



When I first became a psychotherapist (long ago and far away), mental health treatment was far less sophisticated and varied than today. Talk therapy, in particular, consisted of just a few traditional approaches.

Among the most prominent were psychoanalytic and psychodynamic (think Freud, Adler, Jung), behavior modification or operant conditioning (B. F. Skinner), gestalt therapy (Fritz Perls), transactional analysis (Eric Berne), and humanistic counseling (Rollo May, Carl Rogers). Sure, there were others, but these occupied center stage in much of the psychotherapeutic community.

Today, these approaches persist, but a plethora of new ones, some evidence-based and others pretty much made up on the fly, have emerged in recent years. Among the most prominent is cognitive-behavioral therapy (CBT) and its several subsidiaries, such as dialectical CBT and mindfulness-based CBT. Among the various therapies, CBT has been studied more than most, and proven quite effective for many folks.

Also, some of the newer therapeutic approaches are more targeted to specific challenges. Emotional trauma is a good example. In addition to talk therapies, we now have Eye Movement Desensitization and Reprocessing (EMDR) and Brainspotting. While these methods involve talking, they focus more on targeted sensory inputs designed to rewire, if you will, neurological responses to emotional triggers. Additional hands-on approaches, such as play and sand therapy (often used with children), art therapy, psychodrama, and others, represent more of a focus on body and sensory experiences, as well as mind and thinking.

What's more, we have therapies that, early in my career, fell on the fringe (some would say "lunatic fringe") of acceptable practice. Examples include Eco-Therapy, EFT (Emotional Freedom Techniques, otherwise known as "tapping therapy"), transpersonal therapy, Neuro-Linguistic Programming (NLP), hypnotherapy, the Gottman Method . . . the list goes on and on.

However, techniques aside, the prime mover in all these approaches comes down to one specific and vital variable — the relationship between therapist and client. Research shows definitively that the degree of rapport between these persons accounts for the main helping and healing impact.

Granted, in choosing a therapeutic approach, technique can matter. If challenged with unresolved emotional trauma, for example, methods like Brainspotting and EMDR warrant one's consideration. Nonetheless, if rapport and empathy between therapist and client are absent or insufficient, the therapeutic technique itself will not win the day. The therapist needs to “get you” in a deep, emotionally safe and personally meaningful way.

So, job one in finding the best therapy is “goodness of fit” with the therapist. If that is absent, keep looking.

Method matters, but interpersonal match matters more.