the age of Enlightenment and then being thrown back into the Middle Ages. She prefers to complete a therapist training that carries on with the state of knowledge where her psychology studies left off. Something really must have changed in psychology, since the attitudes among students have definitely changed in comparison to my time. So, many of my questions will be addressed to you in your capacity as a basic researcher.

**Therapy researcher:** I can understand your motivation for convening this discussion group. I too have the feeling that psychology today has more to offer for psychotherapy than it did in our era. For over twenty years I have tried hard to gain a better understanding of what is going on in therapy. As for methods, I draw on the repository of psychology, but the concepts directing my research are mostly taken from one of the many therapeutic approaches, which for the most part were developed irrespective of the current state of psychological knowledge.

Lately, I find myself coming more to the view that only through a better understanding of my patients' mental processes will I be able to really comprehend what is going on in therapy. I know enough about today's psychology to see that the concepts developed by the different schools of therapy have little to do with the current state of psychological knowledge: in fact, some are even completely contradictory to it. Of course, in this regard, you cannot lump all these concepts together. Some therapeutic concepts are more congruent with today's psychological views than others. But I see no therapeutic approach which continuously draws from psychology in its full range. There is really no therapeutic approach that deserves to be called psychological therapy or psychologically based therapy.

Although in my research I attempt to consider the full spectrum of psychotherapy, I feel actually overtaxed to consider the full spectrum of psychology too, because my knowledge of today's psychological research is insufficient. That is why, when you called me, and you mentioned that for this discussion you wished to include someone with an intimate knowledge of basic psychological research, I was immediately very excited.

Again an impetus through contemporary concepts of psychology is—in my view—exactly what therapy research needs. Without a scientifically based notion of the mental processes and the emergence of psychological disorders, one will always reach a basic barrier in therapy research. We can make sure that our interventions work, but we often do not know why. I find this increasingly unsatisfactory.

I have never conceived of psychotherapy research as pure technological research. For me it also always had the character of basic scientific research about it. Clearly, the main focus of therapy research is on investigating the processes of personal change. The patterns with which changes in experience and behavior take place are also the focus of core areas in basic psychological research such as memory research, psychology of learning, psychology of action, developmental psychology, and many broader areas such as personality psychology or social psychology. Thus, psychotherapy research shares a central interest with a large portion of basic psychology.

Although generally considered to be part of the applied sciences, psychotherapy research can also be viewed as a sub-field of basic psychology. The therapeutic setting creates a unique laboratory for studying the processes of human change. Freud took great advantage of this laboratory to pursue his pronounced interest in basic research. Those reading one

of his first psychological publications, the *Draft of a Psychology* written in 1895, and observing in his correspondence with Fliess (both published by Bonaparte, Freud & Kris, 1950) with what feverish thirst for knowledge he worked on this draft, will have no doubt that his main motive was an extraordinarily strong intellectual interest in basic science rather than the effort to develop an effective therapeutic approach. Freud was first of all a psychologist, and only secondly a physician. For him, his kind of psychology, psychoanalysis, was both a basic and an applied science, in exactly this order. He was convinced that a proper understanding of the psychological processes would provide the basis required in order to change them. In the kind of therapy he developed, this conviction led to a strong preponderance of analysis as opposed to active intervention. For the efficacy of the therapy this balance does not seem to be very promising. On the other hand, this kind of therapy is not at all a strict conclusion from the assumption that effective change of mental processes should be based on a scientific understanding of these processes. I think we should honor as one of Freud's greatest accomplishments his basic idea to closely link basic and applied science, and his assumption that true knowledge and useful application do not exist separately but complement each other by providing reciprocally valuable information. We should indeed be able to base our therapeutic efforts towards change on a thorough understanding of mental functioning.

I am convinced that in the long run this is the best way towards an optimal psychotherapy, even if the current state of therapy research forces us to recognize that we can also perform effective therapy without a well founded scientific understanding of mental processes. Ultimately, we will only get beyond today's situation in psychotherapy if we acquire a better comprehension of the psychological disorders and the psychological processes underlying therapeutic change. For this, we need basic psychology, because that is where the foundations for this understanding are laid.

It is, therefore, essential to have somebody in our sessions who can tell us where basic psychology can contribute to the questions addressed here. Our goal is not to receive a complete overview on basic psychology, but to obtain valuable stimulating ideas that might give us an improved understanding of psychotherapy.

**Psychologist:** I am actually a bit intimidated that you as therapists demonstrate this concentrated interest in scientific psychology. I have to first become accustomed to this. After all, this has not always been so. Hopefully, I will not disappoint you.

Of course, it is my turn now to give a brief account of what motivated me to participate in this discussion. But before doing so, let me ask, what is it that you actually expect from one another? As a practicing therapist, what made you invite a therapy researcher to our discussion?

**Therapy researcher:** This is also something I wish to ask you. Until now, you have displayed only your interest in basic psychology, but what made you include a therapy researcher? It is not exactly typical that a practicing therapist takes an interest in the results of therapy research.

**Therapist:** I understand that you are surprised. Admittedly, for the longest time I had no interest in the results of therapy research, because the little I knew about it appeared more or less irrelevant to my daily practice. By now I recognize that there have always



been research results which were anything but irrelevant for my therapeutic practice. On the other hand, I never found out much about this research. In the various therapist training programs I have completed over the years, I have heard or read little or nothing on therapy research. Self-critically, however, I must admit that I was not especially open to such issues. I was eager for truths and security, and they were offered to me. Research, however, always produces questions, expresses doubt, and demands testing and scrutiny. This is why, at the time, I was not in favor of it at all.

Feeling more secure and competent in my practical work, I can now allow myself to raise more questions and doubts which might actually challenge the foundations of my methods. Strangely enough, I find that I do not feel any more unsure of my work. Sometimes I wonder how much distance I have gained to the concepts imparted to me by my education. Somehow over time it has become obvious that these concepts have very little to do with what is really going on in my daily practical work. It is as though they had lost their original function. In fact, I do not need them anymore, and I have come to realize that I no longer believe in them.

I know now, from experience, that the concepts imparted to me in my therapist training do not effectively explain the changes I observe in my patients. All too often, positive changes take place that cannot be directly traced to a certain therapeutic intervention, and equally often, particular interventions do not have the desired effect or have a completely unintended effect. By now, of course, I attempt to make my own sense of what actually happens in my therapeutic work. But I realize that I am reaching my limits. My explanations are too “homemade” for me.

I have, therefore, recently begun to look around for appropriate readings. I came across two articles in one of the journals also read by practitioners that appealed to me. One is by Orlinsky (1994), the other from Grawe (1995). They both outline a comprehensive perspective across the schools of therapy, based on hundreds of research findings. These concepts derived from various research results appealed to me, because they reflected my own experiences. Until then, I had not expected therapy research to produce such plausible and practice-relevant results. This made me curious. Both articles continuously referenced the *Handbook of Psychotherapy and Behavior Change* by Bergin and Garfield (1994). This did it for me, I bought the book and I began to read it. Though eventually I lost my courage, because there was such an overpowering amount of research findings that soon I no longer knew whether I was coming or going.

This enormous flood of research results was too much for me to digest on my own. I could no longer see the forest for the trees. What I needed was someone with an overview, someone who could mediate between my questions and the extant knowledge of therapy research. I then asked around and heard of you. I had little hope that you would accept my invitation. I thought, what interest should a therapy researcher have in one of those practitioners? I was very surprised by how much interest you showed. After what you just said, it is obvious that I was simply very lucky. My proposition to invite a psychologist concerned with basic research had obviously only awakened an already existing interest in you.

**Therapy researcher:** It was not just that. It was also your open and uninhibited nature, your curiosity that attracted me and made me accept your offer. Just like you, I am always in search of something. In addition, you made a competent impression. It

seemed to me that your curiosity stemmed from true practical experience. The abundance of your practical experience is far above that which I have as a therapist. I thought that you could be a real source of help for my efforts to examine psychotherapy in its full scope. When you suggested also inviting someone who is able to envisage psychology in its entirety, it seemed that fate smiled upon us. So, I am not here only for the sake of our basic researcher, of whom we both obviously have high expectations, but also to benefit from your in-depth knowledge of the practice of therapy.

**Psychologist:** Now that we know what your interests are in each other, it falls upon me to say what motivated me to participate in this discussion, which I view as a great challenge.

It is my belief that academic psychology is in part responsible for the deplorable state of affairs in the area of psychotherapy. If, for decades, psychology students were running away from us only to fall into bed with a particular school of therapy and to forget everything they learned before, then we cannot blame everything on our students. Psychology itself and the way it was taught must have had something to do with this. The example of your daughter demonstrates that there must be a better way.

Her example illustrates that psychology as a science has something to offer today that it could not offer two or three decades ago, namely research results and concepts concerning those subjects which most psychology students, and also laymen are highly interested in. A number of these areas and questions you already addressed.

All of this certainly had something to do with psychology's liberation from behaviorism, and we have Miller, Galanter and Pribram (1960) and other pioneers of the "cognitive turn" to thank for this. Until then the methods allowed by the codex of behaviorism determined which questions could be investigated and which could not. The liberation from this yoke had an unbelievably stimulating effect on psychological research and theory formation, something that can still be felt now. For a while after 1960, psychology seemed initially to be rather cognitively oriented. But this time is long over. Emotion, motivation, will, conscious and unconscious processes, the self and the regulation of self-esteem, just to mention a few examples, are nowadays just as much legitimate subjects of psychological research and theory formation as are traditional areas such as perception, memory, and learning. Undoubtedly, cognitions play a large role in all these aspects of mental activity, but that is no reason for any psychology concerned with these processes to be labeled "cognitive." In all of these processes, emotions play an important role, but luckily so far nobody has come up with the idea of speaking of an "emotional psychology."

The concept of cognitive psychology was, for a while, a historically useful tool in order to distinguish itself from the preceding constraints put upon psychology by behaviorism. In your field, in psychotherapy, this historical process has manifested itself as the unpleasant concept of cognitive-behavioral therapy. Does this term truly mean that this therapy approach takes into account nothing but behavior and cognition, and ignores emotions or motivations, etc.? If this were true, this approach could not possibly claim to be grounded in today's empirical psychology which, in fact, views emotions, cognitions, motivation, and other aspects of the mental processes as interrelated without granting a principle primacy to any one over the other. A good example for that is Richard Lazarus' "cognitive-motivational-relational theory" of emotions (Lazarus,

1991). The term “cognitive” was historically a tool to reintroduce the concept of the experience, something that is unobservable from the outside, as a legitimate subject of psychological research in addition to behavior. The term has survived until today. A demarcation with respect to behaviorism is no longer necessary and a new restrictive “cognitive codex” analogous to behaviorism does not exist. Today, the application of the cognitive concept runs the danger of being misunderstood—in the sense that other crucial aspects of mental functioning might be excluded—as being part of a psychology that places no significant value on feelings, motives, and other determinants of mental processes, but only on cognitions. In many research areas this is undoubtedly not the case, even if cognitions are expressly acknowledged.

To label a psychotherapy based on today’s psychology as cognitive or cognitive-behavioral would be inappropriate. It would be more correct to speak of a psychotherapy based on empirical psychology or of **psychological therapy** for short. Such a psychotherapy does not yet exist, as you already mentioned. My opinion is, however, that it should exist.

I view psychotherapy as one of the natural fields of application in psychology. As a psychologist, I feel jointly responsible for what happens in psychotherapy. In Grawe’s book *Psychotherapy in Transition*, which concludes with him suggesting a general psychotherapy, he opens up with the statement: “Those who love psychology have frequently had the occasion to be ashamed of psychotherapy” (Grawe et al., 1994, p. V). This is exactly how I feel. If I consider psychotherapy to be a field of application of psychology, then I, as a psychologist, cannot agree with what is happening in this field. What is the purpose of acquiring all this knowledge in psychology if it is not implemented in one of the most important fields of application?

In the past two decades, psychology has generated a number of topics which are highly relevant to the three of us. Moreover, it has supplied a large quantity of research findings and more or less well-supported theoretical concepts. I find it to be long overdue that all this acquired psychological knowledge finally exerts an influence on psychotherapy.

Of course, I do not mean this in the sense of direct application. Nevertheless, psychology could provide valuable suggestions on how to conceive various clinical phenomena and for resolving practical problems in psychotherapy.

It is clear to me that the ignorance with which psychological knowledge is treated in psychotherapy cannot simply be ascribed to therapists’ malevolence. There is a real problem with transfer. Research findings in the various areas of psychology are presented in a way that makes it difficult for people who are not involved in the research process themselves to understand. The results would have to first undergo a preparatory process before their relevance to many aspects of psychotherapy becomes clear. Such preparation would essentially include an abstraction from the specific conditions under which certain research results emerged, since the results have to be transferred to a different area. The conscience of the basic researcher resists such a detachment from the conditions under which the validity of certain findings was examined, because it is exactly this meticulous observation of conditions that constitutes one of the most important virtues of empirical research.

As a basic researcher you cannot gain a reputation among your colleagues by coming up with generalizations beyond the area in which certain findings were truly proven.

This is, however, necessary when one wishes to draw conclusions from basic science for psychotherapy. Such conclusions are inevitably of a somewhat speculative nature.

So, as soon as I become engaged in a discussion with you about what basic psychology has to offer for psychotherapy, I expect some of my colleagues to become somewhat suspicious of me. Beyond that, it is inevitable that some of the remarks and explanations will contain assessments that are not shared by all of them. In each individual area there are different conceptions and research approaches as well as various ways of interpreting research findings, which I am unable to give a complete and balanced report on in this setting, because we would otherwise lose sight of our original goal.

Your interest is in having clear propositions and comments on the areas of psychology that are of particular interest to you. I see this interest as justified and would, therefore, venture to provide the necessary selective interpretation of the respective results, even if—in the eyes of some colleagues—this might be a risky endeavor. When all are in agreement that this is not a matter of unshakable truths but explicitly of selective interpretations of results for a certain purpose, I personally do not see the possible damage as so great. Those opposing this assessment are entitled to their own opinion. Every potentially wrong assessment of results is, in my eyes, not as bad as not coming up with any interpretations, because this would mean that the findings of basic psychology remain cut off from psychotherapy. As a result, we would have a perpetuation of the status quo, and our declared goal is to jointly overcome that. Thus, my participation in this discussion carries with it a certain risk for me.

An even greater challenge, and thereby greater risk, is, in my eyes, the necessary attempt to bring together the results from the various sub-fields of basic psychology into a consistent concept, one that could be called a psychological image of man that is based in empirical psychology. With this, I do not mean a theory whose truth can be substantiated by particular experiments. Rather, such a theoretical view should refer exactly to mental functioning in its overall life context. A researcher who seeks to explain the entire mental life with only one theory, however, has definitely taken on too much. In any case, he or she would have given too little thought to the relationship between scientific explanatory theories and empirical facts.

Explanatory theories must remain closer to the data than the conception I just mentioned can be. I am referring to a concept which selects and integrates theories and findings from all the different sub-fields of psychology. An essential criterion for the selection of such theories and findings would be the extent to which they are compatible and complement one another. In answering your questions about particular psychological sub-fields, I will make an effort to give an interpretation of just those results that taken together give a holistic, and thus consistent, view of mental processes.

It is quite possible these ventures of mine will have many of my colleagues in the field beginning to shake their heads. As far as I can see there is agreement among scientific psychologists that in psychology we are far away from a “grand theory” such as scientists in physics are seriously aiming for. Many even believe that such a theory is, in principle, unattainable. For me too, it is hard to imagine just how we could ever arrive at such a theory. Anyone even currently going so far as to attempt the formulation of such a theory I would find eccentric.

Up until now in psychology we can tell with more certainty how mental processes are not to be conceived than how they can be adequately conceptualized. With some

certainty, one can, therefore, maintain that the theoretical foundations—if one should even speak in such sophisticated terms—underlying most therapeutic approaches are untenable. To support this in detail, one would have to refer to proven empirical research findings that are incompatible with these theoretical assumptions. One could go through this exercise for a large number of therapeutic approaches. But what would be left? What would one make of a scientist who can only say what is wrong, but can never say how something could be done better? This is exactly what we as basic researchers do, jokingly commenting on the many inept concepts underlying the various therapeutic approaches, instead of coming up with suggestions as to which concepts might be more compatible with current scientific knowledge.

Psychotherapists cannot afford the luxury of restricting themselves to a single aspect of mental life in the way that basic scientists do. They are always confronted with the psychological versatility of the entire person. Unlike what can be done in a research paradigm, they are not able to pigeonhole a person, because in different patients different areas of mental functioning are affected. In addition, psychotherapists cannot ignore the fact that the various aspects of the mental processes are intertwined.

A therapist, therefore, needs to have a scientific view on psychological processes in their entirety if she wants to base the treatment of her patient's problems on scientific knowledge. This view cannot be taken from any of the existing basic psychological theories, because they only refer to partial aspects of the mental life. The essential reason why nobody has yet developed a psychological therapy as outlined earlier, lies in the discrepancy caused by the therapist's need for a foundation upon which to base her professional perceptions, thoughts and actions, versus what basic psychology with its partial theories and knowledge has to offer.

For me the point of this discussion is to jointly find a level which will provide a meeting ground for both psychotherapy and its need for a holistic view of mental processes and basic psychology with its present state of knowledge. How successful we will be, and just how satisfied the three of us will be with the discussion, I cannot foresee at this point. I only know that the attempt must be made. Either we come up with some constructive inspirations and results, or we will find out what we aspired to do is not possible at the moment. Both of these possibilities represent a gain in knowledge, but the latter would be a disappointment. For now, I remain optimistic that we will be able to increase our knowledge. Let us then begin with our discussion.

I think it is appropriate that, since you invited us, you open our discussion with the most pressing questions.

## 1.2 Mysteries of Therapeutic Change

**Therapist:** The most pressing question I have is how therapeutic changes are to be understood. As a therapist, people view me as an expert for helping bring about changes in the patient's experiences and behavior. My practical experience confirms my status as an expert. I have often helped people to change their behaviors, to be less hindered by psychological disorders and problems, and to generally feel happier. But to be completely honest, in many cases I am unable to explain what brought about these changes.