

Emerging and Continuing Trends in Psychotherapy: Views From an Editor's Eye

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It is proposed that six major trends in psychotherapy have continued or emerged over the course of the author's editorship of *Psychotherapy*, the past seven years. These trends are (a) the increasing integration of techniques and the therapeutic relationship; (b) increasing focus on theoretical integration; (c) increasing efforts at research-practice integration; (d) increases in more specific, integrative reviews; (e) integration of biological, neuroscience understandings; and (f) integration of diversity and cultural considerations into psychotherapy. Each trend is described and its impact on the field is discussed. Cautions about each trend are also noted. The six trends are discussed in the context of integration.

Keywords: integration, psychotherapy, trends

Beginning in January 2004 and continuing through 2010, I had the opportunity to view the field of psychotherapy from a position shared by relatively few observers. Being the Editor of *Psychotherapy* during that period, I was able to read carefully most manuscripts that were submitted to this journal, and was at least familiar with the remaining submissions that were acted on by the associate editors.¹ Because of this position, the current editor has invited me to comment on what trends I have observed in the field of psychotherapy through the critical eye of an editor of one of its primary journals.

I shall leave it to other reviewers to comment on the rapid change, the accelerating advance of knowledge, the perils that the field of psychotherapy faces, and the politics of our field. Naturally, there are many minor trends in any field, as well as trends that emerge and disappear in a short time. These, too, will not be addressed.

Instead, what is addressed in this article are the major trends that seemed to me to have pervaded the time period of interest, and the trends that emerged during that period. I focus on trends that have proven to be or are expected to be robust, trends that are having or

promise to have an important and positive effect on the field of psychotherapy.

As I have been able to survey the psychotherapy scene over the seven years of my editorship of *Psychotherapy* and years prior to that, at least six major trends seem to me to have emerged or begun earlier and continued unfolding. Below I discuss these six trends, and include in the discussion the key features and merits of each. Of course there must be negatives within any positives. That is, it seems inevitable that drawbacks or potential adverse effects exist in any trend. Because of this inevitability, I also offer a word of caution about each trend.

Integration Is the Word

As the field of psychotherapy progressed during the past seven years, it seemed to me that the major trends that emerged or continued during this time could be captured by the concept of integration. The term, integration, may be defined as the combining or putting together of different elements into some broader element or whole. Such integration may be seen as a sign of the maturation of a field or body of knowledge, and I would surely propose that this is the case for the field of psychotherapy. The burgeoning knowledge about the efficacy and effectiveness of psychotherapies of all orientations, as well as factors associated with treatment outcome, bespeak a mature discipline. This in no way implies that change and growth are not needed or possible throughout the life of the discipline. Such change and growth are, in fact, evidenced to an important extent in unfolding trends in a field. What are the trends in psychotherapy that have seemed most prominent and important to this editor's eye?

Editor's Note. It has always surprised me how journals rarely utilize former Editors. This is especially perplexing given the unique perspective and wisdom they have acquired with regard to a primary content area of interest. Not wanting to suffer from this same mistake, my first official act as the Incoming Editor of *Psychotherapy* was to invite Dr. Gelso to provide a synthesis of what he observed to be the key trends and issues in the field of psychotherapy during his editorial tenure. I am deeply grateful that he was able to provide us with his perspective and insight.—MJH

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¹ The associate Eds. throughout my editorship were Nicholas Ladany and Lisa Wallner Samstag.

Trend 1: An Increasing Integration of Techniques and the Therapeutic Relationship

A valuable way of understanding and teaching psychotherapy is to divide it into two key parts, a technical part and a relational part. The technical portion pertains to the techniques or methods used by the psychotherapist to promote change. The second part pertains to the therapeutic relationship that unfolds between therapist and patient. As I have noted in an introduction to the first special issue of *Psychotherapy* under my editorship (entitled *The Interplay of Techniques and the Therapeutic Relationship in Psychotherapy*, 2005, Volume 42, No. 4; Gelso, 2005), over the years these two parts have seemed to reflect two broader, powerful visions of what most fundamentally causes change in psychotherapy. These visions have often been portrayed as contradictory or mutually exclusive, and each vision has had its share of devotees and detractors. Each vision has also become so prominent that it may even be seen as a worldview regarding what psychotherapy is all about and what is most vital to its success.

The first vision focuses on the primacy of techniques and methods. According to this vision, it is the techniques and methods employed by the therapist that make the difference and account for the greatest amount of outcome variance. Relational factors are, at most, secondary in importance. Proponents of this vision generally align with a cognitive-behavioral theoretical orientation and with what has been termed the empirically supported treatment (EST) movement. Preferred methods of inquiry are tightly controlled experiments in which one or more treatments are compared with each other or a control group. Individual differences among therapists are controlled through the use of treatment manuals, and patients are carefully selected to fit a single diagnostic group. Proponents of this worldview about psychotherapy tend to believe that only treatments supported through the use of such methodology should be taught and offered. Supposedly less rigorous methodologies are viewed as scientifically inferior. Empirical support for this vision of psychotherapy and psychotherapy science may be found in the many well-controlled studies that demonstrate that methods and techniques, broadly defined, do indeed significantly affect treatment outcome.

On the other side of the ledger is what may be termed the relational vision. In this camp, the focus is on the patient-therapist relationship and therapist-offered relationship conditions as the keys to successful psychotherapy. Advocates promote and conduct research on key relational qualities such as the therapeutic alliance; therapist empathy, genuineness, and positive regard toward the patient; patient and therapist attachment patterns; self-disclosure; countertransference management; and a host of related patient and therapist variables. Proponents usually conduct fundamentally correlational research in which relational variables are related to indices of treatment process and outcome. Research methods employed within the technique/methods vision are often seen as too simplistic and unrealistic to move the field forward substantially. Devotees of the relational worldview are generally experiential/humanistic and psychodynamic/psychoanalytic in theoretical leanings. For support they point to evidence that relational factors seem to account for more outcome variance than techniques and methods, and that relational factors cutting across diverse treatments seem key to successful treatment. They also note evidence that low

levels of certain therapist conditions appear to lead to patient deterioration.

During the time period of my editorship, it seemed to me that more and more studies and conceptual papers sought to integrate these two worldviews. The aforementioned special section in 2005 (Volume 42, No. 4) was based on the idea that what matters most in psychotherapy of all shades is the interplay of the two—techniques and the therapeutic relationship. Indeed, each is indelibly embedded in the other, and the effect of each is profoundly dependent on the other. The prototypic research design from this integrative perspective may be termed the treatment by aptitude design, in which the effect of one or more treatments and control groups on some set of dependent variables is examined for differing levels of one or more organismic variables representing patient and/or therapist relationship factors. This integrative perspective on psychotherapy and psychotherapy science has gradually strengthened during the past seven years and is now reflected in many empirical and conceptual papers appearing in *Psychotherapy* and other top psychotherapy journals.

The word of caution regarding this trend pertains to the fact that, while technical and relational factors are profoundly interrelated, they are not the same. It is important to keep this in mind and to continue empirically to seek to disentangle them and to examine how and the extent to which each relates to and influences the other, as well as treatment processes and outcomes.

Trend 2: An Increasing Focus on the Integration of Theoretical Orientations

The 1950s, 1960s, and even the 1970s were an era of theoretical school building. Exciting new theories seemed to abound from every direction, and each one sought to demonstrate its difference from and superiority to existing theories. In the Kuhnian sense, each fought to become the dominant paradigm. Within the major schools, client-centered therapy, gestalt therapy, various forms of behavior therapy, and new psychoanalytic approaches (e.g., Kohut's psychoanalytic self psychology) mushroomed. The psychotherapy practitioner was supposed to pick a school and follow that, and the word, eclecticism, was more of an accusation than a description. Eclecticism was thought to connote a rather uncritical, haphazard attempt to combine techniques from different theories to fit particular cases, even as aspects of those theories were irreconcilably different. However, picking a school became harder and harder because of the proliferation of schools. For example, in 1959, Harper (1959) identified 36 distinct systems of psychotherapy, but by the later 1970s, estimates of over 200 therapies were made (Prochaska & Norcross, 2007).

This proliferation melded with other theoretical, empirical, social, and economic forces (Norcross, 2005) to foster the currently powerful movement toward integrating theories in one's psychotherapy practice. Among the many factors that jump-started this integration movement were key conceptual papers (e.g., Goldfried, 1980) and books (e.g., Wachtel, 1977). In addition, the movement both created and was strengthened by an international association (the Society for the Exploration of Psychotherapy Integration or SEPI), which was founded in 1983, and a professional journal that is published by that organization (the *Journal of Psychotherapy Integration*). The psychotherapy integration movement has coalesced and matured to the point that it is now possible to delineate

different types of integration (see Striker, 2005, for a brief and clear synopsis). These may be termed *Common Factors* (integration of factors common to all approaches), *Assimilative Integration* (commitment to one approach but willing to use techniques of others), *Theoretical Integration* (integration of theoretical concepts from different approaches) and *Technical Eclecticism* (choice of techniques that best fit case).

It would seem that the days when it was seen as nearly sinful to draw from different theories, even while maintaining a primary approach, are thankfully gone. And the rigid walls between schools of psychotherapy have softened, if not crumbled. At this point in time, it appears that more therapists label themselves as eclectic/integrationist than any other theoretical orientation (Norcross, 2005). So this is a movement that has lasted for many years and seems to be now a major paradigm in itself.

At the same time, some caution about psychotherapy integration is in order. To begin with, as I have elsewhere noted (Gelso, 2009), there is no solid empirical evidence that integrative treatments are superior to single-theory treatments. There is still certainly a place in our field for theories that do not claim to be integrative across theories, but instead maintain and refine concepts from within a particular school of thought. In addition, as a leading integrationist suggests, so-called pure-form or single-theory approaches, “add to our therapeutic armamentarium, enrich our understanding of the clinical process, and produce the process and outcome research from which integration draws. *One cannot integrate what one does not know*” (Norcross, 2005, p. 16; italics added).

Trend 3: Increasing Efforts at Research-Practice Integration

From the beginnings of psychotherapy research, there appears to have been a disconnect between the science and the practice of the field. Practitioners have lamented that research, or at least the kind of research that is usually conducted and how it is reported, is just not relevant to their practice. They are often critical of researchers for being out of touch with clinical realities. Scientists, for their part, have complained that practitioners are not trying hard enough to integrate research findings into their practice or worse, are just not paying attention. At times, the disconnect has become hostile and accusatory, and it seems that this underlying contentiousness can flare up at a moment's notice. (See Baker, McFall, & Shoham, 2009, and the many comments on this paper for an example of what often seems to be a deep antipathy between scientists and practitioners.)

This conflict between science and practice would seem surprising to the casual observer because the predominant training model from the beginnings of both clinical and counseling psychology, the two major psychotherapy practice specialties in psychology, has been the scientist-practitioner model. This model dictates that students are to be trained as both scientists and practitioners, such that they value both science and practice, and actually do both. However, there are many reasons why science and practice in psychotherapy have failed to form a healthy and strong partnership. Some of the most prominent reasons may be:

1. As traditionally constructed, empirical research is reductive in the sense that parts of the whole are examined separately from the whole. However, in the lived experience of psychotherapy, these parts have little meaning separate from the processes to which they

are wedded. Stated another way, researchers work with parts, whereas practitioners work with wholes.

2. Similarly, as Castonguay (2010a) has recently stated, and what had been stated earlier by many observers, the traditionally excessive emphasis on tightly controlled experimental methodology, that is, on internal validity, results in diminished clinical relevance. Elsewhere I have written about how there is an immutable trade-off between internal and external validity, such that excessive focus on one will invariably result in a reduction in the other (Gelso, 1979; Gelso, 1993). In this case, the excessive focus on internal validity results in diminished external validity, that is, diminished clinical relevance.

3. Castonguay (2010a) has also noted the lack of mentors in graduate school who integrate and model science and practice in their professional lives. Because of this, those who eventually become practitioners do not have an image of how research and practice can be wedded and certainly of how they could contribute to science. There is strong evidence that when students are not shown how research and practice can be wedded, they have diminished interest in research in general (Gelso, 1993; Gelso, 1997).

4. Research findings are communicated in traditional journal articles in a way that is not especially useful to practitioners. Also, as more and more sophisticated quantitative analyses are employed, focusing on more and more specific elements of the whole experience, articles become increasingly user-unfriendly to practitioners.

5. Researchers too often fail to consider what is meaningful to practitioners, and practitioners too often fail to work at finding the relevance in research studies.

If research is to become increasingly perceived as relevant to clinical practice, these impediments above, and others, must be tackled. And indeed there has been a substantial trend toward tackling them in recent times. For instance, over the past quarter century, and especially in the past decade, there has been an expansion of views of what constitutes acceptable scientific methodology. A wide range of methodological approaches is now seen as acceptable, and some of these approaches rank high on clinical relevance. An example of such an approach is qualitative research. Perhaps most qualitative psychotherapy studies make use of the consensual qualitative research method (Hill et al., 2005), but there are other approaches. Such research typically uses small samples and seeks to study these samples intensively, probing therapists' and patients' views of their experience.

A potentially useful idea for integrating research and practice that has been developed in recent years is termed the Practice-Research Network (PRN, e.g., Castonguay et al., 2010b; Castonguay et al., 2010c). The Pennsylvania Psychological Association's PRN was constituted by a sizable group of experienced clinicians of various orientations and a group of fulltime psychotherapy researchers. This PRN has actually conducted a study in which patients and therapists reported the most helpful and hindering therapy events (Castonguay et al., 2010b). Also studied were the experiences of these therapists in doing the research, with an eye toward understanding how to make the doing of research meaningful and rewarding to practitioners.

Other approaches recently developed have to do with how science is published and the development of clinician-friendly publications. The APA's *Clinicians Research Digest* is a monthly

newsletter that was created in 1983 with the aim of providing research synopses to practitioners. Over 100 journals are reviewed for research that is relevant to practice, and articles are summarized in a way that is highly readable. Other methods of presenting science in a way that is maximally relevant to practitioners pertain the types and foci of articles. For example, for the past several years, *Psychotherapy* has published what are termed Practice Reviews. These are articles that seek to integrate findings in an area in a way that directly addresses how the findings are relevant to psychotherapy practice. The present editor of *Psychotherapy*, Mark J. Hilsenroth, is also inviting the submission of what are termed evidence-based case studies, which are case studies providing systematic analyses of individual cases, including both quantitative analyses and a focus on relevance for clinical practice. Finally, the 2011 conference of SEPI will have as its theme the integration of research and practice and how to create a lasting collaboration between the communities of scientists and practitioners.

In all of these ways and more, there is evidence of a heightened interest in how to make research more meaningful and agreeable to practitioners. As with the other trends pointed to in this article, this is a good thing, and it is likely to result in better research and better practice. However, there are cautions to consider. One can focus so much on clinical relevance that basic science in psychotherapy can be ignored or eschewed. An example of this was that several years ago, one of the major psychotherapy journals created a policy of not publishing laboratory analogues of psychotherapy because of their lack of direct clinical relevance. There is a place in our field for tightly controlled laboratory studies and simulations, and it is important that our zeal for immediate applicability does not create a myopic view of what is helpful, ignoring that fact that laboratory research may be considerably relevant to practice on the long run. Similarly, it seems important that in our efforts to make science relevant to practice we recognize that very rarely can research findings be *directly* applied to practice. Findings become relevant through being filtered through the practitioner's theory and through the realities of the particular case being treated. We rarely can simply apply a finding to one of our cases without being worked over to fit the situation of that case. Finally, because of the reductive nature of most research, that is, the tendency to study small parts of the total experience of psychotherapy, and because any given study can only tell us so much, research becomes most relevant to practice as individual studies are put together into integrative reviews of given topics. Generally, such integrative reviews are much more meaningful to practice than are particular individual studies.

Trend 4: Increases in More Specific, Integrative Reviews

It seems to me to be an inarguable fact that knowledge in psychotherapy is expanding at a rapidly accelerating pace. The number of journals and research studies has increased dramatically over the years. Although scientists are perhaps most sharply aware of what is not known, I believe we are learning more and more about a wider range of topics in psychotherapy. As this occurs, it becomes more and more difficult for scientist and practitioner alike to keep up with and absorb the important learnings in psychotherapy.

Given this expansion of knowledge, what is needed and what has been occurring at an increasing rate are integrative reviews of knowledge. Such reviews have of course always been written. However, the trend to which I refer is the increase in the number of integrative reviews on specific topics within psychotherapy, as well as a tendency to make these reviews more quantitatively based. An example of integrative reviews on specific topics pertaining to the therapeutic relationship was Norcross' (2002) *Psychotherapy Relationships that Work*. In this extensive work, a number of relationship ingredients and therapist-offered relationship conditions are reviewed in terms of their relation to treatment outcomes. Each chapter contains an integrative review on a specific ingredient. Notably, in the second edition of this book (Norcross, 2011), each chapter contains one or more meta-analyses of the relation of a given relationship ingredient to treatment outcome. This is the most striking example of the trend toward quantifying the integrative review. Dovetailing with the trend toward integrating research and practice, however, each chapter contains a section on implications of the findings for psychotherapy practice.

The trend toward integrative reviews on more and more specific topics within psychotherapy is also evidenced in many articles published in *Psychotherapy* in recent years. Indeed, my count indicates that one or more such reviews appeared in most issues since the first issue of 2005. The aforementioned Practice Reviews are a part of this trend.

Two cautions are in order about this trend. First, it seems important that as knowledge develops and becomes more refined, and as more specific reviews appear, we keep mindful that more general reviews are still important. Examples of these are the reviews appearing in the *Handbook of Psychotherapy and Behavior Change* over the several editions since its first appearance in 1971. Second, because it is a reflection of scientific values, the traditional scholarly review is very conservative. The focus is to an important extent on what we do not know and still need to find out. There is great caution in the traditional scholarly review about making practical recommendations, for example, to practitioners. However, for reviews on a topic such as psychotherapy to be maximally helpful, they also need to tell us what we do know and what this implies for the practice of psychotherapy. In this sense, reviews need sections on implications for science and research and implications for practice. As indicated, the reviews in both editions of the Norcross (2002; 2011) book may be seen as the prototype for this.

Trend 5: Integration of Biological, Neuroscience Understandings

An unmistakable trend during the past 10 years has been the effort to understand how what happens in psychotherapy is related to what happens in our bodies, especially our brains. Thus, the connection of psychotherapy to neuroscience, or the neuroscience of psychotherapy, has become a hot topic. Many journal articles and even book-length treatments have now been written on this topic, and research efforts are also increasing. The relevance of neuroscience or neurobiology to clinical practice may be best captured by Cappas, Andres-Hyman, and Davidson's (2005) conclusion to their article that delineated seven principles of brain-based psychotherapy. These authors concluded that:

“What can psychotherapy learn from neuroscience? First and foremost that neuroscience can enhance the practice of psychology. It is within the purview of psychologists to understand both bodies of knowledge and to lead the way toward a more integrated science. Further, another important question is that of what neuroscience can learn from psychotherapy. By posing these questions and purposefully seeking their answers, researchers and practitioners can move toward a psychotherapeutic neuroscience” (p. 381).

As Yalom (2002) has told us, we need no longer ask the “nature versus nurture” question. This question is now obsolete, for contemporary neuroscience has answered it beyond a doubt. The answer is that of course *both* nature and nurture influence who we are and how we feel and behave. The answer, Yalom goes on to say is “no longer a fuzzy, speculative, soft answer. Instead it is backed by the hardest scientific evidence. *Genes, alone, provide only part of the reason for the development of mental illness*” (p. 7). The same may be said for all behavior. The newest neurobiological evidence not only demonstrates how neurobiology affects intrapsychic events and behavior, but how experiences, including the psychotherapy relationship, affect and change the structure of the brain (e.g., Capps et al., 2005; Divino & Moore, 2010).

Findings in this exciting area will no doubt continue to pour in, and I suspect we shall see more and more evidence about how the psychotherapy experience is related to genetics, gene expression, and the neurobiochemical reactions. Some of these findings will be helpful to psychotherapists and may even suggest techniques and approaches to use with patients. As for my caution regarding this trend, I again refer to Yalom’s (2002) wisdom:

“Here, as elsewhere, we must keep in mind the distinction between process and content. The *content* of a session in which the therapist uses neurobiological language and brain anatomical charts provides a viable explanation to some patients. But explanation alone is rarely curative. Don’t fall into the error of early psychoanalysts who felt that interpretations and insight were all that mattered! It’s never the specific content that cures: remember, that ancient archaic frameworks (alchemical, magical, shamanistic, theological, libidinal, phrenological, astrological) used to do the trick too! Any cogent explanation (that is, an explanation attuned to the person-cultural-historical context of the individual) offers relief through making sense of previously inexplicable feelings. Naming and understanding lead to a sense of control particularly when they are matched with the patient’s educational, cultural, and intellectual background.

This new neuroscientific explanatory system is one among many. The truly instrumental factor is *process*—the nature of the therapeutic relationship The intellectual task of psychotherapy is primarily a procedure that keeps therapist and patient locked together in some mutually relevant and interesting task while the real healing force, the therapeutic relationship is percolating and gaining strength” (pp. 9–10).

Trend 6: The Integration of Diversity and Cultural Considerations into Psychotherapy

Perhaps the most powerful trend of all over the years of my editorship of *Psychotherapy* has been that of writing and research on all forms of diversity. This trend has been unfolding for the past quarter century, at first very gradually and more recently (i.e., the

past decade) at a rapid pace. The trend seems to have emerged more slowly in psychotherapy than in one of its sister fields, counseling psychology. But it is now very clearly a strong movement in psychotherapy.

Within the field of psychotherapy, attention to diversity and cultural considerations manifests itself in terms of the study of race and ethnicity, and also the study of cultural groups that may be considered to have minority status in terms of power, as well as the experience of oppression; for example, gay, lesbian, and bisexual individuals and groups. All of these groups are being studied within the context of psychotherapy. If we subsume all diversity groups under the broad rubric of cultural groups, psychotherapy research has been increasingly interested in learning about the factors that operate in various cultural groupings within the psychotherapy dyad or in group psychotherapy. For example, how does psychotherapy typically unfold, and what is its success rate, when groups are crossed in the patient-therapist dyad? What techniques and relationship factors work best with various cultural group pairings? In addition, we are now addressing the question of what is the psychotherapy experience like for a psychotherapist who is a member of various cultural groups? Also being examined are topics around intergroup prejudice (on the part of both therapist and patient), including microaggressions, and their impact on psychotherapy. These are but a sample of the many questions now being addressed regarding psychotherapy and culture, broadly defined.

This trend has been clearly evident in the pages of *Psychotherapy* in recent years. Indeed, the first article that appeared under my editorship in January 2005 focused on the importance of culturally sensitive psychotherapy with a Latina patient suffering from psychogenic seizures in an espiritismo context (Martinez-Taboas, 2005a), and the article was followed by an interesting reaction paper (Castro-Blanco, 2005) and rejoinder (Martinez-Taboas, 2005b). A sizable number of articles pertaining to cultural and diversity factors have appeared in recent years. In addition, a special issue and two special sections have appeared. The special issue, guest edited by Leong and Lopez (2006), focused on culture race and ethnicity in psychotherapy. A special section on the diversity status of the psychotherapist, guest edited by Kaslow and Kelly (2010) and another on psychotherapy with men, guest edited by Wade and Good (2010), recently appeared. (Although men are of course not a minority group in terms of power and status, they may be considered such a group in terms of the culture of psychotherapy.)

In recent years, at least two important elements have emerged within the trend toward integrating diversity and culture in psychotherapy. First, as evidenced in the special issue and special sections noted above, there is increasing awareness of the need to look deeply into the psychotherapy encounter to determine how cultural factors (e.g., race and ethnicity) operate. We are moving beyond moral admonition (e.g., to pay attention to culture), and moving toward actually beginning to understand, for example, how race plays out in and affects the therapy relationship, as well as what techniques and relationship factors (beyond simply “paying attention to” cultural factors) actually help or hinder the efficacy of treatment for various cultural groupings. Second, we are increasingly examining culture and diversity in psychotherapy in an experience-near way, with articles more often being written by psychotherapists who actually conduct psychotherapy rather than only by academics with little or no experience as psychother-

apists. These developments, it seems to me, will have a significant facilitative effect on multicultural psychotherapy and our understanding of it.

The trend to integrate diversity and cultural factors into psychotherapy is obviously important and positive. At the same time, in an area that is so socially and politically charged, keeping science largely separate from politics is a daunting task. It is also daunting to maintain the focus on exploring deeply what occurs in psychotherapy and what is helpful and harmful in a way that is free from political righteousness and the promotion of social-political causes, no matter how important are those causes. Yet, it is necessary that we accomplish this daunting task if our understanding of cultural and diversity factors is to advance and deepen substantially.

Conclusion

In this paper, I have suggested that six important and beneficial trends have characterized the psychotherapy field during the past several years, spanning the years of my editorship of *Psychotherapy*. The reader will likely have noticed that I have not focused on new approaches to psychotherapy and new ideas about psychotherapy. Although these are vital to our field, I have not noted them because they have been, and need to be, a constant. That is, new ideas and theories are the bedrock of a thriving field, and they need to emerge throughout the life of that field. Because of this, such new ideas and theories could not be considered a trend.

Although it has been intellectually stimulating for me to ponder and write about major trends, I am sharply aware that I have neglected trends that others may think have been highly significant. I may have seen some trends as unimportant or likely to be short-lived, whereas another set of editor's eyes may see the scene very differently. Selection is obviously influenced by the observer's tastes and general subjectivity.

Having offered my view of six major trends in our field over the course of my editorship, I am now very excited to see what major trends will continue and/or emerge during the next several years and which ones will diminish in importance. As knowledge advances, what probably can be counted on is our continued empirical exploration of what I like to think of as the "who, what, when, and where" question pointed to by many observers of the psychotherapy scene. That is, what treatments work best (and how) with which patients, experiencing what problems and/or disorders, when offered by what therapists? I fully expect that we shall gain increasingly sophisticated understandings of the answers to these questions, and in turn we shall ask increasingly sophisticated questions.

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