

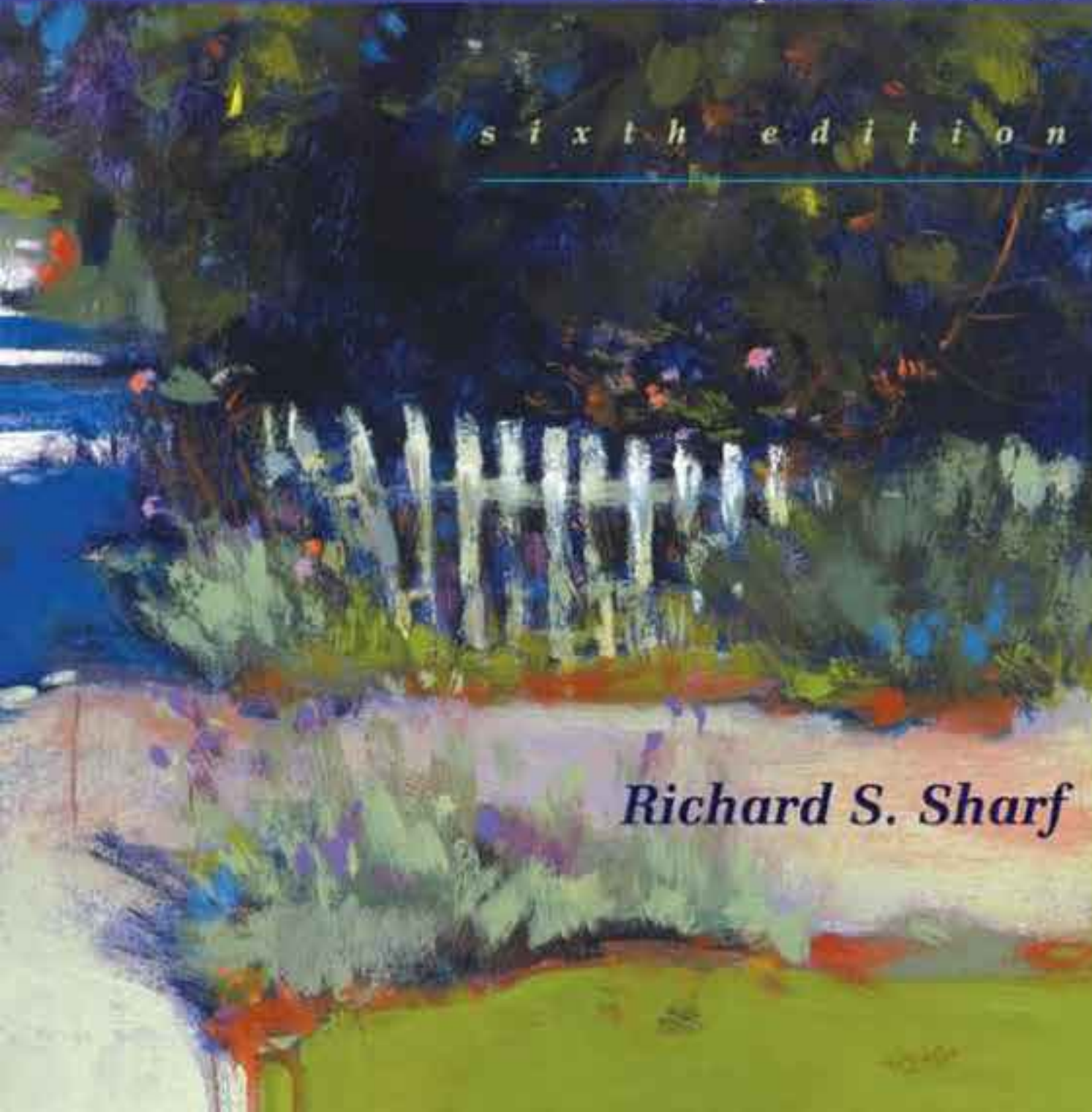
# Theories of Psychotherapy and Counseling

Concepts and Cases

*s i x t h e d i t i o n*

---

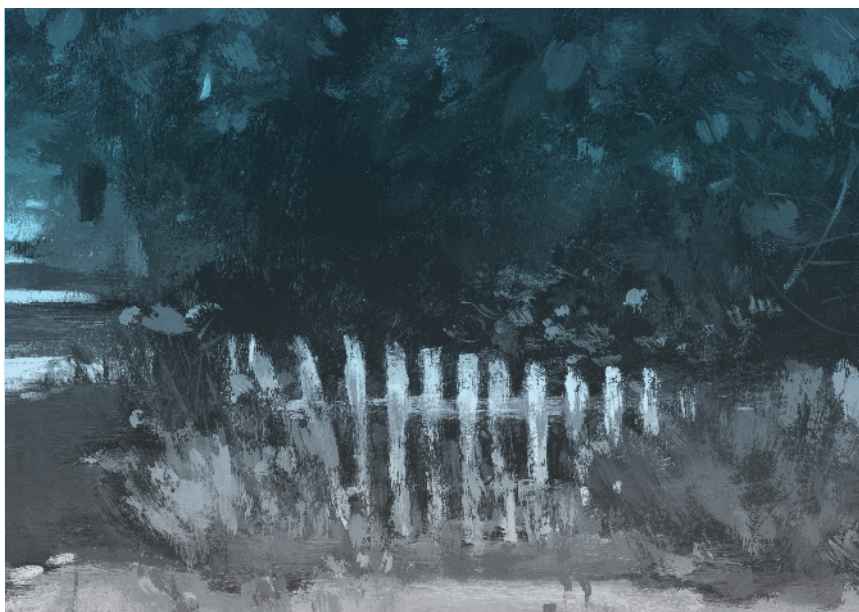
*Richard S. Sharf*

A painting of a garden scene. In the foreground, there is a path leading to a body of water. A white picket fence runs across the middle ground, separating the path from the water. The background is filled with dense green foliage and trees. The overall style is impressionistic with visible brushstrokes.

---

*Theories of  
Psychotherapy  
and Counseling*

Concepts and Cases





s i x t h      e d i t i o n

*Theories of  
Psychotherapy  
and Counseling*  
Concepts and Cases

Richard S. Sharf  
*University of Delaware*



This is an electronic version of the print textbook. Due to electronic rights restrictions, some third party content may be suppressed. Editorial review has deemed that any suppressed content does not materially affect the overall learning experience. The publisher reserves the right to remove content from this title at any time if subsequent rights restrictions require it. For valuable information on pricing, previous editions, changes to current editions, and alternate formats, please visit [www.cengage.com/highered](http://www.cengage.com/highered) to search by ISBN#, author, title, or keyword for materials in your areas of interest.

**Theories of Psychotherapy and  
Counseling: Concepts and Cases,  
Sixth Edition**

Richard S. Sharf

Product Director: Jon-David Hague

Product Manager: Julie Martinez

Content Developer: Wendy Langerud,  
Carlisle

Product Assistant: Nicole Richards

Media Developer: Sean Cronin

Marketing Manager: Shanna Shelton

Content Project Manager: Rita Jaramillo

Art Director: Vernon Boes

Manufacturing Planner: Judy Inouye

Production Service: Vipra Fauzdar,  
MPS Limited

Photo Researcher: Kavitha Balasundaram

Text Researcher: Nazveena Begum Syed

Copy Editor: Susan McClung

Text and Cover Designer: Baugher Design

Cover Image: © Lou Wall/Corbis

Compositor: MPS Limited

© 2016, 2012 Cengage Learning

WCN: 02-200-203

ALL RIGHTS RESERVED. No part of this work covered by the copyright herein may be reproduced, transmitted, stored, or used in any form or by any means graphic, electronic, or mechanical, including but not limited to photocopying, recording, scanning, digitizing, taping, Web distribution, information networks, or information storage and retrieval systems, except as permitted under Section 107 or 108 of the 1976 United States Copyright Act, without the prior written permission of the publisher.

For product information and technology assistance, contact us at  
**Cengage Learning Customer & Sales Support, 1-800-354-9706.**

For permission to use material from this text or product,  
submit all requests online at **www.cengage.com/permissions.**

Further permissions questions can be e-mailed to  
**permissionrequest@cengage.com.**

Library of Congress Control Number: 2014952905

Student Edition:

ISBN-13: 978-1-305-08732-3

**Cengage Learning**

20 Channel Center Street

Boston, MA 02210

USA

Cengage Learning is a leading provider of customized learning solutions with office locations around the globe, including Singapore, the United Kingdom, Australia, Mexico, Brazil, and Japan. Locate your local office at **www.cengage.com/global.**

Cengage Learning products are represented in Canada by  
Nelson Education, Ltd.

To learn more about Cengage Learning Solutions, visit **www.cengage.com.**

Purchase any of our products at your local college store or at our  
preferred online store **www.cengagebrain.com.**

---

For my grandchildren: Ethan, Max, David, and Sidney





# Brief Contents

---

CHAPTER 1	<i>Introduction</i> 1
CHAPTER 2	<i>Psychoanalysis</i> 29
CHAPTER 3	<i>Jungian Analysis and Therapy</i> 84
CHAPTER 4	<i>Adlerian Therapy</i> 125
CHAPTER 5	<i>Existential Therapy</i> 163
CHAPTER 6	<i>Person-Centered Therapy</i> 210
CHAPTER 7	<i>Gestalt Therapy: An Experiential Therapy</i> 247
CHAPTER 8	<i>Behavior Therapy</i> 289
CHAPTER 9	<i>Rational Emotive Behavior Therapy</i> 345
CHAPTER 10	<i>Cognitive Therapy</i> 385
CHAPTER 11	<i>Reality Therapy</i> 436
CHAPTER 12	<i>Constructivist Approaches</i> 474
CHAPTER 13	<i>Feminist Therapy: A Multicultural Approach</i> 508
CHAPTER 14	<i>Family Therapy</i> 558
CHAPTER 15	<i>Other Psychotherapies</i> 610
CHAPTER 16	<i>Integrative Therapies</i> 666
CHAPTER 17	<i>Comparison and Critique</i> 696

# Contents

---

Preface xxiii

CHAPTER 1	<b><i>Introduction</i></b>	<b>1</b>
	<b>Theory</b>	<b>2</b>
	Precision and Clarity	2
	Comprehensiveness	3
	Testability	3
	Usefulness	3
	<b>Psychotherapy and Counseling</b>	<b>4</b>
	<b>Theories of Psychotherapy and Counseling</b>	<b>5</b>
	Psychoanalysis	6
	Jungian Analysis and Therapy	7
	Adlerian Therapy	7
	Existential Therapy	7
	Person-Centered Therapy	7
	Gestalt Therapy	8
	Behavior Therapy	8
	Rational Emotive Behavior Therapy	8
	Cognitive Therapy	9
	Reality Therapy	9
	Constructivist Approaches	9
	Feminist Therapy: A Multicultural Approach	9
	Family Therapy	10
	Other Psychotherapies	10
	Integrative Therapy	10
	<b>Organization of the Chapters</b>	<b>11</b>
	History or Background	11
	Conceptualization Using Personality Theories	12
	Theories of Psychotherapy	12
	Psychological Disorders	13
	Brief Psychotherapy	17
	Current Trends	18
	Using a Theory with Other Theories	21
	Research	21
	Gender Issues	23
	Multicultural Issues	23
	Group Therapy	24
	<b>Ethics</b>	<b>24</b>
	<b>My Theory of Psychotherapy and Counseling</b>	<b>25</b>
	<b>Your Theory of Psychotherapy and Counseling</b>	<b>25</b>

	<b>Practice Exercises</b>	26
	<b>Suggested Readings</b>	26
	<b>References</b>	27
<b>CHAPTER 2</b>	<b><i>Psychoanalysis</i></b>	<b>29</b>
	<b>History of Psychoanalysis</b>	30
	<b>Freud's Drive Theory</b>	34
	Drives and Instincts	34
	Levels of Consciousness	34
	Structure of Personality	35
	Defense Mechanisms	37
	Psychosexual Stages of Development	38
	<b>Ego Psychology</b>	40
	Anna Freud	40
	Erik Erikson	41
	<b>Object Relations Psychology</b>	42
	Donald Winnicott	43
	Otto Kernberg	44
	<b>Kohut's Self Psychology</b>	45
	<b>Relational Psychoanalysis</b>	46
	<b>Psychoanalytical Approaches to Treatment</b>	48
	Therapeutic Goals	49
	Assessment	49
	Psychoanalysis, Psychotherapy, and Psychoanalytic Counseling	50
	Free Association	51
	Neutrality and Empathy	51
	Resistance	52
	Interpretation	52
	Interpretation of Dreams	53
	Interpretation and Analysis of Transference	54
	Countertransference	55
	Relational Responses	55
	<b>Psychological Disorders</b>	56
	Treatment of Hysteria: Katharina	56
	Childhood Anxiety: Mary	58
	Borderline Disorders: Mr. R.	59
	Narcissistic Disorders: Mr. J.	61
	Depression: Sam	62
	<b>Brief Psychoanalytic Therapy</b>	64
	<b>Current Trends</b>	66
	<b>Using Psychoanalysis with Other Theories</b>	68
	<b>Research</b>	68
	<b>Gender Issues</b>	71
	<b>Multicultural Issues</b>	72
	<b>Group Therapy</b>	74
	<b>Summary</b>	75

Practice Exercises 76  
Suggested Readings 76  
References 77

CHAPTER 3 *Jungian Analysis and Therapy* 84

History of Jungian Analysis and Therapy 85  
Conceptualizing Using Jung's Personality Theory 88  
    Levels of Consciousness 89  
    Archetypes 91  
    Personality Attitudes and Functions 93  
    Personality Development 96  
Jungian Analysis and Therapy 98  
    Therapeutic Goals 98  
    Analysis, Therapy, and Counseling 98  
    Assessment 99  
    The Therapeutic Relationship 101  
    Stages of Therapy 101  
    Dreams and Analysis 102  
    Active Imagination 105  
    Other Techniques 106  
    Transference and Countertransference 107  
Psychological Disorders 108  
    Depression: Young Woman 109  
    Anxiety Neurosis: Girl 110  
    Borderline Disorders: Ed 111  
    Psychotic Disorders: Patient 111  
Brief Therapy 112  
Current Trends 112  
Using Jungian Concepts with Other Theories 113  
Research 114  
Gender Issues 115  
Multicultural Issues 117  
Group Therapy 118  
Summary 119  
Practice Exercises 120  
Suggested Readings 120  
References 120

CHAPTER 4 *Adlerian Therapy* 125

History of Adlerian Theory 126  
    Influences on Adlerian Psychology and Therapy 127  
Conceptualizing Using Adlerian Personality Theory 128  
    Style of Life 129  
    Social Interest 130

Inferiority and Superiority 131  
 Birth Order 132

**Adlerian Theory of Therapy and Counseling 133**

Goals of Therapy and Counseling 133  
 The Therapeutic Relationship 133  
 Assessment and Analysis 135  
 Insight and Interpretation 139  
 Reorientation 140

**Psychological Disorders 145**

Depression: Sheri 145  
 Generalized Anxiety: Robert 148  
 Eating Disorders: Judy 149  
 Borderline Disorders: Jane 150

**Brief Therapy 151**

**Current Trends 152**

**Using Adlerian Therapy with Other Theories 153**

**Research 154**

**Gender Issues 155**

**Multicultural Issues 156**

**Group Counseling and Therapy 157**

**Summary 158**

**Practice Exercises 158**

**Suggested Readings 158**

**References 159**

**CHAPTER 5 *Existential Therapy* 163**

**History of Existential Thought 164**

Existential Philosophers 164  
 Originators of Existential Psychotherapy 167  
 Recent Contributors to Existential Psychotherapy 168

**Conceptualizing Using Existential Personality Theory 169**

Being-in-the-World 170  
 Four Ways of Being 171  
 Time and Being 172  
 Anxiety 173  
 Living and Dying 174  
 Freedom, Responsibility, and Choice 175  
 Isolation and Loving 176  
 Meaning and Meaninglessness 177  
 Self-Transcendence 177  
 Striving for Authenticity 178  
 Development of Authenticity and Values 179

**Existential Psychotherapy 179**

Goals of Existential Psychotherapy 180  
 Existential Psychotherapy and Counseling 180  
 Assessment 181  
 The Therapeutic Relationship 182

Living and Dying 184  
Freedom, Responsibility, and Choice 186  
Isolation and Loving 188  
Meaning and Meaninglessness 189

**Psychological Disorders 190**

Anxiety: Nathalie and Her Son 190  
Depression: Catherine 193  
Borderline Disorder: Anna 193  
Obsessive-Compulsive Disorder: Female Patient 194  
Alcoholism: Harry 194

**Brief Therapy 195**

**Current Trends 197**

**Using Existential Therapy with Other Theories 198**

**Research 199**

**Gender Issues 200**

**Multicultural Issues 200**

**Group Counseling and Psychotherapy 202**

Living and Dying 202  
Freedom, Responsibility, and Choice 202  
Isolation and Loving 203  
Meaning and Meaninglessness 203

**Summary 204**

**Practice Exercises 204**

**Suggested Readings 205**

**References 205**

**CHAPTER 6 *Person-Centered Therapy* 210**

**History of Person-Centered Therapy 211**

**Conceptualizing Using Person-Centered Personality Theory 215**

Psychological Development 215  
Development and Conditionality 216  
Self-Regard and Relationships 217  
The Fully Functioning Person 217

**A Person-Centered Theory of Psychotherapy 217**

Goals 218  
Assessment 218  
Being Nondirective 219  
The Necessary and Sufficient Conditions for Client Change 219  
The Client's Experience in Therapy 223  
The Process of Person-Centered Psychotherapy 225

**Psychological Disorders 226**

Depression: Graduate Student 227

**Theories in Action 228**

Grief and Loss: Justin 228  
Anxiety/Phobia: Tony 230

	<b>Brief Therapy</b>	<b>232</b>
	<b>Current Trends</b>	<b>232</b>
	Societal Implications	232
	Theoretical Purity versus Eclecticism	233
	Training Trends	233
	<b>Using Person-Centered Therapy with Other Theories</b>	<b>234</b>
	<b>Research</b>	<b>235</b>
	Research on the Core Conditions	235
	The Effectiveness of Person-Centered Therapy	236
	<b>Gender Issues</b>	<b>238</b>
	<b>Multicultural Issues</b>	<b>238</b>
	<b>Group Counseling</b>	<b>240</b>
	<b>Summary</b>	<b>241</b>
	<b>Practice Exercises</b>	<b>242</b>
	<b>Suggested Readings</b>	<b>242</b>
	<b>References</b>	<b>242</b>
<b>CHAPTER 7</b>	<b><i>Gestalt Therapy: An Experiential Therapy</i></b>	<b>247</b>
	<b>History of Gestalt Therapy</b>	<b>248</b>
	Influences on the Development of Gestalt Therapy	250
	<b>Conceptualizing Using Gestalt Personality Theory</b>	<b>252</b>
	Gestalt Psychology and Gestalt Therapy	252
	Contact	254
	Contact Boundaries	255
	Contact Boundary Disturbances	255
	Awareness	257
	The Present	258
	<b>Theory of Gestalt Psychotherapy</b>	<b>258</b>
	Goals of Therapy	259
	The Therapeutic Relationship	260
	Assessment in Gestalt Psychotherapy	260
	Therapeutic Change	261
	Enhancing Awareness	262
	Integration and Creativity	270
	Risks	271
	<b>Psychological Disorders</b>	<b>271</b>
	Depression: Woman	272
	Anxiety: Man	273
	Posttraumatic Stress Disorder: Holocaust Survivor	274
	Substance Abuse: Mike	274
	<b>Brief Therapy</b>	<b>275</b>
	<b>Current Trends</b>	<b>275</b>
	<b>Using Gestalt Psychotherapy with Other Theories</b>	<b>276</b>
	<b>Research</b>	<b>277</b>
	<b>Gender Issues</b>	<b>279</b>

**Multicultural Issues 280**  
**Group Therapy 281**  
**Summary 283**  
**Practice Exercises 283**  
**Suggested Readings 284**  
**References 284**

**CHAPTER 8 *Behavior Therapy 289***

**History of Behavior Therapy 290**  
Classical Conditioning 290  
Operant Conditioning 291  
Social Cognitive Theory 292  
Current Status of Behavior Therapy 293

**Conceptualization Using Behavior Personality Theory 294**  
Positive Reinforcement 294  
Negative Reinforcement 295  
Extinction 295  
Generalization 296  
Discrimination 296  
Shaping 296  
Observational Learning 296

**Theories of Behavior Therapy 298**  
Goals of Behavior Therapy 298  
Behavioral Assessment 299  
General Treatment Approach 301  
Systematic Desensitization 301  
Imaginal Flooding Therapies 304  
In Vivo Therapies 305  
Virtual Reality Therapy 306  
Modeling Techniques 307  
Self-Instructional Training: A Cognitive-Behavioral Approach 309  
Stress Inoculation: A Cognitive-Behavioral Approach 309

**Psychological Disorders 311**  
Generalized Anxiety Disorder: Claire 312  
Depression: Jane 316  
Obsessive-Compulsive Disorder: June 317  
Phobic Disorder: 6-Year-Old Girl 319

**Brief Therapy 319**

**Current Trends 320**  
Behavioral Activation 320  
Eye-Movement Desensitization and Reprocessing 321  
Dialectical Behavior Therapy 323

**Ethical Issues 327**

**Using Behavior Therapy with Other Theories 327**

**Research 328**  
Review of the Evidence 328  
Obsessive-Compulsive Disorder 329



Generalized Anxiety Disorder 330  
Phobias 330

**Gender Issues 332**

**Multicultural Issues 333**

**Group Therapy 334**

Social-Skills Training 334

Assertiveness Training 335

**Summary 335**

**Practice Exercises 336**

**Suggested Readings 336**

**References 337**

## CHAPTER 9 *Rational Emotive Behavior Therapy 345*

**History of Rational Emotive Behavior Therapy 346**

**Rational Emotive Behavior Approach to Conceptualization 348**

Philosophical Viewpoints 348

Factors Basic to the Conceptualization of Rational Emotive Behavior Theory 349

Conceptualizing Using the Rational Emotive Behavior A-B-C Theory 351

**Rational Emotive Behavior Theory of Psychotherapy 354**

Goals of Therapy 354

Assessment 354

The Therapeutic Relationship 357

The A-B-C-D-E Therapeutic Approach 357

Other Cognitive Approaches 361

Emotive Techniques 362

Behavioral Methods 364

Insight 365

**Psychological Disorders 365**

Anxiety Disorder: Ted 365

Depression: Penny 368

Obsessive-Compulsive Disorder: Woman 369

Alcohol and Substance Abuse 369

**Brief Therapy 370**

**Current Trends 371**

**Using Rational Emotive Behavior Therapy with Other Theories 371**

**Research 372**

**Gender Issues 374**

**Multicultural Issues 376**

**Group Therapy 377**

**Summary 378**

**Practice Exercises 379**

**Suggested Readings 379**

**References 379**

CHAPTER 10	<b><i>Cognitive Therapy</i></b>	<b>385</b>
	<b>History of Cognitive Therapy</b>	<b>386</b>
	Theoretical Influences	387
	Current Influences	389
	<b>Conceptualization Using Cognitive Personality Theory</b>	<b>389</b>
	Causation and Psychological Disorders	389
	Automatic Thoughts	390
	The Cognitive Model of the Development of Schemas	390
	Cognitive Schemas in Therapy	392
	Cognitive Distortions	393
	<b>Theory of Cognitive Therapy</b>	<b>395</b>
	Goals of Therapy	395
	Assessment in Cognitive Therapy	396
	The Therapeutic Relationship	400
	The Therapeutic Process	400
	Therapeutic Techniques	403
	<b>Cognitive Treatment of Psychological Disorders</b>	<b>405</b>
	Depression: Paul	406
	General Anxiety Disorder: Amy	408
	Obsessive Disorder: Electrician	409
	Substance Abuse: Bill	413
	<b>Brief Cognitive Therapy</b>	<b>415</b>
	<b>Current Trends</b>	<b>415</b>
	Mindfulness-Based Cognitive Therapy	416
	Schema-Focused Cognitive Therapy	416
	Treatment Manuals	419
	<b>Using Cognitive Therapy with Other Theories</b>	<b>419</b>
	<b>Research</b>	<b>420</b>
	Research on Depression	421
	Research on Generalized Anxiety	422
	Research on Obsessional Disorders	423
	<b>Gender Issues</b>	<b>424</b>
	<b>Multicultural Issues</b>	<b>425</b>
	<b>Group Therapy</b>	<b>426</b>
	<b>Summary</b>	<b>427</b>
	<b>Practice Exercises</b>	<b>428</b>
	<b>Suggested Readings</b>	<b>428</b>
	<b>References</b>	<b>429</b>
CHAPTER 11	<b><i>Reality Therapy</i></b>	<b>436</b>
	<b>History of Reality Therapy</b>	<b>437</b>
	<b>Conceptualizing Using Choice Personality Theory</b>	<b>439</b>
	Pictures of Reality	439
	Needs	440
	Choice	440

	Behavior	441
	Choosing Behavior	442
	<b>Theory of Reality Therapy</b>	<b>442</b>
	Goals of Reality Therapy	443
	Assessment	443
	The Process of Reality Therapy	444
	Therapist Attitudes: Using WDEP	450
	Reality Therapy Techniques	451
	<b>Psychological Disorders</b>	<b>455</b>
	Eating Disorders: Choosing to Starve and Purge: Gloria	455
	The Choice to Abuse Drugs: Janet	460
	The Choice to Depress: Teresa	461
	The Choice to Anxietize: Randy	463
	<b>Current Trends</b>	<b>463</b>
	<b>Using Reality Therapy with Other Theories</b>	<b>464</b>
	<b>Research</b>	<b>465</b>
	<b>Gender Issues</b>	<b>466</b>
	<b>Multicultural Issues</b>	<b>467</b>
	<b>Group Counseling</b>	<b>468</b>
	<b>Summary</b>	<b>469</b>
	<b>Practice Exercises</b>	<b>470</b>
	<b>Suggested Readings</b>	<b>470</b>
	<b>References</b>	<b>470</b>
<b>CHAPTER 12</b>	<b><i>Constructivist Approaches</i></b>	<b>474</b>
	<b>History of Constructivist Approaches</b>	<b>475</b>
	Early Influences	475
	George Kelly	476
	Milton Erickson	476
	Early Family Therapy Approaches	477
	Recent Constructivist Approaches	478
	<b>Solution-Focused Therapy</b>	<b>479</b>
	Views About Therapeutic Change	479
	Assessment	480
	Goals	480
	Techniques	480
	Case Example: Rosie	485
	<b>Narrative Therapy</b>	<b>488</b>
	Personal Construct Therapy	488
	Case Example: Barry	489
	Epston and White's Narrative Therapy	490
	Assessment	491
	Goals	491
	Techniques of Narrative Therapy	492
	Case Example: Terry	494
	<b>Current Trends</b>	<b>496</b>

**Using Constructivist Theories with Other Theories 496**

**Research 497**

Solution-Focused Therapy 497

Narrative Therapy 498

**Gender Issues 500**

**Multicultural Issues 500**

**Group Therapy 501**

**Summary 502**

**Practice Exercises 503**

**Suggested Readings 503**

**References 503**

**CHAPTER 13 *Feminist Therapy: A Multicultural Approach* 508**

**Gender as a Multicultural Issue 509**

**History of Feminist Therapy 510**

**Conceptualizing Using Feminist Theories of Personality 513**

Gender Differences and Similarities Across the Life Span 514

Schema Theory and Multiple Identities 516

Gilligan's Ethic of Care 518

The Relational Cultural Model 519

**Theories of Feminist Therapy 521**

Goals of Feminist Therapy 521

Assessment Issues in Feminist Therapy 523

The Therapeutic Relationship 523

Techniques of Feminist Therapy 524

**Using Feminist Therapy with Other Theories 531**

Feminist Psychoanalytic Theory 532

Feminist Behavioral and Cognitive Therapy 532

Feminist Gestalt Therapy 533

Feminist Narrative Therapy 534

**Feminist Therapy and Counseling 534**

**Brief Therapy 535**

**Psychological Disorders 535**

Borderline Disorder: Barbara 535

Depression: Ms. B 537

PTSD: Andrea 538

Eating Disorders: Margaret 540

**Current Trends and Issues 541**

**Research 543**

**Gender Issues 544**

Feminist Therapy with Men 544

Feminist Therapy with Lesbian, Gay, Bisexual, or Transgendered Clients 545

**Multicultural Issues 547**

**Group Counseling 549**

<b>Summary</b>	<b>550</b>
<b>Practice Exercises</b>	<b>551</b>
<b>Suggested Readings</b>	<b>551</b>
<b>References</b>	<b>551</b>

## CHAPTER 14 *Family Therapy* 558

<b>Historical Background</b>	<b>559</b>
Early Approaches to Family Counseling	560
Psychoanalytic and Related Influences on Family Therapy	560
The Study of Communication Patterns in Families with Members Having Symptoms of Schizophrenia	561
General Systems Theory	562
<b>Bowen's Intergenerational Approach</b>	<b>564</b>
Theory of Family Systems	565
Therapy Goals	567
Techniques of Bowen's Family Therapy	568
An Example of Intergenerational Family Systems Therapy: Ann's Family	569
<b>Structural Family Therapy</b>	<b>571</b>
Concepts of Structural Family Therapy	571
Goals of Structural Family Therapy	573
Techniques of Structural Family Therapy	573
Example of Structural Family Therapy: Quest Family	575
<b>Strategic Therapy</b>	<b>579</b>
Concepts of Strategic Therapy	579
Goals	580
Techniques of Strategic Family Therapy	580
An Example of Strategic Therapy: A Boy Who Sets Fires	583
<b>Experiential and Humanistic Family Therapies</b>	<b>584</b>
The Experiential Therapy of Carl Whitaker	584
The Humanistic Approach of Virginia Satir	585
<b>Integrative Approaches to Family Systems Therapy</b>	<b>587</b>
<b>Theories of Individual Therapy as Applied to Family Therapy</b>	<b>587</b>
Psychoanalysis	588
Adlerian Therapy	588
Existential Therapy	588
Person-Centered Therapy	588
Gestalt Therapy	588
Behavior Therapy	589
Rational Emotive Behavior Therapy	589
Cognitive Therapy	589
Reality Therapy	590
Feminist Therapy	590
<b>Brief Family Systems Therapy</b>	<b>591</b>
The Mental Research Institute Brief Family Therapy Model	591
Long Brief Therapy of the Milan Associates	592
<b>Current Trends in Family Therapy</b>	<b>593</b>
Psychoeducational Approaches	593
Professional Training and Organizations	594

Family Law 595  
Medicine 595

**Research 596**

**Gender Issues 599**

**Multicultural Issues 600**

**Family Systems Therapy Applied to the Individual 602**

**Couples Counseling 602**

**Summary 603**

**Practice Exercises 603**

**Suggested Readings 603**

**References 604**

## CHAPTER 15 *Other Psychotherapies* 610

**Asian Psychotherapies 611**

Background 611  
Asian Theories of Personality 613  
Asian Theories of Psychotherapy 614  
Summary 620

**References 620**

**Acceptance and Commitment Therapy (ACT) 622**

Background 623  
Theory Underlying ACT 624  
ACT Techniques and Methods 625  
Case Example 631  
Research on ACT 632  
Summary 632

**References 633**

**Interpersonal Psychotherapy 634**

Background 634  
Personality Theory 636  
Goals 637  
Techniques of Interpersonal Therapy 640  
An Example of Interpersonal Therapy 643  
Other Applications of Interpersonal Therapy 644  
Summary 645

**References 645**

**Psychodrama 648**

Background 648  
Theory of Personality 649  
Theory of Psychotherapy 650  
Summary 654

**References 655**

**Creative Arts Therapies 656**

Art Therapy 657  
Dance Movement Therapy 659  
Drama Therapy 660

Music Therapy 662  
 Summary 663

**References 663**

**Summary 665**

**Practice Exercises 665**

## CHAPTER 16 *Integrative Therapies* 666

**Wachtel's Cyclical Psychodynamics Theory 667**

An Example of Wachtel's Cyclical Psychodynamic Theory: Judy 669

Another Example of Wachtel's Cyclical Psychodynamic Theory: John N. 670

Using Wachtel's Cyclical Psychodynamics Theory as a Model for Your Integrative Theory 671

**Prochaska and Colleagues' Transtheoretical Approach 673**

Stages of Change 674

Levels of Psychological Problems 674

Processes of Change 675

Combining Stages of Change, Levels of Psychological Problems, and Processes of Change 676

An Example of Prochaska and Colleagues' Transtheoretical Approach: Mrs. C 678

Using Prochaska and Colleagues' Transtheoretical Approach as a Model for Your Integrative Theory 679

**Multimodal Therapy 679**

Conceptualizing Using Lazarus's Multimodal Personality Theory 680

Goals of Therapy 681

Assessment 681

Treatment Approach 683

An Example of Lazarus's Multimodal Therapy: Mrs. W 686

Using Lazarus's Multimodal Theory as a Model for Your Integrative Theory 686

**Current Trends 687**

**Research 688**

**Gender Issues 690**

**Multicultural Issues 690**

**Summary 691**

**Practice Exercises 692**

**Suggested Readings 692**

**References 692**

## CHAPTER 17 *Comparison and Critique* 696

**Concepts of Personality Theory Used to Conceptualize Clients 697**

**Goals of Therapy 700**

**Assessment in Therapy 702**

**Therapeutic Techniques 703**

**Differential Treatment 705**

**Brief Psychotherapy 707**

<b>Current Trends</b>	<b>708</b>
Common Factors Approach	708
Evidence-Based (Psychological) Treatments (EBT)	709
Mindfulness	711
<b>Using the Theory with Other Theories</b>	<b>711</b>
<b>Research</b>	<b>712</b>
Outcome Research	712
Future Directions	712
<b>Gender Issues</b>	<b>714</b>
<b>Multicultural Issues</b>	<b>715</b>
<b>Family Therapy</b>	<b>716</b>
<b>Group Therapy</b>	<b>717</b>
<b>Critique</b>	<b>719</b>
Psychoanalysis	719
Jungian Analysis	720
Adlerian Therapy	721
Existential Therapy	721
Person-Centered Therapy	721
Gestalt Therapy	722
Behavior Therapy	722
Rational Emotive Behavior Therapy (REBT)	723
Cognitive Therapy	723
Reality Therapy	724
Constructivist Theories	724
Feminist Therapy	725
Family Systems Therapy	725
<b>Summary</b>	<b>726</b>
<b>Practice Exercises</b>	<b>727</b>
<b>References</b>	<b>727</b>
<b><i>Glossary</i></b>	<b><i>729</i></b>
<b><i>Name Index</i></b>	<b><i>752</i></b>
<b><i>Subject Index</i></b>	<b><i>767</i></b>



# Preface

---

I am pleased to offer the sixth edition of this text that explains psychotherapy and counseling theories, illustrating each using several case examples.

I worked at a university counseling center as a counseling psychologist and taught graduate students for over 35 years. Both experiences were of immense value to me, professionally and personally. I wanted to write a text that would have extensive case material and include more than one case per chapter. Because many theories of psychotherapy and counseling use different treatment approaches for different psychological disorders, I felt it was important to address differential treatment.

To provide a comprehensive overview of theories of psychotherapy and counseling, I have presented an explanation of concepts, as well as examples of their applications, by using case summaries and therapist–client dialogue to illustrate techniques and treatment. I believe that the blending of concepts and examples makes psychotherapy and counseling clearer and more real for the student who wants to learn about the therapeutic process. For most theories, I have shown how they can be applied to individual therapy or counseling for common psychological disorders, such as depression and generalized anxiety disorders. I have also shown how each theory can be applied to group therapy.

Although my name appears on the cover of this book, the chapters represent the expertise of more than 70 authorities on a wide variety of theoretical approaches to psychotherapy and counseling. This is, in essence, a book filled with input from many experts on specific theories. Each has provided suggestions for inclusion of particular content and/or read chapters at various stages of development. However, I am responsible for the organization and presentation of these theories.

## *A Flexible Approach to Accommodate Different Teaching Preferences*

---

I realize that many instructors will not assign all chapters and have kept this in mind in preparing the text. Although I have placed theories in the general chronological order in which they were developed, I have written the chapters so that they may be assigned in almost any order, with some exceptions. Chapter 3, “Jungian Analysis and Theory,” should follow Chapter 2, “Psychoanalysis,” because of the close relationship between the development of these two theories. Also, Chapter 13, “Feminist Therapy: A Multicultural Approach,” and Chapter 14, “Family Therapy,” should follow other chapters on major theories because they use knowledge presented in previous chapters.

Chapter 2 is the longest and most difficult chapter. To present the modern-day practice of psychoanalysis, it is necessary to explain the contributions to psychoanalysis that have taken place since Freud's death, including important ideas from Donald Winnicott, Heinz Kohut, and relational theory. Instructors may wish to allow more time for reading this chapter than others. Some may find it helpful to assign this chapter after students have read a few other chapters, especially if members of the class have little familiarity with personality theory.

Comparison and critique of theories are provided in Chapter 17, "Comparison and Critique," so that students can learn and understand each theory before criticizing it. Also, because knowledge of theories serves as a basis for making judgments about other theories, it is helpful to have an overview of theories of psychotherapy before describing each theory's strengths and limitations. Knowledge of several theories is important to the understanding of integrative theories, such as Arnold Lazarus's multimodal approach, which is discussed in Chapter 16, "Integrative Therapies." In this edition, I have presented Chapter 16 before the summary (Chapter 17) of the theories so that students will be able to summarize the material covered in the course and see how Chapter 16 relates to other chapters in the book.

## Content of the Chapters

---

For the major theories presented in the text, basic information about background, conceptualization using personality theory, and theory of psychotherapy provides a means for understanding the application of psychotherapy theory. Understanding the personal life and philosophical influences of a theorist helps to explain how that theorist views human behavior. Knowing a theorist's view of personality provides insight into his or her approach to changes in behavior, thoughts, or feelings—that is, his or her theory of psychotherapy. This, then, helps students think about a client using personality theory, a point that I make clearer in this new edition than in the previous edition.

In presenting theories of psychotherapy, I have discussed goals, assessment, therapeutic relationships, and techniques. Goals show the aspects of human behavior that theorists see as most important. Assessment includes inventories and interviewing approaches as they relate to the theorists' goals. The therapeutic relationship provides the context for the techniques of change, which are illustrated through examples of therapy.

I have also included information on topics relevant to theories of psychotherapy. Research on the effectiveness of each theory is discussed in each chapter. An important issue in the practice of psychotherapy is treatment length and brief approaches as they relate to different methods of treating psychological disorders. I also discuss current issues that each theory is facing, as well as ways in which each theory can be incorporated into or use ideas from other theories.

Cultural and gender differences are issues that theories approach differently. An understanding of clients' backgrounds is of varying importance to theorists, yet is of profound significance in actual psychotherapy. Each chapter addresses these issues, and Chapter 13 focuses on them in considerable detail so that students can learn about the interaction of cultural and gender influences and methods of therapeutic change.

Each area of application is presented in a self-contained manner, allowing instructors to emphasize some and deemphasize others. For example, instructors could choose not to assign the Research sections to suit their teaching purposes.

I have also written an instructor's manual that includes multiple-choice and essay questions. In addition, I have provided suggestions for topics for discussion. An alphabetical glossary is included in the textbook.

## New to the Sixth Edition

I have made several significant changes in this sixth edition. Many of these changes are designed to make the textbook easier to use for both students and instructors.

### Changes Affecting Many Chapters

I have changed the order of the final two chapters. Chapter 17 is now "Comparison and Critique" and Chapter 16 is now "Integrative Therapies." I did this after receiving feedback from instructors. Having the summarizing chapter at the end of the textbook seemed to be a logical conclusion. It also works well as the last chapter before the final exam, providing a good review for it.

- As headings for personality theory sections, I use "Conceptualization Using Personality Theory" rather than just "Personality Theory" because some students did not understand that conceptualizing client problems was based on the theorist's theory of personality.
- I use the term *evidence-based treatment* rather than *research-supported treatment* or *empirically based psychotherapy* to describe psychotherapy and counseling that has been supported by research using a control or comparison group with randomized samples.

### Changes to Individual Chapters

Here is a list detailing significant changes made to several chapters:

- **Chapter 2, "Psychoanalysis," and Chapter 3, "Jungian Analysis and Theory."** As previously noted, these are the two most difficult chapters. I have clarified and rewritten some portions of the text.
- **Chapter 6, "Person-Centered Therapy."** I have added a case that illustrates person-centered play therapy with an anxious child.
- **Chapter 7, "Gestalt Therapy: An Experiential Therapy."** I have clarified the meanings of the two-chair and the empty-chair techniques.
- **Chapter 8, "Behavior Therapy."** I have added behavioral activation as a method for treating depression and as a way to increase clients' activities. Diaphragmatic breathing has been explained as a relaxation method. I have also added to the description of Marsha Linehan's dialectical behavior therapy (DBT), which is used to treat borderline disorders.
- **Chapter 10, "Cognitive Therapy."** I have expanded on the terms *collaboration* and *relapse prevention* to further clarify their meaning.
- **Chapter 12, "Constructivist Approaches."** I have added the concept of a letter-writing campaign to the "Narrative Therapy" section.

- **Chapter 14, “Family Therapy.”** Medical family therapy is explained as a specialty for those who work in hospitals to help families and medical personnel interact effectively with each other.
- **Chapter 15, “Other Psychotherapies.”** I have deleted the section on body psychotherapies and replaced it with a section on acceptance and commitment therapy (ACT). I did this because of the increasing popularity of ACT, its emphasis on mindfulness, and research support for ACT.

Many changes and additions have been made in all chapters. More than 350 new references, most quite recent, have been added. Many of these references are new research studies added to the Research sections. Other new information is also presented in the “Current Trends” sections. A variety of specific changes have been made within each chapter.

---

## Accompanying this Text

**Online Instructor’s Manual** The instructor’s manual contains a variety of resources to aid instructors in preparing and presenting text material in a manner that meets their personal preferences and course needs. It presents chapter-by-chapter suggestions and resources to enhance and facilitate learning.

**Online Test Bank** For assessment support, the updated test bank includes multiple-choice questions for each chapter.

**Online PowerPoints** These Microsoft PowerPoint lecture slides for each chapter assist you with your lecture by providing concept coverage using content directly from the textbook.

**CourseMate** Available with the text, Cengage Learning’s CourseMate brings course concepts to life with interactive learning, study, and exam preparation tools that support the printed textbook. CourseMate includes an integrated eBook, glossaries, flashcards, quizzes, videos, case studies, and more. It also includes Engagement Tracker, a first-of-its-kind tool that monitors student engagement in the course.

**Helping Professions Learning Center** Designed to help students bridge the gap between coursework and practice, the Helping Professions Learning Center offers a centralized online resource that allows students to build their skills and gain even more confidence and familiarity with the principles that govern the life of the helping professional. The interactive site includes video activities and accompanied critical thinking questions organized by curriculum area; ethics, diversity, and theory-based case studies; flashcards; practice quizzes; a professional development center; and a research and writing center.

## Acknowledgments

---

In writing this book, I have received help from more than 70 people in various aspects of the review and preparation for all editions of this book. I would like to thank Sandra Burkhardt, Saint Xavier University; Stephanie Hall, Monmouth University; Barbara Tucker, Sul Ross State University; Tim VanderGast, William Patterson University; and Jacqueline Somerville, who reviewed the fifth edition

and made useful suggestions for this edition of the book. I would also like to thank the following individuals who reviewed previous editions of this textbook: Emery Cummins, San Diego State University; Christopher Faiver, John Carroll University; David Lane, Mercer University; Ruthellen Josselson, Towson State University; Ellyn Kaschak, San Jose State University; David Dillon, Trinity International University; Beverly B. Palmer, California State University–Dominquez Hills; James R. Mahalik, Boston College; Freddie Avant, Stephen F. Austin State University; Joel Muro, Texas Woman’s University; Dorothy Espelage, University of Illinois at Urbana-Champaign; Kelly Wester, University of North Carolina–Greensboro; Linda Perosa, University of Akron; and Carolyn Kapner, University of Pittsburgh.

I am also very appreciative of the following individuals, who provided suggestions for chapter content, reviewed the chapter, or did both, for previous editions of this textbook:

- Chapter 1, “Introduction”: E. N. Simons, University of Delaware; John C. Norcross, University of Scranton; Peter E. Nathan, University of Iowa
- Chapter 2, “Psychoanalysis”: Cynthia Allen, private practice; Ann Byrnes, State University of New York at Stony Brook; Lawrence Hedges, private practice; Jonathan Lewis, University of Delaware; Steven Robbins, Virginia Commonwealth University; Judith Mishne, New York University
- Chapter 3, “Jungian Analysis and Therapy”: Amelio D’Onofrio, Fordham University; Anne Harris, California School of Professional Psychology; Stephen Martin, private practice; Polly Young-Eisendrath, private practice; Seth Rubin, private practice
- Chapter 4, “Adlerian Therapy”: Michael Maniaci, private practice; Harold Mosak, Adler School of Professional Psychology; Richard Watts, Sam Houston State University
- Chapter 5, “Existential Therapy”: Stephen Golston, Arizona State University; William Gould, University of Dubuque; Emmy van Deurzen, Regent’s College
- Chapter 6, “Person-Centered Therapy”: Douglas Bower, private practice; Jerold Bozarth, University of Georgia; David Cain, private practice; Richard Watts, Sam Houston State University
- Chapter 7, “Gestalt Therapy: An Experiential Therapy”: Stephen Golston, Arizona State University; Rich Hycner, Institute for Dialogical Psychotherapy; Joseph Wysong, Editor, *Gestalt Journal*; Gary Yontef, private practice
- Chapter 8, “Behavior Therapy”: Douglas Fogel, John Hopkins University; Alan Kazdin, Yale University; Michael Spiegler, Providence College
- Chapter 9, “Rational Emotive Behavior Therapy”: Albert Ellis, Director, Albert Ellis Institute for Rational Emotive Behavior Therapy; Raymond DiGiuseppe, St. John’s University; Windy Dryden, Goldsmiths College, University of London
- Chapter 10, “Cognitive Therapy”: Aaron Beck and Judith Beck, Beck Institute; Denise Davis, Vanderbilt University Medical Center; Bruce Liese, University of Kansas Medical Center; Cynthia Diefenbeck, University of Delaware
- Chapter 11, “Reality Therapy”: Laurence Litwack, Northeastern University; Robert Wubbolding, Center for Reality Therapy
- Chapter 12, “Constructivist Approaches”: Pamela Brott, Virginia Polytechnic Institute and State University; Robert Neimeyer, University of Memphis; Richard Watts, Sam Houston State University

Chapter 13, “Feminist Therapy: A Multicultural Approach”: Cyndy Boyd, University of Pennsylvania; Carolyn Enns, Cornell College; Ellyn Kaschak, San Jose State University; Pam Remer, University of Kentucky; Judith Jordan, Wellesley College

Chapter 14, “Family Therapy”: Dorothy Becvar, private practice; Herbert Goldenberg, California State University

Chapter 15, “Other Psychotherapies”: *Asian Therapies*: David K. Reynolds, private practice; *Constructive Living; Acceptance and Commitment Therapy*: Steven Hayes, Emily Leeming, Brandon Sanford, Matthieu Villatte, Tuna Townsend, University of Nevada at Reno; *Psychodrama*: Adam Blatner, private practice; *Creative Arts Therapy*: Ron Hays, Hahnemann University.

Chapter 16, “Integrative Therapies”: Arnold Lazarus, Rutgers University; John C. Norcross, University of Scranton

I also want to thank the following individuals who provided information on evidence-based psychological treatments: Martin Antony, Ryerson University; David Barlow, Boston University; Peter Nathan, University of Iowa.

The staff of the Library of the University of Delaware were very helpful in locating resources for this text. I would especially like to thank Susan Brynteson, director of libraries; Jonathan Jeffrey, associate librarian; and Megan Gaffney, coordinator, Interlibrary Loan and Document Delivery Services.

I additionally want to thank Lisa Sweder, who typed earlier versions of the manuscript. Cynthia Carroll, Elizabeth Parisan, and Alice Andrews also provided further secretarial support and help. Throughout the process of writing this book, I have been fortunate to have the support of John B. Bishop, professor of human development and family studies, University of Delaware. In revising this edition, I want to thank my daughter, Jennie Sharf, for assisting with Chapter 9. Finally, I wish to thank my wife, Jane, who helped me throughout the writing process.

RICHARD S. SHARF





# Introduction

---

## Outline of Introduction

### **Theory**

Precision and Clarity  
Comprehensiveness  
Testability  
Usefulness

### **Psychotherapy and counseling**

#### **Theories of psychotherapy and counseling**

Psychoanalysis  
Jungian Analysis and Therapy  
Adlerian Therapy  
Existential Therapy  
Person-Centered Therapy  
Gestalt Therapy  
Behavior Therapy  
Rational Emotive Behavior Therapy  
Cognitive Therapy  
Reality Therapy  
Constructivist Approaches  
Feminist Therapy: A Multicultural Approach  
Family Therapy  
Other Psychotherapies  
Integrative Therapy

#### **Organization of the chapters**

History or Background  
Conceptualization Using Personality Theories

### Theories of Psychotherapy

#### Psychological Disorders

Depression  
Generalized anxiety disorder  
Borderline disorder  
Obsessive-compulsive disorder  
Phobia  
Somatoform disorder  
Posttraumatic stress disorder  
Eating disorders  
Substance abuse  
Narcissistic personality disorder  
Schizophrenia

#### Brief Psychotherapy

#### Current Trends

Treatment manuals  
Evidence-based treatment  
Postmodernism and constructivism  
Social constructionism: Molly  
Mindfulness

#### Using a Theory with Other Theories

#### Research

#### Gender Issues

#### Multicultural Issues

#### Group Therapy

### **Ethics**

#### **My theory of psychotherapy and counseling**

#### **Your theory of psychotherapy and counseling**

**H**ELPING another person in distress can be one of the most ennobling human activities. The theories represented in this book all have in common their desire to help others with psychological problems. Through research and the practice of psychotherapy with patients and clients, many different approaches have been developed to alleviate personal misery. In this book, I describe major theories

of psychotherapy, their background (history), theories of personality from which they are derived, and applications to practice. To help the reader understand the practice of psychotherapy and counseling, I give many examples of how theories are used with a variety of clients and patients. An overview of the theories and the many ways they can be applied is also described in this chapter.

## Theory

Imagine that you have a friend who is depressed. He or she is not motivated to go to class or work, does not spend much time with his or her friends, stays in bed a lot of the time, and does not do the things with you that he or she used to. You suggest that your friend seek counseling or psychotherapy. Therefore, you expect the therapist to help your friend with the problems just discussed. What will the counselor or psychotherapist do to help your friend? If the therapist uses one or more theories to help your friend, the therapist will be using ideas that have been made clear by clarifying the definitions of concepts used in the theory. The theory will be tested to see if it works to help people (some theories have a lot of testing, while others have very little). In any case, these theories will have been used by hundreds or thousands of therapists. Many people who use a theory may contribute to its usefulness. If the therapist does not use a theory to help your friend, the therapist will be relying on intuition and experience from helping other people. These are useful qualities, but without the information provided by experts who have used theories, the therapist is limited in his knowledge and strategies.

To understand theories of psychotherapy and counseling, which are based on theories of individual personality, it is helpful to understand the role and purpose of theory in science and, more specifically, in psychology. Particularly important in the development of physical and biological science, theory has also been of great value in the study of psychology (Henriques, 2011; Ye & Stam, 2012) and psychotherapy (Gentile, Kisber, Suvak, & West, 2008; Truscott, 2010). Briefly, a theory can be described as “a group of logically organized laws or relationships that constitute explanation in a discipline” (Heinen, 1985, p. 414). Included in a theory are assumptions related to the topic of the theory and definitions that can relate assumptions to observations (Fawcett, 1999; Stam, 2000). In this section, the criteria by which theories of psychotherapy can be evaluated are briefly described (Fawcett, 1999; Gentile et al., 2008).

### Precision and Clarity

Theories are based on rules that need to be clear. The terms used to describe these rules must also be specific. For example, the psychoanalytic term *ego* should have a definition on which practitioners and researchers can agree. If possible, theories should use *operational definitions*, which specify operations or procedures that are used to measure a variable. However, operational definitions for a concept such as *empathy* can be difficult to reach agreement on, and definitions may provide a meaning that is more restricted than desired. A common definition of the concept



of empathy, “to enter the world of another individual without being influenced by one’s own views and values is to be empathic with the individual,” may be clear to some but still not provide a definition that is sufficiently specific to be used for research purposes. Along with clear concepts and rules, a theory should be parsimonious, or as straightforward as possible. Constructs such as empathy and unconditional positive regard (terms to be described in Chapter 6, “Person-Centered Therapy”) must be related to each other and should be related to rules of human behavior. Theories should explain an area of study (personality or psychotherapy) with as few assumptions as possible.

---

### Comprehensiveness

Theories differ in the events that they attempt to predict. In general, the more comprehensive a theory, the more widely it can be applied, but also the more vulnerable it may be to error. For example, all of the theories of psychotherapy and counseling in this book are comprehensive, in that they are directed to both men and women regardless of age or cultural background. A theory of psychotherapy directed only at helping men change their psychological functioning would be limited in its comprehensiveness.

---

### Testability

To be of use, a theory must be tested and confirmed. With regard to theories of psychotherapy, not only must experience show that a theory is valid or effective, but also research must show that it is effective in bringing about change in individual behavior. When concepts can be clearly defined, hypotheses (predictions derived from theories) can be stated precisely and tested. When hypotheses or the entire theory cannot be confirmed, this failure sometimes can lead to the development of other hypotheses.

---

### Usefulness

Not only should a good theory lead to new hypotheses that can be tested, but also it should be helpful to practitioners in their work. For psychotherapy and counseling, a good theory suggests ways to understand clients and techniques to help them function better (Truscott, 2010). Without theory, the practitioner would be left to unsystematic techniques or “reinventing the wheel” by trying new techniques on new patients until something seemed to help. When theories are used, proven concepts and techniques can be organized in ways to help individuals improve their lives. Few therapists work without a theory because to do so would give them no systematic way to assess the client’s problem and no way to apply techniques that have been systematically developed and often tested with clients. Theory is the most powerful tool that therapists have to use, along with their desire to help troubled clients in an ethical manner.

Neither theories of personality nor theories of psychotherapy and counseling meet all of these criteria. The theories in this book are not described formally, but rather in a way to help you understand changes in behavior, thoughts, and feelings. The term *theory* is used loosely, as human behavior is far too complex to have clearly articulated theories, such as those found in physics. Each chapter includes examples of research or systematic investigations that relate to a specific theory of personality, and/or theory of psychotherapy and counseling, or both. The type of

research presented depends on the precision, explicitness, clarity, comprehensiveness, and testability of the theory.

## Psychotherapy and Counseling

Defining *psychotherapy* and *counseling* is difficult, as there is little agreement on definitions and on whether there is any difference between the two. The brief definition that I give here covers both psychotherapy and counseling.

Psychotherapy and counseling are interactions between a therapist/counselor and one or more clients/patients. The purpose is to help the patient/client with problems that may have aspects that are related to disorders of thinking, emotional suffering, or problems of behavior. Therapists may use their knowledge of theory of personality and psychotherapy or counseling to help the patient/client improve functioning. The therapist's approach to helping must be legally and ethically approved.

Although this definition can be criticized because it fails to include all the possible theories and techniques, it should suffice to provide an overview of the main components that help individuals with psychological problems.

There have been many attempts to differentiate psychotherapy from counseling. Some writers have suggested that counseling is used with normal individuals and psychotherapy with those who are severely disturbed. The problem with this distinction is that it is difficult to differentiate severity of disturbance, and often practitioners use the same set of techniques for clients of varying severity levels. Another proposed distinction is that counseling is educational and informational, while psychotherapy is facilitative (Corsini, 2008). Another attempt at separating counseling and psychotherapy suggests that psychotherapists work in hospitals, whereas counselors work in such settings as schools or guidance clinics. Because the overlap of patient problems is great regardless of work setting, such a distinction is not helpful. Gelso and Fretz (2001) describe a continuum from relatively brief work that is situational or educational on one end (counseling) and long-term, in-depth work seeking to reconstruct personality on the other end (psychotherapy). In between these extremes, counseling and psychotherapy overlap. In this book, the terms *counseling* and *psychotherapy* are used interchangeably, except where they have special meanings as defined by the theorist.

Traditionally, the term *psychotherapy* has been associated with psychiatrists and medical settings, whereas the term *counseling* has been associated with educational and, to some extent, social-work settings. Although there is much overlap, theories developed by psychiatrists often use the word *psychotherapy*, or its briefer form, *therapy*, more frequently than they do *counseling*. In the chapters in this book, I tend to use the term that is used most frequently by practitioners of that theory. In a few theoretical approaches (Adlerian and feminist), some distinctions are made between psychotherapy and counseling, and I describe them. Two theories, psychoanalysis and Jungian analysis, employ the term *analyst*, and in those two chapters, I explain the role of the analyst as it differs from that of the psychotherapist or counselor.

A related issue is that of the terms *patient* and *client*. *Patient* is used most often in a medical setting, with *client* applied more frequently to educational and social

service settings. In this book, the two terms are used interchangeably, both referring to the recipient of psychotherapy or counseling.

## Theories of Psychotherapy and Counseling

How many theories of psychotherapy are there? Before the 1950s, there were relatively few, and most were derived from Sigmund Freud's theory of psychoanalysis. Since that time, there has been a marked increase in the number of theories that therapists have developed to help people with psychological dysfunctions. Corsini (2001) summarized 69 new and innovative therapies; now there may be a total of more than 1,000 (Petrik, Kazantzis, & Hofmann, 2013). Although most of these theories have relatively few proponents and little research to support their effectiveness, they do represent the creativity of psychotherapists in finding ways to provide relief for individual psychological problems.

At the same time that there has been an increase in the development of theoretical approaches, there has been a move toward integrating theories, as well as a move toward eclecticism. Broadly, *integration* refers to the use of techniques and concepts from two or more theories. Chapter 16, "Integrative Therapies," describes three different theories that integrate parts of other theories.

Several researchers have asked therapists about their theoretical orientations (Table 1.1). For example, Prochaska and Norcross (2014) combined three studies

**Table 1.1** *Primary Theoretical Orientations of Psychotherapists in the United States*

Orientation	Clinical Psychologists	Counseling Psychologists	Social Workers	Counselors
Behavioral	15%	5%	11%	8%
Cognitive	31%	19%	19%	29%
Constructivist	1%	1%	2%	2%
Eclectic/Integrative	22%	34%	26%	23%
Existential/Humanistic	1%	5%	4%	5%
Gestalt/Experiential	1%	2%	1%	2%
Interpersonal	4%	4%	3%	3%
Multicultural	1%	N/A	1%	1%
Psychoanalytic	3%	1%	5%	2%
Psychodynamic	15%	10%	9%	5%
Rogerian/ Person-Centered	2%	3%	1%	10%
Systems	2%	5%	14%	7%
Other	2%	9%	4%	3%

Sources: Bechtoldt et al., 2001; Bike, Norcross, & Schatz, 2009; Goodyear et al., 2008; Norcross & Karpik, 2012; Prochaska & Norcross, 2014.

in which more than 1,500 psychologists, counselors, psychiatrists, and social workers were asked to identify their primary theoretical orientations (Bechtoldt, Norcross, Wyckoff, Pokrywa, & Campbell, 2001; Bike, Norcross, & Schatz, 2009; Goodyear et al., 2008; Norcross & Karpik, 2012). Their findings are summarized in Table 1.1, listing the major theoretical orientations and the percentage of all therapists identifying with a specific orientation. Generally, those therapists identifying themselves as integrative or eclectic exceed the number identifying with a specific theoretical orientation, but cognitive therapy was a close second. Also, many therapists who identify a primary theory of therapy tend to use techniques from other theories (Thoma & Cecero, 2009).

Psychoanalytic theories (those closely related to the work of Freud and his contemporaries) and psychodynamic theories (those having some resemblance to psychoanalytic theories) comprise a popular theoretical orientation that is subscribed to by therapists from a variety of fields. Cognitive, and to a lesser extent behavioral, methods are popular with a variety of mental health workers. There is some disagreement among studies of therapist preference for theory, due in part to ways in which questions are asked and to changing trends in theoretical preference.

In selecting the major theories to be presented in this book, I have used several criteria. I have consulted surveys such as those summarized in this discussion to see which are being used most frequently. Also, I have included theories that have demonstrated that they have a following of interested practitioners by having a professional organization, one or more journals, national or international meetings, and a developing literature of books, articles, and chapters. In addition, I have consulted with many therapists and professors to determine which theories appear to be most influential. Ultimately, I tried to decide which theories would be most important for those wishing to become psychotherapists or counselors.

The remaining chapters in this book discuss about 50 different theories or sub-theories, which are grouped into 15 chapters. Including a number of significant theories provides a background from which students can develop or select their own theoretical approach. Some theories, such as psychoanalysis, have subtheories that have been derived from the original theory. I have also kept in mind that there is a strong movement toward the integration of theories (i.e., using concepts or techniques of more than one theory). In Chapter 16, I present three popular integrative theories. I also show how you can develop your own integrative theory by using different models of theoretical integration. In Chapter 17, “Comparison and Critique,” I present a comparison and overview of all the theories presented in this textbook. This will not only help you learn the theories in this text, but it will also help you think about which ones you would want to integrate and use. The following paragraphs present a brief, nontechnical summary of the chapters (and theories) in this book, giving an overview of the many different and creative methods for helping individuals who are suffering because of psychological problems or difficulties.

---

## Psychoanalysis

Freud stressed the importance of inborn drives (particularly sexual) in determining later personality development. Others who followed him emphasized the importance of the adaptation to the environment, the early relationship

between child and mother, and developmental changes in being absorbed with oneself at the expense of meaningful relationships with others. All of these views of development use Freud's concepts of unconscious processes (portions of mental functioning that we are not aware of) and, in general, his structure of personality (including ego, id, and superego). Traditional psychoanalytic methods require several years of treatment. Because of this, moderate-length and brief therapy methods that use direct, rather than indirect, techniques have been developed. New writings continue to explore the importance of childhood development on later personality, as well as new uses of the therapist's relationship.

---

### Jungian Analysis and Therapy

More than any other theorist, Carl Jung placed great emphasis on the role of unconscious processes in human behavior. Jungians are particularly interested in dreams, fantasies, and other material that reflects unconscious processes. They are also interested in symbols of universal patterns that are reflected in the unconscious processes of people from all cultures. Therapy focuses on the analysis of unconscious processes so that patients can better integrate unconscious processes into conscious awareness.

---

### Adlerian Therapy

Alfred Adler believed that the personality of individuals was formed in their early years as a result of relationships within the family. He emphasized the importance of individuals' contributions to their community and to society. Adlerians are interested in the ways that individuals approach living and family relationships. The Adlerian approach to therapy is practical, helping individuals to change dysfunctional beliefs and encouraging them to take new steps to change their lives. An emphasis on teaching and educating individuals about dealing with interpersonal problems is another characteristic of Adlerian therapy.

---

### Existential Therapy

A philosophical approach to people and problems relating to being human or existing, existential psychotherapy deals with life themes rather than techniques. Such themes include living and dying, freedom, responsibility to self and others, finding meaning in life, and dealing with a sense of meaninglessness. Becoming aware of oneself and developing the ability to look beyond immediate problems and daily events to deal with existential themes are goals of therapy, along with developing honest and intimate relationships with others. Although some techniques have been developed, the emphasis is on issues and themes, not method.

---

### Person-Centered Therapy

In his therapeutic work, Carl Rogers emphasized understanding and caring for the client as opposed to diagnosis, advice, or persuasion. Characteristics of Rogers's approach to therapy are therapeutic genuineness, through verbal and nonverbal behavior, and unconditionally accepting clients for who they are. Person-centered therapists are concerned about understanding the client's experience

and communicating their understanding to the client so that an atmosphere of trust can be developed that fosters change on the part of the client. Clients are given responsibility for making positive changes in their lives.

---

### Gestalt Therapy

Developed by Fritz Perls, gestalt therapy helps the individual to become more aware of self and others. The emphasis is on both body and psychological awareness. Therapeutic approaches deal with being responsible for oneself and attuned to one's language, nonverbal behaviors, emotional feelings, and conflicts within oneself and with others. Therapeutic techniques include the development of creative experiments and exercises to facilitate self-awareness.

---

### Behavior Therapy

Based on scientific principles of behavior, such as classical and operant conditioning, as well as observational learning, behavior therapy applies learning principles such as reinforcement, extinction, shaping of behavior, and modeling to help a wide variety of clients with different problems. The emphasis is on precision and detail in evaluating psychological concerns and then assigning treatment methods that may include relaxation, exposure to a feared object, copying a behavior, or role playing. Its many techniques include those that change observable behavior, as well as those that deal with thought processes.

---

### Rational Emotive Behavior Therapy

Developed by Albert Ellis, rational emotive behavior therapy (REBT) focuses on irrational beliefs that individuals develop that lead to problems related to emotions (for example, fears and anxieties) and to behaviors (such as avoiding social interactions or giving speeches). Although REBT uses a wide variety of techniques, the most common method is to dispute irrational beliefs and to teach clients to challenge their own irrational beliefs so that they can reduce anxiety and develop a full range of ways to interact with others.

#### What is cognitive behavior therapy?

*Cognitive behavior therapy* is a general term used for theories that combine any type of cognitive therapy with behavioral techniques. A specific therapy, rational emotive behavior therapy, combines a type of cognitive (rational) therapy with certain behavioral techniques. Beck has a structured approach to therapy called *cognitive therapy*, which features cognition as the primary element. This approach uses a number of behavioral techniques, as well as techniques from other theories when appropriate. He and his colleagues now call this *cognitive behavioral therapy*. In this text, I will refer to Beck's therapeutic approach as *cognitive therapy* to distinguish it from general cognitive behavioral therapy. Some therapists use a behavior theory as an organizing or primary theory and a cognitive theory as a secondary theory. Some therapists use cognitive behavior therapy as a general heading under which they put a variety of types of cognitive behavioral therapies and do not have an organizing or structured approach. Beck and Ellis have approaches to therapy featuring cognition as the primary theory, and make use of a number of behavioral techniques.



---

## Cognitive Therapy

Belief systems and thinking are seen as important in determining and affecting behavior and feelings. Aaron Beck developed an approach that helps individuals understand their own maladaptive thinking and how it may affect their feelings and actions. Cognitive therapists use a structured method to help their clients understand their own belief systems. By asking clients to record dysfunctional thoughts and using questionnaires to determine maladaptive thinking, cognitive therapists are then able to use a wide variety of techniques to change beliefs that interfere with successful functioning. They also utilize behavioral strategies, many of which are described in Chapter 8, “Behavior Theory.”

---

## Reality Therapy

Reality therapists assume that individuals are responsible for their own lives and for making choices about what they do, feel, and think. Developed by William Glasser, reality therapy uses a specific process to change behavior. A relationship is developed with clients so that they will commit to the therapeutic process. The emphasis is on changing behaviors that will lead to modifications in thinking and feeling. Making plans and sticking to them to bring about change while taking responsibility for oneself are important aspects of reality therapy.

---

## Constructivist Approaches

Constructivist therapists see their clients as theorists; they try to understand their clients’ views or the important constructs that clients use to understand their problems. Three types of constructivist theories are discussed: solution-focused, personal construct theory, and narrative. Solution-focused therapy centers on finding solutions to problems by looking at what has worked in the past and what is working now, as well as using active techniques to make therapeutic progress. Personal construct theory examines clients’ lives as stories and helps to change them. Narrative therapy also views clients’ problems as stories, but unlike personal construct theory, it seeks to externalize them. Frequently, narrative therapists help clients rewrite or change their stories, thus finding new endings that lead to solving their problems.

---

## Feminist Therapy: A Multicultural Approach

Rather than focusing only on an individual’s psychological problems, feminist therapists emphasize the role of politics and society in creating problems. Particularly, they are concerned about gender and cultural roles and power differences between men and women and between people from diverse cultural backgrounds. They have examined different ways that gender and culture affect development throughout the life span (including social and sexual development, child-raising practices, and work roles). Differences in moral decision making, relating to others, and roles in abuse and violence are issues of feminist therapists. By combining feminist therapy with other theories, feminist therapists take a sociological and psychological view that focuses not only on gender but also on multicultural