Dodo Birds, a Golden Thread, and Empirically Supported Therapy

A Review of

Second-Order Change in Psychotherapy: The Golden Thread That Unifies Effective Treatments
by J. Scott Fraser and Andrew D. Solovey
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Reviewed by

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The revised edition of Jerome Frank's (1975) seminal text *Persuasion and Healing: A Complete Study of Psychotherapy* that I own is badly worn. It is yellowed, the pages are dog-eared, and the binding has long been broken, so much so that I keep the book in a plastic bag so that I will not lose any of the pages. I have purchased updated editions over the years; indeed I own a copy of the updated edition (Frank & Frank, 1991) that he revised with his daughter. But I preserve this original book because it opened me up to the notion of healing as an art as well as a science. A professor of mine, a rigidly trained psychoanalyst, made the book required reading because, as he said, it showed him that it was OK to speak to behaviorists.

Frank was a professor at Johns Hopkins University, and in his obituary (Obituary: Jerome Frank, 2005), Frank's (1975) book is referred to as “probably the most influential book of its kind.” What Frank did through his research and in his book led to the expansion of the boundaries of psychotherapy. He taught us about the need for a “mobilization of hope” (p.136) in a needy person for a therapy to be effective and how to view those who responded to placebo. But most important, Frank showed us that “All psychotherapies are based on a rationale or myth which include an explanation of illness and health, deviancy, and normality” (p. 327). It is this idea, as expressed by the dodo bird in Lewis Carroll's (1862/2000) *Alice's Adventures in Wonderland*—“Everybody has won and all must have prizes” (p. 72)—that allows us to begin to understand that the dichotomies that are presented to us when doing psychotherapy may not be opposites at all.

Is it true that there is nothing in common between behavioral principals of psychotherapy and psychodynamic ones? After all, the two approaches appear to focus on seemingly differing areas of the human experience, yet both seem to be helpful. It was Frank (1975) who pointed out that all therapies that are effective are based on the same premise: Needy people have a need to be accepted. Thus, it is possible that both behavioral and psychodynamic approaches have won, from the perspective of providing effective psychotherapeutic relief. This contextual approach has led to the concept of eclectic approaches to therapy (Weiss & Salamon, 1987) and even to the idea that outcome studies of psychoanalysis, perhaps the most rigid and least understood of therapies, are useful, relevant, and important (see Milrod et al., 2007), an approach that was anathema until recently.

According to Wampold (2001), as much as 70 percent of the effects of psychotherapy are general, which
strongly indicates that there is a single factor common to all effective therapies. What motivated this shift initially is, however, not what is prodding it now. When Frank first wrote his book, and through its many updates and revisions, the motivator was an attempt to develop a deeper understanding of what helps our clients and patients and why, and how to be more effective. In the current climate, economics appears to be driving this engine. As a result, the debate between those seeking the best practice technique for a specific ailment and those who assert that there is a common factor to all psychotherapies has taken on a new urgency.

A Golden Thread

According to Greek mythology, Theseus, a warrior charged with defeating a minotaur that lived in a labyrinth, was given a golden thread. This golden thread helped him find his way safely into and out of the labyrinth. Similarly, Fraser and Solovey believe that there is a golden thread that is, in effect, the common factor or unifying theory, even a form of salvation, for all effective psychotherapies.

What do cognitive behavioral therapy and interpersonal psychotherapy for depression, parent training for difficult child behaviors, or dialectical behavior therapy for borderline personality disorder, among other therapies for a variety of other conditions, have in common? The answer to this question is the theme of this highly engaging and very useful text, Second-Order Change in Psychotherapy: The Golden Thread That Unifies Effective Treatments. Thus, the golden thread of effective psychotherapies is a unifying approach, one that focuses on second-order change.

The first section of this timely book is directed toward defining and understanding first- versus second-order change. Using Frank's contextual model as a basis and a method developed at the Mental Research Institute in Palo Alto, California, the authors define first-order change as any approach that causes a problem to remain stable or become worse. A first-order change is one in which cycles are maintained. Although there are instances in which first-order interventions may be effective, in more severe cases in which the cycle becomes vicious and first-order intervention has led to a worsening of the disorder, a second-order approach is called for. A classic example is that of phobia or panic. For some individuals, avoiding a specific cause of fear is sufficient. As long as they remain far from the spider they unrealistically fear, they have no anxiety. In more severe cases, however, fear of a spider can metamorphose into agoraphobia. This first-order approach to treating the fear leads to avoidance of all possibility for encountering a spider, immobilizing the individuals and forcing them to remain hidden at home. A second-order approach is needed to help these individuals. It is this second-order technique that the authors define as being at the core of all effective psychotherapies. In this case of anxiety disorder, second-order tactics will include a treatment modality that encourages the sufferer to approach rather than avoid the fear. Second-order change also includes what Frank (1975) labeled "myths" or "rationales," along with developing a rapport with the healer in a healing setting as well as a ritual for healing, all of which is designed to help promote positive change.

The second section of this text explores the unifying themes or common factors found in different therapeutic modalities proven effective for a host of disorders, including anxiety, depression, parent–child relationship problems, couples therapy, substance abuse, and borderline personality disorder. The authors make a strong case for the golden thread that causes these treatments to be empirically supported with the therapies they review in these sections.

A Jedi Does Not Deal in Absolutes

Throughout the Star Wars movie series, the scriptwriters focused on an ethical theme, which they called a "wise mind." A wise mind is one in which there are no absolutes. Saying that "you are either with me or my
enemy” may force some to choose sides, but a wise person will know that in reality there are no such rigid ideas. Second-order change assumes that all human interaction is a process, constantly in flux and always open to change. When applied to the concept of efficacious psychotherapies, a strong argument is made for the fact that a variety of treatments can achieve similar results, and there is no need to prove one superior over the other. The wise mind knows that there is no one cure that will fit all.

At this point, it is difficult to know whether this idea can gain a toehold in the debate between those supportive of evidence-based treatments (EBTs) and those who argue that such approaches are too limiting. In a meta-analysis of therapies for youths, Weisz, Jensen-Doss, and Hawley (2006) concluded that although there is a modest benefit of using EBTs as opposed to usual psychotherapeutic treatment, choosing to follow a manualized EBT may not improve on usual care for all. They suggested further research to explore which treatments are most effective for which therapists working with which particular group of youths. This is a similar view to that explored in significantly more detail in this text. The concept, though, falls short from the perspective that there can be a unifying theme for all effective therapies, unless that theme is the one espoused by Frank (1975) and significantly elaborated on and enhanced in this book—the concept of seeking the unifying thread of effective therapies and applying those treatments to individuals prepared to work toward a cure. It is this issue that is perhaps most volatile in today’s climate. Health economist Kleinke (2001), a strong initial supporter of managed care, acknowledged that the health care insurance system is simply not working. Among the reasons for the failure, he noted, are the insurance regulators and middlemen, who bleed as much as $300 billion annually from the provision of care to useless oversight. If it is the same group of individuals clamoring for EBTs, then the goal may not be to provide the best possible form of therapy. For these insurance care managers, golden has a completely different implication from the one offered by Fraser and Solovey.

In my initial read of Second-Order Change, I felt that the text was geared more for graduate-level students, especially the second section, with its emphasis on clinical conditions and effective therapies. I have already been recommending the text to colleagues. In the context of our struggles with providing care that goes beyond the rigid formulaic ones espoused by those supportive of exclusive EBTs and allowing in some of the art of treatment, I found that the book also makes good sense for researchers and policy makers. The inside dustcover suggests this. I just hope that our association is, in fact, marketing it this way.

### References


