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INTEGRATIVE STRATEGIC PSYCHOTHERAPY

VOLUME 2

CONCEPTUAL FRAMEWORKS

LETRAS
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CHAPTER 1

COMMON FACTORS IN PSYCHOTHERAPY

1.1. Introduction: The Search for What Works in Psychotherapy

For over a century, psychotherapists have asked a deceptively simple yet profound question: *What makes psychotherapy work?* From Freud's early conceptualisation of insight through unconscious interpretation to the present-day integration of neurobiology and digital practice, the field has been united by this inquiry, even while fragmented by schools, ideologies, and techniques. The twentieth century witnessed waves of innovation—psychoanalysis, behaviourism, humanistic and cognitive revolutions—each claiming superior efficacy. Yet by the late 1960s and 1970s, accumulating empirical findings began to reveal an inconvenient truth: although theoretical models differ dramatically, the measurable outcomes of bona fide psychotherapies tend to converge (Luborsky et al., 2002; Wampold & Imel, 2022).

This observation, famously encapsulated in Saul Rosenzweig's (1936) "Dodo bird verdict," suggested that the common elements underlying all effective psychotherapies may be more decisive than their technical distinctions. Rosenzweig proposed that every effective therapy contains a relational bond, a rationale for distress, and a set of procedures consistent with that rationale. When these components are present, he argued, the conditions for psychological change are established regardless of theoretical allegiance. Decades later, empirical evidence has largely confirmed this intuition: therapeutic success depends not only on what therapists do, but on *how* they engage with clients, how clients perceive and participate in the process, and the broader contextual and cultural factors that frame the encounter (Cuijpers et al., 2019; Duncan, 2020; Norcross & Lambert, 2023).

During the second half of the twentieth century, psychotherapy research shifted its attention from isolated techniques toward contextual determinants of outcome. Early comparative studies struggled to demonstrate the superiority of any one method, leading to the notion that "everybody has won and all must have prizes" (Luborsky et al., 2002). As psychotherapy research matured, attention turned to the mechanisms shared across approaches—those relational, cognitive, emotional, and motivational factors that consistently predicted improvement across modalities. This *common factors* perspective gradually became one of the most influential paradigms in psychotherapy integration (Laska & Wampold, 2014).

The re-evaluation of therapeutic efficacy gained empirical grounding with the advent of meta-analytic methods in the 1980s and 1990s. Lambert's (1992) heuristic model of outcome variance attributed roughly 40 % of improvement to extra-therapeutic variables (client strengths, environmental supports), 30 % to the therapeutic relationship, 15 % to expectancy and placebo effects, and only 15 % to specific techniques. Although these percentages were never intended as literal constants, they captured a reality repeatedly confirmed by subsequent research: most of what produces change in psychotherapy lies outside the narrow frame of technique. Later refinements continued to affirm the predominance of relational and contextual processes (Wampold, 2015; Norcross & Lambert, 2023).

The implications of these findings were profound. If therapeutic change is largely determined by factors shared across modalities, then allegiance to rigid theoretical schools becomes less defensible, and the task of the modern psychotherapist becomes one of strategic integration—understanding, cultivating, and combining those processes that consistently facilitate transformation. This perspective forms the foundation for the present volume, which explores the conceptual frameworks that organise and connect the principal common factors of psychotherapy.

Twenty-first-century psychotherapy research has continued to refine and substantiate the common factors paradigm. Meta-analyses consistently show minimal outcome differences between major approaches when delivered competently (Cuijpers et al., 2019; Wampold & Imel, 2022). For example, a large-scale synthesis by Cuijpers and colleagues (2019) concluded that specific techniques explain only a small proportion of variance in outcome once alliance quality, therapist effects, and client characteristics are controlled. Similar findings emerge from process-outcome research demonstrating that improvements in the

therapeutic relationship predict symptom reduction across modalities and client populations (Del Re et al., 2022; Eubanks et al., 2023).

Several methodological advances have supported this consolidation. Practice-based evidence frameworks have replaced treatment-specific trials as the dominant paradigm for studying psychotherapy in naturalistic settings (Stiles, 2021). Rather than attempting to prove the superiority of one model, researchers now seek to understand *how* therapists tailor relational and technical responses to individual clients, thereby co-creating conditions for change. Responsiveness, defined as the therapist's capacity to detect, interpret, and flexibly adapt to client feedback, has emerged as a central process variable and a plausible mediator of outcome (Stiles, 2021; Castonguay & Hill, 2022). This shift towards a contextual, process-oriented understanding of efficacy reflects the maturation of psychotherapy as an applied relational science.

Empirical evidence accumulated since 2020 has further highlighted the relative importance of therapist and client factors. Therapist effects—systematic differences between practitioners—account for roughly 5 % to 9 % of outcome variance, exceeding the contribution of most specific techniques (Del Re et al., 2022). Therapists who demonstrate empathy, warmth, cultural humility, and authentic engagement achieve consistently better results, irrespective of orientation (Norcross & Lambert, 2023). Conversely, therapist rigidity, lack of atonement, or unresolved countertransference issues correlate with poorer outcomes and higher dropout rates (Castonguay & Hill, 2022).

Client factors remain equally central. Individual differences in motivation, coping style, attachment history, readiness for change, and capacity for emotional regulation profoundly shape both process and outcome (Swift et al., 2020; Luyten et al., 2020). Contemporary integrative frameworks emphasise the interplay between therapist responsiveness and client characteristics, framing psychotherapy as a dynamic, bidirectional system rather than a unidirectional intervention (Hayes et al., 2022). This conceptualisation bridges the gap between research on individual variables and systemic models of relational regulation.

Among all common factors, the therapeutic relationship—and within it, the working alliance—has received the most consistent empirical validation. The alliance, conceptualised as the collaborative partnership encompassing goals, tasks, and bond (Bordin, 1979), predicts outcome across theoretical orientations, client diagnoses, and delivery formats (Norcross & Lambert, 2023). A meta-analysis

by Flückiger and colleagues (2020) encompassing over 30,000 participants confirmed a robust, medium-sized correlation between alliance quality and treatment success, unaffected by modality or measurement timing.

Equally significant are alliance ruptures and repairs. Ruptures—temporary strains or breakdowns in collaboration—occur in most therapies and, when addressed skilfully, can deepen the alliance and catalyse insight (Eubanks et al., 2023). Their management requires emotional atonement, humility, and reflective capacity from the therapist, qualities increasingly recognised as teachable competencies rather than innate traits (Castonguay & Hill, 2022). The alliance, therefore, is not a static background condition but an evolving, co-constructed process that embodies the very mechanisms of change psychotherapy seeks to promote.

Another robust common factor is expectancy—clients' belief that therapy can help—and the related constructs of hope and meaning. These factors operate at both cognitive and affective levels, influencing motivation, engagement, and resilience. Placebo research demonstrates that expectancy can produce measurable physiological and psychological effects (Wampold & Imel, 2022). In psychotherapy, expectancy interacts with therapist confidence, coherence of the therapeutic rationale, and the client's prior experiences with help-seeking. When the therapist offers a compelling, culturally resonant explanation of distress and a credible pathway to improvement, expectancy functions as a self-fulfilling mechanism that mobilises agency (Frank & Frank, 1991; Duncan, 2020).

Recent evidence suggests that hope and expectancy are not peripheral boosters but integral mechanisms linking cognition, emotion, and relationship. Studies of online and hybrid psychotherapies during and after the COVID-19 pandemic revealed that expectancy and therapist credibility predicted alliance development and adherence as strongly as in-person encounters (Simpson et al., 2021). Hope functions as a bridge between insight and action, integrating cognitive understanding with affective motivation.

The growing diversification of psychotherapy's client base has compelled the field to re-examine its assumptions about universality. Cultural safety, humility, and contextual atonement are now considered essential conditions for effective practice (Moodley & Palmer, 2021). Culture shapes not only values and narratives but also the very experience of emotion, embodiment, and relationality—domains at the heart of common factors. Empathy, for instance, cannot be separated from

cultural knowledge and positional awareness. Research on cross-cultural alliances shows that perceived respect for cultural identity is among the strongest predictors of engagement and retention (Moodley & Palmer, 2021).

Parallel developments have occurred in digital psychotherapy. The massive shift to videoconferencing modalities since 2020 provided a natural experiment testing whether common factors could transcend medium. Systematic reviews confirm that alliance, empathy, and expectancy remain robust predictors of outcome online, provided that therapists intentionally attend to presence, pacing, and nonverbal cues (Simpson et al., 2021). These findings reinforce the notion that the essence of psychotherapy—the creation of a safe, attuned, and meaning-making relationship—is technologically mediated but not technologically determined.

Advances in neuroscience have given the common factors paradigm a biological foundation. Studies of affect regulation, mirror neuron systems, and attachment circuits reveal that attuned relational experiences reshape neural pathways associated with safety, reward, and integration (Cozolino, 2021; Schore, 2021). The therapeutic relationship thus functions not merely as an interpersonal context but as an interpersonal neurobiological process. Schore's (2021) work on right-hemisphere communication demonstrates that the empathic therapist provides co-regulatory input that helps clients move from dysregulation to integration. Similarly, Cozolino (2021) conceptualises psychotherapy as a form of "socially mediated neuroplasticity," where corrective emotional experiences translate into measurable neural change.

These findings do not reduce psychotherapy to biology; rather, they illuminate how common factors such as empathy, safety, and synchrony operate through embodied systems. They also help explain why warmth, congruence, and authentic presence are not simply moral virtues but essential neurobiological conditions for change. In integrating these insights, contemporary psychotherapy moves beyond dichotomies of mind and body, technique and relationship, or theory and evidence.

Psychotherapy research has also matured methodologically. The emphasis has shifted from demonstrating whether therapy works—a question long answered affirmatively—to understanding the multilevel processes by which it works (Hayes et al., 2022). Process research employs time-series analyses, session-by-session measurements, and mixed-methods designs to track the dynamic evolution of alliance, emotion, and cognition. These approaches reveal that change is rarely

linear; it occurs through cycles of stability, rupture, and re-organisation. Such findings resonate with complexity science and systems theory, which conceptualise psychotherapy as a nonlinear adaptive system sensitive to initial conditions and feedback (Hayes et al., 2022).

Within this systems perspective, common factors are not discrete variables but interdependent components of an evolving process. The alliance shapes expectancy; expectancy influences engagement; engagement alters emotion regulation; emotional shifts modify cognition; and cognitive insight, in turn, reinforces alliance. Each factor dynamically interacts with others, forming recursive loops rather than linear chains of causation. Understanding psychotherapy in this way aligns clinical intuition with contemporary scientific models of complexity and adaptation.

The recognition that relational and contextual processes drive much of psychotherapy's efficacy carries important ethical and professional implications. It challenges the notion of the therapist as expert technician and reframes psychotherapy as a collaborative human encounter grounded in humility, responsiveness, and reflexivity (Castonguay & Hill, 2022). It also implies that training should prioritise relational competencies, emotional awareness, and responsiveness alongside theoretical and technical proficiency. Recent training research demonstrates that explicit instruction in alliance management, empathy enhancement, and rupture repair significantly improves trainee effectiveness (Norcross & Lambert, 2023).

Moreover, the centrality of common factors underscores the ethical responsibility to tailor therapy to the client's individual, cultural, and contextual reality. Standardised protocols may provide useful frameworks, but the therapist's sensitivity to moment-by-moment feedback determines whether those protocols become healing encounters or rigid routines. The therapist's self—embodied, emotional, and situated—thus remains the primary instrument of change.

Across these developments, a broader historical trajectory emerges: psychotherapy has moved from a model-centred to a process-centred discipline. This transition parallels other scientific evolutions from reductionism to integration, from objects to relationships, and from certainty to complexity. The contemporary integrative movement views theoretical models not as mutually exclusive belief systems but as complementary languages describing overlapping aspects of human change (Hayes et al., 2022). Within this integrative horizon, common factors

function as the meta-theoretical connectors linking diverse schools into a coherent ecology of practice.

Future directions point towards even greater integration of empirical, phenomenological, and cultural dimensions. Research is increasingly multimodal, combining quantitative outcome measures with qualitative analyses of meaning and lived experience (Stiles, 2021). Artificial intelligence and natural-language processing tools are beginning to map linguistic markers of empathy, alliance, and emotional depth, offering new ways to study common factors at scale (Imel et al., 2023). At the same time, existential and humanistic traditions remind researchers that the heart of psychotherapy remains the meeting of two subjective worlds—an encounter that cannot be fully captured by metrics or algorithms.

The search for what works in psychotherapy has evolved from comparing techniques to understanding systems of interaction. Common factors research demonstrates that the curative power of psychotherapy resides in the interplay between relationship, meaning, and context. Techniques matter, but only insofar as they are embedded in empathic collaboration and coherent narratives of hope. The ongoing challenge for theory and practice alike is to articulate frameworks that honour both universality and individuality, both scientific rigour and human depth.

As the field moves forward, common factors provide not a reductionist simplification but a complex integrative map—one that situates psychotherapy at the intersection of science, art, and ethics. Subsequent chapters in this volume will examine each principal factor in detail—the alliance, empathy, expectancy, emotional processing, client and therapist variables—and explore how they interact within broader conceptual frameworks of integration and strategic responsiveness. Through this exploration, psychotherapy may continue to refine its understanding of what heals, not only in measurable outcomes but in the lived experience of transformation.

1.2. The Evolution of Common Factors Theory

The evolution of common factors theory represents a gradual but profound transformation in psychotherapy's understanding of change. It charts a movement from the rigid boundaries of competing schools towards a pluralistic and empirically grounded appreciation of shared mechanisms. The story of this evolution is, in essence, the story of psychotherapy itself—its attempts to reconcile art with science, individuality with universality, and technique with human encounter.

The common factors perspective did not arise abruptly; it developed through decades of reflection on clinical observation, philosophical critique, and empirical synthesis. In tracing its history, three broad phases can be identified: (a) early formulations that questioned technical exclusivity and emphasised relational healing; (b) mid-century systematisation and empirical validation; and (c) contemporary integration, which combines contextual, neuroscientific, and cultural perspectives into a comprehensive framework of change.

At the dawn of psychotherapy, early practitioners already recognised that interpersonal factors influenced healing, even when theoretical explanations diverged. Freud's (1912) reflections on the "transference" as both obstacle and vehicle for cure, Rogers' (1957) articulation of empathy, congruence, and unconditional positive regard, and Frank's (1961) identification of persuasion and hope as central to healing all presaged what later became known as common factors.

However, it was Saul Rosenzweig (1936) who first articulated the idea systematically. Observing that all bona fide psychotherapies produced comparable benefits, he proposed that they shared underlying principles: a therapeutic relationship, a persuasive rationale, and ritualised procedures consistent with that rationale. His now-famous "Dodo bird verdict"—a metaphor drawn from *Alice in Wonderland*—captured the idea that no one school held a monopoly on truth. Although largely ignored at the time, Rosenzweig's essay laid the conceptual foundation for a century of integrative thinking.

Following Rosenzweig, the 1950s and 1960s witnessed further recognition of these shared mechanisms. Jerome Frank's *Persuasion and Healing* (1961, revised 1991) described psychotherapy as a cultural healing ritual rather than a purely technical enterprise. Frank identified four universal elements: an emotionally charged, confiding relationship; a healing setting; a plausible therapeutic rationale; and a set of procedures that evoke expectation and engagement. These components became a cornerstone of later integrative and contextual models (Wampold & Imel, 2022).

From the 1960s through the 1980s, psychotherapy research increasingly sought empirical validation for theoretical claims. Comparative studies proliferated but consistently failed to identify decisive superiority of any orientation. Luborsky, Singer, and Luborsky's (1975) meta-analysis concluded that outcome differences between bona fide treatments were negligible—a finding replicated repeatedly