

Understanding Psychotherapy Change: A Practical Guide to Configurational Analysis

M. Horowitz. Washington, DC: American Psychological Association (www.apa.org/books/). 2005, 152pp., \$39.95, member price \$34.95 (hard cover).

Understanding Psychotherapy Change: A Practical Guide to Configurational Analysis is an excellent text for the advanced student or experienced psychotherapist. It is a relatively small book (119 pages of text) presented in eight complex chapters. The processes of Configurational Analysis (CA) adumbrated in the book is based on the extensive research on self-states by the author, Mardi Horowitz, a psychiatrist with a psychodynamic background. Dr. Horowitz's writing style tends to be both dense and redundant. Yet, it is well worth the reader's time and attention to read carefully through the text's intensely packed pages. Many gems can be found. Configuration Analysis asks three questions of the reader. They are the following: "What changes in psychotherapy are desirable? How does change come about? What does change? (p. XI.)

To unearth the answers to these questions, Dr. Horowitz lays out a 3 x 3 matrix. On the left hand column of the matrix, there are three levels of personhood: (Emotional) States, Altering Controls (of emotions), and Schemas (of self and others). Across the top row of the matrix are three process levels: Awareness (of moods), Insight (into mood changes and schemata) and Decision Making (choosing and planning behaviors). Thus, the 3 x 3 matrix of CA provides 9 individual cells in which a therapist can record a patient's progress in ongoing psychotherapy.

In this process, the first cell in the matrix (the patient's moods or emotional states) is a key factor. States are more specifically defined as "combinations of conscious and unconscious experiences with associated patterns of behavior that last for a period of time and that can be observed in others as having emotional, regulatory and motivational qualities" (p.122). States may be stable or unstable. Helping the patient understand how and why a state changes is the focus of CA. The therapist accomplishes this through assisting the patient to become aware of his/her defensive maneuvers or avoidance behaviors concentrating on the patterns of avoidance evinced by the patient. According to CA, the patient's avoidances are associated with deep unconscious or preconscious material that needs to be dredged up, acknowledged, and processed. A patient's mood states and avoidance patterns directly impact his/her schemas, which are identified as "organized packaged views of self and others" (p. 11). They are, in effect, cognitive maps of interpersonal interactions that reflect the patient's beliefs, styles of interaction, and values and mood states.

In helping a patient achieve therapeutic change, Dr. Horowitz employs an integrated approach that combines cognitive, behavioral, interpersonal, supportive and psychodynamic approaches. His therapy is short-termed, generally accomplished in ten sessions or less.

Dr. Horowitz provides us with a case history to illustrate CA. The patient's pseudonym is Janice. Janice appears to be a bright, attractive, and sensitive young woman who is struggling with depression, obsessions, dysfunctional family entanglements and lack of achievement. Janice seeks help because she learned that a doctor had diagnosed her favorite brother with a fatal illness. She is surprised to discover she feels nothing or very little for her brother. In CA, the therapist's task is to help the patient identify her avoidance behaviors, to understand why they occur and to develop new behaviors that are more effective and less avoidant using the above matrix as a guide. The therapeutic process occurs in eight steps. Steps 1 through 4 include the phenomena to be explained, states of mind, topics of concern and defensive control

processes, and identity and relationships, respectively. Steps 5 through 7 require the patient to modify these states, to work through the topics of concern, and to construct new views of self and the relationship.

The final step focuses on measuring the change that has occurred in the patient through CA. The therapist charts the changes that occurred using the 3 x 3 framework as the patient comes to have different mood states, insights and more rational thought processes. To further substantiate the stability of the changes are lasting and protect against the bias of the halo effect of the recently ended therapy, the therapist or his/her representative calls or contacts the patient on several occasions up to 18 months after termination to see how the patient is faring.

Dr. Horowitz charted Janice's progress in the therapy and through follow-up phone calls. Janice moved from a state of dependence, apathy, and arrested affect (feeling nothing regarding her brother's diagnoses and anticipated fatal outcome) to acknowledging her deep feelings of sadness, pain, and concern, which concomitantly helped her to acknowledge her character flaws and to grow by challenging her dependency on her family and her boyfriend. Janice through the CA became more assertive and ceased to duck painful issues. She also made several positive life changes. She quit her job and initiated a new and healthier relationship with a young man who was more suitable for her.

A follow up phone call eighteen months later revealed that Janice was successfully achieving some of her life goals and had experienced increased self-confidence, and well-being. She found she was more decisive and less fearful about the consequences of her decisions and was looking forward to making further positive changes in the future. Janice accomplished this significant transformation of her psyche in just 10 sessions of psychotherapy.

Out of curiosity, I used Dr. Horowitz's approach with my verbal and less disturbed patients. My own patients were immediately intrigued and felt intellectually and emotionally challenged. They identified their mood states and through associations traced their deep roots into early family and childhood patterns. Focusing on their mood states seemed to help them make effective changes in their life. They stated that the therapy was worthwhile, helpful, and enlightening.

To sum up, I believed that Dr. Horowitz's book provides a wealth of material for the seasoned professional and experienced clinician. However, I believe that less experienced individuals will most likely find this book difficult and somewhat obtuse.

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