

cognitive psychoanalytic experiential  
integrative family couple behavioral  
person-centered existential-humanistic  
group relational brief integrative family

# ESSENTIAL PSYCHOTHERAPIES

theory and practice | third edition

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couple behavioral cognitive psychoanalytic  
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edited by Stanley B. Messer and Alan S. Gurman

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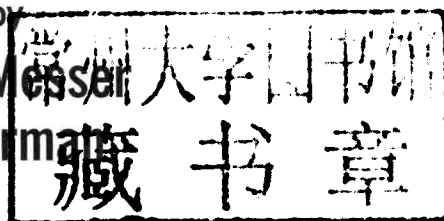
## Theory and Practice

THIRD EDITION

Edited by

Stanley B. Messer

Alan S. Gurman



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# **ESSENTIAL PSYCHOTHERAPIES**

*To our children—  
Elana and Tova Messer,  
Leora Mitzner,  
and  
Jesse and Ted Gurman*

# About the Editors

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# **PART I**

## **INTRODUCTION**



# CHAPTER 1

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## Contemporary Issues in Psychotherapy Theory, Practice, and Research *A Framework for Comparative Study*

**Stanley B. Messer**  
**Alan S. Gurman**

**T**his book presents the core theoretical and applied aspects of essential psychotherapies in contemporary clinical practice. In our view, essential psychotherapies are those that form the conceptual and clinical bedrock of psychotherapeutic training, practice, and research rather than those that may be generating momentary enthusiasm but are soon likely to fade from the therapeutic scene. We believe there are two quite distinct categories of essential psychotherapies. First are those approaches whose origins are found early in the history of psychotherapy, although all of these have been revised and refined considerably over time. Examples of such foundational and time-honored approaches are Freudian-derived psychoanalytic psychotherapy; existential–humanistic, person-centered and experiential models; behavior therapy; and group therapy. Second are the psychotherapies developed more recently that have had a strong influence on practice, training, and research, and are likely to have staying power. Examples are the relational, cognitive, family, couple, brief, and integrative therapies, and the functional–contextual approach to behavior therapy.

The first two editions of *Essential Psychotherapies* have become a primary source for comprehensive presentations of the most prominent contemporary influences in the field of psychotherapy. Although there are literally hundreds of differently labeled “psychotherapies,” the great majority are only partial methods, single techniques, or minor variations on existing approaches. We believe that they can be subsumed by about a dozen quite distinguishable types.

As editors, we have challenged our contributing authors to convey not only what is basic and core to their ways of thinking and working, but also what is new and forward-looking in

theory, practice, and research. Our contributors, all eminent scholars and practicing clinicians, have helped to forge a volume that is well suited to exposing advanced undergraduates, beginning graduate students, and trainees in all the mental health professions to the major schools and methods of modern psychotherapy. Because the chapters were written by cutting-edge representatives of their therapeutic approaches, there is something genuinely new in these presentations that will be of value to more experienced therapists as well.

As in the first two editions, each chapter offers a clear sense of the history, current status, assessment approach, techniques, and research on the therapy being discussed, along with its foundational ideas about personality and psychological health and dysfunction. As both academicians and practicing psychotherapists, we endorse the adage that “there is nothing so practical as a good theory” (Lewin, 1951, p. 169). Each chapter balances the discussion of theory and practice and emphasizes the interaction between them.

Before detailing our organizing framework for the chapters in this book, three comments about its contents are in order. First, while *Essential Psychotherapies* provides substantive presentations of the major schools of psychotherapeutic thought and general guidelines for practice, it does not emphasize, per se, treatment prescriptions for specific disorders or “special populations.” Included, however, are examples of such applications, especially within the behavioral and cognitive approaches. Whereas forces in the contemporary world of psychotherapy support a rather broad movement to specify particular techniques for particular problems and types of persons, we continue to believe that the majority of practitioners approach their work from the standpoint of theory as it informs general strategies and techniques of practice. Optimally, such techniques and interpersonal stances have survived in the crucible of systematic research and can be considered supported or validated. In other words, we believe that there is an interplay among theory, practice, and research that encompasses what we know about empirically supported treatments and techniques, as well as those aspects of the psychotherapy relationship that have a marked effect on the success of therapy (e.g., Friedlander, Escudero, & Heatherington, 2006; Norcross, 2011).

Second, there is considerable energy being devoted to the development and refinement of integrative approaches to psychotherapy (see Stricker & Gold, Chapter 12, this volume). While valuing the search for integrative principles and common factors that transcend particular therapies (e.g., Gurman, 2008; Messer, 2009), we support the continuing practice of teaching relatively distinct schools or systems of psychotherapy. We agree with Feldman and Feldman (2005) that “for therapists to offer a truly balanced and systematic integration, they need to be well versed in the core concepts and techniques of a variety of orientations and conscious of the strengths and limitations of each perspective” (pp. 398–399).

Third, we believe that therapists’ personalities increase their attraction to certain approaches and diminish their interest in others. As Gurman (1983) has emphasized, “The choice of a favorite method of psychotherapy . . . is always very personal” (p. 22). Fortunately, the field of psychotherapy provides enough variety of concepts and modes of practice to match the personal predilections of any aspiring clinician.

## THE EVOLUTION OF PSYCHOTHERAPY AND OF “ESSENTIAL PSYCHOTHERAPIES”

Despite the fact that the essential approaches are largely the same as when this volume first appeared in 1995, there have been some important changes in the landscape of psychotherapy. First, although Gestalt therapy and transactional analysis have left their imprint on

current models, and were popular and prominent therapies in earlier times, they are less so today. As a result, there are no separate chapters devoted to them. Gestalt therapy, however, is addressed within Bohart and Watson's Chapter 7 (this volume) on person-centered and related experiential approaches. Due to the growth of various offshoots of behavior and cognitive therapy, such as dialectical behavior therapy, acceptance and commitment therapy, meditation and mindfulness, and so forth—sometimes known as the “third wave” of behavior therapy (Goldfried, 2011; Hayes, 2004)—we have added a chapter on these and other innovations. At the same time, we have reluctantly not included a separate chapter on post-modern approaches (Tarragona, 2009), because they have not penetrated the general practice of individual psychotherapy very deeply. They have had a continuing influence on other modalities of therapy, however, especially those that are couple- and family-oriented, and these influences are addressed in the chapters here on couple and family therapy (Gurman, Chapter 10; Kaslow, Bhaju, & Celano, Chapter 9) as well as in the chapter on brief therapy (Hoyt, Chapter 11). The social constructionist philosophical outlook of these approaches, which emphasizes the ways in which human beings construe reality rather than viewing it as a fixed, objective entity, tend to downplay the role of the therapist as an “expert,” view clients in nonpathologizing terms, decry the relevance of traditional diagnosis, and emphasize the role of social and cultural context in understanding people's suffering.

The various models of psychotherapy appearing here stem from different views of human nature, about which there is no universal agreement. Working from alternative epistemological outlooks (e.g., introspective [from within] vs. extraspective [from the outside]), these schools of therapy embrace quite different ways of getting to know clients. In addition, these therapies encompass distinct visions of reality or combinations thereof, such as tragic, comic, romantic, and ironic views of life (Messer & Winokur, 1984), which influence what change consists of and how much is considered possible. We believe that it is important for the field to appreciate and highlight the different perspectives and visions exemplified by each model or school of therapy even while respecting the search for common principles in theory and practice.

## A FRAMEWORK FOR COMPARING THE PSYCHOTHERAPIES

It is not the answer that enlightens, but the questions.

—EUGENE IONESCO

Our theories are our inventions; but they may be merely ill-reasoned guesses, bold conjectures, hypotheses. Out of these we create a world, not the real world, but our own nets in which we try to catch the real world.

—KARL POPPER

As in the earlier editions of *Essential Psychotherapies*, we provided the authors with a comprehensive set of guidelines (presented below). These have proven useful in facilitating readers' comparative study of the major models of contemporary psychotherapy and may also be used by the student as a template for studying therapeutic approaches not included here. We believe that these guidelines include the basic and requisite elements of an adequate description of any type of psychotherapy.

In offering these guidelines to our authors, we aimed to steer a midcourse between providing the reader with sufficient anchor points for comparative study, while not con-

straining the authors' expository creativity. (See italics below for required content.) We believe that our contributors succeeded in following the guidelines, while describing their respective approaches in an engaging fashion. Authors were encouraged to sequence their material within chapter sections according to their own preferences. They were also advised that they need neither to limit their presentations to the matters raised in the guidelines nor address every point identified therein, but that they should address these matters if they were relevant to their treatment approach. Authors were also free to merge sections of the guidelines if doing so helped them communicate their perspectives more meaningfully. Those features we considered essential to include were highlighted. We believe that the authors' flexible adherence to the guidelines helped to make clear how theory helps to organize clinical work and facilitates case conceptualization. The inclusion of clinical case material in each chapter serves, in an important way, to illustrate the constructs and methods described previously.

Although most of our author guidelines remained unchanged from those in the first two editions, we made a few additions and modifications. We allowed more space for a section on "Research Support," adding the term *Evidence-Based Practice* to it. We asked the authors to be sure to address cultural factors (e.g., ethnicity, race, religion/spirituality, social class, gender) and to offer suggestions of DVDs and videotapes that illustrate each approach. We now present these author guidelines, along with our rationale for, and commentary on, each area. In this fashion, we hope to bring the reader up to date on continuing issues and controversies in the field.

## HISTORICAL BACKGROUND

History is the version of past events that people have decided to agree on.

—NAPOLEON BONAPARTE

**PURPOSE:** To place the approach in historical perspective within the field of psychotherapy.

*Points to consider:*

1. Cite the *major influences that contributed to the development of the approach* (e.g., people, books, research, theories, conferences). What sociohistorical forces or *Zeitgeist* shaped the emergence and development of this approach (Victorian era, American pragmatism, modernism, postmodernism, etc.)?
2. What therapeutic forms, if any, were forerunners of the approach (psychoanalysis, learning theory, organismic theory, etc.)?
3. What were the types of patients for whom the approach was developed? Speculate as to why.
4. Cite the early theoretical concepts and/or therapy techniques.

People's lives can be significantly influenced for the better in a wide range of ways—for example, a parent adopts a new approach toward his defiant adolescent, a member of the



clergy facilitates a congregant's self-forgiveness, an athletic coach or teacher serves as a life-altering "role model" for a student, and so on. Yet none of these, or other commonly occurring healing or behavior-changing experiences, qualifies as psychotherapy. *Psychotherapy refers to a particular process rather than just to any experience that leads to desirable psychological outcomes.* Written over four decades ago, Meltzoff and Kornreich's (1970) definition of psychotherapy is still quite apt, although their term *techniques* has to be seen as including relationship factors, and the phrase "judged by the therapist" must be broadened to include the client's perspective:

Psychotherapy is . . . the informed and planful application of techniques derived from established psychological principles, by persons qualified through training and experience to understand these principles and to apply these techniques with the intention of assisting individuals to modify such personal characteristics as feelings, values, attitudes and behaviors which are judged by the therapist to be maladaptive or maladjustive. (p. 4)

Given such a definition of psychotherapy, we believe that developing an understanding and appreciation of the professional roots and historical context of psychotherapeutic models is an essential aspect of one's education as a therapist (Norcross, VandenBos, & Friedheim [2010] provide the most comprehensive accounts of the histories of all the major psychotherapy approaches to date). Lacking such awareness, a particular therapy might seem to have evolved from nowhere and for no known reason. An important aspect of a therapist's ability to help people change lies not only in his or her belief in the more technical aspects of the chosen orientation, as in the aforementioned definition, but also in the worldview implicit in it (Frank & Frank, 1991; Messer & Winokur, 1984). Having some exposure to the historical origins of a therapeutic approach helps clinicians comprehend such an implicit worldview.

In addition to appreciating the professional roots of therapeutic methods, it is enlightening to understand why particular methods, or sometimes clusters of related methods, appear on the scene in particular historical periods. The intellectual, economic, and political contexts in which therapeutic approaches arise often provide meaningful clues about the emerging social, scientific, and philosophical values that frame clinical encounters. Such values may have a subtle but salient impact on whether newer treatment approaches endure. For example, until quite recently, virtually all the influential and dominant models of psychotherapy were derived from three broad outlooks: psychoanalysis, humanism, and behaviorism.

In the last few decades in particular, however, two newer conceptual forces have shaped the landscape of psychotherapy in visible ways. The systems-oriented methods of family and couple therapy have grown out of an increasing awareness of the contextual embeddedness of all human behavior (Gurman & Snyder, 2010). Indeed, even the more traditional therapeutic approaches, such as those grounded in psychoanalytic thinking, have become more relational. Likewise, emerging integrative and brief psychotherapeutic approaches have gained recognition and stature in the last two decades, in part as a response to increased societal and professional expectations that psychotherapy demonstrate both its efficacy and its efficiency (Hoyt, Chapter 11 and Stricker & Gold, Chapter 12, this volume; Messer, Sanderson, & Gurman, 2003).