Chapter 1

INTRODUCTION
Jay L. Lebow

The field of psychotherapy and counseling is continuously evolving. Approaches to treatment change in the wake of the addition of new information, opportunities to test the impact of treatments over time, and the zeitgeist of the place and time where psychotherapy/counseling is practiced. The time has long passed when one method, psychoanalytic psychotherapy as described by Freud (Freud, 1966), dominated the scene. Even during Freud’s era, Jung (1935), Adler (Adler, Glueck, & Lind, 2006), and several other analysts offered competing visions of the core aspects of personality and psychopathology and the conduct of treatment. There has been an explosion in the number of psychotherapies over the past few decades with that number now reaching more than 1,000 different named therapies (Garfield, 2006). Moreover, although some of these treatments are only slight variations of others, many approaches have their foundations in an array of diverse philosophies concerned with the understanding of personality, ethical questions (e.g., how to live life well), and notions of how to most helpfully improve problems in living and psychopathology.

DEFINING PSYCHOTHERAPY

Orlinsky and Howard (1987) define psychotherapy as “(1) a relation among persons, engaged in by (2) one or more individuals defined as needing special assistance to (3) improve their functioning as persons, together with (4) one or more individuals defined as able to render such help.” That is, psychotherapy (and the closely related activity of counseling) essentially consists of a socially constructed relationship in which one person (with the appropriate credentials and training) is seen as able to help others through the process of relating with that person or persons. The form and content of that relating can and does vary enormously.

GOALS OF PSYCHOTHERAPY

Psychotherapy and counseling are complex activities because both typically focus on the alleviation of symptoms and psychological disorders and on individual growth and goal attainment. Furthermore, psychotherapies and methods of counseling encompass working with a range of process goals (e.g., improving insight, cognitions, or the client’s behavioral repertoire) that are seen as crucial in achieving the ultimate goals of treatment. A consideration of the field is further complicated because different treatments aim toward these respective process and ultimate goals to different extents, although almost all treatments make some claim to help attain each set of ultimate goals.
In considering the variety of treatment models in books of this kind, we are left with many difficult and complicated questions, such as:

How do we compare treatments such as behavior therapies that almost entirely focus on change in behavior as both the process and ultimate goals of treatment with treatments (e.g., experiential psychotherapies) that primarily aim to deepen client experience?

How do we compare the outcomes sought in a psychoanalytic treatment that are focused on increasing individual understanding with those of mindfulness therapies that aim to increase the ability to defocus from problems?

How do we compare the outcomes of individually oriented treatments that focus exclusively on change in the individual with family treatments that prioritize family change?

These sorts of questions are widely debated by authors committed to diverse positions about what works best and about how psychotherapy/counseling can best benefit clients.

**VIEWS OF HOW TO LIVE LIFE**

Questions as to what constitutes the life best worth living have been discussed at least since the time of Aristotle and competing visions have evolved. Originally, these discussions were the province of philosophy and religion, but in the past century, such issues concerned with the best and most effective way to live have come to occupy a central place in psychotherapy and counseling. As Messer (Messer & Winokur, 1980, 1984, 1986) has highlighted, therapies differ considerably in their core view of human existence. Some psychotherapies feature a basically optimistic view of life. (Messer describes these in the tradition of literature as *comedic*.) Treatments such as cognitive-behavioral therapies and experiential therapies see hard work and personal improvements as leading to good outcomes if the client participates as prescribed. Other treatments have a more tragic focus. Freud (1966) viewed the result of psychoanalysis as coming to terms with the limitations imposed by the world and envisioned a world filled with trouble. Existential therapists and most psychoanalytic therapists have shared a similar vision.

**CORE DETERMINANTS OF HUMAN EXPERIENCE**

Beyond implying a world vision, there also are ideas at the core of most therapy approaches that specify which aspects of human experience are most important and crucial to address in treatment. The schools of psychotherapy summarized in the chapters in this book vary considerably in their core view of human personality and social psychology and in how to be most helpful. Is it best to be fully in touch with our emotions as experiential therapists suggest, or to maintain a stoic view of the world that highlights using the human cognitive capacity to keep emotion under control as in cognitive therapy? How important is it to gain insight versus achieve behavior change? Is it best for clients to see themselves as separate individuals or as connected to families and larger social systems? Where theories stand with regard to such questions to a great extent shapes the focus of intervention.
TREATMENT OF DISORDERS AND DIFFICULTIES

If one thread in psychotherapy is concerned with how to live, another is concerned with improving individual functioning so that problems in living are alleviated. In the past few decades, more and more specific therapies have been developed to reach the ultimate goal for treatment of reducing specific sets of dysfunctional behaviors and increasing functional ones.

There are actually two variants of such approaches:

1. Treatments that center on building competencies and overcoming difficulties; that is, they aim to change behavior patterns.
2. Treatments that specifically aim to impact on the disorders catalogued in the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association (First, France, & Pincus, 2004).

The aim of this latter group of treatments, which incorporate the medical model of disorder at the foundation of DSM, to reduce or eliminate psychopathology. From the time of Freud, it has been clear that psychotherapy was one method for alleviating the sorts of disorders catalogued in the DSM (and for some time, the only available; in the past 50 years, medications have also been readily available). Recently, there have been numerous treatments developed with such a specific syndrome focus that have been empirically tested and demonstrated to be effective in treating the designated disorder and labeled as empirically supported treatments (ESTs). Although ESTs clearly work (they have been demonstrated to do so), they have been highly controversial in the field of psychotherapy. There is considerable debate about whether the movement to specific evidence based treatments for specific DSM disorders is a positive or negative change in the world of psychotherapy (see the discussion in Chapter 14 in this book for one side of this argument and Chapter 13 for the other).

SCHOOLS OF PSYCHOTHERAPY

The chapters in this book each describe a broad school of psychotherapy. Most of these theoretical approaches have been in existence for many years and each has many variations.

The behavioral approach described in Chapter 2 builds on the traditions derived from Pavlov and Skinner of classical and operant conditioning, accentuating the building of behavioral skills along with processes of learning. In this approach, rather than there being various branches in this school of treatment, there is essentially one behavioral technology applied in different ways to a variety of presenting situations and problems.

The cognitive approaches described in Chapter 3 prioritize thoughts, theorizing that thoughts come before and affect emotions. The most prominent methods in this school of approach, such as Beck’s cognitive therapy (Beck, 1976) or Ellis’s rational emotive therapy (Ellis, 1962), examine thoughts for logical errors and look to enable more sensible and balanced thinking.

Behavior therapy and cognitive therapy derive from quite different traditions in the fields of psychology and psychotherapy, respectively accentuating behavior and thoughts as the central focus in the change process. Given the vast difference in the roots of these methods, the behavioral and cognitive methods are presented in this book
in separate chapters. However, it should be highlighted that the integration of cognitive and behavioral approaches into cognitive-behavioral treatment is almost complete among the psychotherapists who practice these methods so that few therapists today utilize behavioral interventions without cognitive ones or cognitive interventions without behavioral ones.

The experiential approaches described in Chapter 4 prioritize the role of emotion in human functioning. Experiential strategies focus on becoming more in touch with emotions and learning to express clearly those emotions so as to free the client from the residue of a stuck emotional life.

Mindfulness treatments, such as that of Kabat-Zinn (2003), described in Chapter 5 emanate from a much different tradition, that of Eastern philosophy, most prominently, Zen Buddhism. These approaches accentuate freeing of the self from the distractions imposed by daily life. Strikingly, perhaps because of the shared utilization of relaxation techniques or the latent focus in these methods on training the brain, mindfulness techniques now also are often included in the cognitive-behavioral treatment repertoire. In Chapter 5, the authors describe two treatments that mix cognitive-behavioral and Eastern traditions that draw heavily on mindfulness, Linehan’s dialectical behavior therapy (Linehan, Cochran, & Kehrer, 2001), and Hayes’s (2004) acceptance and commitment therapy.

Narrative and postmodern therapies, such as the narrative treatment (White & Epston, 1989) described in Chapter 6, apply the postmodern ideology to psychotherapy. These approaches typically assume a position at a meta level to the therapy experience and remove the privileged position typically associated with therapist. Instead, each individual in the therapeutic dyad is viewed as having an equally important narrative. The goal of treatment therefore becomes to engage in conversation rather than strategies to work to promote change. Many of the postmodern therapies also accentuate the politics of freeing treatment from the social-cultural prejudices that are prevalent in the larger society.

Psychoanalytic therapies, including psychoanalysis and the many variants that followed from the work of Freud, described in Chapter 7, accentuate the internal process occurring within individuals and most especially the conflicts within individuals. These also are treatments that accentuate transferences, the carryovers from earlier relationships that appear in the relationship between client and therapist, and the value of insight as a vehicle for change.

The existential approach, including the methods of Yalom and Yalom (1998) described in Chapter 8, derives from existential philosophy. The accent here is on fully experiencing the meaning of being in the world, especially a world in which wars and death are realities. The existential approach aims for living in the moment and accentuating a profound search for meaning in existence.

Feminist approaches described in Chapter 9 assume a much different perspective. These approaches do not privilege one particular way of seeing personality or psychopathology or a particular strategy for promoting change. Instead, these approaches center on the belief that whatever the method chosen for intervention, therapy must actively promote an understanding of gender and the often-unstated beliefs that emerge in treatment having to do with gender bias as well as equality of the sexes. Chapter 9 also describes the parallel position of therapies fully grounded in the client’s culture. Because understandings of the impact of gender and culture are crucial not only to feminist- and culture-based treatments but also to all twenty-first century treatment, each chapter in this volume includes some discussion of gender and culture in relation to the particular approach to treatment.
Couple and family therapies, such as structural family therapy (Minuchin, 1974) described in Chapter 10, focus not on the treatment of the individual but on the system. From the systemic perspective, individual behavior is viewed as nested in the exchanges between individuals. There are numerous forms of couple and family therapy, most of which integrate a systems viewpoint with one of the theories already discussed in this chapter. Couple and family therapy is both a set of specific ways for working with couple and family problems, such as distressed marriages, and a view that accentuates the importance of the family system broadly in individual life.

Group therapy, such as the interpersonal method (Yalom & Leszcz, 2005) described in Chapter 11, like family therapy, has numerous variations derived from combining theories and methods of group practice with each of the traditions described earlier in this section. What brings these approaches together is the use of a group to deliver the treatment, adding a number of special group therapy curative factors such as group cohesion to the impact of treatment, as well as building on the additional cost-effectiveness compared to individual therapy of these methods.

Finally, many of today’s therapies are becoming more and more integrative and eclectic, bridging the earlier distinctions between theories and strategies of intervention. There now are many of these integrative/eclectic treatments. As theories assimilate interventions and methods from other treatments (Lazarus & Messer, 1991), it becomes harder and harder today to find a pure form of therapy that has not in part been influenced by other therapies (in this book, some footprints of other schools of therapy typically are seen in the detailed descriptions provided in each chapter of one of today’s specific approaches within each broad school of practice). Three chapters of this book are devoted to variations of integrative/eclectic methods. Chapter 12 presents an overview of the integrative/eclectic field as well as describing approaches that fully attempt to integrate treatment approaches. Chapter 13 describes the philosophy of what is called technical eclecticism consisting of choosing the best specific treatment(s) for a problem, highlighting multimodal therapy (Lazarus, 1989). Chapter 14 describes approaches that accentuate the common factors that are essential in all good treatment, and today, sometimes are fully the focus of therapy. The presence of these three chapters reflects the increasing movement of the psychotherapy/counseling toward integrative/eclectic practice.

FOCUS OF THIS BOOK

The focus of this book is on the most popular and widely practiced methods in psychotherapy today. In considering the approaches in this book, you may notice that its content differs some from the content of earlier books treating this topic. Although the psychotherapy of today incorporates the insights of previous generation of treatments, some of the treatments that were most popular a generation ago are now rarely practiced and other treatments such as mindfulness-based, postmodern, and feminist approaches have grown exponentially. Therefore, mindfulness and narrative treatments are covered in this book, whereas other once-popular approaches such as the Adlerian approach (Adler, 1989) and Morena’s psychodrama (Yalom, 1985) are not. (Some of these now less-widely practiced approaches continue to have powerful legacies, such as Adler’s influence on today’s cognitive therapies or Moreno’s influence on group therapy.) This book also emphasizes those variants of schools of approach that are most prominent today, so that some of the forms of the older schools covered (e.g., in the psychoanalytic and experiential approaches) also vary from the particular forms emphasized in older books (a section of
each chapter places current methods of practice in its historical context). The goal has been to make this a twenty-first century book of psychotherapies—one that is about treatments that have emerged as prominent today and that are likely to stay prominent over the first half of the century.

Given the importance of evidence for treatments that is part of accountability of therapies and therapists/counselors in the twenty-first century, the status of evidence for each treatment is also highlighted. Although the field of psychotherapy research has certainly not reached the point that established treatments are left behind simply because they have not as yet been studied to establish their effectiveness, such evidence is now more important than before.

A word as well about what is not covered in this book. This book is about theories of psychotherapy, strategies of change, and intervention techniques. It does not describe (except perhaps in Chapter 14 on common factors) the personal characteristics that make up a good therapist, even though psychotherapy research clearly indicates that such factors are at least as important as theory and technique (Lambert & Hill, 1994). It also does not describe how to train therapists; the nuances of how to conduct specific intervention strategies and techniques; or how to carry out treatment in various treatment settings; nor does it speak much to differences in technique in the treatment of adults, adolescents, or children. Its emphasis is on theory and technique, and most especially on providing an overview of today’s best and most widely practiced psychotherapies. The reader is referred to the numerous additional resources suggested in each chapter for further examination of such topics and to learn more about each of the specific theories. The best use of this book is as a launching point for further exploration.

Each author was asked to utilize the same foundational outline for their chapter. Although the headings may vary across the chapters, the core information needed to understand each treatment model is admirably covered. Each chapter includes both an overview of the territory of the school of practice and a section in which one specific approach in the overall school of approach (usually the one with which the authors are associated) is more thoroughly explained. Each chapter also includes a Case Illustration that indicates how that specific method is practiced in real-life treatment settings.

REFERENCES


