have purposely chosen a single issue case in keeping with the introductory level of the primer.

The appendix was written by Albert Ellis, the founder of RET. The authors state that its purpose is to provide a discussion of the features that distinguish RET from other psychotherapies. This Ellis does, but he also accomplishes a second function, which may be of greater importance than the first: he furthers the reader’s understanding of RET theory from the sparse introduction provided in Part I. He begins his discussion with a concise description of the source of psychological disturbances using the ABC framework. Next, he identifies the position taken by RET in relation to irrational beliefs and how to deal with them. Turning to methodological concerns, Ellis touches on the therapeutic relationship and explains that the use of technique in RET is multimodal and elaborates on emotive, behavioural and cognitive methods. Several sections provide insights into the philosophical bases of RET. Indeed, Ellis concludes by referring to RET as a philosophy as well as a psychotherapeutic approach.

A Primer on Rational-Emotive Therapy is as much an invitation for therapists to become involved in RET as it is an overview of the approach. Dryden and DiGiuseppe advise readers that if they wish to develop RET skills, they need to go beyond the primer to more advanced texts. A list of recommended readings is provided for this purpose. A Primer on Rational-Emotive Therapy offers a first step towards RET.


Reviewed by: M. Honore France, University of Victoria.

The rationale of this 200 page book is intriguing: Mahrer argues that psychotherapy in general is in bad shape because few psychotherapists know how to integrate differing practices into unified procedures. They simply have not mastered the creative process of psychotherapy, and instead jump from fad to fad. Mahrer identifies two types of integration used by practitioners: informal and formal. Formal integration occurs when therapists identify themselves with particular schools or approaches; whereas informal integration involves using the techniques and methods without adopting an organized framework. The author attempts to answer the five following questions: What are the various strategies that are used for integrating psychotherapies? How do the several strategies fare in a comparative analysis of their feasibility, workability, and chance for success in integrating psychotherapies? What are the likely consequences for the field of psychotherapy of pursuing each of the strategies? Is integration good or bad for the field of psychotherapy? On the basis of our study of the various strategies for integrating psychotherapies, what recommendations are warranted?

Mahrer believes the heart of a theory consists of seven components: useful materials that the therapist wants to elicit from the client either through
expression, talking about, showing or doing; how and what the therapist should listen to and observe; a description of the client’s behaviour and motives that helps the therapist target the area of change; the therapeutic goals and directions of change; the principles of therapeutic change; the general therapeutic stratagems; and the conditions for using the methods for the desired consequences. The final important constructs of a theory are the operating procedures or the therapeutic methods. Mahrer goes on to say that there are three ways of integrating a theory: using the same parent theory of humanness, a modified theory of humanness or adding a component from another theory. In a sense, he is suggesting that the integrated theory becomes quite a new and different theory from the parent theory.

Mahrer believes that in order to integrate operating procedures from one approach to another, therapists must be able to see them in action and read verbatim dialogues. He argues that as the pool of operating procedures increase, they will undergo change and development which can only result in a renaissance of “discovery oriented research.”

Mahrer suggests the development of a super framework that assists practitioners to blend all therapies. This is based on the notion that all therapies offer truth. If a framework exists for integrating the various approaches, then there is greater opportunity to get “closer to the real truth.” (p. 114) In addition to discussing briefly some of the work of those trying to develop a super framework, Mahrer identifies theories that seem to do the best job in integration and proposes a number of ways to help a therapist demonstrate commonalities.

The ideas Mahrer expresses here are quite concrete and profound. For example, he recommends counsellor education programs ensure that students know how to integrate therapeutic approaches and abandon the notion of a basic or foundational approach in teaching psychotherapy. Mahrer emphasizes the multiple approach in teaching psychotherapy, and stresses that a course focusing on one psychotherapeutic approach include compatible theories that share similar views on the nature of humanness. Advanced psychotherapy, according to Mahrer, should only be taught at the post-doctoral level rather than at the masters or doctoral levels.

The discussion that Mahrer presents is very specific and well organized. The book can serve as a “blueprint” for developing strategies for more effective integration of therapeutic approaches. Mahrer’s personal style of discussion lends itself to those interested in the theoretical and the practical. Each of the points he makes is clear, with appropriate theoretical and clinical examples. Essentially, Mahrer raises an issue and then explores the consequence of it to psychotherapy. This book would be an excellent supplemental text for any course in theories of counselling. Incidentally, do not miss reading the preface of this book. It is written in a very personal and non-traditional manner by John Norcross, who has a sense of humor and has an obvious high regard for Al Mahrer. After reading this book, I share this admiration.