

HANDBOOK OF INNOVATIVE PSYCHOTHERAPIES

Edited by
RAYMOND J. CORSINI

A Volume in the Wiley Series on Personality Processes,
Edited by Irving B. Weiner

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Series Preface

This series of books is addressed to behavioral scientists interested in the nature of human personality. Its scope should prove pertinent to personality theorists and researchers as well as to clinicians concerned with applying an understanding of personality processes to the amelioration of emotional difficulties in living. To this end, the series provides a scholarly integration of theoretical formulations, empirical data, and practical recommendations.

Six major aspects of studying and learning about human personality can be designated: personality theory, personality structure and dynamics, personality development, personality assessment, personality change, and personality adjustment. In exploring these aspects of personality, the books in the series discuss a number of distinct but related subject areas: the nature and implications of various theories of personality; personality characteristics that account for consistencies and variations in human behavior; the emergence of personality processes in children and adolescent; the use of interviewing and testing procedures to evaluate individual differences in personality; efforts to modify personality styles through psychotherapy, counseling, behavior therapy, and other methods of influence; and patterns of abnormal personality functioning that impair individual competence.

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Preface

The *Handbook of Innovative Psychotherapies* contains a disciplined, authoritative, concise, and readable account of 64 major innovative approaches to psychotherapy in current use.

Consider the term *disciplined* in the preceding sentence. Every chapter in this book follows the same outline: *definition; history; current status; theory; methodology; applications; case example; summary; and references.*

Every author was given (a) a minimum and maximum number of pages for his or her chapter, (b) a minimum and maximum number of pages for each of the nine sections, and (c) explicit instructions as to what the contents of each section was to be.

These instructions were given in an attempt to achieve *comparability* and *uniformity*, so that any reader would be able to obtain a complete account of each of the therapeutic approaches and to make comparisons between the various systems. Thus, if one were interested in comparing the theories of the first system in this book and the last system, all one would have to do is look up the section called "Theory" in each of these two chapters.

In discussing the subject of *authoritativeness* with some of the innovators of the various approaches in this book, I constantly was informed that they felt that their systems often had not been presented correctly by others. This complaint is common also to proponents of the better established or "standard" systems, such as Adler's Individual Psychotherapy. One of my goals was to present an authoritative account of each system and I determined

that this could best be presented by the innovators of the systems. Accordingly, most of the reports in this book are by the founders of the particular approaches. When this was not possible, for any of several reasons—e.g.: Meditation is over 3000 years old; the developer of Primary Relationship Therapy is dead; the major innovators of two systems in this book refused to participate—I then attempted to locate the next most qualified person, and if possible asked that individual to have his or her chapter reviewed by qualified others.

By and large, I believe the reader will find an authoritative account of every system covered.

Too often the typical book or major articles about the various systems of psychotherapy cover in too much depth what I am not interested in learning, and spend too little time on what I want to know. I assume that the typical busy practitioner or harried student who comes to this book wants hard facts plainly written, not a lot of useless words. And so *conciseness* was one of my major goals as editor.

This was achieved in two major ways: First, as already explained, the authors had to cover specific areas within an allotted space; and second, I used my editorial pencil quite liberally. Overall, interestingly enough, the authors accepted this excising quite well, especially when I removed what I consider my enemies: adjectives and adverbs. One will find very few "verys" in this book. The result is that there is a lot of meat and very little fat in these accounts.

While all the areas mentioned thus far were important factors in adding to the book's

readability, there was still another important task that I faced as editor: to “plane down” the manuscript so that it would read as though written by one person: to have a uniform style. In essence, while editing the various chapters, I reworked them, if possible, as though I had written them and was going over my own first draft. My own style of writing tends to be simple, my sentences tend to be short, and my vocabulary tends to be limited. I don’t like to use a lot of punctuation.

And so I would change semicolons to periods. I would take out adverbs and adjectives. I would excise self-aggrandizing statements. I would blue-pencil repetitions. And in general, I tried to achieve the utmost simplicity and clarity.

As the reader will discover, this was not always possible, and at least three of the chapters in this book are quite difficult to understand. But the reader can be certain that I: (a) tried to get the authors to strive for greater clarity and; (b) attempted myself to achieve this through editing. But I did not succeed in all cases. However, were anyone to criticize me for the difficulty of any of the chapters, my retort would be: “You should have seen them before editing!”

As the reader can see by examining the List of Psychotherapies following the Preface, some 250 systems of psychotherapy are noted. A baker’s dozen of them, found in another book that I edited,* may be considered the major standard systems; the other systems may be considered innovative. My task was to make the best selection from this rather formidable, although certainly only partial, list of all the approaches to psychotherapy in existence.

My criteria for inclusion were simple. I defined a system as a therapeutic approach that had a logically coordinated relationship between its theory and its procedures, and at least one of them had to be novel. That is to say, either the underlying concepts about modifying human nature and human behavior

had to be novel or the procedures had to be unusual—or both had to be somewhat different from standard systems.

Still, I was forced to make value judgments about the importance of the various approaches. My selection will not satisfy all readers; another editor would no doubt formulate a different set of chapters to be included. Consequently, to any critic who may wonder about inclusions versus noninclusions, I can say:

1. I did make an attempt to locate as many systems as possible and to locate the innovators of these systems, but I was not as successful as I might have been.
2. In some cases, possible contributors were indifferent or even hostile (one innovator had his lawyer threaten to sue me and the publisher if his system were included in this book).
3. In some cases (two) authors did not meet certain deadlines, and withdrew even after I indicated my willingness to extend the deadline.

As I employ it, the term *innovative* need not mean “new” in the sense of being recently developed but rather “new” in the sense of being relatively unknown to people like myself. Consequently, included are systems that are quite old—such as Meditation, which has been in existence as a therapeutic method for well over 3000 years—as well as Art Therapy and Dance Therapy, which probably are just as old. I would have liked to have included Trigant Burrow’s Phyloanalysis, my own first system of psychotherapy, but I could not locate anyone to write the chapter, since this system appears to have disappeared from use.

My standards for calling a system *innovative* were subjective. If the system seemed trivial I rejected it on the grounds of not being “major”; if the theory or the procedures seemed too similar to other systems, I did not consider the approach truly “innovative.” Although other editors might have made different choices, but it appears to me at this time that every single chapter has at the very least one major innovative element.

**Current Psychotherapies*. Itasca, Ill.: F. E. Peacock, 1973/1979.

It is my judgment that the typical reader will find some chapters so innovative as to be considered absurd or even dangerous—but in all cases, I am convinced that the authors were passionately sincere in their beliefs about the fundamental value of their views and procedures.

Finally, *what is psychotherapy?* Frankly, I don't know whether I can define the term. Beyond saying that it is a formal way of operating based on some theory and coordinated procedures for changing the behavior, the thinking, and the feelings of individuals in ways desired either by the individual in question or by others, there is little I can add.

To illustrate: There are two other realms of thinking and acting that can be distinguished from psychotherapy; one is education, the other is religion. But a system such as Multiple Impact Therapy may be considered education and a system such as Mutual Need Therapy might be considered religion.

Or how about the realm of exercise or of aesthetics? Dance Therapy and Art Therapy pose problems of classification.

The reader will probably find such systems as Aesthetic Realism, the Body Therapies, Naikan, Natural High Therapy, Poetry Therapy, Radical Psychiatry, Rebirthing, Transcendence Therapy, and Z-Process Attachment Therapy difficult to classify, since each contains features that might preclude their clear-cut classification as psychotherapy.

In addition, there are several chapters in this book, each innovative and about psychotherapy, that even I would have trouble classifying as psychotherapy—yet they are among the most important chapters to be found. I refer to Comprehensive Relaxation Training, Crisis Management, Feminist Therapy, Mainstreaming, and Stress Management.

Uses of This Book

While it is certain that this comprehensive account of 66 innovative psychotherapies will have different values for different peo-

ple, I believe it will provide reference material for at least four different audiences.

I see this book as most valuable for people who make a living, totally or partially, as counselors and therapists, who deal primarily with people having difficulty adjusting to themselves and/or to others, who are struggling to find peace and success. These counselors and therapists often need help themselves to better understand human nature and how to help others. Frequently people in these professions are trapped, as it were, by their training and their experiences, and just don't know how to extend themselves. For such individuals, the *Handbook of Innovative Psychotherapies* should provide, as it did for me, many new ideas, and may encourage them to experiment and to find out more about other approaches.

A second important group who would want to use this book as a text would be students preparing for careers as psychiatrists, psychologists, social workers, school counselors, or practitioners in other helping professions, and whose training has been limited to one approach. Often the approach that one is indoctrinated in has not been chosen by the student. Thus, a student may go to this particular university or may attend that particular training institute—for any of a variety of reasons having nothing to do with a desire to study a particular kind of counseling or psychotherapy. While indoctrination in one system, rather than a shotgun approach, is probably the best way of training new professionals, it frequently happens that the approach one is trained in is just not the right system for that new professional. What happens then is that the new counselor or therapist enters the real world ill-equipped, following a theory or using a methodology that, while entirely legitimate, may not be the right one for him or her.

This happened to me: I operated for about three years in one way, then changed to another approach for about ten years, and then, finally, found a system that was compatible with my own particular personality.

And this is precisely what happened to

most innovators. It is my impression that a number of psychotherapy innovators—including Carl Rogers, J. L. Moreno, Albert Ellis, and Eugene Gendlin—found whatever they were originally trained in not compatible with their essential personality. They then developed systems of operating that were appropriate with their uniqueness.

Certainly this has been the case with those contributors with whom I am personally acquainted—Jack Annon, George Bach, Paul Bindrim, George Gazda, Nira Kefir, Arthur Lerner, Lew Losoncy, Walter O'Connell, Harry Olson, Paul Pedersen, Will Schutz, John Watkins, and Robert Zaslow. Their preferred method of operating and their manifest personalities are congruent. Each of these people is a primary innovator and each has developed, in my judgment, a system entirely congruent with his or her manifest personalities.

For the student or the person newly entering into this exciting field of counseling/psychotherapy, I offer this advice: In this book are a considerable number of systems over and beyond those you already know or have been trained in. Learn about these systems and experience them vicariously, for one of them may really be the very best system for you.

A third group for whom this book will be of value are those who make referrals and who may want to know more about a particular psychotherapist's theory and practices. Say that you are a physician and you have a patient in constant tension, or a social worker faced with a client with a particular kind of problem, and you would like to refer this person to someone. An examination of the titles of the various chapters may lead you to some systems. Or even better, reading the various definitions may enable you to zero in on some methods that will intuitively appear to you as suitable for your patient. In an institution, there may be a desire to establish some procedure to deal with a variety of clients. Thus, in a rehabilitation hospital, for example, Gazda's Multiple Impact Training may seem the

system of choice, or in a prison consideration might be given to Immediate Therapy. Or, in a school, students may be taught Meditation.

Finally, of course, this book can be employed as a kind of encyclopedia for spot information about a particular system or for ideas about how to treat a particular problem.

Comments about the Therapies

At one point I attempted to classify every system in this book in some sort of multiple category, such as client-control, directed to the unconscious, future-oriented, and so forth, but the reactions of the chapter authors were mixed regarding the value of my categorization. Additionally, my classification of some systems differed radically from the authors' own classification; thus I decided against including this classification system.

However, I can assure the reader that the systems in this book vary considerably with respect to the following dimensions: *control*—some are client-centered, some therapist-centered, and some are mixed; *awareness*—some are directed to conscious awareness, some to the unconscious, and some are mixed; *temporality*—some of the approaches go into the past, some into the present, and some are future-oriented; *range* (of results)—some systems aim for limited results, while some have grander aspirations of changing the whole personality; *focus*—some systems fix on cognition, some on emotions, and some on behavior, while other systems go for combinations of these three; *view of humans*—some systems see the human being as strictly determined, some as having free will, and some as determined by a combination of heredity, environment, and self; *operations*—some of the systems are very limited in their operations, some are varied, and some are quite wide.

In other words, an extreme range of theories and procedures is to be found in

this book: Some systems may be considered very simple, some very complicated; some very conservative, some quite radical; some appear to be of the commonsense variety, while some appear to be just plain foolish; some systems appear to be combinations of what others have thought of or done, while others appear to be completely new; some systems should be acceptable in the most

fundamentalist of social agencies, while some systems couldn't get in the front door. But all of the systems are in one way or another innovative—and each should have some impact on the careful reader.

RAYMOND J. CORSINI

Honolulu, Hawaii
February 1981

List of Psychotherapies

In the list below, generally speaking, the word *Psychotherapy* is understood to follow the term shown. Thus, in the first term, *Action*, the full name of the therapy is *Action Psychotherapy*. In other cases, the full name is given, Thus—*Adaptational Psychodynamics*. There are several points to be considered in going over the list. In some cases, the system of therapy is general and possibly even vague. This may be the case, for example, in *Art Therapy*. In some cases, a particular theory may have had several names. This is true of *Non-directive Therapy*, *Client-Centered Therapy* and *Person-Centered Therapy* all being different names for the same conceptualization.

I had thought of trying to tie the name of the various therapies with their innovators, but this was too much of a problem: trying to find out, for example, who developed PLOMP (or even what it was) was

beyond my capacity. Also, there are instances of the same name serving two quite different therapies. George Gazda, for example, gave the name *Multiple Impact Therapy* to a system he developed and then learned someone else had previously used the term and so he changed the name of his system to *Multiple Impact Training*.

Some purists might dispute whether some of the systems here included, such as *Arica* or *Scientology* are therapeutic systems; but then, some will question whether *Psychoanalysis* is. This listing is very inclusive and not exclusive.

Names capitalized, such as ADLERIAN, represent systems not in this book but which are to be found in my *Current Psychotherapies*; names italicized, such as *Actualizing* are those systems to be found in this book.

Action	Assertion-structured
Active	Assertiveness Training
Actualism	Assumption Centered
<i>Actualizing</i>	Atase
Adaptational Psychodynamics	Attitude
ADLERIAN	Autochthonous
<i>Aesthetic Realism</i>	<i>Autogenic Training</i>
Alexander Technique	Aversion
Alphagenics	Aversive
ANALYTICAL	BEHAVIORAL
Anger Provocation	Behavioral Counseling
Anxiety Management Training	Behavioral Family
<i>Aqua-Energetics</i>	Bibliotherapy
<i>Art</i>	Biocentrics
Arica	Bioenergetics

- Biofeedback*
 Body Awareness
Body
 Breakthru Dreaming
 Breathing
Brief
 Character Analysis
 Choices
 Client-Centered
 Clinical Behavior
 Clinical Biofeedback
 Cognitive
Cognitive Behavior
 Communication
Comprehensive Relaxation
 Concentrative Movement
Conditioned Reflex
Conflict Resolution
 Confrontation
 Conjoint Family
 Coping Skills Training
 Course in Miracles
Covert Conditioning
 Covert Desensitization
 Creative
Creative Aggression
 Creative Problem Solving
Crisis Intervention
 Cybernetics
Dance—
 Dance—Mime
 Dance—Movement
 Dasein Analysis
 Depth
 Direct Decision
Direct Psychoanalysis
 Directive
 Directed Reverie
 Eclectics
 Ego Directive
Ego State
Eidetics
 Emotive Reconstructive
 Encounter
Encouragement
 Esoteric
 Erhard Seminar Training
 Eutonia
 Existential
 Existential Analytic
 EXPERIENTIAL
 Experiential Family
 Expressive
 FAMILY
 Family Contact
 Fantasy
 Feeling
 Feldenkrais
Feminist
Fixed Role
Focusing
 Formative Spirituality
 Free Painting
Functional
 General Semantics
 GESTALT
 Gestalt Attitude
 Go-between Process
Holistic Education
 Humanistic
 HUMAN POTENTIAL
 Hydropsychotherapy
 Hypnosis
 Hypnbehavioral
 Hypnography
 Illumination
 Imagery
Immediate
Impass/Priority
 Implicit
 Implosive
 Insight
 Intense Feeling
 Intensive Journal
Integrative
Integrity Groups
Interpersonal Process Recall
 Logotherapy
Mainstreaming
 Marathon
 Medical moralizations
Meditation
 Mental Movements
 Milieu
Morita
 Movement
 Multimedia
Multimodal

Multiple Family
 Multiple Impact
Multiple Impact Training
Mutual Need
 Music
Naikan
 Natural
Natural High
 Neobehavioral
 Neo-Reichian
 Network
New Identity Process
 Neuro-Linguistics
 Nirvana
 Non-directive
Non-directive Psychoanalysis
 Non-rational
 Nude
 Objective
 Objectivism
 Open Door
 Open Education
 Open Encounter
 Open Ended
 Operant Group
Orgone
 Past Lives
 PERSON CENTERED
Personal constructs
 Personal Science
 Philotherapy
 Philosophic
 Phyloanalysis
 Piagetian
Plissit
 Plomp
Poetry
 Polarity
 Positive
Primal
Primary Relationships
 Priorities
Provocative
 PSYCHOANALYSIS
 Psychobiological
 Psychocybernetics
 Psychedelics
 PSYCHODRAMA
Psycho-Imagination
 Psychomotor
 Psychosocial
 Psychosomatics
Psychosynthesis
Radical
Radix
 Rage reduction
 Rational
 RATIONAL-EMOTIVE
 Realativity
 REALITY
Rebirthing
 Redecision
Reevaluation
 Regressive
 Reichian
 Re-grief
 Relationships
 Regressive
 Reparenting
 Role
 Role Construct
 Rolfing
 Round Table
 Scientology
 Scream
 Sector
 Self
 Self Analysis
 Self Hypnosis
Self Image
 Self Instructional Training
 Self-talk
 Semantic
 Sensor Awareness
 Sentic
 Separation
Sex
 Sleep
Social Influence
 Social Learning
 Social Modeling
 Stress Inoculation Training
Stress management
 Structural Integration
Structured Learning
 Syntetics
 Systematic Relaxation
 T Groups

xviii List of Psychotherapies

Teledynamics Feedback
Terpsichotrance
Therapeutic Community
Time Limited
Triad
Tori
Transcendence
Transpersonal

TRANSACTIONAL ANALYSIS
Twenty-Four hour
Vegetotherapy
Verbal Behavior
Whole Life
Will
Z-Process

Acknowledgments

As can be imagined, a great many people assisted me directly and indirectly in the preparation of this book. Some of them, such as the librarians at the University of Hawaii and at the Library of Congress, must be anonymous since I never knew their names. However, I would like to emphasize that for this book as well as for all others I have worked on, I have always found librarians more than willing to be of help.

My greatest appreciation is to my wife, Dr. Kleona Rigney, to whom I dedicate this book. She was of help in many areas—from doing clerical work to reading the systems and giving opinions, as well as helping with chores that were my responsibility.

I am appreciative to Robert Lawless of Wiley-Interscience, who first accepted this book and who advised and encouraged me; to Herb Reich, my editor at Wiley-Interscience, who improved my book con-

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Most of all, I, along with the readers of this book, should be appreciative of the authors of the chapters, all of them busy people, who accepted the assignment to write a chapter and who (for the most part) cooperated cheerfully in my various demands to generate a disciplined work.

The ultimate purpose of the *Handbook of Innovative Psychotherapies* is to further psychotherapy as a science, a profession, and a means of improving human living. I offer this book with the hope that its purpose will be at least partially fulfilled.

R.J.C.

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