

The Right Path

As you researched psychotherapy, you may have noticed practitioners use various terms to describe their treatment orientation. An orientation describes the way that a therapist conceptualizes a particular set of symptoms or emotional concerns and their treatment approach in therapy.

While there are many ways of understanding human behavior and experience, there are several primary orientations in current practice. These are the psychodynamic, cognitive-behavioral, family systems, and humanistic approaches. If you imagine these to be major branches of a family tree, there are numerous related off-shoots and specialties within psychotherapy, but these four provide a useful reference point.

Psychodynamic psychotherapy evolved from the ideas of Freud and his followers. In psychodynamic theory, your present sense of self is based on the quality of relationships with parents, siblings and peers over time, as well as on how you navigated important stages of development in early childhood and adolescence. In this view, you use your inborn natural resources (your psychological defenses) to manage powerful emotional experiences that are often unconscious (out of your awareness).

We can think of this approach as the iceberg model in that much of your formative experiences that shaped your sense of self are below the surface (unconscious). It is your past experiences, relationships, and psychological resilience that determine how you perceive yourself, what you expect from others in relationships, and what behavioral patterns you repeat.

Psychodynamic treatment explores your formative experiences through insight-oriented conversations and the exploration of dreams. It also explores your “transference”, meaning the way that your unresolved needs and conflicts from childhood are replayed in therapy. While acquiring insight (self-knowledge) is an important factor in treatment, the actual vehicle for change is the emotional processing of your unresolved feelings and unmet needs in treatment.

Cognitive behavioral therapy (CBT) focuses more specifically on the connections between feelings, beliefs and actions in determining how you perceive yourself and manage situations. As a result of uncomfortable feelings or experiences, you draw distorted conclusions (beliefs) about yourself and others, and then act on these beliefs in ways that can become problematic. Your feelings and beliefs are seen as subjective and changeable, and they can be modified in therapy by more realistic appraisals (cognitions) of yourself and situations. You can think of this model as an arrow in that there is a causative link between your feelings, beliefs, and behavior.

In CBT, your distorted thoughts and beliefs are challenged by the therapist through a structured process of directive questions and structured exercises. You might be asked to complete worksheets between sessions when you experience specific feelings. In CBT, the vehicle for change is the alteration of your cognitive process that then results in improvements in your mood and behavior.

Family systems therapy focuses on the boundaries, roles and communication styles that exist in a couple, family or therapy group. In systems theory, problems result from unclear roles and boundaries. This produces covert alliances between family members that cause stalemate or conflict, and poorly defined responsibilities. This model might be conceptualized as a mobile, since the functioning of the entire unit is interconnected.

In family systems treatment, your individual roles and responsibilities are clarified, healthy boundaries are defined, and all parties are encouraged to resolve conflict through open dialogue. The therapist actively intervenes as members interact in meetings, and often agreements (“contracts”) are negotiated to ensure that responsibilities are clearly defined between sessions. In systems therapy, the vehicle for change is the alteration of your family dynamic.

In the humanistic approach to psychotherapy, you have the inborn potential for more adaptive ways of functioning and relating, and the therapist role is to provide a non-directive and affirming environment that facilitates the emergence of these capacities. This might be seen as the potted plant model in that the right conditions produces optimal growth.

Carl Rogers, one of the leading practitioners of this approach, used “unconditional positive regard” (acceptance), empathy, and congruence (using reflective statements that mirror the client) in his meetings with clients. In humanistic psychotherapy, the therapeutic relationship is the vehicle for change by providing the experience of feeling accepted and understood.

Finally, many psychotherapists describe their approach as “integrative”. This typically means is that the therapist chooses the psychotherapy approach and treatment process that they feel is most effective for your specific needs. For example, a therapist might offer CBT for test anxiety, but use a psychodynamic approach when there are long-standing problems in your sense of self and relationships with others.

How to choose?

Information about these various approaches clarifies what ideas and methods might provide the best fit in psychotherapy. You may prefer a more structured form of therapy or a more directive therapist, while those same qualities could feel mechanical or controlling to another person. It helps to start with an intuitive understanding of your preferred style.

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