THE TECHNIQUE OF PSYCHOTHERAPY

VARIETIES OF PSYCHOTHERAPY

LEWIS R. WOLBERG M.D.

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Lewis R. Wolberg, M.D.

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An impartial observer of the contemporary psychotherapeutic scene would be forced to admit that present-day theories about how people become emotionally ill are exceeded in number only by the available remedies for making them well again. The individual seeking help for an emotional problem, the student in quest of training in psychotherapy, the investigator searching for answers to the puzzling problems of process and outcome research—all are confronted with an imponderable dilemma of choice. Indeed, the field of psychotherapy has become a vast supermarket where consumers may shop for stores of interventions that can satisfy the most capricious tastes. These range from mundane traditional interview methods to more exotic excursions into marathons, mantras, and massage.

There is no need to agonize over reasons for the predicament that psychotherapy finds itself in today. Empirical studies have shed little light on how treatment processes operate and when they are most effective. Emotional problems are difficult to treat. Well-trained therapists are hard to find. Good therapy is expensive and, even when implemented, encounters great resistance in some patients. Professionals are constantly devising unique approaches that coordinate with their personalities, philosophies, and styles of relating. Often they become so convinced of the virtues of their systems that they incorporate in it the entire world of psychopathology. Vast pockets of need remain unfulfilled and into these areas pour the less trained, less experienced practitioners, as well as a host of charlatans, drum beaters, and mental health evangelists whose enthusiasm for innovation is matched by their ignorance of things psychological. Lacking the discipline of experience, they promise rapid cures with a murky collage of half-truths, naive opinions, and outright distortions.

The average person is thus in a quandary when exploring the field in the hope of finding an adequate resource for personal emotional difficulties. Inquiries will generally bring as many opinions about preferred courses of action as there are people to consult. The family physician may admonish to "slow down and relax," supplementing this advice with such medications as tranquilizers, vitamins, energizers, hypnotics, or placebos. A minister may enjoin more assiduous devotion to religion and faith that God will show the path to follow. A lawyer may counsel a long vacation in order to get away from the

press of business responsibilities. Friends may urge one to leave a job, or to divorce a mate, or to find an absorbing hobby, or to take up meditation, or to see a chiropractor, or to read self-help books.

If the average person decides to get professional help, there will be no less confounding advice, particularly if a resident of a large city where there are many representative types of therapy. If such is the case, what should he or she do? Should he choose a therapist who practices psychoanalysis in spite of the current unfavorable publicity regarding its values? Should she go to a behavior therapist even though some of her friends have warned her that symptom alleviation will not get down to the bedrock of her troubles? What about group therapy, or marital therapy, or Scientology, or primal scream therapy, or transcendental meditation, or reality therapy, or any of the scores of other approaches that he or she has heard or read about? Perhaps his body needs balancing with psychotropic drugs, or maybe she can gain control over her physiological responses with biofeedback, or is hypnosis or strategic therapy the answer?

It is confusing, even for the average professional person, to view the multiform methods of treatment that are promulgated for emotional illness and to listen to the exaggerated claims of their devotees and the violent denunciations of their critics. Equally puzzling is the fact that published statistical data, tabulating percentages of cure and improvement and failure, reveal that results obtained by various methods of treatment are strikingly similar. Indeed, people seem to be benefited by all kinds of therapy—by those that have a scientific stamp of approval as well as those on the fringe of quackery.

How can we explain such inconsistencies? How can we, for instance, explain the failure of people to respond to years of intensive and skillful psychoanalysis who, succumbing to the blandishments of untutored charlatans, lose their symptoms in a few weeks and take up life with renewed vigor? Are there differences in the quality of improvement with varied forms of treatment, or do certain kinds of problems respond better to specific types of treatment methods? Are there differences in the permanency of the results obtained by the respective procedures? Can we say that there is a "best" treatment for neurosis? Added to these confusing issues is the fact that in some instances an individual suffering from a severe emotional problem may experience considerable relief, and even a so-called cure, without the formality of having received any kind of treatment whatsoever. How much of a spontaneous reparative element, therefore, is present during the course of any therapy? Answers to these questions will be considered in

the chapters that follow.

To describe the countless permutations of therapy that exist today would be an almost impossible task since all practitioners evolve a unique format influenced by their background and character structure. Corsini (1981) lists no less the 250 different kinds of psychotherapy, and Herink (1980) describes as many in his book. Nevertheless, there are identifiable pools within which practitioners flexibly float. It may be useful to classify the chief varieties of psychotherapy in relation, first, to the objectives they pursue (Table 2-1) and, second, to the fields from which they derive their substance (Table 2-2).

The varieties of psychotherapy may conveniently be divided into three main groupings: supportive therapy, reeducative therapy, and reconstructive therapy. The distinctions among these as they relate to objectives and the more common approaches are outlined in Table 2-1. The many psychotherapies in supportive, reeducative, and reconstructive categories become more diverse from year to year as an increasing numbers of professionals enter the psychotherapeutic field, introducing into it their unique technical modifications. Schools of psychotherapy have crystallized around the various approaches, each of which has its zealous disciples as well as its staunch critics. Each lays claims to multifarious successes and admits to some failures. Actually, radical divergencies in technique are more apparent than real, many distinctions vanishing as soon as semantic differences are resolved (Rosenzweig, 1936; Watson, 1940). Some differences, however, do exist and will be considered in detail in the next chapters.

Table 2-1 Varieties of Psychotherapy

Type of Treatment	Objectives	Illustrative Therapies
Supportive Therapy	Strengthening of existing defenses. Elaboration of new and better mechanisms of maintaining control. Restoration to an adaptive equilibrium.	Guidance, Environmental Manipulation, Externalization of Interests, Reassurance, Pressure and Coercion, Persuasion, Emotional Catharsis and Desensitization, Prestige Suggestion, Suggestive Hypnosis, Inspirational Group Therapy, Supportive Adjuncts (Somatic Therapy, Muscular Relaxation, Hydrotherapy)
Reeducative Therapy	Deliberate efforts at readjustment, goal modification, and the living up to existing creative potentialities, with or without insight into	Behavior and Conditioning Therapy, "Relationship Therapy," "Attitude Therapy," "Interview Psychotherapy," Client-centered Therapy, Directive Therapy, Distributive Analysis and Synthesis (Psychobiologic Therapy), Therapeutic Counseling, Casework Therapy, "Rational Therapy," Reeducative Group Therapy, Marital Therapy, Family Therapy, Psychodrama, Semantic Therapy, Philosophic Approaches (Existential,

	conscious conflicts.	Zen Buddhist), Strategic Therapy, Cognitive Therapy
Reconstructive Therapy	Insight into unconscious conflicts, with efforts to achieve extensive alterations of character structure. Expansion of personality growth with development of new adaptive potentialities.	Freudian Psychoanalysis, Ego Analysis, Kleinian Analysis, Object Relations Therapy, Neo-Freudian Psychoanalysis (Adler, Jung, Stekel, Rank, Ferenczi, Reich, Fromm, Sullivan, Horney, Rado), Psychoanalytically Oriented Psychotherapy, Transactional Approaches, Existential Analysis, Analytic Group Therapy, Adjunctive Therapies (Hypnoanalysis, Narcotherapy, Play Therapy, Art Therapy)

Table 2-2 Approaches to Mental Illness

Approach	Principal Fields Involved	Affiliated Professionals and Workers	Illustrative Treatment Methods
Biological	Neuroanatomy, Neurophysiology, Neurology, Biochemistry, Ethology, Genetics, Behavioral Genetics	Neuroanatomists, Neurophysiologists, Neurologists, Geneticists, Physiologists, Biologists, Biochemists, Ethologists, Physicans, Nurses	Somatic Therapies (Drug Therapy, Sleep Therapy, Electroconvulsive Therapy, Insulin Coma, Psychosurgery)
Psychological	Conditioning and Learning Theory, Developmental Theory, Personality Theory, Psychoanalytic Theory	Psychiatrists, Psychologists (experimental, educational, developmental, clinical), Educators, Psychiatric Social Workers, Psychiatric Nurses	Psychotherapy (Psychoanalysis, Behavioral Therapy, Therapeutic Counseling, Gestalt Therapy, Hypnotherapy, etc.)
Sociological	Social Theory, Role Theory, Field Theory, Ecology, Cultural Anthropology, Group Dynamics	Sociologists, Social Workers, Social Psychologists, Anthropologists, Mental Health Aids, Paraprofessionals	Casework, Environmental (Milieu) Therapy, Rehabilitation, Group Therapy, Psychodrama, Sociodrama, Family Therapy, Social Therapy, Transactional Therapy
Philosophic	Religion, Philosophy	Clergymen, Philosophers, Psychotherapists	Religious Therapy, Transcendental Meditation, Existentialism, Zen Buddhism, Yoga, Cognitive Therapy

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Schools of psychotherapy are characterized by the aggregation under one banner of a host of professionals, trained to respect one or another of the pioneers in the biological, psychological, social, and philosophic fields and espousing, often fanatically, a general point of view and basic postulates, which, upon close examination, reflect wide personal differences in interpretation and application. Indeed, the variations and shades of divergence between members of the same school are often greater than between members of rival schools.

Professionals develop individual styles of doing psychotherapy, as artists evolve unique ways of painting. They then become wedded to these styles, perfect them, find them effective to their satisfaction, and then sometimes promote them as the best of all treatments. A general theory is fabricated sooner or later to provide a rationale which, more or less, draws from their personal lives and intrapsychic experiences. If they are sufficiently persuasive, they may attract a host of followers who are searching for answers to the dilemmas of treatment. And if they possess an abundance of charisma, they may even initiate a revolution in the form of a new school, which lasts for a period until sufficient failures in therapy accumulate to convince therapists that the psychiatric messiah has not yet arrived. When we distill out the important essences of all of the existing therapies, the differences are not as profound as they seem on the surface, although several classes of therapies do exist with distinctive goals and operational modes.

While all schools of psychotherapy explicitly avow an empirical dedication rooted in observation and experiment, some find their pith in ontologic and even theologic-like precepts. Difference is registered in the degree of allegiance to biological as contrasted with psychological and sociological principles. On the one hand, there are behavioristic schools that orient themselves around a stimulus-response psychology or social learning model, focused on objective observation, accepting psychic phenomena merely as intervening variables. There are hormic schools, which include the dynamic systems, that deny that behavior is explicable in purely mechanistic or physiochemical terms but rather requires the consideration of contents of mind as objects of awareness.

The various approaches to emotional illness involve many affiliated fields (see Table 2-2). In the main, the following avenues are pursued:

1. Organic-physiological regimens that, rooted in the soil of biology, are strictly speaking not psychotherapeutic.

2. Behavioral-conditioning techniques, psychologically oriented, that deal with the effects of conflict and depend on relearning and the retraining of responses without concerning themselves too much with conflictual sources.

3. Supportive relationship tactics, sociologically based, that draw upon factors that are operative in any "helping process."

4. Dynamic-reconstructive methodologies, psychologically and sociologically inspired, that focus on insight, delineating the origins of conflict, its effect on intrapsychic functioning, its manifestations in character structure, and its impact on problem solving and other vital behavioral activities.

5. Philosophic-persuasive ideologies aimed at alteration of values and meaning systems, toward the development of more adaptive ways of approaching life's burdens.

In actual practice there is often a fusion of approaches, although the followers of specific schools may be loathe to admit this.