



CURRENT PSYCHOTHERAPIES

Fifth Edition



EDITORS

Raymond J. Corsini

Danny Wedding

EDITORS

Raymond J. Corsini

Danny Wedding

CURRENT PSYCHOTHERAPIES

Fifth Edition



F.E. Peacock Publishers, Inc.
Itasca, Illinois

Current Psychotherapies

Cover Image: Robert Kristofik/The Image Bank

Copyright © 1995

F.E. Peacock Publishers, Inc.

All rights reserved.

Printed in the U.S.A.

Library of Congress Catalog Card No. 94-174615

ISBN 0-87581-392-5

Printing 1

Year 1

To My Teachers

Rudolf Dreikurs, J. L. Moreno, Carl Rogers

—RJC—

Outline of Book

	Page	Psychoanalysis	Adlerian	Analytical	Person-Centered	REBT	Behavior	Cognitive	Existential	Reality	Multimodal	Family
OVERVIEW		15	51	95	128	162	197	229	262	293	322	356
Basic Concepts		15	51	95	128	163	198	229	263	293	323	356
Other Systems		16	54	97	130	165	200	231	268	295	326	359
HISTORY		18	58	99	133	167	201	233	270	297	328	361
Precursors		18	58	99	133	167	201	233	270	297	328	361
Beginnings		19	59	100	134	168	202	233	270	298	329	362
Current Status		22	60	101	135	169	203	234	271	298	330	363
PERSONALITY		23	61	102	136	170	204	236	272	299	331	365
Theory of Personality		23	61	102	136	170	204	236	272	299	331	365
Variety of Concepts		25	64	105	140	173	206	238	276	302	334	366
PSYCHOTHERAPY		28	65	107	142	175	208	242	278	303	335	369
Theory of Psychotherapy		28	65	107	142	175	208	242	278	303	335	369
Process of Psychotherapy		30	67	109	143	177	210	245	279	304	337	371
Mechanisms of Psychotherapy		31	73	111	148	183	215	248	281	309	341	375
APPLICATIONS		33	75	113	150	185	216	248	284	310	342	376
Problems		33	75	113	150	185	216	248	284	310	342	376
Evaluation		35	76	114	151	186	219	249	285	311	343	377
Treatment		36	77	115	152	186	221	250	286	312	344	378
CASE EXAMPLE		40	81	119	154	191	222	254	288	314	347	380
SUMMARY		46	87	123	158	193	224	257	290	318	351	382
ANNOTATED BIBLIOGRAPHY		47	89	125	159	195	225	258	291	319	352	383
CASE READINGS		48	89	126	159	195	226	258	291	320	353	384
REFERENCES		49	90	126	160	196	226	259	292	320	353	384

Contributors

Jacob A. Arlow, M.D.

Clinical Professor of Psychiatry,
New York University College of Medicine,
New York, New York

Aaron T. Beck, M.D.

Professor of Psychiatry, University of
Pennsylvania, Philadelphia, Pennsylvania

Adam Blatner, M.D.

Private Practice, Austin, Texas

Raymond J. Corsini, Ph.D.

Affiliate, Graduate faculty, University of
Hawaii, Honolulu, Hawaii

Claire Douglas, Ph.D.

Private Practice, Malibu, California

Albert Ellis, Ph.D.

Institute for Rational-Emotive Therapy,
New York, New York

William Glasser, M.D.

Private Practice, Canoga Park, California

Herbert Goldenberg, Ph.D.

Emeritus Professor, California State University,
Los Angeles, California

Irene Goldenberg, Ed.D.

Professor of Psychiatry, University of
California—Los Angeles, Los Angeles,
California

Arnold A. Lazarus, Ph.D.

Distinguished Professor, Graduate School of
Applied and Professional Psychology, Rutgers
University, Piscataway, New Jersey

Alexander Lowen, M.D.

Director, International Institute for
Bioenergetic Analysis, New York, New York

Rollo May, Ph.D.

Deceased

Harold H. Mosak, Ph.D.

Private Practice, Chicago, Illinois

Nathaniel J. Raskin, Ph.D.

Professor of Psychiatry and Behavioral
Sciences, Northwestern University Medical
School, Chicago, Illinois

Carl R. Rogers, Ph.D.

Deceased

Roger Walsh, M.D., Ph.D.

Professor of Psychiatry, Social Sciences, and
Philosophy, University of California, Irvine,
California

Danny Wedding, Ph.D.

Director, Missouri Institute of Mental Health,
St. Louis, Missouri

Marjorie E. Weishaar, Ph.D.

Private Practice, Providence, Rhode Island

G. Terence Wilson, Ph.D.

Oscar K. Buros Professor of Psychology,
Rutgers University, Piscataway, New Jersey

Robert Wubbolding, Ed.D.

Professor, Counseling, Xavier University,
Cincinnati, Ohio

Irvin Yalom, M.D.

Professor of Psychiatry and Behavioral
Sciences, Stanford University School of
Medicine, Stanford, California

Acknowledgments

At the end of every edition, we ask colleagues as well as all professors known to be using *Current Psychotherapies* as a text to give us suggestions for the next edition. The people listed below have in various ways made worthwhile suggestions, and we thank them for their contributions.

Mary Ballou
Northeastern University

Bernie Beitman
University of Missouri–Columbia

Stephen F. Bono
University of Maryland

John L. Carew
Cambridge College

Carolyn Dillon
Boston University

Glen Eskedal
Suffolk University

Richard F. Heath
Ramapo College

Barry Farber
Columbia University

Bruce Forgas
University of Idaho

Brenda Freeman
University of Wyoming

William Frey
Middlebury College

Bagher Ghobary
University of Teheran

Glenn E. Good
University of Missouri

David Harder
Tufts University

James Hennessy
Fordham University

Ishu Ishiyama
University of British Columbia

William King
City University of New York

Wayne Klug
University of Massachusetts

John R. Korte
University of Dayton

Arthur Lerner
Los Angeles City College

Mary Livingstone
Louisiana Technical School

Mildred Malick
Hunter College

Margaret McCluskey
St. Louis University

John McKinnon
Connecticut College

Robert Roth
Keane College

Rodney Skager
University of California–Los Angeles

Adaline Tryon
Salisbury State University

Nancy Webb
Fordham University

Michael Wogan
Rutgers University

Preface

This fifth edition of *Current Psychotherapies* is its most extensive revision so far. Two new chapters have been added: Reality Therapy and Current Issues in Psychotherapy. Psychoanalysis, Analytic Psychotherapy, and Family Therapy have new authors. Rational-Emotive Therapy is now relabeled Rational Emotive Behavior Therapy, and it has been completely rewritten. Behavior Therapy has been extensively revised, and all chapters retained from prior editions have been updated.

From its beginning, *Current Psychotherapies* has been based on a number of principles that have made it the most successful text of its kind:

Chapters selected represent the most important systems in the current practice of psychotherapy. Since psychotherapy is in constant change, deciding what to put in new editions and what to take out calls for a great deal of research. The opinions of professors were central in determining changes. Professors who have taught from this book at least two years are asked at the end of each edition what they would want in the next edition and what they no longer want in the current one. Their diverse opinions helped us decide what changes to make.

The most competent available authors are recruited. Newly established systems are described by their founders; older systems are covered by those best qualified to describe their systems.

This book is highly disciplined. Each author follows an outline in which the various sections are limited in length and structure. The purpose of this feature is to make the systems as comparable to one another as possible, so that one can read the book “horizontally” (from section to section across the various systems) as well as in the usual “vertical” manner (chapter to chapter). Those who want to understand psychotherapy in depth should read the book twice: first vertically and then horizontally.

***Current Psychotherapies* is carefully edited.** Every section is examined to make certain its contents are appropriate and clear. In the twenty-five-year history of this text, only one chapter was ever accepted in its first draft. Some chapters have been returned to their original authors up to four times before finally being accepted.

Chapters are as concise as they can possibly be and still cover the systems completely. In the prior edition, Dr. Judith MacMahon went over the entire manuscript to see if she could find anything to cut; in this edition, Dr. Barbara Cubic repeated the same process. Suggested changes were approved by Dr. Wedding and me, then by the au-

thors. In response to a demand that the chapters be shorter, the section on Management was dropped. This is a topic of special interest only to professionals; some of the material in that section that might be of interest to students has been retained in the section on Treatment.

The glossary has been expanded. A good way to begin any chapter would be to first read relevant entries in the glossary, thereby generating a mind-set that will facilitate understanding the systems. Personality theorists tend to invent new words when no existing word suffices. This clarifies their ideas, but it also makes understanding their chapters more difficult. A careful study of the glossary will reward the reader.

Thanks to many who have assisted. In Honolulu, Kristine Altwies was helpful in various ways; in St. Louis, Vicki Eichthorn assisted Dr. Wedding. Linda Sage helped revise Chapter 14, and Janet Tilden reviewed the whole book, striving for linguistic perfection. As always our wives, Kleona (Corsini) and Cynthia (Wedding) were of help in various ways, and they seldom complained about the hundreds of hours we spent on this edition.

Our authors deserve special thanks, particularly those in this edition for the first time. They were patient and forgiving when their manuscripts were returned, often mutilated, with requests sometimes for dozens of changes. Our recommendations almost always had to do with clarifying language. In all cases, authors complied when we explained this edition would be read by more than one hundred thousand students.

Dr. Wedding has read and approved every new chapter and every change, and consequently this edition represents our combined editorial judgments, but since I am the responsible editor for this edition, any errors can be attributed to me.

Raymond Corsini
Honolulu, Hawaii



Current Psychotherapies, Fifth Edition

Copyediting and Production Supervision by Janet Tilden

Interior and Cover Design by Jeanne Calabrese Design

Cover Image: Robert Kristofik/The Image Bank

Composition by Point West, Inc.

Printing and Binding by Braun-Brumfield, Inc.

Contents

Contributors	ix
Acknowledgments	x
Preface	xi
1 Introduction / <i>Raymond J. Corsini</i>	1
2 Psychoanalysis / <i>Jacob A. Arlow</i>	15
3 Adlerian Psychotherapy / <i>Harold H. Mosak</i>	51
4 Analytical Psychotherapy / <i>Claire Douglas</i>	95
5 Person-Centered Therapy / <i>Nathaniel J. Raskin and Carl R. Rogers</i>	128
6 Rational Emotive Behavior Therapy / <i>Albert Ellis</i>	162
7 Behavior Therapy / <i>G. Terence Wilson</i>	197
8 Cognitive Therapy / <i>Aaron T. Beck and Marjorie Weishaar</i>	229
9 Existential Psychotherapy / <i>Rollo May and Irvin Yalom</i>	262
10 Reality Therapy / <i>William Glasser and Robert Wubbolding</i>	293
11 Multimodal Therapy / <i>Arnold A. Lazarus</i>	322
12 Family Therapy / <i>Herbert and Irene Goldenberg</i>	356
13 Three Other Approaches	386
A. Asian Psychotherapies / <i>Roger Walsh</i>	387
B. Psychodrama / <i>Adam Blatner</i>	399
C. Bioenergetic Analysis / <i>Alexander Lowen</i>	409
14 Current Issues in Psychotherapy / <i>Danny Wedding</i>	419
Glossary	433
Index	445

1 Introduction

Raymond J. Corsini

Psychotherapy cannot be defined with any precision. A definition might go as follows:

Psychotherapy is a formal process of interaction between two parties, each party usually consisting of one person but with the possibility that there may be two or more people in each party, for the purpose of amelioration of distress in one of the two parties relative to any or all of the following areas of disability or malfunction: cognitive functions (disorders of thinking), affective functions (suffering or emotional discomforts), or behavioral functions (inadequacy of behavior), with the therapist having some theory of personality's origins, development, maintenance and change along with some method of treatment logically related to the theory and professional and legal approval to act as a therapist.

The definition may appear rather comprehensive. Nevertheless, some modes of therapy will not fit it.

Would the system of psychotherapy that Sigmund Freud underwent, about which Karen Horney (1942) wrote a book, and which Theodore Reik (1948) claimed to be the best of all therapies fit this definition? The system is *self-therapy*. In self-therapy there is only one party; there is no formality and no professional or legal approval, and yet it certainly is therapy.

If we examine various theories and procedures in psychotherapy, we find a bewildering set of ideas and behaviors. There have been systems of therapy that had no therapist (Schmidhoffer, 1952); systems in which the therapist says and does nothing (Bion, 1948); systems in which patients are asked to scream

or to strike out (Bach & Goldberg, 1975; Janov, 1970); methods in which the therapist makes fun of the patient, treating him or her with apparent disrespect (Farrelly & Brasma, 1974), and methods that treat the patient or client with utmost respect (Losoncy, 1981); methods in which patients are treated as children (Painter & Vernon, 1981); methods that stress religion (Lair & Lair, 1973; van Kaam, 1976); and methods that are conglomerates of a wide variety of procedures (Gazda, 1981; Shostrom & Montgomery, 1978).

What one authority considers to be psychotherapy may be completely different from how other authorities see the process.

Counseling and psychotherapy are the same qualitatively; they differ only quantitatively. There is nothing that a psychotherapist does that a counselor does not do. Table 1.1 illustrates this basic point.

No definition can be made that will include all psychotherapies and exclude all counseling methods. Various attempts to separate the psychotherapies and exclude all counseling methods have failed. The concept that psychotherapy goes into depth, while counseling does not, is gainsaid by procedures such as behavior modification that operate at the level of symptom removal (Wolpe, 1958). Behavior modifiers could hardly be called counselors, because they do not counsel. Also, when we have a term such as *nondirective counseling*, we have a semantic absurdity.

◆ COUNSELING AND PSYCHOTHERAPY

The terms *counseling* and *psychotherapy* probably seem interchangeable to many people, but they tend to have different meanings for people in the helping professions. Generally, counseling is understood by helping professionals to be a relatively short process, often occurring in one session and rarely comprising more than five sessions, whereas psychotherapy usually runs for many sessions and can even continue for years. Counseling is usually seen as problem-oriented, while psychotherapy is person-oriented. As Table 1.1 indicates, the actual processes that occur in counseling and psychotherapy are identical, but they do differ relative to the time spent, and thus quantity affects quality.

TABLE 1.1 ◆ Estimate of Percent of Time Spent by “Counselors” and “Psychotherapists” in Professional Activities*

Process	Counseling	Psychotherapy
Listening	20	60
Questioning	15	10
Evaluating	5	5
Interpreting	1	3
Supporting	5	10
Explaining	15	5
Informing	20	3
Advising	10	3
Ordering	9	1

*Based on R. J. Corsini, “Counseling and Psychotherapy” in E. F. Borgatta and W. W. Lambert (Eds.), *Handbook of Personality Theory and Research* (Chicago: Rand McNally, 1968).

Essentially, counseling stresses the giving of information, advice, and orders by someone considered to be an expert in a particular area of human behavior, while psychotherapy is a process of helping people discover why they think, feel, and act in unsatisfactory ways. A counselor is primarily a teacher, while a psychotherapist is essentially a detective.

A simple example will help illustrate the difference between counseling and psychotherapy. Say that a married couple comes to a professional helper (a psychiatrist, psychologist, social worker, nurse practitioner, etc.) for help in their marriage. The helper puts on her counseling hat, listens as they tell their stories, asks questions and finally gives information, advice, and "orders" (that is to say, she may insist that the couple must follow her suggestions if they are to achieve their goals). After all, if they came to her for counseling, they must be prepared to make suggested changes.

Let us assume the counselor gives the couple the following information: Many marriages are unhappy because of little things, but if a couple can communicate their dissatisfactions to each other and agree by means of a mutual contract to change their behavior, the marriage may change from being unhappy to happy. She then advises them to establish a new contract within their marriage. Let us assume the couple agrees to establish a mutual contract. The husband states that he wants his wife to stop smoking, and the wife wants her husband to put away his clothes and belongings rather than scattering them all over the house (two common complaints in marriages).

Consequently, the helper, working as a counselor, helps the couple establish a contract relative to the wife's smoking and the husband's sloppiness in the house.

Now, let us assume that both partners live up to their agreements and that thereby marital harmony is established. The counseling has been successful.

Now let us assume a different scenario. The couple returns to report that they are still unhappy. The wife has stopped smoking, but the husband is still leaving his possessions all over the house. As the result of further discussions, the helper suggests that the husband may need psychotherapy to try to discover why, even though he has agreed to stop this behavior, he continues it. Say that the husband accepts the suggestion and decides to have psychotherapy.

The professional now puts on her psychotherapy hat. From now on, she no longer views herself as an expert on marriage who can give information, advice, and orders but instead sees herself as a facilitator, helping the husband to understand himself in general, and specifically to find out why he was not able to keep to his agreement to be neat in the house.

The helper may give no information, advice, or orders, but may act in any of a variety of unusual ways. For example, if she is a follower of Carl Rogers she will not ask or answer questions, and she will be unwilling to give advice or suggestions. In this book we discuss more than a dozen ways of thinking and acting in therapy. The helper may have her own eclectic theory, and her methods of operating may be quite diverse.

Let us say that the therapy is successful, that the reason for the husband's resistance is uncovered, and that a favorable change in his behavior then occurs and the marriage is happy.

Successful therapy may result regardless of theory and the method used. But what is important to recognize here is that in acting as a psychotherapist the helper did not presume to be an expert on marriage but rather served as a kind of detective relative to the husband's inability or unwillingness to conform to his own agreement. The helper as the therapist was a partner or collaborator with the husband to achieve a new state of being.

Consequently, counselors are generally people who have considerable knowledge and expertise in specific areas of behavior. There are marriage and family counselors, educational and vocational counselors, counselors for people who abuse substances such as alcohol, for people who are handicapped in particular ways or have special problems such as

chronic or contagious illnesses. Counselors depend on their specialized knowledge and their common sense. On the other hand, psychotherapists are generalists who tend to have any of a variety of unusual theories or combinations of theories and who may use one or more procedures to try to achieve desired results.

◆ PATIENT OR CLIENT

In the first four editions of this book, in the Adlerian chapter, Dr. Harold Mosak used the term *patient*; in this edition he changed this term to *client*. Some of our authors use one or the other of the two terms, and some use both.

Psychotherapists who come out of a medical orientation tend to see those they work with as patients, while those who come from other orientations tend to see them as clients. So, it is possible for two therapists to see the same person at the same time in multiple therapy, with one viewing that person as a patient and the other therapist seeing that same person as a client.

Neither term is really satisfactory. *Patient* implies illness, and *client* implies a business relationship. Someday, someone may coin a term that more exactly describes the role of the person who is undergoing psychotherapy. Meanwhile, in this book, every author uses whatever term he or she feels most comfortable with.

All modes of trying to help people improve themselves via symbolic methods can be called *psychotherapy*, just as all methods to help improve psychological functioning through medications, surgery, electric shock, and other somatic procedures may be called *psychiatry*. Consequently, the interview, hypnosis, role-playing, projective techniques, and the like that we shall take up in this book can be considered procedures in counseling/psychotherapy, but it is best, in my judgment, to call them all processes of psychotherapy. Therefore, when Carl Rogers repeats what you have said, using his own terminology (as he did with me when I was in therapy with him), *this is psychotherapy*; and when Rudolph Dreikurs, an Adlerian, points out basic life-style errors (as he did for me when I was in therapy with him), *this is psychotherapy*; and when Albert Ellis contradicts your point of view (as he often has with me), *this is psychotherapy*; and when J.L. Moreno has people play different roles in front of a group (as I did when working with him) then *this is psychotherapy*.

A number of years ago, in Paris, I met with a French colleague, and during the course of our conversation I mentioned psychotherapy. "Ah," she said, "*Psychothérapie comme ça—ou comme ça?*" (Psychotherapy like this—or like this?) At the first *ça* she put the palms of her hands about an inch apart, and at the second *ça* she moved her hands out as far as she could, with the palms still facing each other. She was asking me whether I had a narrow conception of psychotherapy or a wide one. We can do the same thing with the hands vertically and ask about the depth of psychotherapy. Essentially, depth is a function of time spent in therapy rather than a matter of technique, and two people with the same theory and technique will vary with respect to depth, depending primarily on the time spent with the client. (I call the subjects of psychotherapy *clients* if I see them in a private office and *patients* if they are in a hospital or institution.)

◆ AN UNUSUAL EXAMPLE OF PSYCHOTHERAPY

About fifty years ago, when I was working as a psychologist at Auburn Prison in New York, I participated in what I believe was the most successful and elegant psychotherapy I have ever done. One day an inmate, who had made an appointment, came into my office. He

was a fairly attractive man in his early 30s. I pointed to a chair, he sat down, and I waited to find out what he wanted. The conversation went somewhat as follows:

Prisoner: I am leaving on parole Thursday.

Corsini: Yes?

P: I did not want to leave until I thanked you for what you had done for me.

C: What was that?

P: When I left your office about two years ago, I felt like I was walking on air. When I went into the prison yard, everything looked different, even the air smelled different. I was a new person. Instead of going over to the group I usually hung out with—they were a bunch of thieves—I went over to another group of square Johns [prison jargon for noncriminal types]. I changed from a cushy job in the kitchen to the machine shop, where I could learn a trade. I started going to the prison high school and I now have a high school diploma. I took a correspondence course in drafting and I have a drafting job when I leave Thursday. I started back to church even though I had given up my religion many years ago. I started writing to my family and they have come up to see me and they remember you in their prayers. I now have hope. I know who and what I am. I know I will succeed in life. I plan to go to college. You have freed me. I used to think you bug doctors [prison slang for psychologists and psychiatrists] were for the birds, but now I know better. Thanks for changing my life.

I listened to this tale in wonderment, because to the best of my knowledge I had never spoken with him. I looked at his folder and the only notation there was that I had given him an IQ test about two years before.

“Are you sure it was me?” I finally said. “I am not a psychotherapist, and I have no memory of ever having spoken to you. What you are reporting is the sort of personality and behavior change that takes many years to accomplish—and I certainly haven’t done anything of the kind.”

“It was you, all right,” he replied with great conviction, “and I will never forget what you said to me. It changed my life.”

“What was that?” I asked.

“You told me I had a high IQ,” he replied.

With one sentence of five words I had (inadvertently) changed this person’s life.

Let us try to understand this event. If you are clever enough to understand why this man changed so drastically as a result of hearing these five words “You have a high IQ,” my guess is that you have the capacity to be a good therapist.

I asked him why this sentence about his IQ had such a profound effect, and I learned that up to the time that he heard these five words he had always thought of himself as “stupid” and “crazy”—terms that had been applied to him many times by his family, teachers, and friends. In school, he had always gotten poor grades, which confirmed his belief in his mental subnormality. His friends did not approve of the way he thought and called him crazy. And so he was convinced that he was both an ament (low intelligence) and a dement (insane). But when I said, “You have a high IQ,” he had an “aha!” experience that explained everything. In a flash, he understood why he could solve crossword puzzles better than any of his friends. He now knew why he read long novels rather than comic books, why he preferred to play chess rather than checkers, why he liked symphonies rather than jazz. With great and sudden intensity he realized through my five words that he was really normal and bright and not crazy or stupid. No wonder he had felt as if he were walking on air when he left my office two years before!

His interpretation of my five words generated a complete change of self-concept—and consequently a change in both his behavior and his feelings about himself and others.

In short, I had performed psychotherapy in a completely innocent and informal way. Even though what happened in no way accords to the definition given earlier, even