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Current Psychotherapies

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Current Psychotherapies 11e

Editors Danny Wedding Raymond J. Corsini



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Dedication To Karen Jo Schwaiger Harrington My last and greatest love, with gratitude for the wonderful life you have given me.

In memory of Raymond J. Corsini (1914–2008)



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Albert Ellis, PhD, wrote more than 80 books and more than 800 articles, but he is best known for developing and championing Rational Emotive Behavior Therapy (REBT). He was consistently ranked as one of the most influential psychologists of the 20th century. In addition to his writing, Al trained and supervised practitioners, and he helped thousands of clients in his clinical practice. Dr. Ellis was posthumously awarded the 2013 Award for Outstanding Lifetime Contributions to Psychology by the American Psychological Association.

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Nathaniel J. Raskin, PhD, has been called a "quiet giant" of the client-centered approach. He was a student of Carl Rogers, later a colleague and close friend, and a Professor of Clinical Psychology at Northwestern University Medical School. Everyone who experienced Nat in small groups, in classes, or as clients, recalls his decency, generosity, and profound embodiment of unconditional positive regard, empathic understanding, and genuineness.

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Carl Ransom Rogers, PhD, pioneer of the client-centered and person-centered approach, is regarded as one of the most influential and revolutionary psychologists of the 20th century. He was a master therapist whose emancipatory theory and practice, not only of therapy but also of interpersonal relationships, are widely studied. His later work included large group encounters between parties to international conflicts in Northern Ireland and Central America.

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Acknowledgments

Every new edition of a book is shaped and improved by the comments of those readers who take time to provide feedback about previous editions. This book is no different, and I have benefited from the suggestions of literally hundreds of my students, colleagues, and friends. I have been particularly vigilant about getting feedback from those professors who use *Current Psychotherapies* as a text, and their comments help shape each new edition. I also benefited from numerous suggestions from colleagues in the Society of Clinical Psychology (Division 12 of the American Psychological Association) during my presidential year and every year since. Barbara Cubic and Frank Dumont helped with this new edition and made numerous important suggestions, and I'm grateful for the common sense and good advice of Alexander Hancock, a Cengage content developer, and Julie Martinez, my Cengage product manager.

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Preface

This new edition of *Current Psychotherapies* reflects a commitment to maintaining the currency alluded to in the book's title, and the text in its entirety provides a comprehensive overview of the state of the art of psychotherapy in 2018. More than a million students have used previous editions of this book, and *Current Psychotherapies* has been translated into more than a dozen languages. One reviewer referred to the text as "venerable." I am proud of its success.

Ray Corsini originally persuaded me to work with him in 1976 while I was a graduate student at the University of Hawaii, and recruiting the best possible authors and maintaining the quality of *Current Psychotherapies* has been a consuming passion for the past four decades. I'm convinced each new edition is better than the last.

A new author has been added for the chapter on Psychodynamic Psychotherapies, and she has updated the chapter and added numerous descriptions of cutting-edge psychodynamic research (e.g., a 2017 study documenting the equivalent effectiveness of psychodynamic and cognitive behavioral treatments). Michael P. Maniacci and Laurie Sackett-Maniacci, an Adlerian husband and wife team, have updated their chapter to describe the seminal contributions Jon Carlson made before passing away while their chapter was being written.

Marge Witty has made extensive updates to her chapter on Client Centered Psychotherapy, including a discussion of the paternalism inherent in cognitive behavior therapy based on Proctor's (2017) analysis and Ryan and Deci's (2017) formulation of selfdetermination theory. Debbie Joffe Ellis, widow of Albert Ellis, has updated the chapter on REBT, expanded her discussion of the importance of gratitude, and included information on accessing the REBT videotapes she developed for the American Psychological Association.

My friend Martin Antony (Marty) is a consummate scholar, and his chapter includes numerous updates to recent findings in the behavior therapy literature, including evidence documenting the importance of the relationship in cognitive behavior therapy (Kazantzis, Dttilio, & Dobson, 2017). Marty also notes that the Society of Clinical Psychology's 2017 list of empirically supported psychological treatments "includes 80 treatments for particular disorders of which more than three quarters are behavioral or cognitive-behavioral treatments."

The chapter on Cognitive Therapy now includes a discussion of the relevance of mindfulness training to the treatment of anxiety and depression in cognitive therapy. Marjorie Weishaar and Aaron (Tim) Beck also allude to recent meta-analyses supporting the efficacy of cognitive behavior therapy. Getting to know and work with Marjorie and Tim has been one of the most rewarding aspects of my work as editor of *Current Psychotherapies*.

Ruthellen Josselson and Irvin Yalom have updated their chapter to include a discussion of the move toward psychotherapy integration, and they introduce readers to two important new books in existential psychotherapy: Jerry Shapiro's *Pragmatic Existential Counseling and Psychotherapy: Intimacy, Intuition, and the Search for Meaning* (2016) and Orah Krug and Kirk Schneider's *Supervision Essentials for Existential-Humanistic Therapy* (2016).

A new author, Charles Bowman, has been added to the chapter on Gestalt Therapy. Dr. Bowman has made extensive changes to the previous chapter, making it current and contemporary. I appreciate his erudite scholarship, especially his thoughtful explanation of the limits of evidence in the Gestalt tradition. He notes "randomized controlled trials, which are considered 'strong evidence' by researchers, decontextualize the patient, and bear no resemblance to the clinical situation."

Helen Verdeli and Myrna Weissman have updated their chapter on Interpersonal Psychotherapy (IPT) to include a discussion of recent meta-analyses like that of Palpacuer and colleagues (2017), who "found IPT to be the most robust of psychotherapeutic interventions, having the highest increase in response compared to the wait-list condition." They also introduce readers to an important new book, *Interpersonal Psychotherapy for Posttraumatic Stress Disorder* (Markowitz, 2017).

The chapter on Family Therapy has a new coauthor, Mark Stanton, Provost at Azusa Pacific University. Mark coauthored the ninth edition of the Goldenberg's classic text on Family Therapy, and he updated the *Current Psychotherapies* chapter on Family Therapy to include multiple studies from 2016 and 2017, including a discussion of how family therapists relate to the "unique problems inherent in the multitude of families today that do not fit the historical model of the intact family."

I am especially grateful to my good friend Roger Walsh, a visionary polymath, who retitled and reworked his chapter on contemplative psychotherapies to focus on mindfulness and its relevance to all forms of psychotherapy. His new chapter, now titled "Mindfulness and Other Contemplative Psychotherapies," is a masterful review of a vast and ever-growing literature. I found his new discussion of "The Shadow Side of Success," pointing out the problems associated with an unduly enthusiastic rush to embrace mindfulness in psychotherapy, especially compelling. I'm confident there is no one in the world better qualified than Roger to write this chapter.

Positive psychology is one of the newest and most exciting developments in contemporary psychotherapy, and two bona fide experts—Tayyab Rashid and Martin Seligman have updated their chapter on Positive Psychotherapy (PPT) for this new edition of *Current Psychotherapies*. Their "Summary of PPT Outcome Studies" is a masterful overview of recent research, including seven studies published since 2016.

Working closely with one's friends is one of the joys of editing a book like this, and I consider John Norcross and Larry Beutler two of my finest friends. Both are prolific authors, both are incredibly smart, and both write beautifully. At different times, all three of us have served as President of the Society of Clinical Psychology, and I appreciate their consummate scholarship and the care they took to update their chapter.

Lillian Comas-Díaz is another cherished friend, and one of the women I most admire. Lillian is bilingual and bicultural, and she knows more about multicultural psychotherapy than anyone else I know. Her updated chapter addresses the importance of humility in culturally relevant psychotherapy. In her characteristic way, the first draft of her revised chapter failed to mention her newest book, *Womanist and Mujerista Psychologies: Voices of Fire, Acts of Courage*, co-edited with Thema Bryant-Davis (2016). It is an important book, and I insisted it be included.

xvi | Preface

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Finally, it was once again a pleasure to work with Ken Pope in an effort to "wrap things up." We discuss a discouraging report on *The State of Mental Health in America 2017* (Nguyen & Davis, 2017), provide updated numbers for the number of mental health professionals working in a variety of different disciplines, and discuss the slowly growing number of states that now allow psychologists with appropriate training to prescribe psychotropic medications. In addition, there is a new discussion of the "Goldwater rule," which prohibits many mental health professionals from diagnosing individuals they have never formally assessed. This vexing issue seems especially relevant after the 2016 presidential election.

In a preface to an earlier edition, Raymond J. Corsini described six features of *Cur*rent Psychotherapies that have helped ensure the book's utility and popularity. These core principles have guided the development of each subsequent edition.

- 1. The chapters in this book describe the most important systems in the current practice of psychotherapy. Because psychotherapy is constantly evolving, deciding what to put into new editions and what to take out demands a great deal of research. The opinions of professors were central in shaping the changes we have made.
- 2. *The most competent available authors were recruited*. Newly established systems are described by their founders; older systems are covered by those best qualified to describe them.
- 3. 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 it as convenient as possible to compare the systems by reading the book "horizontally" (from section to section across the various systems) as well as in the usual "vertical" manner (chapter to chapter). The major sections of each chapter include an overview of the system being described, its history, a discussion of the theory of personality that shaped the therapy, a detailed discussion of how psychotherapy using the system is actually practiced, and an explanation of the various applications of the approach being described. In addition, each therapy described is accompanied by a case study illustrating the techniques and methods associated with the approach. Students interested in more detailed case examples can read this book's companion volume, Case Studies in Psychotherapy (Wedding & Corsini, 2014); the case studies book presents a exemplar case to accompany each of the core therapy chapters in Current Psychotherapies. Those students who want to understand psychotherapy in depth will benefit from reading both Current Psychotherapies and Case Studies in Psychotherapy.
- 4. *Current Psychotherapies is carefully edited.* Every section is examined to make certain that its contents are appropriate and clear. In the long history of this text, only one chapter was ever accepted in its first draft. Some chapters have been returned to their original authors as many as four times before finally being accepted.

- 5. *Chapters are as concise as they can possibly be and still cover the systems completely.* We have received consistent feedback that the chapters in *Current Psychotherapies* need to be clear, succinct, and direct. We have taken this feedback seriously, and every sentence in each new edition is carefully edited to ensure that the information provided is not redundant or superfluous.
- 6. *The glossary for each new edition is updated and expanded.* One way for students to begin any chapter would be to read the relevant entries in the glossary, thereby generating a mind-set that will facilitate understanding the various systems. Personality theorists tend to invent new words when no existing word suffices. This clarifies their ideas, but it also makes understanding their chapter more difficult. A careful study of the glossary will reward the reader.

Ray Corsini died on November 8, 2008. He was a master Adlerian therapist, the best of my teachers, and a cherished friend. I will always be grateful for his friendship, his support of my career, and everything I learned from him during the many years we worked together.

Danny Wedding Berkeley, California

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Introduction to 21st-Century Psychotherapies

Frank Dumont



In the sum of the parts there are only the parts (Wallace Stevens, 2011). But in the product of the parts we can identify the person. *Courtesy of Frank Dumont*

Other men are lenses through which we read our own minds. *Ralph Waldo Emerson (1850)*

Psychotherapy, as far as it leads to substantial behavior change, appears to achieve its effect through changes in gene expression at the neuronal level. *Eric Kandel (1996)*

Learning Objectives

- Learn how psychotherapies evolved since Leibniz into the science and professions of the 21st century: studies of the subliminal mind, lab-based organic research, psychologist clinicians, the clash of organic and school-based approaches, and rise of the empiricists.
- 2 Examine the impact of emergent biological sciences on mentalistic approaches to mental health.
- 3 Learn how controlling environmental events can therapeutically alter our genome and explore the impact of neuroscience on psychotherapy in the future.
- 4 Appreciate changing views of globalization, indigenizing psychology, and cross-cultural counseling.
- 5 Explore the fault lines in empirically based therapy: art vis-à-vis science.
- 6 Examine manualization of psychotherapy and its limitations.
- 7 Explore how integrationist and cross-disciplinary impulses will influence your future practice.
- Examine who can do therapy and what constraints, personal and institutional, are imposed.

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Evolution of this Science and Profession 🔟

This new edition of *Current Psychotherapies* surveys a diverse set of empirically based psychotherapies that have been thoroughly updated. Each presents a vision of the human as well as a set of distinct treatment procedures for addressing the emotional distress and accompanying behavioral and cognitive problems that drive people to seek help. As one reviews the evolution of this book through its 11 editions and the theories of personality development that underpin each therapy treated within it, it's evident that theories have an increasingly short half-life. Entire schools of psychotherapy have undergone dramatic change, some more rapidly than others—and some have virtually disappeared (e.g., transactional analysis). New and increasingly integrative approaches to mental health have been presented. Although built on strong historical foundations, these recent modalities would strike even psychotherapists of the 1960s and 1970s as novel if not strange.

The structures of all the therapies presented here, and their interdisciplinary and clinical effectiveness, have continued to improve since the preceding edition. Yet in this context, we regret that some widely practiced and reputed therapies such as **Acceptance and Commitment Therapy (ACT)**, which we urge readers to study (e.g., Hayes, Strosahl, & Wilson, 2011) and **Dialectic Behavior Therapy (DBT)** developed in part by Marsha M. Linehan (e.g., Dimeff & Linehan, 2001) were omitted for reasons of space limitation and availability. Chapter 2, "Psychodynamic Psychotherapies," presents the evolved *21st century configurations* of Freudian and Jungian schemas, which continue to serve as a prolific matrix for Kleinian and other *analytic* therapies springing from those origins. All the other chapters have been similarly updated. We regret that still other effective psychotherapies have not been added that would merit inclusion were it not for space limitations.

Historical Foundations of Psychotherapy

To understand where our profession is heading, we need to know where psychotherapy historically started in the West and how it has been transformed by the ongoing global integration of scientific and cultural perspectives on behavior and cognition. This history is briefly addressed in this section.

From the origins of recorded history, humans have sought means to remedy the mental disorders that have afflicted them. Some of these remedies, such as the ceremonial healing rituals found in **shamanistic** societies, were and continue to be patently unscientific—though not necessarily ineffective for that reason. Pre-Christian, temple-like asklepeia and other retreat centers of the eastern Mediterranean region used religiophilosophical lectures, meditation, and simple bed rest to compete with secular medicine and assuage if not remedy psychological disorders. Within the secularistic stream of psycho-physiological treatment in which he worked, Hippocrates presented Western science with a humor-based four-factor theory of personality (Dumont, 2016). That paradigm has been recapitulated and endorsed by Hans Eysenck and other psychologists over the past century.

By their empirical investigations, Hellenist physicians understood that the brain was not only the seat of knowledge and learning but also the source of depression, delirium, and madness. Indeed, Hippocrates wrote, "Men ought to know that from nothing else but the brain come joys, delights, laughter and sports, and sorrows, griefs, despondency, and lamentations . . . and by the same organ we become mad and delirious, and fears and terrors assail us . . . all things we endure from the brain when it is not healthy"

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(5th century BCE, quoted by Stanley Finger, 2001, p. 13). Hippocrates himself insisted that his students address illnesses by natural means. He repudiated the popular notion that conditions such as seizures were "divine" and should be treated by supplicating or appeasing a deity. Although the Hippocratic tradition endured without interruption to the time of his renowned disciple Galen, who lived six centuries later, psychotherapy as a domain of science in its modern sense did not clearly emerge until the 18th century.

The Unconscious

A Primordial Construct

The reader will find that the construct unconscious plays a salient role in certain chapters of this volume. Although it was examined and debated by Hellenists thousands of years ago, the unconscious was also a key construct in the psychotherapies that emerged in the West in the 19th century. The *scientific* study of the unconscious is commonly thought to have started with renowned polymath Gottfried Wilhelm Leibniz (1646– 1716). Leibniz studied the role of **subliminal** perceptions in our daily life (and coined the term **dynamic** to describe the forces that operate in unconscious mentation). His investigations of the unconscious were continued by Johann Friedrich Herbart (1776– 1841). Herbart attempted to mathematicize the passage of memories to and from the conscious and the unconscious. He suggested that tacit ideas struggle with one another for access to consciousness as dissonant ideas repel and depress one another. Associated ideas help draw each other into consciousness (or drag each other into unconscious realms). Leibniz and Herbart are salient examples of 17th- and 18th-century scientists who attributed significance to an understanding of the unconscious in their work (Whyte, 1960).

Evidence accumulates that the mind never sleeps, operates continuously at various subliminal levels, and constantly pursues solutions to self-perceived problems and needs. Vivid examples of this include great discoveries made when one is not actually thinking of a problem that requires solution. For example, Henri Poincaré, a great 20th-century mathematician, famously was boarding a tram en route to a vacation site when the solution to a math problem that had eluded him (and the world) appeared spontaneously in his (well-prepared) mind. Quite recently, Thomas Royen, a retired German statistician in the pharmaceutical industry, was brushing his teeth when a similar revelation occurred. The remarkable but simple solution to the Gaussian correlation inequality thesis presented itself unannounced. (Students can download proofs at T. Royen, 2014, and access other key references at the Wikipedia Web site.) Such activities also occur in the more mundane domains of our personal lives.

Mesmer and Schopenhauer

Two of the most influential and creative thinkers in the early 19th century were Franz Anton Mesmer (1734–1815) and Arthur Schopenhauer (1788–1860). Their impact can be seen in the psychiatric literature that evolved into the full-fledged systems of Pierre Janet, Sigmund Freud, Alfred Adler, and Carl Gustav Jung. Nobel laureate Thomas Mann observed that, in reading Freud, he had an eerie feeling that he was actually reading Schopenhauer translated into a later idiom (Ellenberger, 1970, p. 209). Analogous statements could be made about many of the other system builders.

Regarded as the pioneers of hypnotherapy, Mesmer and his disciples effectively discredited the exorcist tradition that had dominated pre-Enlightenment Europe (Leahey, 2000, pp. 216–218). That there are many quaint and unsubstantiated hypotheses in the

Mesmerian system does not diminish the fact that we can trace to Mesmer the principle that rapport between therapist and patient is important in therapy. He also stressed the influence of the unconscious in shaping behavior, and he clearly demonstrated the influence of the personal qualities of the therapist; the spontaneous remission of disorders; hypnotic somnambulism; the selective, inferential function of memories of which we have no conscious awareness (reaffirmed later by Helmholtz in 1861); the importance of patients' confidence in treatment procedures; and other **common factors** in our current therapeutics armory.

Three distinct streams of investigation into how the mind works emerged in the 19th century. The contributors to these streams were (1) systematic, lab-bench empiricists; (2) philosophers of nature; and (3) clinician researchers. A multitude of psychotherapies were spun off from these investigations.

Psychotherapy-Related Science in the 19th Century

The Natural Science Empiricists

Some of the greatest scientists of the 19th century such as Gustav T. Fechner (1801–1887) and Herman von Helmholtz (1821–1894) conducted seminal research in the area of cognitive science. Fechner's work tapped into and overlapped the investigations of Herbart. Fechner began with the distinction between the theaters of the waking and sleeping states—and especially the dream state. That the unconscious exists as a realm of the mind was evident even to the untutored farm laborer. Anyone who had ever struggled to recall a memory—and succeeded—knew that he or she retained knowledge that was not always readily accessible. This knowledge had to reside somewhere. In his psychophysics experiments in the late 1850s, Fechner attempted to measure the intensity of psychic stimulation needed for ideas to cross the threshold from the unconscious to full awareness—what is referred to today as working memory—as well as the intensity of the resultant perception. Fechner's studies reverberated throughout Europe, and the reader may unknowingly resonate to his findings not only in Freud's writings and the chapters of this book but also in those of myriad other contemporary theorists and practitioners, most notably the Gestaltists and (Milton H.) Ericksonians.

In 1861 Helmholtz, another experimentalist, "discovered the phenomenon of 'unconscious inference,'" which he perceived "as a kind of instantaneous and unconscious reconstruction of what our past taught us about the object" (Ellenberger, 1970, p. 313). This idea has been given modern trappings in *Thinking, Fast and Slow,* a popular and influential book by Daniel Kahneman (2011). Wilhelm Griesinger, Joannes von Müller, and many other such experimentalists and brain scientists dominated the academic scene of Vienna, Berlin, Heidelberg, Tübingen, Leipzig, and other German-language universities and institutes in the 19th century, making many contributions that infused the work of later psychodynamicists.

The spirit and approach of these lab-based scientists resounded throughout Europe and in large part constituted what became known there as the organicist tradition—an approach that contrasts with the psychic mentalist tradition. Several of Freud's mentors, including Ernst Brücke (1819–1892) and Theodor Meynert (1833–1892), were organicists. Although the organicists worked feverishly throughout the century to find solutions to psychiatric disorders, Emil Kraepelin on the cusp of the 20th century finally conceded defeat, admitting that 50 years of hard bench work had given medicine few tools for understanding or curing psychiatric disorders (Shorter, 1997, pp. 103, 328).

4 | Chapter 1

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Kraepelin turned his attention to classifying diseases, meticulously describing them, schematizing their course, and establishing benchmarks for ongoing prognoses—thus generating as a by-product a paradigm for the contemporary *Diagnostic and Statistical Manual* (DSM). Kraepelin's views provided an opportunity for those so inclined to argue that only a psychological approach to mental illness would prove effective. Thereafter, the work of all the brass-instrument methodologists and empiricist dream scholars of the second half of the 19th century paled in significance by comparison with the influence of the psycho-philosophical clinicians.

The Psychologist Philosophers

The philosophers of nature had a much greater long-term influence on the development of the psychotherapies described in the following chapters of this book than did laboratorybased scientists. These philosophers can be historically situated in the same school of thought that nurtured Schiller and Goethe. They were Romantics in the philosophical sense, firmly rooted in nature, beauty, homeland, sentiment, the life of the mind, and, of course, the mind at its most enigmatic: the unconscious. Arthur Schopenhauer, Carl Gustav Carus, and Eduard von Hartmann were among the most notable of this group.

Schopenhauer published *The World as Will and Representation* in 1819. Once it caught on, this masterpiece of the Western canon provided ideational grist for generations of psychological researchers. It inspired especially those psychologists who were imbued with the 19th-century historical school *Philosophy of Nature*. They had embraced (or resigned themselves to) nonbiological methods for curing the fashionable disorders of the day—even those that today would be classified as major mental disorders. Schopenhauer's book was in large part a treatise on human sexuality and the realm of the unconscious. His principal argument was that we know things that we are unaware that we know, and that we are largely driven by blind, irrational forces. His irrationalist and pansexual view of human behavior and mentation was deterministic and also pessimistic (see Ellenberger's 1970 analysis, pp. 208–210). Schopenhauer's thoughts influenced the psychology of many later thinkers, not the least of which were Friedrich Nietzsche and Sigmund Freud.

Carl Gustav Carus (1789–1869), a contemporary of Schopenhauer, is largely unread today. However, he can justifiably be singled out in a book on psychotherapy because he developed an early and sophisticated schema for the unconscious (see Ellenberger, 1970, pp. 202–210). Carus speculated that there are several levels to the unconscious. Humans interacting among themselves do so simultaneously at various reaches of their unconscious and conscious minds. In the clinic, as patient and therapist are at work, the conscious of each speaks to the other's unconscious and conscious. Further, the unconscious of each speaks to the conscious as well as the unconscious of the dyadic other. Both are communicating with each other *simultaneously* in paravocal, nonverbal, organic, and affective modes of which both participants are not aware. Thus, both the therapist and the patient, willfully or not, engage in transference and countertransference (see Dumont & Fitzpatrick, 2001). Nonlinear messages systemically and simultaneously radiate in all directions. Therapist transference, Carus taught us, occurs at an unconscious level even as therapist and patient greet each other for the first time. Pillow talk and huge rallies unconsciously evoke such deep-seated emotional resonances. So does the clinical psychotherapeutic relationship.

The tracts of Schopenhauer and Carus set the epistemological stage for von Hartmann's and Nietzsche's influential writings on our tacit cognitions, which they believed drove the daily, unreflective behavior of people. Nietzsche affirmed that what we are consciously thinking is "a more or less fantastic commentary on an unconscious, perhaps

unknowable, but felt text" (cited in Ellenberger, 1970, p. 273). Nietzsche developed notions of self-deception, **sublimation**, **repression**, conscience, and "neurotic" guilt. In his view, humans lie to themselves even more than they lie to each other. Cynic par excellence, Nietzsche believed that every complaint is an accusation and every admission of a behavioral fault or characterological flaw is a subterfuge to conceal serious personal failures. In brief, he unmasked many of the defense mechanisms that humans employ to embellish their persona and self-image. In his unsystematic and aphoristic way, Nietzsche cast a long shadow over the personology and psychotherapies of the 20th century.

The Clinician-Researchers

In the nascent clinical psychology of the 19th century, a great number of gifted clinicians made discoveries and innovations in their clinical practices that had implications for the development of theories of both personality and psychotherapy. Some were humble practitioners such as celebrated hypnotherapist Ambroise Liébault. Others were great scholars such as Moritz Benedikt (1835–1920), whose work in criminology, psychiatry, and neurology won the admiration of Jean-Martin Charcot. Benedikt developed the useful concept of seeking out and clinically purging *pathogenic secrets*, a practice that Jung later made an essential element of his analytic psychotherapy. Théodore Flournoy, Josef Breuer, Auguste Forel, Eugen Bleuler, Paul Dubois (greatly admired by Raymond Corsini), Sigmund Freud, Pierre Janet, Adolf Meyer, Carl Gustav Jung, and Alfred Adler all made signal contributions to the science of psychotherapy. Though many of their contributions have outlived their usefulness, the numerous offshoots of their findings and systems can be traced within current clinical psychotherapy and in other psychological disciplines. Evidence of their thinking can be found throughout the various chapters of this book.

Chapters 2 through 15 of this volume represent scientifically recognized advances over the theories and practices that preceded them. Like all current and major psychotherapies, each has emerged to a greater or lesser degree from the historical matrix previously described. The therapeutic practice of **mindfulness**, for example, can be traced to many contemplative lifestyles that have their roots in the ancient traditions of the Far East and Middle East. Some derive from those of the Near East and the *asklepeia* of Hellenic Greece, others more recently publicized in the West such as Japanese *shisa kanko* lead us to focus on what one is doing and experiencing in the moment. This stance toward the world does not favor multitasking.

The Impact of the Biological Sciences on Psychotherapy

When patients¹ learn new ideas—whether true, false, or merely biased, and whether in the clinic or in the course of daily life—concomitant alterations of the brain occur (see, e.g., LeDoux's *Synaptic Self*, 2002). Every encounter with our environment causes changes within us and especially in our neural functioning. Once skills and ideas are truly learned and lodged in permanent storage, it is difficult if not impossible to unlearn them. Education implies permanence. One who is given the solution to a puzzle or taught procedural skills such as cracking a safe or riding a bicycle cannot unlearn

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¹Throughout this chapter, I have used the term *patient*, which etymologically implies *suffering* and characterizes most people who seek therapy. It is a derivative of a Latin verb that means to endure a painful situation. In the eighth edition of this book, Raymond Corsini noted the discipline-specific connotations of patient and *client*. Ray believed the former term was appropriate for medical contexts, and he used the latter term in his private practice.

that knowledge. Neuronal decay and lesions can, of course, undo memory and occur to a certain extent in normal aging and catastrophically in strokes, illness, or violent accidents. Needless to say, memories can be silenced, not least by epigenetic markers or by simple neglect—or rendered easily audible in one's mind by haunting romantic cues. The task of the therapist in most cases is to help the patient fashion positive *alternative* and "future memories" supported by newly adopted motivational schemas.

Epigenetics: Neuroscience's Novel Contributions to Psychotherapy

In his important book Neuropsychotherapy: How the Neurosciences Inform Effective *Psychotherapy* (2007), the late Klaus Grawe noted, "Psychotherapy, as far as it leads to substantial behavior change, appears to achieve its effect through changes in gene expression at the neuronal level" (p. 3, citing Kandel, 1996). Some neuroscientists argue that prodding clients to ruminate about their past lives does not erase their painful memories or their penchant for dwelling on them. Paradoxically, this can embed clients further in their dysfunctional past by potentiating the neural circuits that are engaged with and record them. However, some psychodynamic therapists believe exploring the past can help clients reinterpret traumatic events and come to terms with their haunting vestiges; such prodding, however, does not teach them more adaptive patterns of behavior. This controversial issue may partially explain why Adler's future-oriented approaches to therapy have gained such a strong (but often unacknowledged) foothold in contemporary positive psychotherapy compared to past-oriented approaches. Effective therapists teach patients how to avoid dysfunctional ruminations, harmful behavioral routines, and maladaptive habits. They also their clients develop social, interpersonal, self-disciplinary, and technical skills that will advance their well-being and that of others with whom they interact.

Recent neuroscience has demonstrated that neuronal restructuring, which occurs in all learning processes, enables the adaptive changes in behavior, affect, and mentation that are the core objectives of psychotherapy (see, e.g., Dumont, 2009, 2010a, 2010b). We humans enjoy a certain neural plasticity throughout life but especially in our prolonged childhood—a developmental phenomenon known as **neoteny**. (Among primates, it's unique to humans.) This provides us the affordances of redemption from serious environmental and self-inflicted harms.

Much of the plasticity in our neuroemotional systems is achieved through **epigenetic changes** (Mukherjee, 2016, passim). External events (as well as those of the "internal milieu") can turn genes on or off by enabling the synthesis of proteins that act, in the moment, on the genome in cell nuclei. Introducing even minor opportunities and novelties into clients' lives can have enormous impact on the way they perceive and experience themselves. We now know that effective therapists and their clients can optimize desirable outcomes using neural circuit–altering placebo-laden talk and by epigenetically triggering the expression of dormant genes through exposure to nurturing social events (see, e.g., Güntürkün, 2006; LeDoux, 2002, pp. 260–300). This ancillary neurological perspective on psychotherapy allows the creative exploration of cognitive and emotional variables at play in clients' lives that are central to their improvement.

Culture generally—and one's immediate family specifically—function as genetic enablers. As both Merleau-Ponty (Bourgeois, 2003, p. 370) and Antonio Damasio (1994, pp. 205–212) remind us, culture is sedimented in the body and pervades our central nervous system. Epigenetic effects can operate for better or for worse, depending on the extent to which one's culture is rich and benign—and how much one can access what it can provide. In brief, it is the complex biocultural matrix of the organic *and* the environmental that co-construct our way of being in the world and our potential for growth (Baltes, Reuter-Lorenz, & Rösler, 2006). As LeDoux (2002) reminds us, "we are not born preassembled. We are glued together by life."

Siddhartha Mukherjee (2016) provides a leading-edge perspective on this interplay of environmental events and dormant gene expression (pp. 393–410). "Chance events injuries, infections, the haunting trill of that particular nocturne, the smell of that particular madeleine in Paris" all impinge on the genome. "Genes are turned 'on' and 'off' in response to these events and epigenetic marks are gradually layered" into the epigenome (p. 403). Some therapeutic procedures explained in the chapters of this book derive in part from this complex matrix. What happens to clients as they leave the clinic and reenter the hurly burly of a challenging environment can have as great an influence on them as what transpires in session. Therapy needs to focus on programming those after-session experiences.

Organicists and Dynamicists: Clashing Standpoints

Readers will immediately recognize the potential for cultural confrontations in these propositions. However, confrontation is neither necessary nor useful. A recent book integrating evolutionary, neuroscience, and sociocultural approaches to understanding close relationships among humans (Gillath, Adams, & Kunkel, 2012) presents a good model for uniting disparate approaches to the study of human nature. The ancient tensions between environmentalists and organicists, psychopharmacologists and psychodynamicists, behavioral geneticists and cognitive behaviorists can be resolved through a systemic integration of the many variables that are at play at any moment. Indeed, such integration is necessary because ignoring organic or environmental variables in the treatment of one's clients neglects essential aspects of the whole person. That neurosciences are leading us down a radical reductionist path is a concern that has been carefully examined; in the light of recent research, it has been somewhat attenuated (e.g., Schwartz, Lilienfeld, Meca, & Sauvigné, 2016). On the other hand, treating all affective disorders as if there were no organicity in the causal skein of variables that brought them about is an ancient error that has been largely dispelled.

One example of this error is ignoring patients' medication histories. In the final chapter of this book, Kenneth Pope and Danny Wedding (2019) discuss the danger inherent in neglecting to monitor patients who are taking psychotropic medication. Patients need to be pharmacologically guided and their experiences between sessions closely followed. Medicating patients for psychological purposes requires preset clinical objectives and conscientious ongoing assessment of progress. Grawe (2007) stated:

From a neuroscientific perspective, psychopharmacological therapy that is not coordinated with a simultaneous, targeted alteration of the person's experiences cannot be justified. The widespread practice of prescribing psychoactive medication without assuming responsibility for the patient's concurrent experience is, from a neuroscientific view, equally irresponsible.... The use of pharmacotherapy alone—in the absence of the professional and competent structuring of the treated patient's life experience—is not justifiable.... (pp. 5–6)

Nurture is profoundly shaped by nature. Indeed, as Robert Plomin and Avshalom Caspi (1999) suggested, we may be genetically driven to seek the very environments that shape us. Nestler (2011) reminds us, even "[mouse] pups raised by a relaxed and nurturing mother" are more resistant to stress than pups deprived of such nurturance. Nurturance melts away inhibitory methyl groups in their genome and "leaves the animals calmer" (p. 82). He concludes that scientists have learned that "exposure to the environment and to different experiences . . . throughout development and adulthood can

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modify the activities of our genes and, hence, the ways these traits manifest themselves" (p. 83). Thus, aspects of our nature get epigenetically expressed and altered for better or for worse. In other words, genes get chemically tagged by the kinds of experiences to which we are subjected throughout our lives—and can subsequently be turned on or off. Like **matryoshka dolls**, genetic tags may hide inside *perceived* environmental cues.

Evolutionary Biology and Behavioral Genetics

Neuroscience is not the sole biological research domain whose findings will have implications for psychotherapy. Evolutionary psychology is closely related to the field of behavioral genetics and will further clarify many of the temperamental traits that therapists need to understand. This discipline will have an impact on the therapeutic modalities that clinicians of the future will need to develop. Further, it will shine a focused light on the human genome and the lawfulness that governs its complex transcriptions into the biopsychosocial regularities that occur in the course of one's life. Anthropologists have discovered at least 400 universal behavioral traits that are products of our evolved monomorphic genes. This is more than we have traditionally imagined (see Brown, 1991) and places some constraints on the cultural relativism that nevertheless justifiably qualifies all our therapies.

Steven Pinker (2002) has further documented the principle that all humans share a unique human nature. If we exclude anomalous genetic mutations, the normative stance of all clinicians treating a patient is that they are dealing with an organism struck from the same genetic template as themselves. Remaining cognizant of these human regularities, clinicians will still need to uncover those traits influenced by patients' personal life events. In that holistic context, therapists can cast light on client strengths, treat the dysfunctions that patients reveal to them, and monitor the situational variables and events that can contribute to the remediation of their condition. Those environmental variables and their influence on thought, speech, and behavior are described in cutting-edge chapters on behavior therapy (Chapter 6, authored by Martin Antony) and cognitive therapy (Chapter 7, written by Aaron Beck and Marjorie Weishaar), therapies that are distinct enough to deserve separate chapters but are still tightly intermeshed in their assessment and treatment procedures.

Finally, the related fields of molecular genetic analysis, cognitive neuropsychology, and social cognitive neuroscience, which are all advancing at impressive rates, will inevitably infiltrate our porous integrationist models of helping. To the extent they can guide the experiences of their clients, therapists shape to some degree *both* nurturing *and* natural components of their patients' lives. Environmentalism is assuming renewed importance as a consequence of advances in the neurosciences. Though these sciences go beyond the purview of this textbook, they suggest initiatives for our clinical practice. These bioscience advances will in the next few years significantly reconfigure the way psychotherapy is done, regardless from which side of the bridgehead the therapist approaches—the nurturing or nature, the mentalist or somatic.

Cultural Factors and Psychotherapy

Demographics

Multicultural psychotherapy continues to alter the curricula of most clinical and counseling psychology programs. This change reflects the self-evident importance of cultural factors in psychotherapy; however, it also acknowledged the changing demographic character of the planet, the human tides that are swirling about the previously distant

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