The author’s principal thesis is that each of the existing therapeutic systems is based on a partial, incomplete picture of human functioning, problems, and change. Some focus narrowly on microcontextual factors affecting human problems; e.g., biomedical interventions typically focus on neurohormonal imbalances, while behavioral therapies focus on relatively small units of behavior and reinforcement contingencies. At the other extreme, macrocontextual approaches minimize the role of the person and focus on environmental factors: e.g., family therapies examine how problematic patterns of interaction evolve among family members over time, while ecosystemic therapies address the socioeconomic and cultural factors such as poverty and oppression that are at the heart of many problems that people have.

Other approaches cover still other factors located between these extremes that impact human problems. Although there is often significant overlap in the factors considered by different approaches, most are defined by an emphasis on just a few of the possible factors. Cognitive therapies note the importance of other factors, but nevertheless focus primarily on beliefs and reasoning. Similarly, experiential therapies focus on the emotions and psychodynamic therapies on early attachment experiences. Their inclusion of the individual’s subjective experience and interpretation of events gives them a broader focus than the microcontextual approaches, but still that focus is partial.

Humanistic therapies are considered holistic and endeavor to understand clients in their own terms; but giving priority to internal, subjective experience means that a client’s objective situation and behavior are given less consideration. Interpersonal therapies take note of the fact that human problems invariably involve other people and thus are more toward the macrocontextual pole in their focus on clients’ relationships with significant others; once again, other important areas are given less importance.

As Chapter 1 discusses, therapy outcome research consistently shows therapy to be more effective than non-treatment. However, few differences are found in efficacy of different approaches, once experimenter allegiance and demand characteristics are controlled. The few differences that are found suggest that some approaches work better with some problems than others do; e.g., family therapy seems to work best for family-related problems. Perhaps in recognition that no one
approach is equally helpful for all clients, most practicing clinicians now use more than one set of ideas or techniques in their work and identify themselves as eclectic or integrative.

The field of psychotherapy is currently experiencing an exciting explosion of new ideas and approaches. Traditional ideas about the nature of science and reality are being challenged by therapists espousing the ideas of postmodern philosophy. Postmodernists suggest that ideas about reality are constructions and could always be otherwise. They also emphasize the importance of language and culture in how people construct their views of the world. New, integrative therapies that provide broader, more inclusive conceptions of human problems are being proposed, with some already gaining strong empirical support for their use.

This text introduces readers to some of the debates fueling current developments in psychotherapy. It reviews the philosophical differences that separate different approaches and the ways each major therapeutic system has inspired integrative efforts. Rather than viewing the various systems as competitors, the focus is on what is uniquely valuable in each approach with an eye toward how those unique factors might eventually be combined into a comprehensive view of human functioning.

Chapter 1 discusses the philosophical and empirical debates that are spurring current developments in the field. Chapter 2 examines transtheoretical and common factors that are relevant to every therapeutic approach, including basic interviewing and assessment skills. Chapter 3 provides an introduction to psychopharmacology in the belief that every helping professional needs to understand how this essential tool can help clients with the most serious, debilitating problems. The approaches in Chapters 4–13 are organized according to their focus of intervention, moving from microcontextual to macrocontextual levels. Chapter 14 reviews important postmodern and integrative approaches that were not discussed earlier, while Chapter 15 is a first approximation of what a fully comprehensive, multilevel therapeutic approach might look like.

Because the author believes the therapeutic relationship to be the most important factor in outcomes, the term “client” is used throughout the book to emphasize that therapy is a process co-created by therapist and client. The one exception is Chapter 3 in which the medical model’s use of the term “patient” seemed more appropriate. Third-person plural pronouns are used whenever possible.
Systems of Psychotherapy
Dialectical Tensions and Integration
Fromme, D.K.
2011, XIX, 550 p., Hardcover
ISBN: 978-1-4419-7307-8