It is possible to argue that change lies at the heart of psychology. Certainly, for clinical psychology, a discipline devoted to selected effective interventions that are designed to produce salutory change, the course and nature of change is a central issue. Before we examine how people change, we might address the question of whether they change at all. Certainly, people do change their behaviors and their attitudes, but do they change feelings, values, character traits, or other more substantial features? Probably, at times, but not easily and not quickly. What we have in this volume is a series of accounts of change, where it occurs, under what circumstances, and how it is best understood and explained. I would like to indicate the conclusions I have drawn from the chapters in this volume, not necessarily the conclusions they have drawn, or even would agree with, but the thoughts stimulated in me by exposure to this spectrum of presentations:

1. There are no general rules other than the need to attend to the specifics of each situation. This recognition of lack of generalizations leads to one important generalization: any attempt to impose our predetermined structure on a situation runs the risk of failing dismally. It is
only through recognizing how little we know that we can make effective use of how much we know.

2. An understanding of the conditions of a particular situation will allow us to design an intervention appropriate to changing that situation. The details will vary from situation to situation, but there are always details and we always need to attend to them.

3. Change always disrupts an equilibrium. When it occurs, there often are pressures, arising both from within and without, to undo the change and restore the equilibrium. If equilibrium can be reestablished at a new and higher level, however, forces then will act to maintain this new and more favorable position. Until this stage is reached, the change agent cannot rest, but must work with the sequelae of the change in order to assure that the change will be maintained.

4. Change is rarely purely volitional. That is why "Just say no" is both simplistic and ineffective. People behave in the way they do for good, if idiosyncratic reasons. Perhaps the reasons are not constructive or enhancing, but they can be recognized as good ones if we understand the personal terms of each of the individuals. If they are to change, we must recognize that they are giving something up and therefore they have every reason to expect something in return for what they are being asked to give up. Robert Ruark once wrote a book entitled *Something of Value*, about changing customs and relationships in modern Africa. In the introduction, he said that if you ask someone to give up a way of being that is dear to them, you had better replace it with something of value. In planning intervention for change, we should keep this in mind. The something of value may initially be provided by the therapeutic relationship, but it must be supported by the world in which the patient functions.

5. The volitional issue also suggests an additional issue. Some people do not change despite their wish to do so; others do change, despite a wish not to do so, or a lack of recognition that they may be changed. People who wish to change do not pose any problem other than taxing our skills. But what are the ethical implications of instituting a change process when the changee is an unwilling or unknowing subject? I have no answer to the question, but I do want to raise your consciousness about the problem that can arise when we do not have a contractual relationship or we deviate from the contract that has been established.

6. Therapeutic learning is not restricted to therapy. This is why both social and clinical psychologists have something to teach us and each other. This is sometimes obscured because they study different problems in different laboratories, and the problem studied often structures the answer that is derived. The major source of variance leading to