"Are Some Psychotherapies More Equivalent Than Others?"

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Introduction

We found reading, reflecting on, and discussing a sample of the material in this book to be challenging, informative, and stimulating. Thus, we welcome this opportunity to update and continue our earlier analysis (Stiles, Shapiro, & Elliott, 1986) of the debate over the equivalence or nonequivalence of different psychotherapies.

In this chapter we begin by reviewing the position taken in our earlier paper (Stiles et al., 1986). We then review and evaluate the key tasks and relevant themes in a sample of chapters in this book. Next, we attempt to clarify the key issues involved in the debate and to suggest how it might be more productively carried forward. We hope these clarifications will facilitate the process of appraising the strengths and limitations of the literature reviewed and the recommendations contained in this volume. Finally, we address a set of pressing broader philosophical, ethical, and professional issues raised by this review volume. Throughout, our primary tasks are to enhance mutual understanding between researchers and clinicians of different theoretical persuasions and to strengthen and broaden the data base from which future, more complete theoretical conclusions and treatment recommendations can be made.
Review of Our Earlier Position

In our earlier paper (Stiles et al., 1986), we began by stating a troubling paradox: the fact that "a substantial body of evidence and opinion points to the conclusion that the outcomes of different psychotherapies with clinical populations are equivalent" (p. 166), in spite of clearly documented differences in the content and techniques used in those therapies. Our purpose was to organize, describe, and show how psychotherapy researchers' attempts to address this paradox have driven the field for the past 40 years:

The paradox . . . challenges some cherished beliefs of practitioners and underlines our comparative ignorance as to the mechanisms whereby psychotherapies achieve their effects. Researchers have attempted to resolve the paradox by demonstrating differential outcomes (thus overturning the Dodo's verdict), by identifying a common core of therapeutic process (thus disputing the relevance of the technical diversity), or by reconceptualizing the issues. (p. 175)

A prime goal of our 1986 article was to consider how the field might progress more productively. Thus, our key recommendation was that the entire field of psychotherapy research would benefit greatly from greater specificity or precision, in the form of more fine-grained questions, methods, and answers. In our analysis, this call for "a closer look" took a variety of forms, including treatment manualization, dismantling studies, description of client and therapist in-session behaviors, behavioral and weekly measures of outcome, Paul's (1967) specificity or matrix paradigm, and the study of important change events in therapy. Our advocacy of specificity was also evident in the somewhat critical stance we took toward "equivalent mechanism" explanations of outcome equivalence; we argued that general factors such as client expectancy and therapeutic alliance were too abstract to be clinically useful and needed to be analyzed in more precise terms.

In their introductory chapter to this book, Giles, Neims, and Prial (Chapter 2) oversimplify our 1986 position by including it in an "equivalency literature . . . which argues that all therapies yield essentially similar results." In fact, the title of our article, "Are all psychotherapies equivalent?" was in quotation marks. This was intended to convey our somewhat ironic intent, which was to examine the meaning of this question for psychotherapy researchers. It was never our intention to decide this issue within the confines of a single article. As it is usually stated, the equivalence position is a logically flawed, overly simplistic endorsement of the null hypothesis. While our stance in this chapter is again an ironic one, critical of sweeping conclusions on either side, we will also offer constructive suggestions for deciding specific issues of equivalence or nonequivalence.

Summary and Assessment of Main Tasks and Themes of This Book

In our view, this volume employs two rather different strategies to dissolve the equivalence paradox, both of them attacking the assertion of outcome equivalence. The first strategy, general outcome nonequivalence is found most clearly in Giles et al.'s chapter, in which the authors marshall an impressive range and quantity of information in order to prove that "prescriptive" therapies are generally superior to "traditional" therapies. The second strategy is a version of what we (Stiles et al., 1986) referred to as the matrix paradigm, which argues that it is possible to show