

	Psychoanalytic therapy	Adlerian therapy	Existential therapy	Person-centered therapy	Gestalt therapy
The Basic Philosophies	Human beings are basically determined by psychic energy and by early experiences. Unconscious motives and conflicts are central in present behavior. Irrational forces are strong; the person is driven by sexual and aggressive impulses. Early development is of critical importance because later personality problems have their roots in repressed childhood conflicts.	Humans are motivated by social interest, by striving toward goals, and by dealing with the tasks of life. Emphasis is on the individual's positive capacities to live in society cooperatively. People have the capacity to interpret, influence, and create events. Each person at an early age creates a unique style of life, which tends to remain relatively constant throughout life.	The central focus is on the nature of the human condition, which includes a capacity for self-awareness, freedom of choice to decide one's fate, responsibility, anxiety, the search for meaning, being alone and being in relation with others, and facing the reality of death.	The view of humans is positive; we have an inclination toward becoming fully functioning. In the context of the therapeutic relationship, the client experiences feelings that were previously denied to awareness. The client actualizes potential and moves toward increased awareness, spontaneity, trust in self, and inner-directedness.	The person strives for wholeness and integration of thinking, feeling, and behaving. The view is nondeterministic in that the person is viewed as having the capacity to recognize how earlier influences are related to present difficulties. As an experiential approach, it is grounded in the here-and-now and emphasizes personal choice and responsibility.
Key Concepts	Normal personality development is based on successful resolution and integration of psychosexual stages of development. Faulty personality development is the result of inadequate resolution of some specific stage. Anxiety is a result of repression of basic conflicts. Unconscious processes are centrally related to current behavior.	Key concepts of this model include the unity of personality, the need to view people from their subjective perspective, and the importance of life goals that give direction to behavior. People are motivated by social interest and by finding goals to give life meaning. Other key concepts are striving for significance and superiority, developing a unique lifestyle, and understanding the family constellation. Therapy is a matter of providing encouragement and assisting clients in changing their cognitive perspective and behavior.	Essentially an experiential approach to counseling rather than a firm theoretical model, it stresses core human conditions. Normally, personality development is based on the uniqueness of each individual. Sense of self develops from infancy. Focus is on the present and on what one is becoming; that is, the approach has a future orientation. It stresses self-awareness before action.	The client has the potential to become aware of problems and the means to resolve them. Faith is placed in the client's capacity for self-direction. Mental health is a congruence of ideal self and real self. Maladjustment is the result of a discrepancy between what one wants to be and what one is. Focus is on the present moment and on experiencing and expressing feelings.	Emphasis is on the "what" and "how" of experiencing in the here-and-now to help clients accept all aspects of themselves. Key concepts include holism, figure-formation process, awareness, unfinished business and avoidance, contact, and energy.
Goals of Therapy	To make the unconscious conscious. To reconstruct the basic personality. To assist clients in reliving earlier experiences and working through repressed conflicts. To achieve intellectual and emotional awareness.	To challenge clients' basic premises and life goals. To offer encouragement so individuals can develop socially useful goals. To develop the client's sense of belonging.	To help people see that they are free and become aware of their possibilities. To challenge them to recognize that they are responsible for events that they formerly thought were happening to them. To identify factors that block freedom.	To provide a safe climate conducive to clients' self-exploration, so that they can recognize blocks to growth and can experience aspects of self that were formerly denied or distorted. To enable them to move toward openness, greater trust in self, willingness to be a process, and increased spontaneity and aliveness.	To assist clients in gaining awareness of moment-to-moment experiencing and to expand the capacity to make choices. Aims not at analysis but at integration.
The Therapeutic Relationship	The analyst remains anonymous, and clients develop projections toward him or her. Focus is on reducing the resistances that develop in working with transference and on establishing more rational control. Clients undergo long-term analysis, engage in free association to uncover conflicts, and gain insight by talking. The analyst makes interpretations to teach clients the meaning of current behavior as it relates to the past.	The emphasis is on joint responsibility, on mutually determining goals, on mutual trust and respect, and on equality. Focus is on identifying, exploring, and disclosing mistaken goals and faulty assumptions within the person's lifestyle.	The therapist's main tasks are to accurately grasp clients' being-in-the-world and to establish a personal and authentic encounter with them. The immediacy of the client-therapist relationship and the authenticity of the here-and-now encounter are stressed. Both client and therapist can be changed by the encounter.	The relationship is of primary importance. The qualities of the therapist, including genuineness, warmth, accurate empathy, respect, and nonjudgmentalness—and communication of these attitudes to clients—are stressed. Clients use this real relationship with the therapist to help them transfer what they learn to other relationships.	Central importance is given to the I/Thou relationship and the quality of the therapist's presence. The therapist's attitudes and behavior count more than the techniques used. The therapist does not interpret for clients but assists them in developing the means to make their own interpretations. Clients identify and work on unfinished business from the past that interferes with current functioning.
Limitations of the Approaches	Requires lengthy training for therapists and much time and expense for clients. The model stresses biological and instinctual factors to the neglect of social, cultural, and interpersonal ones. Its methods are not applicable for solving specific daily life problems of clients and are not appropriate for many ethnic and cultural groups. Many clients lack the degree of ego strength needed for regressive and reconstructive therapy. It is inappropriate for the typical counseling setting.	Weak in terms of precision, testability, and empirical validity. Few attempts have been made to validate the basic concepts by scientific methods. Tends to oversimplify some complex human problems and is based heavily on common sense.	Many basic concepts are fuzzy and ill-defined, making its general framework abstract at times. Lacks a systematic statement of principles and practices of therapy. Has limited applicability to lower functioning and nonverbal clients and to clients in extreme crisis who need direction.	Possible danger from the therapist who remains passive and inactive, limiting responses to reflection. Many clients feel a need for greater direction, more structure, and more techniques. Clients in crisis may need more directive measures. Applied to individual counseling, some cultural groups will expect more counselor activity. The theory needs to be reassessed in light of current knowledge and thought if rigidity is to be avoided.	Techniques lead to intense emotional expression; if these feelings are not explored and if cognitive work is not done, clients are likely to be left unfinished and will not have a sense of integration of their learning. Clients who have difficulty using imagination may not profit from experiments.

	Behavior therapy	Cognitive behavior therapy	Reality therapy	Family systems therapy
The Basic Philosophies	Behavior is the product of learning. We are both the product and the producer of the environment. No set of unifying assumptions about behavior can incorporate all the existing procedures in the behavioral field.	Individuals tend to incorporate faulty thinking, which leads to emotional and behavioral disturbances. Cognitions are the major determinants of how we feel and act. Therapy is primarily oriented toward cognition and behavior, and it stresses the role of thinking, deciding, questioning, doing, and redeciding. This is a psychoeducational model, which emphasizes therapy as a learning process, including acquiring and practicing new skills, learning new ways of thinking, and acquiring more effective ways of coping with problems.	Based on choice theory, this approach assumes that we are by nature social creatures and we need quality relationships to be happy. Psychological problems are the result of our resisting the control by others or of our attempt to control others. Choice theory is an explanation of human nature and how to best achieve satisfying interpersonal relationships.	The family is viewed from an interactive and systemic perspective. Clients are connected to a living system; a change in one part of the system will result in a change in other parts. The family provides the context for understanding how individuals function in relationship to others and how they behave. Treatment is best focused on the family unit. An individual's dysfunctional behavior grows out of the interactional unit of the family and out of larger systems as well.
Key Concepts	Focus is on overt behavior, precision in specifying goals of treatment, development of specific treatment plans, and objective evaluation of therapy outcomes. Present behavior is given attention. Therapy is based on the principles of learning theory. Normal behavior is learned through reinforcement and imitation. Abnormal behavior is the result of faulty learning.	Although psychological problems may be rooted in childhood, they are perpetuated through reindocination in the now. A person's belief system is the primary cause of disorders. Internal dialogue plays a central role in one's behavior. Clients focus on examining faulty assumptions and misconceptions and on replacing these with effective beliefs.	The basic focus is on what clients are doing and how to get them to evaluate whether their present actions are working for them. People are mainly motivated to satisfy their needs, especially the need for significant relationships. The approach rejects the medical model, the notion of transference, the unconscious, and dwelling on one's past.	Focus is on communication patterns within a family, both verbal and nonverbal. Problems in relationships are likely to be passed on from generation to generation. Symptoms are viewed as ways of communicating with the aim of controlling other family members. Key concepts vary depending on specific orientation but include differentiation, triangles, power coalitions, family-of-origin dynamics, functional versus dysfunctional interaction patterns, and dealing with here-and-now interactions. The present is more important than exploring past experiences.
Goals of Therapy	To eliminate maladaptive behaviors and learn more effective behaviors. To focus on factors influencing behavior and find what can be done about problematic behavior. Clients have an active role in setting treatment goals and evaluating how well these goals are being met.	To challenge clients to confront faulty beliefs with contradictory evidence that they gather and evaluate. To help clients seek out their rigid beliefs and minimize them. To become aware of automatic thoughts and to change them.	To help people become more effective in meeting their needs. To enable clients to get reconnected with the people they have chosen to put into their quality worlds and teach clients choice theory.	To help family members gain awareness of patterns of relationships that are not working well and to create new ways of interacting to relieve their distress
The Therapeutic Relationship	The therapist is active and directive and functions as a teacher or trainer in helping clients learn more effective behavior. Clients must be active in the process and experiment with new behaviors. Although a quality client-therapist relationship is not viewed as sufficient to bring about change, it is considered essential for implementing behavioral procedures.	In REBT the therapist functions as a teacher and the client as a student. The therapist is highly directive and teaches clients an A-B-C model of changing their cognitions. In CT the focus is on a collaborative relationship. Using a Socratic dialogue, the therapist assists clients in identifying dysfunctional beliefs and discovering alternative rules for living. The therapist promotes corrective experiences that lead to learning new skills. Clients gain insight into their problems and then must actively practice changing self-defeating thinking and acting.	A therapist's main function is to create a good relationship with the client. Therapists are then able to engage clients in an evaluation of all their relationships with respect to what they want and how effective they are in getting this. Therapists find out what clients want, ask what they are choosing to do, invite them to evaluate present behavior, help them make plans for change, and get them to make a commitment. The therapist is a client's advocate, as long as the client is willing to attempt to behave responsibly.	The family therapist functions as a teacher, coach, model, and consultant. The family learns ways to detect and solve problems that are keeping members stuck, and it learns about patterns that have been transmitted from generation to generation. Some approaches focus on the role of therapist as expert; others concentrate on intensifying what is going on in the here-and-now of the family session. All family therapists are concerned with the process of family interaction and teaching patterns of communication.
Limitations of the Approaches	Major criticisms are that it may change behavior but not feelings; that it ignores the relational factors in therapy; that it does not provide insight; that it ignores historical causes of present behavior; that it involves control and manipulation by the therapist; and that it is limited in its capacity to address certain aspects of the human condition.	Tends to play down emotions, does not focus on exploring the unconscious or underlying conflicts, and sometimes does not give enough weight to client's past. REBT, being a confrontational therapy, might lead to premature termination. CT might be too structured for some clients.	Discounts the therapeutic value of exploration of the client's past, dreams, the unconscious, early childhood experiences, and transference. The approach is limited to less complex problems. It is a problem-solving therapy that tends to discourage exploration of deeper emotional issues. It is vulnerable to practitioner who want to "fix" clients quickly.	Limitations include problems in being able to involve all the members of a family in therapy. Some family members may be resistant to changing the structure of the system. Therapists' self-knowledge and willingness to work on their own family-of-origin issues is crucial, for the potential for countertransference is high. It is essential that the therapist be well trained, received quality supervision, and be competent in assessing and treating individuals in a family context.

Corey, Gerald. (2005). *Therapy and Practice of Counseling and Psychotherapy* (7th ed.). Belmont, CA. Brooks/Cole.