

Conceptualizing Common Factors in Counseling

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Abstract

The purpose of this study was to conceptualize the common factors across many counseling approaches that were crucial for the process and outcome of counseling. The proposed conceptual framework consisted of four constructs comprising common factors: the client's characteristics, the therapist's characteristics, the process of change (counseling relationship; counseling techniques; placebo, hope and expectancy; and rituals), and the counseling context. All of the common factors, derived from preceding literature and integrated into a systematic form, were interactive and embedded within a process-based holistic framework. Implications for counseling research, practice and education/training were elaborated.

Keywords: common factor, counseling, psychotherapy

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Conceptualizing Common Factors in Counseling

Throughout the development of counseling, more than 400 distinct, popular counseling schools have evolved in the modern counseling field (Bergin & Garfield, 1994; Prochaska & Norcross, 1999). Different therapies require the client to undergo different experiences and engage in different behaviors. Although there are a large number of therapies and each has its own rationale and specific techniques, therapies embody common factors that are curative across a variety of schools. These common factors are active ingredients shared by a variety of psychotherapies and seek to abstract similarities across different therapies. Common factors are those dimensions of the treatment setting that are not specific to any particular techniques (Blow & Sprenkle, 2001; Lambert & Bergin, 1994), and are the elements that various counseling approaches share with the eventual goal of developing more parsimonious and efficacious treatments based on those commonalities (Goldfried & Norcross, 1995).

Accumulated evidence of meta-analyses reveals that researchers have repeatedly failed to find convincing evidence that different psychotherapies are differentially effective. Therapy equivalence also suggests that common beneficial ingredients among the different treatments are mostly or completely responsible for the similar outcomes (Sexton, Whiston, Bleuer, & Walz, 1997). Berman and Norton (1985) recognize the importance of the common factor and emphasize that the effectiveness of psychotherapy work may be enhanced more from identifying factors common

to all forms of treatment than from examining features specific to particular therapies. As a result of considerable therapy outcome research, a typical conclusion has been drawn that for many disorders, no one theoretical approach has been shown to be consistently more effective than any other and common factors exist in all forms of therapy that might partly explain this failure in finding any consistent differential effectiveness (Goldfried & Norcross, 1995; Sexton et al., 1997). Due to the failure to find consistent differential effectiveness across approaches, there is a growing awareness and appreciation of the common factors that exist in all forms of therapy (Lambert, Shapiro, & Bergin, 1986).

Current evidence supports that the era of "theory specific" research and practice may be gone (Bergin & Garfield, 1994), and the focus of attention for both researchers and practitioners are those common elements that contribute to successful therapy (Lambert, 1992; Lambert & Cattani-Thompson, 1996; Sexton & Whiston, 1994). Rosenzweig (1936) notes that all forms of therapy have cures to their credit, and labels this phenomenon the "dodo bird verdict" (cited from Luborsky, Singer, & Luborsky, 1975). Factors common across treatments are accounting for a substantial amount of improvement found in psychotherapy. Common factors account for most of the gains that result from psychological interventions and contribute a great deal to positive outcome (Lambert & Ogles, 2004).

If the effects of various influences that contribute to client change are partialled out, approximately 30% of the outcome variance can be attributed to common factors that seem evident in all therapies, regardless of the theoretical allegiance (Sexton et al., 1997). Compared

to the 15% attributable to specific therapeutic techniques, 30% of the outcome variance is attributed to the impact of common factors on the therapeutic outcome (Lambert, 1992; Sexton et al., 1997). This finding capitalizes the importance of common factors in therapy.

Despite the fact that the importance of common factors has been confirmed and multi-aspects of common factors have been proposed, there is a lack of a systematic and comprehensive framework to identify and organize common factors. The conceptual framework of common factors encourages greater cooperation and harmony between competing approaches, ultimately increasing the effectiveness of psychotherapy. This article proposes a conceptual framework of common factors with an attempt to organize these factors into a comprehensive, systematic, and meaningful framework to serve as an effective reference for counseling clinicians, researchers, and trainers/educators. A review of related literature of common factors is presented first, followed by a conceptual framework.

Literature Review

After reviewing related literature, Lambert and Ogles (2004) summarize common factors attributable to the therapist, the therapy procedures, and the clients. This notion responds to a proposal by Sexton and his colleagues (1997) that what is common to successful therapy is a process conducted by a skilled therapist who helps the client get invested and involved in the counseling process and uses techniques that are matched to the client and based on a therapeutic relationship. Looking at the construct of the counseling process, four chief themes can be derived from previous lit-

erature: the counseling relationship (e.g., Castonguay, 1993; Frank & Frank, 1991; Lambert & Ogles, 2004); placebo, expectancy and hope (e.g., Grencavage & Norcorss, 1990); counseling techniques (e.g., Lambert & Bergin, 1994; Walborn, 1996), and rituals (e.g., Hubble, Duncan, & Miller, 1999). In addition, a healing setting or context (e.g., Frank, 1982; Frank & Frank, 1991; Walborn, 1996; Wampold, 2001) for counseling has also been emphasized as an important common factor. This article reviews theorists' viewpoints on common factors within a specific time frame, and then summarizes the major themes of common factors.

Rosenzweig (1936) pointed out the importance of providing the client with alternative and more plausible ways of viewing him/herself and the world; the ability of therapists to instill a sense of hope in their patients; the therapist's ability to make interpretations; and the synergistic nature of the change process. Alexander and French (1946) believed that a corrective emotional experience within therapy was the common factor, and the corrective emotional experience provided by the therapist was the core that made all forms of counseling effective. Fiedler (1950) focused on the relationship as a source of common factors in therapy and provided a fascinating, although indirect, examination of some of these factors.

Garfield (1957) suggested that the fundamental elements of counseling were that therapists were sympathetic and not moralizing; that a therapeutic relationship ensued; and that clients were provided with new cognitive understanding for their problems. Common factors consisted of the therapist's understanding and support, and the client's opportunity to experience an emotional catharsis

and to gain self-understanding (Garfield, 1957). The mechanism of change in virtually all approaches was rooted in the therapeutic relationship, positive expectations toward counseling, emotional release, explanation and interpretation, reinforcement, desensitization, confronting a problem, and skills training (Garfield, 1980).

Rogers (1957) indirectly contributed to the common factors theme by proposing that therapy was effective not because of specific techniques but because it provided a particular type of human relationship within which change could occur. Truax and Mitchell (1971) emphasized the importance of warmth, empathy, and unconditional positive regard on the outcome of therapy. Strupp (1973) and Garfield (1973) highlighted an emotionally charged affectional relationship as one common factor.

Frank (1961) identified a variety of common methods for clients' healing, including the placebo effect, an expectation for change or improvement, arousing hope, causing emotional arousal, encouraging changed activity outside of the session, and encouraging new ways of understanding oneself and one's problems through interpretations and corrective emotional experiences. Common factors consisted of an emotionally charged confiding relationship with a helping person; a healing setting; a rational conceptual scheme or myth to explain symptoms and a ritual to help resolve symptoms (Frank, 1982).

Applebaum (1982) suggested six necessary conditions for change: an explanation, a therapeutic relationship, client expectations, a corrective emotional experience, emotional release, and an altered state of consciousness. Goldfried (1980) recognized two common

process variables: providing the client with new, corrective experiences, and direct feedback to increase clients' awareness of thoughts, feelings, and actions through the therapist's interventions. The common factors included the facilitation of client expectations of treatment, the existence of an optimal relationship, feedback for the promotion of awareness, a corrective experience, and continued reality testing (Goldfried, 1982).

Brady and his colleagues (1980) claimed that the practice of prominent therapists in providing the client with new experiences, both inside and outside of therapy, was a central ingredient of all therapies. These new experiences were considered important because they led to changes in the way clients think about themselves. Luborsky (1984) reported three central curative factors or process variables underlying change: self-understanding, a helping alliance, and the incorporation of gains (e.g., new insight to foster change). Torrey (1986) identified four common process variables of therapy: a shared worldview between therapist and client, personal qualities of the therapist, expectations and emotional arousal, and a sense of mastery.

Grencavage and Norcross (1990) discussed commonalities and coded the commonalities into five areas: client characteristics (positive expectations/hope or faith, client distressed or incongruent, client actively seeking help), therapist qualities (general positive descriptors, cultivating hope and enhancing expectations, warmth and positive regard), change processes (opportunity for catharsis and ventilation, acquisition and practice of new behaviors, and provision of rationale), treatment structures (use of techniques and rituals, focusing on an inner world and exploration of

emotional issues, adherence to theory), and relationship elements (development of alliance/relationship, engagement, and transference). They proposed consensual commonalities that included a warm, inspiring, and socially sanctioned therapist; opportunity for catharsis; acquisition and practice of new behaviors; exploration of the inner world of the client; suggestion; and interpersonal learning.

Six elements that were common to the rituals and procedures of therapy were proposed by Frank and Frank (1991): (1) the therapist combated the client's sense of alienation by developing a relationship that was maintained after the client divulged feelings of demoralization; (2) the therapist maintained the client's expectation of being helped by linking hope of improvement with the process of therapy; (3) the therapist provided new learning experiences; (4) the client's emotions were aroused as a result of the therapy; (5) the therapist enhanced the client's sense of mastery or self-efficacy; and (6) the therapist provided opportunities for practice. They also emphasized the role of the relationship and of cognitive insight, the client's emotional arousal in order to produce change, and the client's positive expectations and confidence in therapy.

Lambert & Bergin (1994) organized common factors into three categories: 1) support factors including catharsis, a positive relationship with the therapist, a therapeutic alliance, and the therapist's warmth, respect, and empathy toward and trust of the client; 2) learning factors including advice, affective experiencing, corrective emotional experiencing, feedback, and assimilation of problematic experiences; and 3) action factors including behavioral regulation, cognitive mas-

tery, facing fears, mastery efforts, and successful experiences. Weinberger (1995) emphasized the common factors of the therapeutic relationship, such as expectations, confronting problems, mastery, and attribution of problems. In addition, expectations, confronting problems, mastery, and attributions of outcome were also emphasized by Weinberger (1995) as common factors.

Walborn (1996) claimed that common features included such variables as providing a non-threatening environment; developing a relationship in which the client and therapist worked together as a team; and offering a plausible explanation for the client's suffering. He pointed out that the counseling relationship, client expectations, cognitive insight, and emotional arousal were crucial common factors during the process of counseling.

Castonguay and his colleagues (1996) noted three distinct meanings that could be applied to understanding common factors in therapy: global aspects of therapy that were not specific to any one approach; aspects of treatment that were auxiliary to treatment and referred primarily to interpersonal and social factors; and those aspects of treatment that influenced outcomes but that were not therapeutic activities or related to the interpersonal/social context. In addition, Stevens, Hynan, and Allen (2000) stressed expectancy effects and relationship variables, such as persuasion, warmth, attention, understanding, and encouragement, as important common factors.

Also, Fischer, Tokar and Serna (1998) classified common factors into four areas: the therapeutic relationship, a shared worldview between client and therapist, meeting client expectations, and the use of ritual or intervention that was perceived as appropriate by both

client and therapist. They suggested that the therapist had to develop a good relationship with the client, discover or construct with the client a shared worldview or plausible rationale for distress, create an environment in which the client's expectations could be raised, and plan a healing procedure in which the client and the therapist both had confidence.

Arkowitz (2000) emphasized corrective emotional experiences in therapy and the disconfirmation of dysfunctional expectancies, the arousal of hope and positive expectancies, changes in self-perceptions, persuasion and attitude change, and restoration of morale. In addition, common factors were identified in the areas of client factors; relationship factors; placebo, hope, and expectancy; and model/technique factors (Hubble, Duncan, & Miller, 1999; Miller, Jordan, Kaplan, Stiver, & Surrey, 1997). Finally, Lambert, Bergin, and Garfield (2004) pointed out that common factors included the facilitation of hope, the opportunity for emotional release, exploration and integration of one's problems, support, advice, and encouragement to try out new behaviors and thoughts.

A review of preceding literature illustrates many common factors and various styles of classifying these factors. The ambiguity exists regarding the definitions and terminology of diverse common factors, which might cause confusion and misunderstanding. Clear definitions and precise term usage of various common factors should be presented in order to further identify and testify to their importance in research. Also, empirical studies to examine and verify various common factors and to investigate their influence and interaction are necessary. Moreover, an investigation comparing counseling outcomes that apply

various common factors with those utilizing traditional counseling styles is necessary to examine the effect of common factors.

In addition, one of the major weaknesses of previous literature is that scholars present only a part of common factors and thus are not able to demonstrate the whole picture. To organize these factors, three dimensions of a client's characteristics, a therapist's characteristics, and the process of change highlighted by Lambert and Ogles (2004) can serve as a reference, matching the three major sets of variables in counseling intervention (client's variables, therapist's variables and process variables). Various common factors can be classified into these three dimensions and organized into a systematic framework.

Comparing the various themes of common factors outlined in previous literature, some scholars' emphases were solely on one dimension of common factors. For example, Rogers (1957), Truax and Mitchell (1971) and Strupp (1973) highlighted one dimension of common factors, the counseling relationship. Frank (1961) focused on counseling techniques in the process of change, including the placebo effect, an expectation for change, arousing hope, emotional arousal, counseling activities, interpretations, etc. Goldfried (1980) also emphasized common techniques occurring in the process of counseling, such as feedback to increase clients' awareness of thoughts, feelings, and actions.

In addition, other scholars concentrated on two dimensions of common factors. For example, Applebaum (1982) highlighted some common factors in the process of change (e.g., counseling relationship, a corrective emotional experience, and an altered state of consciousness) and clients' expectations for

counseling. Torrey (1986) identified therapist's qualities and some common factors in the process of counseling, such as emotional arousal and a sense of mastery. Walborn (1996) noted client's expectations and some common factors in the process of change (e.g., counseling relationship, cognitive insight, and emotional arousal).

Few scholars covered all three dimensions of common factors. Common factors were classified by Grencavage and Norcross (1990) into client's characteristics, therapist's characteristics, and some factors in the change process, including treatment structure and counseling relationship. Frank and Frank (1991) emphasized common factors, including therapist's abilities, counseling techniques (e.g., emotional arousal, self-efficacy), and client's expectations and hope of improvement. Based on the above discussions, many common factors have been addressed in previous literature but they seemed fragmented and unable to display a comprehensive picture.

Therefore, systematic, comprehensive and inclusive frameworks/models should be provided to organize the various common factors in the above three dimensions, and to demonstrate their interactions and connections clearly. The three dimensions of common factors (therapist's characteristics, client's characteristics, and the process of change) were adopted as constructs of the proposed conceptual framework in this article. Four themes in the process of change during counseling were also highlighted: the counseling relationship; placebo, expectancy, and hope; counseling techniques; and rituals. Finally, a healing setting or the counseling context was addressed as one of the constructs in the conceptual framework of common factors. These

constructs and themes are briefly delineated below.

First, the counseling relationship has been confirmed as one of the most important common factors, contributing significantly to outcome efficacy (e.g., Fischer, Tokar & Serna, 1998; Frank & Frank, 1991; Garfield, 1973; Goldfried, 1982; Grencavage & Norcross, 1990; Lambert & Bergin, 1994; Rogers, 1957; Strupp, 1973; Truax & Mitchell, 1971; Walborn, 1996; Weinberger, 1995; Lambert & Ogles, 2004). Second, placebo, hope and expectancy played important roles common across various counseling approaches (e.g., Arkowitz, 2000; Fischer et al., 1998; Frank & Frank, 1991; Grencavage & Norcross, 1990).

Third, some counseling techniques common across schools shared a certain effect of outcome variance, such as corrective emotional experiences (e.g., Alexander & French, 1946; Arkowitz, 2000; Frank & Frank, 1991; Goldfried, 1980; Lambert & Bergin, 1994), cognitive insight (e.g., Frank & Frank, 1991; Walborn, 1996), self-understanding (Frank, 1961; Luborsky, 1984), feedback (e.g., Goldfried, 1980; Lambert & Bergin, 1994), emotional catharsis (Applebaum, 1982; Frank & Frank, 1991; Grencavage & Norcross, 1990; Lambert & Bergin, 1994), and emotional arousal (Frank & Frank, 1991; Torrey, 1986; Walborn, 1996). Fourth, the client's characteristics, including a client's expectations, involvement and experiencing of therapy (e.g., Applebaum, 1982; Frank & Frank, 1991; Grencavage & Norcross, 1990; Patterson & Watkins, 1996) have been identified as shared common factors.

Finally, characteristics common among many therapists included a therapist's warmth, empathy, congruence or genuineness, uncon-

ditional positive regard (e.g., Lambert & Bergin, 1994; Lambert & Ogles, 2004; Rogers, 1957; Truax & Mitchell, 1971), a therapist's qualities of professional competence (e.g., Torrey, 1986; Grencavage & Norcross, 1990), and a therapist's ability to instill hope and expectancy (e.g., Garfield, 1980; Grencavage & Norcross, 1990). One important note is that these themes occur within the counseling context and should be understood within a holistic framework. Based on the above discussion, the author proposes a conceptual framework to incorporate these important common factors addressed in the previous literature.

A Conceptual Framework of Common Factors

Common factors are a reciprocal interaction rather than a linear causality (Weinberger, 1995) and deal with the processes of change rather than with fixed and static entities (Arkowitz, 2000). They may be conceptualized through the perspectives of the therapeutic process of change (e.g., Arkowitz, 2000; Beutler, Consoli, & Williams, 1995; Sexton, Whiston, Bleuer, & Walz, 1997). Therapists consider the multivariate and interactive relationships among common factors as an explanation for changes in therapy, as well as for possible changes in the role of particular common factors over the course of therapy in the counseling context (Arkowitz, 2000; Jones, Cumming, & Horowitz, 1988).

This proposed conceptual framework organizes the common factors into five themes that emerged from the preceding literature into a comprehensive and systematic framework with four constructs of common factors: the

client's characteristics, the therapist's characteristics, the process of change (counseling relationship; counseling techniques; placebo, hope and expectancy; and rituals), and the counseling context, which are delineated below respectively. The construct of "the process of change" integrates three themes of the counseling relationship; placebo, hope and expectancy; and counseling techniques. Another construct of "the counseling context" is proposed to illustrate the interdependent and interactive nature of the five themes.

Client's Characteristics

The client is cast in the role of the chief agent of change in therapy (Bohart, 2000; Duncan, 2002) and is actually the most potent contributor to the outcome in therapy (Duncan & Miller, 2000; Lambert & Cattani-Thompson, 1996). The largest variation in therapy outcome is accounted for by preexisting client factors, such as expectations for change (Lambert & Cattani-Thompson, 1996; Sexton et al., 1997). Client factors are ingredients in the life and environment of the client that contribute to change. Empirical outcome research attributes 40% of improvement in clients to these client factors (Assay & Lambert, 1999; Lambert, 1992; Sexton et al., 1997). These factors include client characteristics such as inner strength, religious faith, goal directedness, personal agency, motivation, persistence, openness, faith, optimism, capacity for change and the enlistment of the client in the change endeavor. The client is actually the single most potent contributor to outcome factors (Miller et al., 1997) and the engine of change in therapy (Tallman & Bohart, 1999).

Clients' positive expectations, hope, or faith are the most important and frequently

cited common factors (Grencavage & Norcross, 1990). A client's expectation is an active ingredient in all systems of therapy, has been confirmed as an important common ingredient in therapy (Walborn, 1996), and is conceptualized as a critical precondition for therapy to continue (Prochaska & Norcross, 1999). Facilitating a client's expectations of treatment is a common factor in therapy (Goldfried, 1982). Therapy can be viewed as a process used to induce an expectation in a client that treatment will cure them, and that any resulting improvement is a function of the client's expectation to improve (Prochaska & Norcross, 1999). The hypothesis of most studies is that treatment is enhanced by the extent to which a client expects the treatment to be effective (Prochaska & Norcross, 1999), such as the enhancement of a client's faith in the institution itself and confidence in the therapist and the treatment.

In addition, the client's experiencing of therapy has been viewed as a common factor (Castonguay et al, 1996; Wiser & Goldfried, 1993). Experiencing of therapy is now emerging as a general factor related to change in many counseling approaches (Castonguay et al., 1996). The client's experiencing of therapy is viewed as a means for them to engage in an affective problem-solving process (Greenberg, Rice, & Elliott, 1993). The client's change in experiential knowing is a common important aspect of the counseling processing (Bohart & Wugalter, 1991). In summary, a client's variables account for a significant amount of outcome variance (Lambert & Cattani-Thompson, 1996; Sexton et al., 1997) and the important common factors include the client's positive expectations, and the client's experiencing and/or emotional

involvement with therapy (Patterson & Watkins, 1996; Walborn, 1996).

Therapist's Characteristics

The therapist's common factors respond to Rogers' (1957) ideas, such as a therapist's warmth, empathy, and unconditional positive regard in the outcome of counseling (Blow & Sprenkle, 2001; Grencavage & Norcross, 1990; Hill & Corbett, 1993; Lambert & Cattani-Thompson, 1996; Prochaska & Norcross, 1999; Patterson & Watkins, 1996; Truax & Mitchell, 1971), and traits of support, empathy, caring, acceptance, and respect form the foundation to which the more selective effects of specific procedures can be added (Beutler & Consoli, 1992). These therapist-facilitative qualities exert their effects by enhancing the therapist's role as a benevolent agent of influence (Beutler, Consoli, & Williams, 1995).

In addition, therapists' common factors consist of expectations for improvement, persuasion, warmth and attention, understanding and encouragement, use of psychological interventions in both theory and practice, and playing an active role in client improvement (Patterson & Watkins, 1996). The therapist's status or reputation, including the ability to communicate and care, and the therapist's competence, are also identified as common factors (Frank & Frank, 1991). Therapists' three sets of characteristics proposed by Truax and Carkhuff (1967) include: 1) the therapist's ability to be integrated, mature, genuine or congruent, 2) the therapist's ability to provide a non-threatening, trusting, safe or secure atmosphere by his acceptance, non-possessive warmth, unconditional positive regard, or love, and 3) the therapist's ability to be accurately empathic, be with the client, be understanding,

or grasp the client's meaning.

In summary, therapists' common factors include a manifestation of his/her personality characteristics and facilitative qualities (e.g., honesty, caring, genuineness, unconditional positive regard, empathy, respect, acceptance, and openness), professional competence (e.g., the abilities of communication, caring, understanding, encouragement, persuasion, and integration; and the provision of a non-threatening, trusting, safe or secure atmosphere), and the therapist's confidence in the his/her own abilities, in the abilities of his/her client, and in the efficacy of therapy itself.

Process of Change

Therapy is a process of influencing, and what accounts for a change can be revealed by looking at the influencing processes (Frank, 1961). The therapy takes place in a healing context in which the client, as well as the therapist, believe in the rationale for therapy, the therapist delivers therapeutic actions consistent with the rationale, the client is aroused and expects to improve, and a therapeutic relationship is developed. What is common to successful therapy is a process conducted by a skilled therapist who helps the client get invested and involved in the process (Sexton et al., 1997). This article proposes that the process of change is a common dimension revealed by the interaction of the therapist and client within the context of counseling, which consists of the following aspects: the counseling relationship; counseling techniques; placebo, hope, expectancy; and rituals.

Counseling Relationship

The counseling relationship common to

all approaches has been confirmed (Bordin, 1994; Castonguay et al., 1996; Gelso & Hayes, 1998; Henry & Strupp, 1994; Horvath & Greenberg, 1994; Pinsof, 1994; Raue & Goldfried, 1994; Watson & Greenberg, 1994; Weinberger, 2002). The counseling relationship is responsible for most of the gains resulting from therapy (Assay & Lambert, 1999; Lambert & Ogles, 2004). Extensive literature on the counseling relationship supports that the importance of relationship has been an essential and common ingredient of behavior change (Beutler, Crago, & Arizmendi, 1986; Menninger & Holzman, 1973). For example, Rogers (1957) emphasizes that the counseling relationship is as necessary and sufficient condition of therapy. Goldfried (1980) notes a facilitative therapeutic relationship as an important common factor in therapy. Frank and Frank (1991) stress an important common factor of an emotionally charged confiding relationship with a helping person.

Looking more closely at the impact of the counseling relationship, a good therapeutic alliance is related to positive outcomes across various counseling modalities (Horvath & Greenberg, 1994; Luborsky, 1994). The therapeutic alliance appears to be the strongest predictor of outcome (Horvath & Greenberg, 1994), and the presence of a therapeutic alliance seems a predictor of a favorable outcome of treatment (Horvath & Symonds, 1991; Krupnick et al., 1996). Therapists agree that the development of a strong therapeutic alliance is one of the most important common factors during the process of therapy (Grencavage & Norcross, 1990; Prochaska & Norcross, 1999). Finally, other crucial common factors identified within the counseling relationship include accurate empathy, positive

regard, nonpossessive warmth, and congruence or genuineness (Lambert & Ogles, 2004).

Placebo, Hope, and Expectancy

Placebo, hope and expectancy contribute to about 15% of the therapy outcome (Assay & Lambert, 1999; Lambert, 1992). Placebo is defined as any therapy or component of therapy that is deliberately used for its nonspecific, psychological, or psychophysiological effect, or that is used for its presumed specific effect, but is without specific activity for the condition being treated (Shapiro & Morris, 1978). Placebo factors reflect therapeutic changes that occur simply because the client is in treatment of some kind. Placebo is characterized as the therapist's efficacy in increasing the client's confidence in the therapist's ability to help them (Rosenthal & Frank, 1956). The placebo effect is an important component and the entire basis for the existence, popularity, and effectiveness of therapy (Patterson & Watkins, 1996).

While both client and therapist interact with each other during the counseling process, the curative effects come from the client's and the therapist's positive and hopeful expectations that accompany the use and implementation of the counseling method and in-session techniques. The power of expectation is invoked by the therapist's belief in the process, in which human beings are capable of change or of being changed. Every therapist believes in or has confidence in the theory and method that he/she uses.

It may be hypothesized that success bears a strong relationship to the degree of confidence that the therapist has in his/her approach within sessions (Patterson & Watkins, 1996). The therapist's beliefs of and commitment to a par-

ticular theory or a set of techniques influence and bring his/her power to the therapy process (Patterson & Watkins, 1996). The emergence of a client's hope through therapy (Snyder, Michael, & Cheavens, 1999) and the stimulation of a naturally occurring self-healing process (Tallman & Bohart, 1999) are both viewed as common factors.

On the other hand, the client's engagement in the process of self-exploration and motivation to change within sessions has been viewed as a common aspect of therapy. The client's belief is that change is possible and expectation of change contributes to the process of therapy. In order to have a positive impact within sessions, a client has to hold a belief that improvement will occur, a belief in the therapist as the major source of help, or a belief in himself/herself as the major source of change (Patterson & Watkins, 1996). In summary, placebo, expectancy, and hope, which are contributed by the client, the therapist and the therapy itself in the process of counseling, are common factors across a variety of schools.

Counseling Techniques

Some combinations of affective, experiential, cognitive and behavioral regulations are recognized as common counseling techniques of change. Common factors highlighted by Lambert and Bergin (1994) consist of three categories of counseling techniques: support factors (e.g., reassurance, trust, empathy and catharsis), learning factors (e.g., cognitive learning, advice, affective experiencing, and feedback), and action factors (e.g., behavioral regulations, cognitive mastery, reality testing, and practicing new behaviors). These common techniques result in a cooperative working endeavor in which the client's increased sense of

trust, security, and safety, along with decreases in tension, threat, and anxiety, lead to changes in conceptualizing his or her problems and ultimately in acting differently by reframing fears, taking risks, and working through problems in interpersonal relationships (Lambert & Bergin, 1994). In summary, counseling techniques common across schools share a certain effect of outcome variance, such as corrective emotional experiences (e.g., Alexander & French, 1946; Arkowitz, 2000; Frank & Frank, 1991; Goldfried, 1980), cognitive insight (e.g., Frank & Frank, 1991; Walborn, 1996), self-understanding (Frank, 1961; Luborsky, 1984), feedback for promoting awareness (e.g., Lambert & Bergin, 1994), emotional catharsis (Applebaum, 1982; Garfield, 1957), and emotional arousal (Frank & Frank, 1991).

Rituals

Rituals are a shared characteristic of healing procedures in most cultures (Frank & Frank, 1991). The use of rituals in a therapeutic context inspires hope and a positive expectation for change by conveying that the user possesses a special set of skills for healing. In successful therapies both client and therapist believe in the restorative power of the treatment's procedures or rituals (Frank, 1973). Clients change and grow in a context that mobilizes their growth through rituals. Any technique from any model may be viewed as a healing ritual, rich in the possibility that hope and expectancy can inspire (Hubble, Duncan, & Miller, 1999). Therapists and clients need a structured, concrete method of ritual for mobilizing therapeutic factors. A rational, conceptual scheme provides a plausible explanation for the client's symptoms and prescribes a ritual or procedure for re-

solving problems (Frank, 1982).

Counseling Context

Four basic aspects of the treatment context are proposed by Beutler, Consoli & Williams (1995): the treatment setting (where), the intensity of treatment (how much), the modality through which treatment is delivered (what kind), and the format in which this modality is transmitted (with whom). The healing context and the meaning attributed to it by the therapist and client are critical contextual phenomena (Frank & Frank, 1991). A healing setting heightens the client's expectation of help from a therapist and provides safety to the client. During the process of psychotherapy, a provision of new learning experiences is not therapeutic unless the client views the therapy to be taking place in a healing context. Client changes can emerge from an empowering, collaborative interpersonal context.

In summary, this conceptual framework of common factors is framed on a process-based perspective. It incorporates the commonly accepted ingredients in counseling addressed in previous literature. The counseling process and its outcomes are first influenced by various preexisting characteristics that the client and the therapist bring into the therapeutic process (input variables). When client and therapist get involved in the process of change within the counseling context, major constructs of the counseling relationship; counseling techniques; placebo, expectancy, and hope; and rituals closely interrelate. These factors are interactive and multivariate, and should be constructed within a holistic frame. This conceptual framework of common factors revealing elements within four constructs is displayed in Figure 1.

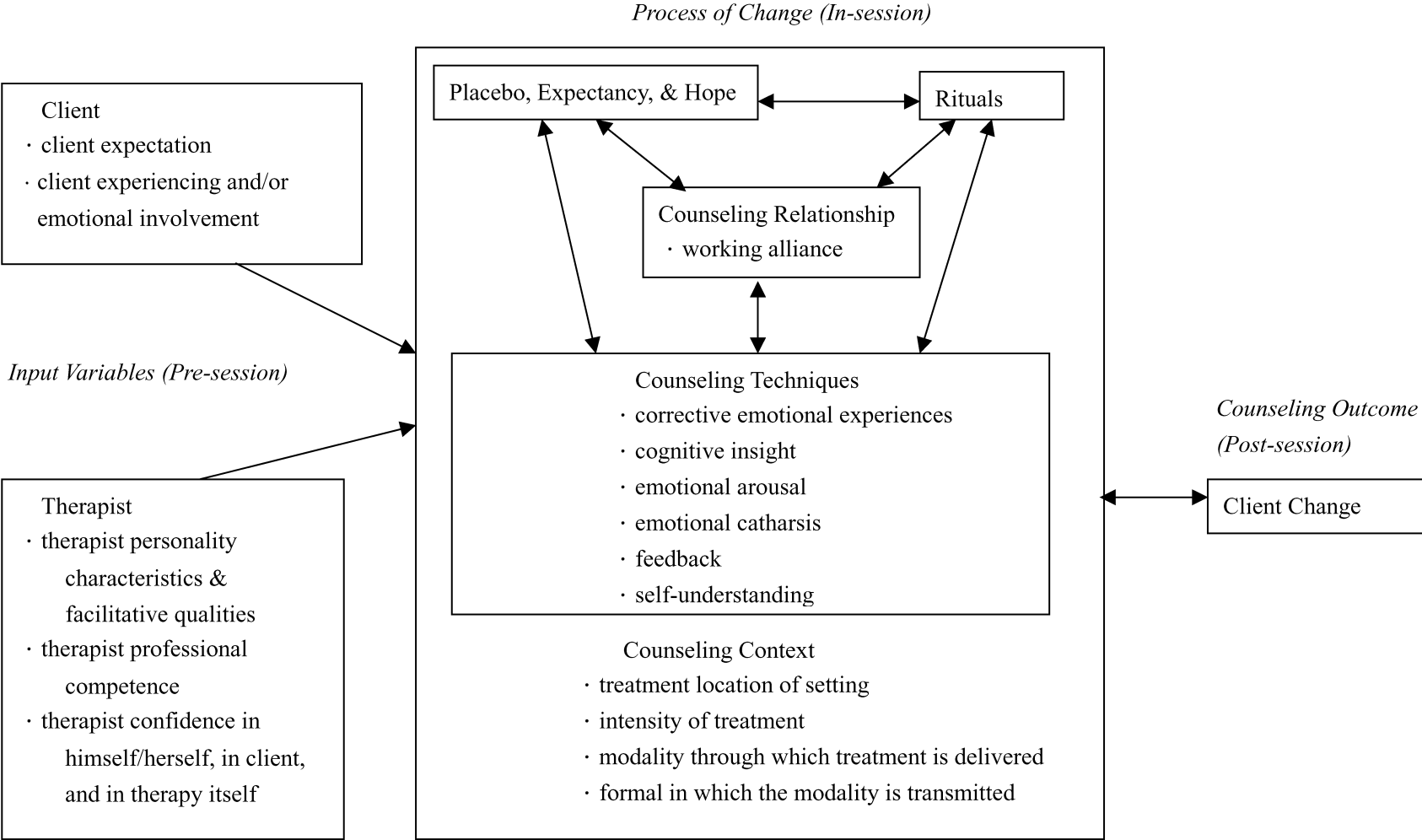


Figure 1. A Conceptual Framework of Common Factors in Counseling

Discussion

The conceptual framework of common factors not only stresses the important shared general ingredients across many counseling approaches, but also organizes these factors into a holistic, systematic, comprehensive and process-based framework. The provision of this conceptual framework responds the importance of common factors, and reflects the emphasis of counseling authorities that the proportion of variance contributed by common factors is much greater than the variance stemming from specific ingredients and effects (e.g., Lambert, Bergin, & Garfield, 2004; Messer & Wampold, 2002; Sexton et al., 1997). This conceptual framework of common factors highlights the prominence of common factors; the better the usage of common factors, the more effective the outcome of counseling could be.

Some major themes related to this conceptual framework are delineated below. First, the four constructs interact mutually and can be understood from the perspective of process within a holistic framework. This framework reveals the interactive complexities of the interdependent, multivariate and multidimensional nature of common factors through the constructs of the client's and the therapist's characteristics (pre-session), relationship; techniques; placebo, expectancy, and hope; and rituals (in-session), as well as the counseling context. This interrelated and interactive nature of common factors responds to what Duncan (2002) has addressed, that commonalities are conceptualized into a meaning system that cannot be broken down into constituent parts. The interaction among

various common factors reveals close relationships and interdependence. The relationships among the common factors should be further explored to trace the dynamics or mechanisms of these factors.

For example, rituals are embedded in therapeutic methods and/or techniques within the counseling context. The use of rituals in a therapeutic context inspires hope and a positive expectation for change by conveying that the user possesses a special set of skills for healing. Any counseling technique may be viewed as a healing ritual, which inspires hope and expectancy (Hubble, Duncan, & Miller, 1999). In other words, the therapist and the client in a counseling session are motivated by hope, expectations, and confidence to commit to therapy and to change through rituals in the counseling context. Therapists provide a ritual or procedure for helping clients to resolve problems through a structured, concrete method for mobilizing therapeutic factors. In addition, the counseling context is related to the client's improvement, because healing takes place through the process of client trust in the therapeutic relationship (Blow & Sprenkle, 2001) and a healing setting heightens the client's expectation of help from a healer and provides safety to the client (Frank, 1982). In summary, therapeutic curative effects come from the client's and the therapist's positive and hopeful expectations that accompany the use and implementation of the counseling method and in-session techniques in the counseling context. Common factors are closely interrelated and embedded in therapeutic activities within a holistic framework, occurring in the therapeutic context.

Second, counseling professionals should employ common factors intensively and

widely during the process of counseling due to their significance and importance. In other words, common factors should be employed significantly in the fields of clinical practice, education/training, and research within counseling. This conceptual framework of common factors could be helpful for therapist education and training. Therapists should be familiar with the conceptual framework of common factors in order to employ these common factors to enhance the effectiveness of the counseling outcome. Based on the importance of common factors, therapist educators might incorporate these common factors into education/training in order to enhance trainees' professional competence in the application of common factors.

Third, this conceptual framework could be examined and investigated thoroughly, and more proposals, hypotheses, and/or models should be proposed and studied. Due to the importance of common factors, researchers should focus on exploration of level, type and specificity of common factors. Researchers should not only explore and examine the level and type of common factors, but also investigate the relationships and interactions among common factors, and develop the mechanisms of dynamics within their major constructs. In summary, this conceptual framework must

provide guiding structures and core principles for practice and training and, at the same time, must remain flexible to encourage therapist choice and the addition of new therapeutic systems and research developments.

Conclusion

The importance of common factors on the outcome of therapy has been confirmed. A conceptual framework of these common factors has been proposed and delineated utilizing four constructs within a process-based perspective: the client's characteristics; the therapist's characteristics (pre-counseling session); the counseling relationship, counseling technique, placebo, hope and expectancy, and rituals (in session); and the counseling context within a holistic framework. The common factors within these four constructs were interactive and interdependent, and should not be thought of as separate constituents. This conceptual framework of common factors provides an effective reference for clinicians, researchers and educators/trainers in the counseling field. Counseling professionals could further explore and apply common factors through this conceptual framework, and then examine them through empirical studies.

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概念化諮商共通因子

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摘 要

本文目的為概念化不同心理諮商學派中所呈現的心理諮商共通因子。所提出的概念化架構包含四個理論構化(construct)：個案特色、諮商員特色、諮商改變歷程（包括諮商關係；諮商共通技術；安慰劑、希望、與期待；諮商儀式）、與諮商情境。本文企圖整合前人文獻並加以系統化整理，所有諮商共通因子彼此相互影響並嵌合於一整合性的諮商歷程架構之中。作者最後提出與此共通因子的概念化架構相關的臨床實務、教學訓練、與未來研究議題，以供參考。

關鍵詞：共通因子、心理諮商、心理治療
