

CHAPTER 11: THERAPY

- Overview of therapies
 - Goals
 - Therapist characteristics
 - Client characteristics
 - Agents of change
 - Psychotherapy Research

Psychotherapy Definition

- Wolberg (1967)
 - “Form of treatment for problems of an emotional nature in which a trained person deliberately establishes a professional relationship with a patient with the object of removing, modifying, or retarding existing symptoms, of modifying disturbed patterns of behaviour, and of promoting positive personality growth and development”

Levels of Psychotherapy (Wolberg, 1967)

1. Supportive approaches

- Restore patients' functioning rapidly and rid them of neurotic problems.
- You're not trying to change the structure of personality
- Indicated for those who are well-adjusted but are having problems due to environmental stress

2. Insight with re-educative goals

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- Achieve insight into more conscious attitudes and conflicts
- Examines how patient relates to self and others and source of tensions
- Patient tries out new behaviours and changes faulty thinking patterns

3. Insight with reconstructive goals

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- Aim is to achieve insight into unconscious processes
- Reconstruction of the personality

Therapist Characteristics

- **Friend vs. counsellor**
 - **Alliance focuses on the client**
 - **Boundaries**
- **Empathy**
- **Respect and positive regard**
- **Genuineness**
- **Warmth**
- **Attending & Communication Skills**
- **Boundaries**
- **Emotional Well-being?**
- **Personality?**

Client Characteristics

- Degree of distress
- Motivation in therapy
- Intelligence
- Age and gender
- Fit with therapist and theory
- Expectations
- Personality traits (e.g. openness)
- Many characteristics have no effect

Common Features of all Therapies

- Client-therapist relationships
- Provide a rationale to explain client's difficulties
- Provide an intervention
- Provide reassurance and hope
- Enhance patient's sense of self-efficacy or competence
- Enhance insight
- Modulate emotional expression
- Catharsis
- Reduce emotional distress, Anxiety
- Provide information

Psychotherapy Research Design

IMPORTANT QUESTIONS

- **What is the sample?**
- **What patient variables are controlled?**
 - Previous treatment?
 - Expectations?
 - Comorbid diagnoses?
- **What outcome is measured?**
 - Clinical vs. statistical significance
- **What is the nature of the study?**
 - (i.e. specific methodology)

Therapy Research Outcomes

- **Eysenck's Study claims**
 - 72% improved for “custodial care only” group
 - 44% improved for “psychoanalysis” group
 - 66% improved for “custodial care only” group

CRITICISMS:

- **Groups not matched**
- **No control group**
- **Different standards for improvement /outcome**
- **Miscalculations**
- **“Custodial care” does involve some treatment/support.**

Therapy Research Outcomes

GENERAL FINDINGS

Related to positive outcome:

- Therapist competence
- Adherence to treatment protocol
- Patient's ability to reflect on & process thoughts and feelings
- Client's degree of cooperativeness

META-ANALYSIS

- All forms – 80% effective

“Dodo Bird Effect” All have won and all must have prizes

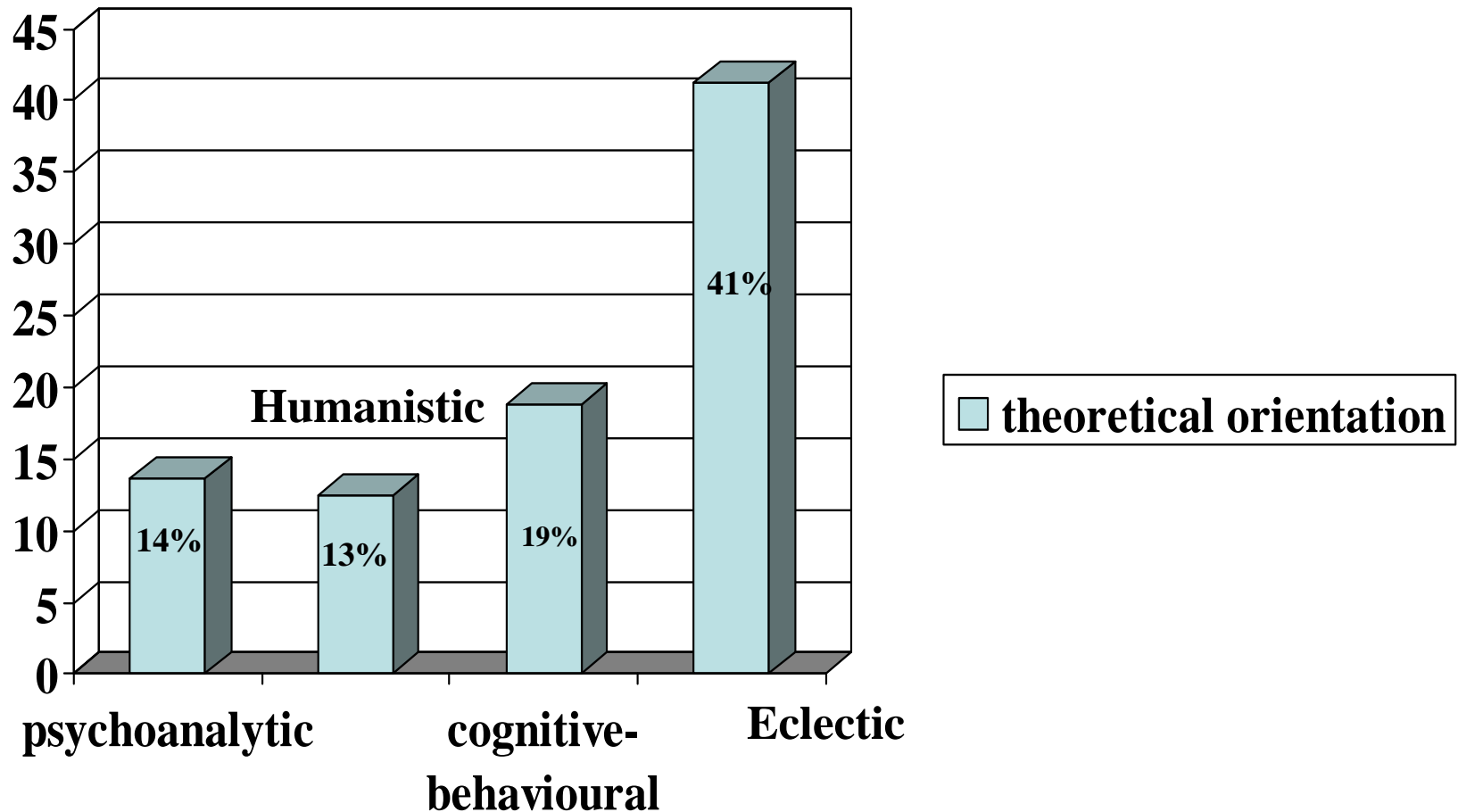
Therapy Research Outcomes

“SPECIFICITY QUESTION”

must ask *specific* questions:

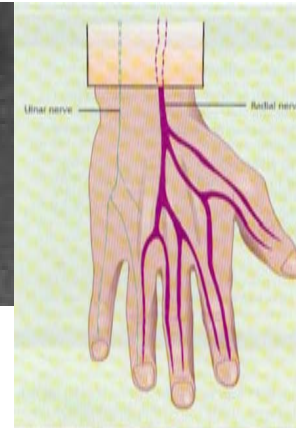
- what kind of treatment?**
- for what kind of problem?**
- administered by whom?**

Theoretical orientation of sample of therapists



FREUD: THE EARLY YEARS

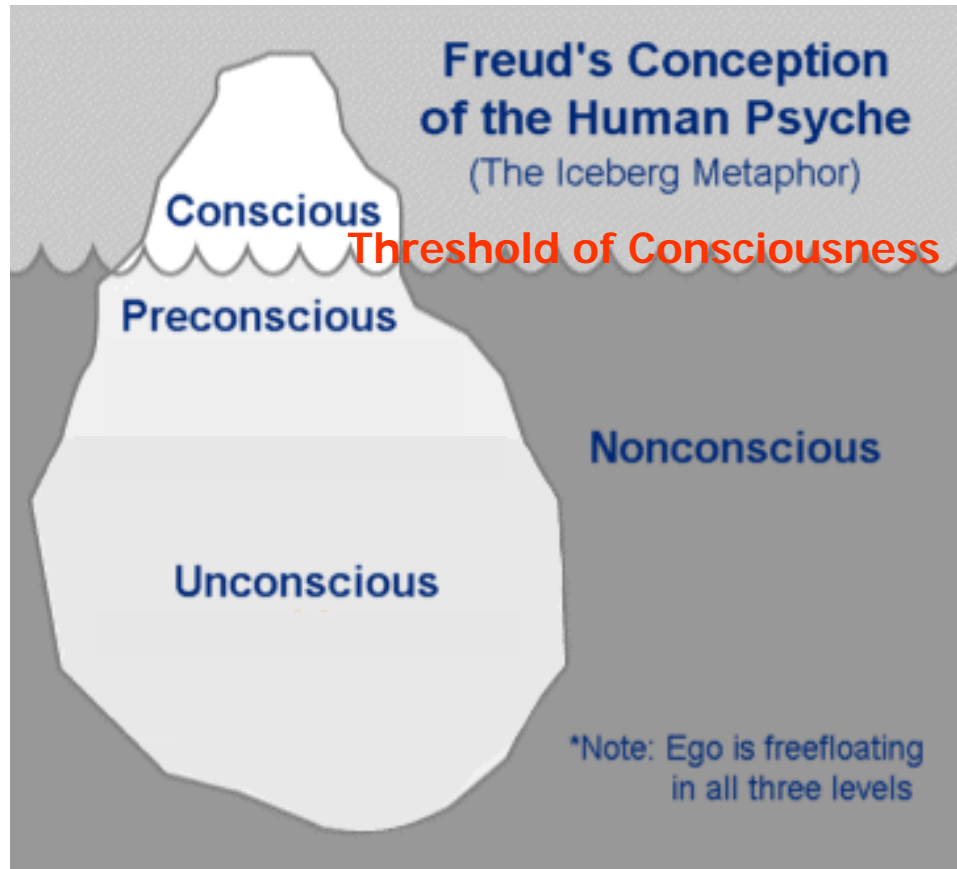
- **1885 Studies of Hysteria under Charcot**



Hysteria
Paralysis with
no physical
cause ...
Conversion of
Trauma or
unconscious
conflict into a
physical
symptoms

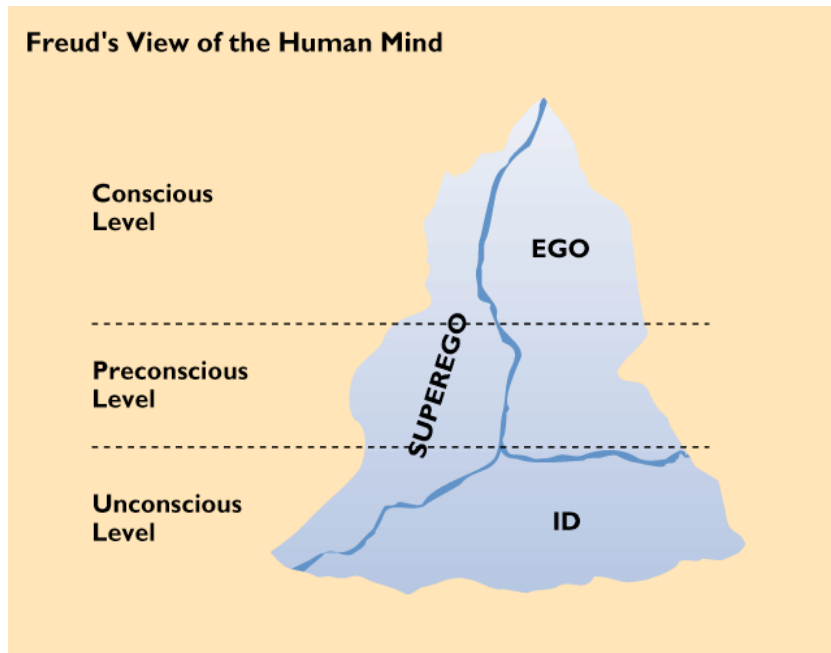
Each individual hysterical symptom immediately and permanently disappeared when we had succeeded in bringing clearly to light the memory of the event by which it was provoked and in arousing its accompanying affect, and when the patient had described that event in the greatest possible detail and put the affect into words. Recollection without affect almost invariably produces no result. Sigmund Freud, 1895

Freud: The Structure of the Mind



- **Conscious**
 - that which we are currently aware of
- **Preconscious**
 - not currently in awareness but easily recalled
- **Unconscious**
 - inaccessible material & impulses

Freud: The Mind & PERSONALITY



("psychic energy")
impulses constantly press for
direct or indirect expression.

- **ID**
 - impulses
 - unconscious
 - * *Pleasure principle*
- **EGO**
 - mediates between id and superego
 - **"Ego strength"**
 - * *Reality principle*
- **SUPEREGO**
 - morals
 - sense of right or wrong

FREUD:

The Childhood Seduction Controversy

- 1896 – Freud presented a paper to the Viennese Society of Psychiatry & Neurology
 - During free association, patients revealed childhood experiences of sexual abuse by male relatives.
 - Freud believed that these seductive traumas were the cause of neuroses.
 - Peers skeptical: called “ a scientific fairytale”
 - 1897 – recanted & suggested some were fantasies.
 - Sexual nature of neuroses remained though
- Freud’s theory of “Psychosexual Personality Development” evolves*

PERSONALITY DEVELOPMENT

FREUD'S PSYCHOSEXUAL STAGES

STAGE	AGE	FOCAL POINT	KEY DEVELOPMENTAL TASK
Oral Orally Fixated	Birth - 2	Mouth	Weaning
Anal Anal Retentive/Expulsive	2 – 3	Anus	Potty Training
Phallic	4 – 5	Genitals	Identify with Role model <i>* Oedipal complex</i>
Latency	6 – 12	None	Expand social relationships
Genital	Puberty on	Genitals	Intimate relationships Sexual intimacy

Freud's Psychosexual Theory of Development

Prof. Laura Fazakas <http://www.laurafazakas.com>

OEDIPAL COMPLEX

- Boy desires mother, fears father
- *Castration anxiety*, repression of desire
- Obtains mother by identifying with father
- Internalizes father's values/morals
- *Ego and superego develop if Oedipal complex properly resolved.*

ELEKTRA COMPLEX

- Girls realize they lack a penis, so develop *penis envy*
- Fall in love with father and want to bear a male child
- Identify with mother, internalize her values, and marry to conceive a male child.

ANXIETY – a state of tension that occurs when fearing punishment for gratifying unacceptable id impulses

DEFENSE MECHANISMS – unconscious denials or distortions of reality to minimize anxiety

- **Denial** – of existence of threat or trauma
- **Repression** - banishes certain thoughts/feelings from consciousness (underlies all other defense mechanisms)
- **Regression** - retreating to earlier stage of fixated development
- **Reaction Formation** - ego makes unacceptable impulses appear as their opposites
- **Projection** - attributes threatening impulses to others
- **Rationalization** - generate self-justifying explanations to hide the real reasons for our actions
- **Displacement** - divert impulses toward a more acceptable object
- **Sublimation** - transform unacceptable impulse into something socially valued

PSYCHOANALYSIS: TREATMENT PROCESS

Prof. Laura Fazakas <http://www.laurafazakas.com>

D) TRANSFERENCE

- – patient will react to therapist as they did to their parent
 - feelings and reactions incl. sexual

* *develop insight*

E) COUNTER TRANSFERENCE

i) Therapist's reaction to the patient based on therapist's past

ii) Therapist's reaction to patient based on patient's behavior

- can provide important information into how others react to patient

* *important for therapist to know what reactions are based on "their own history" as opposed to a reaction to the patient.*

Freud – all psychoanalysts required psychoanalysis both to understand the process & themselves

* *Some video clips to demonstrate these concepts*

PSYCHOANALYSIS AS A TREATMENT

Prof. Laura Fazakas <http://www.laurafazakas.com>

TREATMENT PROCESS

1. DREAM ANALYSIS

(latent & manifest meaning)

2. FREE ASSOCIATION

3. RESISTENCE – patient will become avoidant when approaching difficult anxiety-provoking material

SCIENTIFIC VALIDATION OF PSYCHOANALYTIC CONCEPTS

- Analysis of over 2000 research studies (Fisher & Greenberg, 1977) support the following:**
- **Some evidence of oral and anal personality types**
 - **Dreams provide outlet for tension**
 - **Aspects of Oedipal concepts (rivalry with father, sexual fantasies about mother, and castration anxiety)**

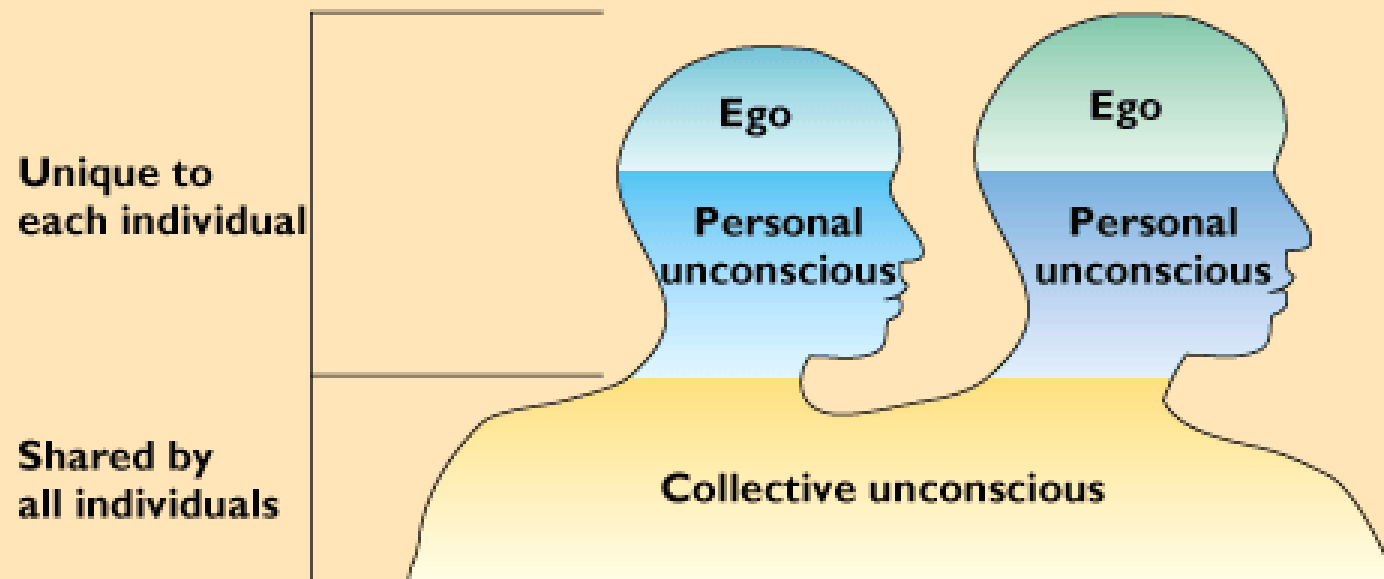
FORENSIC RESEARCH

- **Sociopaths lack conscience (superego) & research indicates related to lack of male role model**

CRITICISMS OF FREUD'S THEORIES

- Methodology problematic
 - introspection, psychoanalysis of self & analyzes his own dreams
 - generalized case studies of patients to normal population.
 - data collection unsystematic & uncontrolled
 - biased recording?
- Difficult to test his theories
- Over emphasis on sexual behavior
- Negative view of human nature
- Negative view of women

Jung's Conception of Personality



Structure

Characteristics

Ego

Conscious component; carries out normal daily activities.

Personal unconscious

Contains all accessible memories, thoughts, and feelings, and all repressed memories, wishes, and impulses.

Collective unconscious

The most inaccessible layer; shared by all people; contains universal experiences.

CARL JUNG

Archetypes: Universal idea, image, pattern, or a universal thought form or predisposition to perceive the world in certain ways.

*** found in the collective unconscious**

Anima: the personification of all feminine psychological tendencies within a man

Animus: the personification of all masculine psychological tendencies within a woman

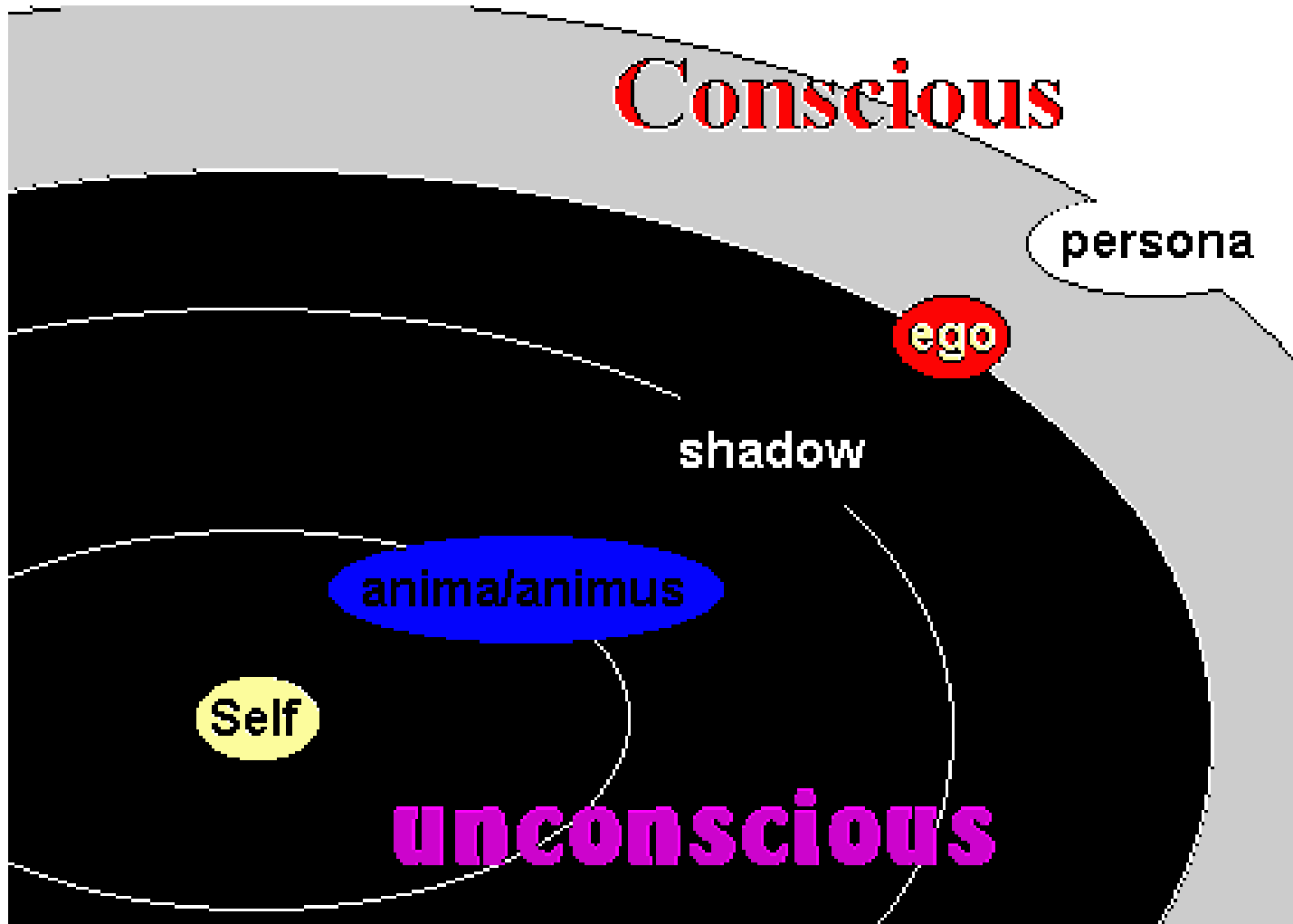
JUNG

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ARCHETYPES

- 1. Self – guides process of individuation & the regulating centre of the personality**
- 2. Self Archetype: the goal of development; archetype that represents the transcendence of all opposites, so that every aspect of personality is expressed equally.**

JUNG



Unrealized self

CARL JUNG ON DEVELOPMENT

- 1. CHILDHOOD (birth until adolescence)**
 - **time of outward expansion.**
 - **Maturational forces direct ego & capacities to deal with world.**
 - **Women develop feminine traits and vice versa.**
 - **One-sidedness necessary to achieve task of mastering outer world.**
 - **Self-doubts, fantasies, & inner natures prevent from meeting demands of external environment.**
 - * **Extroverts successful in this period.**

CARL JUNG ON DEVELOPMENT

CHILDHOOD: THE MORNING OF LIFE

Broken into age-related stages similar to Freud's but with different tasks

<u>FREUD'S STAGE</u>	<u>JUNG'S DEVELOPMENTAL TASK</u>
ORAL	– distinguishing self from world
ANAL	– distinguishing self from others
PHALLIC	– distinguishing sexes, esp. parents
LATENCY	– distinguishing right from wrong
ADOLESCENCE	– experimenting with social role

CARL JUNG ON DEVELOPMENT

2. YOUNG ADULTHOOD (adolescence to ~ 40)

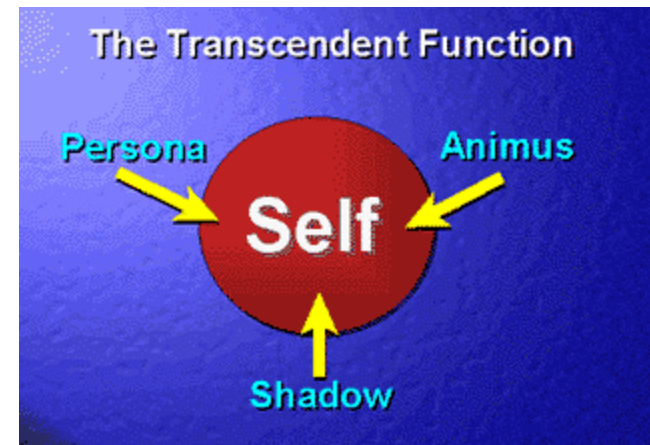
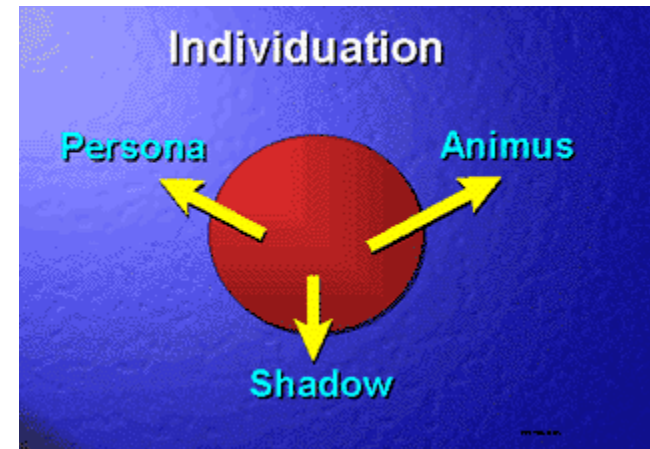
- development of career/family focus

*** The Midlife Crisis (at approx. 40)**

- **At about 40, psyche undergoes transformation;**
- **goals lose meaning, (feels depressed/something is missing).**
- **Psyche rescues person and turns inward to examine meaning of life (prompted by unconscious where repressed aspects of self demand to be heard & balanced).**
- * Unconscious speaks through dreams**

TWO COMPLIMENTARY PROCESSES IN DEVELOPMENT & SELF- ACTUALIZATION

- Both occur simultaneously, but individuation is logically first, since it involves discovering and differentiating the various aspects in the personality. Usually, the persona is the first, and the shadow is the last to be individuated.
- Once each aspect has been individuated, the transcendent function works to integrate them into a single unified Self, which, when it develops, encompasses and replaces all other aspects & complexes, becoming the whole of personality.



CARL JUNG ON DEVELOPMENT

Middle Age (40 -65)

- marked by transformation of the psyche.
- Turn away from external world;
- focus on inner selves to learn about potentials that are unrealized.
- Adult still has energy and resources to change external world (career changes, long-neglected projects, & expression of opposites)

Old Age (65 to death)

- Person tries to understand nature of life in the face of death.
- Must have some image of after-life to be able to face it-(unconscious self has archetype of eternity that swells up from within as death nears.
- * archetypal image of eternity

EVALUATION OF JUNG'S THEORIES

STRENGTHS

- **Discussion of development in later life**
- **Focus on life force (less sexual emphasis)**
- **Opposites- useful for explaining all aspects of human behavior**
- **Integrates cultural/historic influences with individual**

EVALUATION OF JUNG'S THEORIES

CRITICISMS

- Theory developed from clinical observation
- Difficult to scientifically validate
- Not enough focus on childhood influences
- Some criticize spiritual element in a Psychological theory

(others would argue it is a strength)

Evaluation

- **4 studies**
 - **No control group**
- **Results:**
 - **Pts with anxiety disorders do better schizophrenic pts**
 - **Better educated clients do better**
 - **Interpretation not necessary**
- **IPT is as effective as CBT for depression and bulimia**
- **Process research emphasized the importance of the therapeutic working alliance**