

## CHAPTER TWENTY FIVE

### Method of Psychotherapy

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#### Objectives of the Chapter

The objectives of this chapter are to:

- i. Explain on the concept, features and aims of psychotherapy.
- ii. Discuss the historical background of psychotherapy
- iii. Clarify the schools of psychotherapy
- iv. Describe the phases of psychotherapy
- v. Elucidate the efficacy of psychotherapy

#### Introduction

Human beings always interact with one another and with the environment. In all such interactions frictions, stress and fears play vital roles which may result to psychological and/or emotional disturbances. When such emotional disturbances reached a certain level, people tend to look for help which will eventually lead them to a professionally trained individual who will ginger up their hope for a more satisfying life. This result in situations where psychotherapy could be employed as a means of resolving conflicts that may set in individuals. Thus, the techniques of psychotherapy are employed to help people get out of unwanted situations, cognitions, beliefs, disturbances and disorders.

#### The Concept of Psychotherapy

Traditionally, the term psychotherapy has been used to refer to the treatment of mental disorders by means of psychological techniques, in a client-therapist relationship. It is a process in which a trained professional enters a relationship with a client for the purpose of helping the client with symptoms of mental illness, behavioural problems or for helping him towards personal growth. Thus, psychotherapy can simply be defined as a psychological treatment for a variety of mental health disorders that may or may not be delivered in concert with pharmaceutical treatment. But, other elaborate definitions, like that of American Psychological Association, saw psychotherapy

as a “collaborative treatment ... between an individual and a psychologist” where the psychologist uses “scientifically validated procedures to help people develop healthier, more effective habits”. Other definitions also saw psychotherapy as the treatment, by psychological means, of problems of an emotional nature in which a trained person deliberately establishes a professional relationship with the patient with the object of (1) removing, modifying, or retarding existing symptoms, (2) mediating disturbed patterns of behavior, and (3) promoting positive personality growth and development (Wolberg, 2013). Psychotherapy as a general term refers to therapeutic interaction or treatment contracted between a trained professional and a client, patient, family, couple, or group. The problems addressed are psychological in nature and can vary in terms of their causes, influences, triggers, and potential resolutions. Accurate assessment of these and other variables depends on the practitioner's capability and can change or evolve as the practitioner acquires experience, knowledge, and insight. It is a systematic interaction between a client and a therapist that draws on psychological principles to help bring about changes in the client’s behaviors, thoughts, and feelings. It is used to help clients overcome abnormal behavior, solve problems in living, or develop as individuals.

Likewise, Sadock and Sadock (2003) specified that psychotherapy is the systematic use of a human relationship for therapeutic purposes of alleviating emotional distress by effecting enduring changes in a client’s thinking, feelings, and behaviour. Gabbard, Beck, and Holnes (2007) also saw psychotherapy as a broad fashion as comprising three distinct components: a healing agent, a sufferer, and a healing or therapeutic relationship. Thus, the mutual engagement of the client and the psychotherapist, both cognitively and emotionally, is the foundation for effective psychotherapeutic work.

Psychotherapy includes interactive processes between a person or group and a qualified mental health professional (psychiatrist, psychologist, clinical social worker, licensed counselor, or other trained practitioner). Its purpose is the exploration of thoughts, feelings and behavior for the purpose of problem solving or achieving higher levels of functioning.[1] Psychotherapy aims to increase the individual's sense of his/her own well-being. Psychotherapists employ a range of techniques based on experiential relationship building, dialogue, communication and behavior change that are designed to improve the mental health of a client or patient, or to improve group relationships (such as in a family).

Psychotherapy may be performed by practitioners with different qualifications, including psychiatry, clinical psychology, counseling psychology, clinical or psychiatric social work, mental health counseling, marriage and family therapy, rehabilitation counseling, school counseling, hypnotherapy, play therapy, music therapy, art therapy, drama therapy, dance/movement therapy, occupational therapy, psychiatric nursing, psychoanalysis and those from other psychotherapies. It may be legally regulated, voluntarily regulated or unregulated, depending on the jurisdiction. Requirements of these professions vary, and often require graduate school and supervised clinical experience. For example, psychotherapy in Europe is increasingly seen as an independent profession, rather than restricted to psychologists and psychiatrists as stipulated in some countries. All these definitions of psychotherapy lead to emergence of some certain features of psychotherapy.

### **Features of Psychotherapy**

1. *Systematic interaction.* “Systematic” means that therapists structure their interactions with clients in ways that reflect their theoretical points of view.
2. *Psychological principles.* Psychotherapists draw on psychological principles, research, and theory in their practice.
3. *Behavior, thoughts, and feelings.* Psychotherapy may be directed at behavioral, cognitive, and emotional domains to help clients overcome psychological problems and lead more satisfying lives.
4. *Abnormal behavior, problem solving and personal growth.* At least three groups of people are assisted by psychotherapy. First are people with abnormal behavior problems such as mood disorders, anxiety disorders, or schizophrenia. Second are people who seek help for personal problems that are not regarded as abnormal, such as social shyness or confusion about career choices. Third are people who seek personal growth. For them, psychotherapy is a means of self-discovery that may help them reach their potentials as, for example, parents, creative artists, performers, or athletes.

Psychotherapies share other features as well. For one, they are all “talking therapies”—psychologically based treatment involving verbal interchanges between clients and therapists. In some cases, there is a continuous back-and-forth dialogue between the client and therapist. In others, such as traditional psychoanalysis, the client does virtually all the talking. Skillful therapists are also active listeners; they listen intently to what clients are saying to understand as clearly as

possible what they are experiencing and attempting to convey. Therapists also express interest in what the client is saying through words as well as nonverbal gestures, such as establishing eye contact and leaning forward when the client is speaking. Skillful therapists are also sensitive to clients' nonverbal cues, such as gestures that may indicate underlying feelings or conflicts. Therapists also seek to convey empathy, or accurate understanding of the client's feelings and experiences. Therapist empathy is a consistent predictor of therapy outcome. Clients of therapists who are perceived as warmer and more empathic show greater improvement than clients of other therapists, regardless of the type of therapy.

Another common feature among different psychotherapies is the instilling in clients of a sense of hope of improvement. Clients generally enter therapy with expectations of receiving help to overcome their problems. Responsible therapists do not promise results or guarantee cures; however, they do instill hope that they can help clients deal with their problems. Positive expectancies can become a type of self-fulfilling prophecy by leading clients to mobilize their efforts toward overcoming their problems. Responses to positive expectancies are termed *placebo effects* or *expectancy effects*.

These common features that cut across different approaches to psychotherapy, such as the encouragement of hope and the display of empathy and attentiveness on the part of the therapist, are called **nonspecific treatment factors**. These factors may have therapeutic benefits in themselves, quite apart from the specific benefits associated with particular forms of therapy.

### **Aims of Psychotherapy**

Psychotherapy is more than a talk between two people but, a collaborative undertaking, started and maintained on a professional level towards specific therapeutic objectives regarding some problems. Thus, some of its aims are:

- **Removing existing symptoms:** To eliminate the symptoms that are causing distress and impediments is one of the prime goals in psychotherapy.
- **Modifying existing symptoms:** Certain circumstances may militate against the object of removing symptoms (inadequate motivation, diminutive ego strength or financial constraints); the objective can be modification rather than cure of the symptoms.

- **Retarding existing symptoms:** There are some malignant forms of problems for example dementia where psychotherapy serves merely to delay an inevitable deteriorative process. This helps in preserving client's contact with reality.
- **Mediating disturbed patterns of behaviour:** Many occupational, educational, marital, interpersonal, and social problems are emotionally inspired. Psychotherapy can play vital role from mere symptom relief to correction of disturbed interpersonal patterns and relationships.
- **Promoting positive personality growth and development:** Deals with the immaturity of the normal person and characterological difficulties associated with inhibited growth. Here psychotherapy aims at a resolution of blocks in psycho-social development to a more complete creative self-fulfillment, more productive attitudes, and more gratifying relationships with people.

It also aims at...

- Strengthening the client's motivation to do the right things.
- Reducing emotional pressure by facilitating the expression of feeling.
- Releasing the potentials for growth.
- Changing maladaptive habits.
- Modifying the cognitive structure of the person.
- Helping to gain self-knowledge.
- Facilitating interpersonal relations and communications.

## **Historical Background of Psychotherapy**

Earlier forms of psychotherapy likely came from philosophy rather than medicine (Kurtz'1998). In ancient Greek *psyche* means breath spirit or soul and *therapeia* or *therapeuein* connotes to nurse or cure. Psychotherapy has its roots in Europe stretching back as far as the nineteenth century. For many years, approximately from the end of the nineteenth century to about the 1960's the dominant influence in psychotherapy was psychoanalysis and its derivatives. Freud, the father of the psychoanalysis, guided its development until his death in 1939 and generally resisted attempts by others to offer significant modifications in psychoanalytic theory and procedures. However, a number of his earlier (and later) followers, such as Adler, Jung, Horney, and Sullivan, offered significant modifications of the Freudian scheme. Although certain features of traditional psychoanalytic theory and therapy, such as the importance of repressed conflicts, unconscious

motivation, and early life experiences, tended to be retained in these variations, significant differences in emphases and procedures also occurred. Besides the development of these offshoots of Freudian psychoanalysis, the other important new schools or approaches to psychotherapy made their mark over the years. One new approach that differed in important respects from the prevailing analytically oriented therapies was the client-centered approach developed by Carl Rogers. Rogers was critical of the ‘expert’ role played by the more traditional therapists with their emphasis on interpretations of clients’ underlying conflicts. Instead, Rogers emphasized the client’s potential for growth and the ability of the therapist to be empathically sensitive to the feelings of the client.

Another more radical development was the gradual growth of behaviour therapy. Although learning theory-based approaches had been introduced relatively early, they had only a modest impact on practice until the publication Joseph Wolpe’s book, *Psychotherapy by Reciprocal Inhibition* in 1958. Although Wolpe was a psychiatrist, behaviour therapy was more directly linked to the field of Psychology than were other forms of psychodynamic psychotherapy, and psychologists have played an important role in its development. The primary contribution of behavior therapy was obvious emphasis on behaviour and performance as well as a more directive role for the therapist. Furthermore, both Rogers and the behaviour therapists placed a greater emphasis on the importance of evaluating the results of their therapy than was true of the practitioners of other orientations. Another difference between these two orientations and the more traditional forms of psychoanalysis and psychoanalytically oriented psychotherapy was the relative brevity of the former. Although there were controversies concerning the different goals and types of outcomes secured by means of the different therapeutic approaches, the fact was that the client-centered and behaviour therapies lasted for a period of weeks or months whereas the psychoanalytically oriented therapies required a few years for completion.

- Self-suggestion’ was used in nineteenth century psychotherapist like Emil Coué (1857–1926)
- First psychoanalytic reference to child case by Sigmund Freud 1909
- Hermine Hug-Hellmuth first to use play therapy.
- Melanie Klien and Anna Freud during 1920.
- Emergence of behavior therapy 1950.
- John Watson, Joseph Wolfe used classic conditioning to explain origin of psychological disorders.

- Edward Thorndike, Skinner pioneered principles of operant conditioning.
- Bandura's work on social learning theory-cognitive therapy

## **Schools of Psychotherapy**

Various schools of psychotherapy exist, the following was an attempt to clarify between some of them.

### **Psychodynamic Therapy**

Psychodynamic theory begins with contribution of Sigmund Freud with the focus on increasing ego strength and /or reducing the pressure of denied impulses, so that the client will be free to run his own life. Psychodynamic therapy is based upon the assumption that problems occur because of unresolved — usually unconscious — conflicts, often originating from childhood. This therapy promotes understanding and enhances coping amongst the clients. Free association is often used by the psychoanalysts in order to bring out the hidden unconscious wishes and conflicts in an individual. In free association, the client is asked to say whatever that comes to his/ her mind. This therapy also focuses on dream analysis, because according to this therapy, during sleep there is profound relaxation of normal ego controls than is possible in free association and hence unconscious processes are freer to operate in sleeping than in waking thought. Consequently, dream provides a potentially rich source of information about unconscious needs. The analysis of transference is also the core of psychoanalytic therapy. In which the client held strong personal feelings toward the analyst which simply could not be understood in terms of actual events of therapy or the analyst's character or behaviour. This transference can be positive (like admiration, love and respect) as well as negative (hate, contempt or anger). Freud believed that such reactions were not only barriers to therapy but they might indeed be vehicle of therapeutic change. The essential fact about transference is that it brings hidden and repressed feelings and conflict into the present where they can be examined, understood and resolved.

### **Behaviour Therapy**

Behaviour therapy mainly deals with modifying or changing undesirable behaviour. This approach focuses on learning's role in developing both normal and abnormal behaviors. In this psychotherapy the maladaptive behaviours are identified and then with the help of various techniques such behaviours are replaced or modified. Learning theories have played an important

role in behaviour therapy. And the contributions of Ivan Pavlov in terms of classical conditioning and of Skinner in terms of operant conditioning are noteworthy.

Several variations have developed since behavior therapy's emergence in the 1950s. One variation is cognitive-behavioral therapy, which focuses on both thoughts and behaviors. Cognitive therapy emphasizes what people think rather than what they do. Cognitive therapists believe that it's dysfunctional thinking that leads to dysfunctional emotions or behaviors. By changing their thoughts, people can change how they feel and what they do. Major figures in cognitive therapy include Albert Ellis and Aaron Beck.

### **Classical conditioning**

Classical conditioning was proposed by Ivan Pavlov. His experiment in which the dog was conditioned to salivate after ringing of the bell forms basis of this learning theory. Classical conditioning can be described as a learning process that is a result of associations between an environmental and a natural stimulus. Learning thus occurs due to pairing between conditioned stimulus and unconditioned stimulus.

**Operant conditioning:** This learning theory was proposed by Skinner. This is also known as instrumental conditioning. Here the learning takes place as a result of reinforcement, reward and punishment that determine whether a particular behaviour will be repeated or not.

Let us now discuss some of the techniques used in behaviour therapy:

- **Simple Extinction:** This is based on the principle that particular learned behaviour will become weak and eventually disappear if it is not reinforced. One of the simplest ways to decrease or eliminate a particular maladaptive behaviour is by removing the reinforcements that encourage such behaviours. The behaviour may not be consciously reinforced but may be unknowingly reinforced by people around the client/clients

- **Aversive Conditioning:** This is based on the principle that a learned behaviour will be weakened when it is followed by pain or punishment. Thus, a maladaptive behaviour can be reduced or removed when it is paired with pain/punishment. Such a technique can be used with client/clients with substance abuse or clients with destructive behaviours, sexual problems, and deviant behaviours. In certain cases such a technique can also be used in such a way that there is positive reinforcement of stimulus that are related to termination of pain.

- **Response shaping:** This can be described as a process in which the responses of individuals are shaped in such a way that he/she is able to use responses that are not initially present in his/her



behavioural inventory. Behaviours can also be shaped with suitable reinforcements that lead to increase in certain behaviours.

- **Assertive Training:** This technique can be used to increase assertive behaviour on the part of the client/clients. This includes appropriate expression of emotions. Increased assertive can help the client/clients by increasing his/her wellbeing and will enhance his/her ability to improve social skills, achieve social rewards and can increase his/her life satisfaction.

- **The Token Economy:** The focus of using tokens rather than using primary reinforcers is that they bridge the delay between the occurrences of the desired behaviour and the ultimate reinforcement. Thus as the client makes his bed, sweeps the floor or takes on a job responsibility, he immediately receives the requisite tokens. The goal of token economy program is to develop behaviour that will lead to social reinforcement from others, to enhance the skill necessary for the individual to take a responsible social role in the institution eventually, to live successfully outside the institution. Although token economy can be used even with those outside the institution, especially with children for increasing desirable behaviour.

- **Modelling:** Response shaping can be tedious and time consuming, especially when complex responses are to be learned, such responses can be acquired much more readily if the subject observes a model and is then reinforced for imitating the models behaviour. Albert Bandura developed this form of **Psychotherapy** behaviour modification based on social modelling. As a therapeutic measure, Bandura points three ways in which modelling can influence behaviour:

- 1) It can serve as a basis for learning new skills and behaviour.
- 2) It can serve to eliminate fears and inhibitions, and
- 3) Finally, it can facilitate pre-existing behaviour patterns.

- **Systematic Desensitization:** This technique is developed by Joseph Wolpe and aims specifically at the alleviation of maladaptive anxiety. The technique involves the pairing of relaxation with imagined scene depicting situations that the client has indicated cause him or her feel anxious. In this the anxiety experienced by the client are paired with relaxation, thus helping the client systematically desensitize the anxiety while imagining about the object or situation that provokes anxiety in him/ her. This technique has been very effective in helping individuals deal with phobias. The process of systematic desensitization includes the following steps:

1) The client is helped to practice relaxation technique. Deep state of relaxation can help client deal effectively with anxieties and fear. Thus the client is asked to practice the relaxation technique during the therapy as well as at home so that client is easily able to practice relaxation.

2) In the second step, the client and the therapist discuss about the phobia experienced by the client and a hierarchy of fears is created. For example, if the client is scared of lifts a list of hierarchy is created in such a manner:

- i) Looking at the lift
- ii) Watching people get in to the list.
- iii) Entering the lift
- iv) Entering the lift and waiting inside for five minutes.
- v) Entering the lift and going on the first floor
- vi) Entering the lift and going on the fifth floor

Thus in a similar manner a hierarchy of fear is created.

3) Then the client is one by one made to imagine each of the hierarchies and whenever he/she feels slightest of anxiety he/she is asked to practice relaxation technique.

• **Implosive Therapy:** Another method of behaviour therapy is Implosive therapy. This is in a way similar to systematic desensitization technique. The technique focuses on avoidance of anxiety arousing stimuli as a source on neurotic behaviour in an individual. The technique involves imagination and reliving of anxiety provoking situations by the client. In this case, rather than trying to banish the anxiety from the treatment sessions, the therapist deliberately attempts to elicit a massive flood or “implosion” of anxiety. With repeated exposure in safe setting, the stimulus loses its power to elicit anxiety and the neurotic avoidance behaviour is extinguished. But because of its flooding of anxiety at the same time, it’s unethical and used less frequently.

### **Humanistic Psychotherapy**

Humanistic therapy is an approach where the main emphasis is on client’s subjective, conscious experiences. The therapist’s focus is more on the present. The client plays far active role as compared to the therapist who mainly plays the role of creating a conducive environment. The major form of humanistic therapy is client centered developed by Carl Rogers. The therapy by Carl Rogers is known as Client Centered Therapy or more recently as Person Centered therapy. This therapy mainly focuses on empathy, unconditional positive regard by the therapist towards

the client and communication of empathy and unconditional positive regard by the therapist to the client.

### **Existential Psychotherapy**

Existential approaches to psychotherapy have tended to emerge at times, and in regions of the world, where there was a groundswell of interest in existential philosophy. Frankel and Rollo May were the major contributors. Existentialism is a philosophy concerned with the meaning of human existence. They believed that people are free to choose among alternatives available to them and have a large role in shaping their own problems of moral conflicts which falls under Logotherapy. In meaning of life for himself, it signifies his uniqueness, his destiny, his heritage all come together to give a new meaning to his life.

### **Gestalt Therapy**

Perls's Gestalt therapy was born in Germany. Gestalt psychologists Wertheimer, Koffka, Kohler, Lewin and Goldstein contributed to development of this therapy. Gestalt theory emphasizes organisation and relatedness, which is in contrast with reductionism of Wundt -Tichner and mechanical behaviourism of applying this theory to human life, integrating the various aspects of dynamic, affective, cognitive and social in one whole and then understanding it as a total unity.

### **Interpersonal Therapy**

Interpersonal therapy was given by Gerald Klerman and Myrna Weissman based on the ideas of Harry Stack Sullivan. As the name suggests this therapy mainly focuses on the present and past social roles and interactions of the client. One or two problems currently experienced by the client are taken in to consideration during the therapy. Issue related to conflicts with friends and family member or even colleagues. It can also help individuals deal with grief and loss. Other issues like retirement and divorce can also be dealt with this therapy.

### **Phases of Psychotherapy**

As observed by <https://www.studocu.com/> that for psychotherapy to be effective it has to typically follow through these phase.

#### **Beginning Phase**

The beginning stage of therapy has for its principle objective the *establishing of a working relationship* with the client. Without such mutuality, there will be no therapeutic progress. Because the working relationship is so vital to success in a therapy, all tasks must be subordinated to the

objective of its achievement. To ensure an adequate working relationship the client must be motivated by

- Clarifying and removing misconception about therapy.
- To convince the client that the therapist understands his sufferings and is capable of helping him.
- Defining the objective of the therapy.

### **Middle Phase**

Once the therapeutic relationship is consolidated, and the client has accepted a more active role of working on his problem, then it's time to enter middle stage of treatment. This has as one of its objectives the revelation of the causes and consequences of the client's disorder. Middle phase is further divided into:

*Early middle phase:* Main objective of early middle phase is to delineate and explore environmental frustrations and maladaptive interpersonal drives through interviewing, and to probe unconscious conflicts that mobilize anxiety and vitiate basic needs.

*Late middle phase:* Main objective of a therapist in late middle phase is to help the client to make changes in the maladaptive behaviour and give incentive for those changes. He also helps the client in dealing with forces that block action, mastering the anxieties surrounding normal life goals, correcting remediable environmental distortions, adjusting to irremediable conditions, making adjustment to those symptoms and abnormal character patterns that for one reason or another cannot be removed during present therapeutic effort.

### **Terminal Phase**

Theoretically, psychotherapy is never ending since emotional growth can go on as long as one lives. In a more usual and limited sense, psychotherapy should be terminated when the stated goals are reached. The terminal phase necessarily begins with therapist and client taking stock of his/her current status and future prospects and deciding whether goals are closely enough approached. Although termination can occur even before the goals are reached. The conditions under which termination of therapy is indicated are:

- Achievement by the client of planned treatment goals.
- Decision by the client or therapist to terminate on the basis of incomplete goals.
- The reaching of an impasse in therapy or the development of stubborn resistances that cannot be resolved.
- Counter-transference the therapist is unable to control and

- Occurrence of physical reasons, such as moving of the residence of client or therapist.

It is also important to discuss here how long these therapies take to bring about a change in a client. According to Frank (1973) therapeutic changes occur in phases and it starts with restitution of well – being (*remoralization*), followed by a relief of symptoms (*remediation*) and finally result in an improvement in functioning (*rehabilitation*). Obviously, in order for a therapy to cross through all these phases adequate number of sessions will be required. But what is that optimal number? Though it is tough to give ‘a size that fits all’ number; however, based on the number of sessions proposed about various techniques such as CBT and IPT, it seems 8 to 12 weeks of twice weekly sessions are required followed by maintenance treatment at long-intervals. It is to be noted that if the client is not responding to therapy after many sessions the therapist should reevaluate the suitability of the therapeutic technique chosen. Likewise, even if the client has responded well, too many sessions might prove counterproductive or resulting in diminishing returns.

### **Efficacy of Psychotherapy**

Although critics and skeptics have claimed that psychotherapy is no more effective than placebo treatment, the weight of scientific evidence argues against this position. Current research affirms that psychotherapy is an effective treatment for many psychiatric disorders.

Meta-analyses have been conducted of the efficacy of psychotherapies in depressive illness and other neurotic disorders. Such studies have consistently shown that the effect size for psychotherapy is around 1 standard deviation unit. This means that the average psychotherapy patient does better than do 85% of control subjects, but those undergoing placebo treatment are still 60% better off than no-treatment controls.

Put another way, 70% of psychotherapy patients improve significantly, while 30% do not; 30% of controls improve spontaneously, while 70% remain the same. Placebo treatments do produce change (with effect sizes of around 0.5), supporting the view that non-specific factors as well as specific techniques are important in psychotherapy.

Empathy, genuineness and warmth have been identified as desirable qualities of effective therapists regardless of whatever techniques are employed. It has been demonstrated that there is greater effectiveness if psychotherapy is delivered by trained therapists who pay attention to issues of engagement of patients than if rendered under ordinary clinical settings.

Research has shown that patients are more satisfied with therapists who are perceived as showing care and concern. It has been suggested that patients who seek therapy are demoralized and that therapy is successful to the extent it leads to ‘remoralization’, such as renewed motivation on the part of the patient to adopt new measures to overcome their own problems. In other words, the effectiveness of psychotherapy is also determined by patient factors such as motivation to change and by the extent that the therapist and patient are able to collaborate towards a common goal.

Furthermore, Cuijpers, Karyotaki, de Wit & Ebert (2020) observed that several different types of psychotherapies have been found to be effective in the treatment of adult depression, including cognitive behavior therapy (CBT) (Cuijpers, Sijbrandij, et al., 2013; Furukawa et al., 2014), behavioral activation therapy (BAT) (Dimidjian, Barrera Jr, Martell, Muñoz, & Lewinsohn, 2011; Ekers, Richards, & Gilbody, 2008; Shinohara et al., 2013), interpersonal psychotherapy (IPT) (Churchill et al., 2010; Cuijpers, Donker, Weissman, Ravitz, & Cristea, 2016), problem-solving therapy (PST) (Cuijpers, de Wit, Kleiboer, Karyotaki, & Ebert, 2017; Malouff, Thorsteinsson, & Schutte, 2007), non-directive counseling (Cuijpers et al., 2012) and brief psychodynamic therapy (Driessen et al., 2013). Meta-analyses of trials directly comparing these therapies with each other, typically indicate that there are no or no major differences between the effects of these therapies (Barth et al., 2013; Cuijpers, 2017; Cuijpers, van Straten, Andersson, & van Oppen, 2008).

### **Summary**

Psychotherapy is the treatment of mental disorders by means of psychological techniques, in a client-therapist relationship. It is a process in which a trained professional enters a relationship with a client for the purpose of helping the client with symptoms of mental illness, behavioural problems or for helping him towards personal growth. Thus, it is simply a psychological treatment for a variety of mental health disorders that may or may not be delivered in concert with pharmaceutical treatment. Some features of psychotherapy include those in systematic interaction, psychological principles, behavior, thought and feelings, abnormal behavior, problem solving and personal growth.

Psychotherapy aims at removing, modifying and retarding existing symptoms, mediating disturbed patterns of behaviour, promoting positive personality growth and development, strengthening the client’s motivation to do the right things. Amongst some of the schools of psychotherapy discussed were psychodynamic, behaviour, classical conditioning, operant conditioning, humanistic, existential, gestalt and interpersonal therapies. Psychotherapy also follows phases of beginning,

middle and terminal. An attempt has also been made to portray the efficacy of psychotherapy based on some conducted meta-analyses.

### **Review Questions**

1. As a practitioner, attempt an explanation on the concept of psychotherapy to a would-be client in order to get his confidence and acceptance of the process.
2. Using specific examples, explain the features of psychotherapy.
3. By building up a convincing picture for the process to be easily understood, discuss the aims of psychotherapy.
4. Attempt a brief but explanatory history of psychotherapy f=dating from the fifteenth century.
5. Discuss on the schools of psychotherapy.
6. Provide an explanation on the phases of psychotherapy.
7. Illuminate on the efficacy of psychotherapy.

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