2.0 INTRODUCTION

As social beings, humans are dependent on each other for maintenance of their biological and psychological well-being. When this is threatened in any way, they typically turn to each other for help. Learning how to help people with psychological problems has been a challenge for any mental health professional. This is where psychotherapy comes into the picture. Psychotherapy plays an important role to help individuals suffering from psychological problems.
Psychotherapy is a technical term used in clinical fraternity to treat sufferings of an emotional nature using the theories and principals of Psychology. Though not very structured as psychotherapy is today, we get reflections in philosophical writings in epics and so on about the concepts that were quite psychotherapeutic.

In the present unit, we will mainly discuss about the definition of psychotherapy and its aims. Further the schools of psychotherapy will be discussed in detail. The unit will also discuss the phases and modalities of psychotherapy.

2.1 OBJECTIVES

After studying this Unit, you will be able to:

- Understand the concept of Psychotherapy;
- Explain the different types of therapies;
- Describe the various phases of Psychotherapy;
- Know the different modalities of Psychotherapy;
- Discuss the client and therapist factors in Psychotherapy; and
- Gain knowledge about Psychotherapy in India.

2.2 CONCEPT OF PSYCHOTHERAPY

Let us now discuss the concept of psychotherapy with the help of its definition and aims.

2.2.1 Definition

Psychotherapy can be defined in a broad fashion as comprising three distinct components: a healing agent, a sufferer, and a healing or therapeutic relationship (Frank and Frank 1991). Strupp (1986) 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. The mutual engagement of the client and the psychotherapist, both cognitively and emotionally, is the foundation for effective psychotherapeutic work. 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. Wolberg (1988) conceptualizes psychotherapy as an endeavour to alter the behaviour and change the attitude of a maladjusted person towards a more constructive outcome. He defines psychotherapy as, “a form of treatment for problems of an emotional nature in which a trained person deliberately establishes a professional relationship with a client with the object of...

- removing, modifying or retarding existing symptoms,
- mediating disturbed patterns of behaviour, and
- promoting positive personality growth and development”
### 2.2.2 Aims of Psychotherapy

Psychotherapy is more than a talk between two people regarding some problem. It is a collaborative undertaking, started and maintained on a professional level towards specific therapeutic objectives. These 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 (e.g. 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 e.g. 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 clients 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.

### Self Assessment Questions 1

1) Define Psychotherapy.

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2) List the aims of Psychotherapy.

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2.3 SCHOOLS OF PSYCHOTHERAPY

There are various schools of psychotherapy, let us now discuss them one by one.

2.3.1 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 hold 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.

2.3.2 Behaviour Therapy

Behaviour therapy mainly deals with modifying or changing undesirable behaviour. 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 B. F. Skinner in terms of operant conditioning are noteworthy.

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
Psychological Therapies

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 B. F. 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.

- **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 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. This includes appropriate expression emotions. Increased assertive can help the client 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 reinforces 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
Psychotherapy

for imitating the models behaviour. Albert Bandura developed this form of 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:

   1) Looking at the lift
   2) Watching people get in to the list.
   3) Entering the lift
   4) Entering the list and waiting inside for five minutes.
   5) Entering the list and going on the first floor
   6) 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.
2.3.3 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 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.

2.3.4 Existential Psychotherapy

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

2.3.5 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 emphasises organisation and relatedness, which is in contrast with reductionism of Wundt-Tichner and mechanical behaviourism of applied this theory to human life, integrating the various aspects dynamic, affective, cognitive and social in one whole and then understanding it as a total unity.

2.3.6 Interpersonal Therapy

Interpersonal therapy was given by Gerald L. 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.

Thus in the present section of the unit we discussed various schools of psychotherapy. Besides the above, there are other therapies as well, they are, Cognitive therapy, Cognitive-Behaviour therapy (CBT) and Rational Emotive Behaviour Therapy (REBT). These will be extensively discussed in our next unit.

Self Assessment Questions 2

1) What is the assumption of psychodynamic therapy?

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2.4 PHASES OF PSYCHOTHERAPY

2.4.1 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.

2.4.2 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.
2.4.3 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 re-evaluate 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.

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<td>1) How can the client be motivated to ensure adequate working relationship?</td>
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<td>2) State the conditions under which termination of therapy is indicated.</td>
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2.5 MODALITIES OF PSYCHOTHERAPY

2.5.1 Individual Therapy

This consists of one to one interaction between the therapist and the client. The client gets complete and undivided attention of the therapist and thus is able to deal with his/her specific problems effectively. This is also one of the main advantages of individual therapy. The therapist also gets an opportunity to fully focus on the client and help him/her adequately. However, one of the disadvantages of this therapy is that the client cannot be observed within a social or family context.

2.5.2 Group Therapy

This involves around three to fifteen clients with whom the therapeutic session is conducted at a time. Such a therapy is effective to provide group support to the client as they can interact and understand each others problems and even relate with each other. For example, group therapy can be carried out with bereaving individuals. Such a therapy can also be less expensive as compared to individual therapy.

2.5.3 Family Therapy

This approach is most useful when it is necessary to work on dynamics within the family group. This therapy mainly focuses on issues involving interaction between family members in order to improve overall functioning of the family. Family therapy addresses the concerns of any family member, yet it is most likely to influence children, whose daily reality is directly affected by family context. Bowen’s intergenerational model of family systems, Structural family therapy by Minuchin are some of the family therapies that can be effectively used.

2.5.4 Couple’s Therapy

As the name suggests this modality focuses mainly on the couples. It is mainly designed in order to modify the interactions between two people in order to resolve conflict between them. Such conflicts can be social, emotional, sexual, or economic. The therapy necessarily involves development of therapeutic relationship with the client-couple. Techniques like role play can be used in order to help the couple resolve the issues.

2.5.5 Child Therapy

The differences between adult and child psychotherapy stem from many factors such as the nature of the problems exhibited by children, children’s dependence on adults, assessment issues, client-therapist relationship etc. For example, most of the problems encountered in the child are present in the normal course of development in lesser levels (e.g. aggression, hyperactivity, anxiety), and it is a special challenge to decide whether and when to intervene (Kazdin, 2003). Similarly, unlike the treatment of adults, child therapy ends by returning the client not to his own care alone but to that of the parents. Thus the aim is not only to have children look at themselves more squarely, but to promote a more open relationship between children and parents that can meet their emotional needs.
needs as they grow up in a better way (Wolff, 2000). Furthermore, children’s dependence on adults makes them particularly vulnerable to multiple influences over which they have little control, like parental mental health, marital and family functioning, stress in the home, difficult living circumstances, etc. (Kazdin, 2003). The whole problem gets compounded due to the fact that often children are not able to give clear accounts of their problems that aggravate the dependence on parental and other authority figure’s accounts and, at times, these accounts are highly coloured by reporter’s own psychopathology and perception. Finally, the therapist client relationship is, somewhat, blurred in child psychotherapy.

### Self Assessment Questions 4

1) Differentiate between individual and group therapy.

2) What is family therapy?

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### 2.6 ETHICS IN PSYCHOTHERAPY

The psychotherapist must respect and protect civil and human rights and the central importance of freedom of inquiry and expression in therapeutic effort. They strive to help the public in developing informed judgments and choices concerning human behaviour. This Ethics Code provides a common set of principles and standards upon which psychotherapist build their professional relationship with the client. (APA, 1992)

1) When obtaining informed consent to therapy, therapist informs clients/clients early in the therapeutic relationship about the nature and anticipated course of therapy, fees, and involvement of third parties.

2) When the therapist is a trainee and the legal responsibility for the treatment provided resides with the supervisor, the client/client, as part of the informed consent procedure, is informed that the therapist is in training and is being supervised and is given the name of the supervisor.

3) When therapist agree to provide services to several persons who have a relationship (such as spouses, significant others, or parents and children), they take reasonable steps to clarify at the outset, which of the individuals
are clients/clients and what relationship the therapist will have with each person. This clarification includes the therapist’s role and the probable uses of the services provided or the information obtained.

4) If it becomes apparent that therapist may be called on to perform potentially conflicting roles (such as family therapist and then witness for one party in divorce proceedings), he/she should take reasonable steps to clarify and modify, or withdraw from, roles appropriately.

5) When therapist provide services to several persons in a group setting, they describe at the outset the roles and responsibilities of all parties and the limits of confidentiality.

6) In deciding whether to offer or provide services to those already receiving mental health services elsewhere, therapists carefully consider the treatment issues and the potential client’s/client’s welfare. Therapists should discuss these issues with the client/client or another legally authorized person on behalf of the client/client in order to minimize the risk of confusion and conflict, consult with the other service providers when appropriate, and proceed with caution and sensitivity to the therapeutic issues.

7) Therapists do not engage in sexual intimacies with current therapy clients/clients. They should not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients/clients. They should not accept as therapy clients/clients persons with whom they have engaged in sexual intimacies.

8) When entering into employment or contractual relationships, therapist make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/client care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the client/client.

9) Therapist terminate therapy when it becomes reasonably clear that the client/client no longer needs the service, is not likely to benefit, or is being harmed by continued service.

10) Therapist may terminate therapy when threatened or otherwise endangered by the client/client or another person with whom the client/client has a relationship.

11) Except where precluded by the actions of clients/clients or third-party payers, prior to termination therapists provide pretermination counselling and suggest alternative service providers as appropriate.

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<td>1) What information is to be provided to the client during informed consent?</td>
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2) What should be considered while taking decision about providing services to those already receiving mental health services elsewhere?

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2.7 FACTORS THAT INFLUENCE THE OUTCOMES OF PSYCHOTHERAPY

Let us now discuss the factors that can have an influence on the outcomes of psychotherapy.

2.7.1 Nonspecific Factors

Psychotherapy attempts to alleviate emotional sufferings and enhance personality adjustment through planned psychological interventions. But it is not the only medium through which such benefits may be achieved. There are varieties of forces which serve to ameliorate neurotic symptoms and sometimes under fortunate circumstances leads to personality growth. Among the coincidental factors associated with psychological changes are:

1) “Spontaneous” remission or cures: Spontaneous cure occurs more frequently than one can admit because both physical and emotional difficulties are associated with periods of exacerbation and periods of remission, and without any cause they vanish on their own. Sometimes the most pernicious form of psychoses show tendency toward spontaneous remission. Although we have a tendency to focus only on the evil consequences and forget that constructive regenerative influences may be coincidently present. This indicates that the individual has healing forces within himself that are capable of altering a presumably fatal illness. The exact mechanisms involved in spontaneous recovery or cure are not exactly known but a number of operative factors suggest that:

   i) Life circumstances may change and open up opportunities for gratification of important but vitiated needs, normal and neurotic.

   ii) Provocative stress sources may disappear as a result of the removal of the initiating environmental irritant or because the individual extricates himself from it.

   iii) Crumbling and shattered defences, whose failure promotes adaptive collapse, may be restored to their original strength, or be reinforced by new, more adequate and less disabling defences. The return of sense of mastery in the course of buttressing failing defences will help to return the individual to functional equilibrium.
2) **Influences that automatically arise out of any “helping” situation:** A brief contact with an intelligent authority in which an emotionally disturbed person can confide brings about relief which may satisfy the ambitions of both sufferer and helping agency. The factors which influence helping relationships are:

i) **The Placebo Effect:** An individual who is suffering from physical or emotional problem and seeking help may attach himself or herself to the instrument or person in whom he has trust. His conviction regarding the infallibility of the object or the person may be great enough to induce a cessation of the symptoms. When this occurs solely on the basis of conviction or trust, it’s called *placebo* influence. In medical profession, placebo effect is recognised as a potent healing force.

ii) **The Relationship Dimension:** Every helping situation is characterised by a special kind of relationship that develops between the therapist and subject. Implicit, if not explicit, the individual has understanding and trust that the therapist has knowledge, skill and desire to help him overcome the problems for which he has sought the professional help. The more bewildered and helpless the person, the greater the reliance he places on the expert individual. It is a most important factor in the psychotherapeutic situation, particularly at the beginning of treatment and later when reaching the goal.

iii) **The Factors of Emotional Catharsis:** Sometimes a sheer act of talking can provide an individual with considerable emotional relief. It exposes suppressed attitudes and the ideas that the person has been keeping from himself, at the same time releases tension, softens inhibitions and liberates conscious and unconscious conflicts that have been held in check. In the unburdening process, there is often a relief of guilt feelings in relation to past experiences, particularly sexual acting-out, hostile or aggressive outburst and competitive strivings.

iv) **The Factors of Suggestion:** In any helping relationship many forces are operative, including the need to identify oneself with helping personage who serves as a model. There is then an unqualified tendency to assimilate the precepts and injunctions of the helper purely on the basis of suggestion. There are a number of variables that appear to regulate the forcefulness of suggestion (Wolberg, 1962):

- The significance to the individual of the suggesting agency.
- Significance to the subject of the specific content of offered suggestions from the helping agency.
- Degree of anxiety that is mobilised in the subject by his acceptance of a specific suggestion or by the relationship itself.

v) **Group Dynamic:** Group exerts a powerful influence on the individual. They may be responsible for significant changes among the constituent members. The effect of alcoholic anonymous on victims of alcohol dependence syndrome, and of the more recent on drug addicts, are examples of how even serious personality defects may be benefitted through constructive group adventures.
2.7.2 Client and Therapist Factors

Client variables

A client variable can be seen as moderators or mediators of change. There are various socio-demographic variables of client that may affect the outcome of psychotherapy. For example, studies have shown that CBT is more effective in reducing the depressive symptoms in older clients (Arean et al., 1993; Kemp et al., 1992). Likewise, socioeconomic status (SES) has been found to be related to continuation of psychotherapy. Berrigan et al in 1981 found a positive relationship between higher social status and length of stay in treatment has been found. Even gender can be a determinant of the outcome of psychotherapy. Thase et al (2000) found across various studies that women who were manifesting more severe depression did better in interpersonal therapy than they did in cognitive therapy.

Therapist variables

Similar to client’s variables there can be many therapist’s variable’s that can affect the outcome of psychotherapy. For example, therapist’s age, emotional well being, aptitude and similar other variables can have some effect on the outcome. The practice of psychotherapy requires that the therapist possesses special personality characteristics that will enable him to establish and to maintain the proper kind of relationship with his client. Some of the aspects that important with regard to the therapist are:

**Empathy:** The most important characteristic of the good therapist is his capacity to empathize with others. It can be explained as imagining oneself in another person’s situation. It enables the therapist to appreciate the turmoil the client experiences in his illness and the inevitable resistance he will manifest towards change. Lack of empathy interferes with the respect the therapist needs to display towards the client, with the interest to be shown in his welfare, with the ability to give him warmth and support when needed, with the capacity to concentrate on his production and to respond appropriately. Empathy should not be mistaken for sympathy or a tendency to overprotect the client. Empathy means tolerance of clients making mistakes, of using his own judgment and of developing his individual sense of values. This means that the therapist must not harbour preconceived notions as to the kind of person he wants the client to be.

**Unconditional Positive Regard:** The second feature of a therapist which Carl Rogers regarded as essential is ‘Unconditional Positive Regard.’ synonymous with this are acceptance or warmth. By Unconditional Positive Regard Carl Rogers wished therapist to ‘prize the person’. Unconditional positive regard can be explained as being non judgemental and accepting the people the way they are for their uniqueness and individuality. With this feature therapist begins their relationship with a person by directly communicating that he accepts them, no matter how they might speak or what they might have done. The aim of this condition is to create a climate within which the person in need can feel safe.

**Genuineness:** Genuineness denotes open communication. Instead of person in need trying to guess, what therapist really means, or trying to decode the differences between what he says and the image his body communication provides
them with, there is a directness and openness about the way therapist communicates. Genuineness on part of the therapist encourages sharing of feelings and open communication on behalf of the client. Genuineness on the part of the therapist will also discourage the client from pretending, denying and concealing from the therapist.

**Flexibility:** Rigidity in therapist is a destructive force in psychotherapy. It prevents the therapist from coordinating his approach with the exigencies of the therapeutic situation. Flexibility is not only essential in the execution of technical procedure, but in other aspects of therapy; such as, the defining of goals and setting of standards. Flexibility is also necessary in interpreting the value system of the culture, in order to permit the relaxation of certain austere demands in the face of which a change in client’s severity of conscience may be thwarted.

**Objectivity:** Awareness of his own feelings and emotional problems helps the therapist to remain tolerant and objective in the face of irrational controversial and provocative attitude and behaviour manifested by the client. No matter what the client says or thinks, it is urgent that the therapist has sufficient control over his feelings so as not to become judgmental and, in this way, inspires guilt in the client. Objectivity tends to neutralize untoward emotions in the therapist, particularly, over-identification, which may stifle the therapeutic process and hostility which can destroy it. Objectivity enables the therapist to endure attitudes, impulses and actions at variance with accepted norms. It permits the therapist to respect the client and to realise his essential integrity, no matter how disturbed or ill he may be.

**Sensitivity:** It is essential for the therapist to perceive what is happening in the treatment process from the verbal and non-verbal behaviour of the client. Not only must the therapist attuned to the content of the client’s communication, but he must be sensitive to the mood and conflicts that underlie the content. He must be aware also of his own feelings and attitudes, particularly those nurtured by his personal problems and emotional limitation that is inspired by contact with the client. These qualities presuppose a superior intelligence and judgment with the ability to utilise one’s intelligence in practical life problems.

### 2.7.3 Psychotherapy and Medication

The treatment of clients with psychotherapy and medication simultaneously is a common practice throughout the world. Most mental health professionals regardless of disciplines, emphasise the importance of psychotropic medication, in conjunction with psychotherapy. In fact, psychotherapy and pharmacotherapy are complementary to each other from various perspectives. For example,

- Pharmacotherapy can make amenable for psychotherapy. A client in severe depressive or anxiety state may not show interest in psychotherapy; however, after some improvement with medication they can reach a stage where psychotherapy can be started as they become amenable to discuss their problems.

- Medication can increase self-esteem by decreasing feeling of hopelessness, futility and passivity as well as enhancing the acceptability of treatment.

- Medication, for some clients works as placebo effect allowing more substantial therapeutic alliance.
• Medication may not only increase the likelihood but also the speed and magnitude of response to psychotherapy.

• On the other hand psychotherapy when added to an on going pharmacotherapy may have following benefits:
  – Psychotherapy promotes improved adaption and coping.
  – Psychotherapy improves compliance with pharmacotherapy.
  – Psychotherapy, even in clients with most severe disorder, decreases the likelihood of recurrence of symptoms.
  – Psychotherapy decreases relapses when medications are stopped.

Self Assessment Questions 6
1) What are the nonspecific factors that can have an impact on the outcomes of psychotherapy?
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2) What is empathy?
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3) List the therapist variables that can have an impact on the outcomes of psychotherapy.
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2.8 PSYCHOTHERAPY IN INDIA

In India, Giridra Sekhar Bose was stated the psychoanalysis movement. The Indian Psychoanalytical Society was founded by him in 1922. According to him, social and biological factors, as stated by Freud, may not lead to repression, but, psychological opposition of infantile wishes were causes of repression. Surya and Jayaram in 1964, were first to express their dissatisfaction against the Western Psychotherapy. They focused on the relevance of the local language and situational
direct support as opposed to intrapsychic explanations. Efficacy of western psychotherapy in Indian culture has aroused attention and concern. On one hand where Westerners are inductive and analytic; the Easterners are deductive and have high value for harmony.

The self and the outer world are perceived in different manners by the Western and Eastern Cultures. The original meaning of health i.e. “swasth” (self reliant or self-supporting) almost sounds similar to the perceived western idea of individual independence. Further, the perception of self is in terms of ‘us’ in collective consciousness. Both Mahal (1975) and Neki (1977) agree that the West fosters individual independence while Indian culture fosters social dependence and both arrived at the conclusion that Western psychotherapy is not adequately applicable in Indian culture. In recent times Western psychiatrists have found our traditional meditation technique and Yoga to be useful. In Indian literature varieties of practice have been mentioned for the cure of psychological disorders.

Yoga is one such practice that can be used in order to treat and prevent psychological disorders. It is an ancient system of thought and practice. It can also be effectively used in order to maintain and promote physical and psychological wellbeing.

Analysis of therapeutic relationship in Indian setup has led to particular concept known as Guru-Chela relationship. The concept implies that in the therapy the therapist should be more active and assume responsibility for the decision making (Neki, 1984). Surya and Jayaram (1996) have also highlighted that Indian client readily accepts the dependency relationship and seek support. Neki (1977) described the concept of Guru-Chela relationship which is the culturally more appropriate and suitable framework for psychotherapy in India. Hoch (1977) found some similarities in Indian traditional healing technique and western psychotherapies.

### 2.9 LET US SUM UP

Psychotherapy is a complicated process and almost 100 years have passed since the use of systematic therapeutic approach. Psychotherapy can help one to gain better understanding of his/her condition or situation, identify and change behaviours or thoughts that negatively affect one’s life, understand relationships and experiences in a better way and develop self awareness. Thus in this unit we discussed about the concept of psychotherapy with the help of its definition and aim. We further focused on various schools of psychotherapy like Psychodynamic Therapy, Behaviour Therapy, Humanistic psychotherapy, Existential Psychotherapy, Gestalt therapy and Interpersonal Therapy. We also deal with various phases of psychotherapy and discussed the modalities of psychotherapy like individual therapy, group therapy, family therapy, couple’s therapy and child therapy. We also discussed about ethics in psychotherapy and factors that can influence psychotherapy. Lastly we briefly discussed about psychotherapy in India.

In the next Unit we will discuss about cognitive therapies.
2.10 ANSWERS TO SELF ASSESSMENT QUESTIONS

Self Assessment Questions 1

1) Wolberg defined psychotherapy as, “a 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 removing, modifying or retarding existing symptoms, mediating disturbed patterns of behaviour, and promoting positive personality growth and development”.

2) The following are the aims of psychotherapy:
   • Removing existing symptoms
   • Modifying existing symptoms
   • Retarding existing symptoms
   • Mediating disturbed patterns of behaviour
   • Promoting positive personality growth and development
   • Strengthening the patients 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.

Self Assessment Questions 2

1) Psychodynamic therapy is based upon the assumption that problems occur because of unresolved, usually unconscious, conflicts, often originating from childhood.

2) Assertive technique includes appropriate expression of emotions on the part of the client. Increased assertive can help the client/patient 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.

3) The main emphasis in Humanistic therapy is on client’s subjective, conscious experiences and on the present.

Self Assessment Questions 3

1) The client be motivated to ensure adequate working relationship with the help of the following:
   • 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.
2) 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.

**Self Assessment Questions 4**

1) The difference between individual and family therapy is as follows:

Individual therapy consists of one to one interaction between the therapist and the client. The client gets complete and undivided attention of the therapist and thus is able to deal with his/her specific problems effectively. Whereas group therapy involves around three to fifteen clients with whom the therapeutic session is conducted at a time.

2) Family therapy is most useful when it is necessary to work on dynamics within the family group. This therapy mainly focuses on issues involving interaction between family members in order to improve overall functioning of the family. Family therapy addresses the concerns of any family member, yet it is most likely to influence children, whose daily reality is directly affected by family context. Bowen’s intergenerational model of family systems and Structural family therapy by Minuchin are some of the family therapies that can be effectively used.

**Self Assessment Questions 5**

1) When obtaining informed consent to therapy, therapist informs clients/clients early in the therapeutic relationship about the nature and anticipated course of therapy, fees, and involvement of third parties.

2) While taking decision about providing services to those already receiving mental health services elsewhere, the following should be considered:

- The treatment issues and the potential client’s/client’s welfare.
- Therapists should discuss the above issue with the client/client or another legally authorized person on behalf of the client/client in order to minimize the risk of confusion and conflict.
- Consultations with the other service providers can also be carried out when appropriate, and proceed with caution and sensitivity to the therapeutic issues.

**Self Assessment Question 6**

1) The nonspecific factors that can have an influence of the outcome of psychotherapy are:

Spontaneous” remission or cures that occur more frequently than one can admit because both physical and emotional difficulties are associated with
periods of exacerbation and periods of remission, and without any cause they vanish on their own. Influences that automatically arise out of any “helping” situation is another nonspecific factor. A brief contact with an intelligent authority in which an emotionally disturbed person can confide brings about relief which may satisfy the ambitions of both sufferer and helping agency. The factors which influence helping relationships are placebo effect, relationship dimension, factors of emotional catharsis, factors of suggestion and group dynamics.

2) Empathy is the most important characteristic of the good therapist is his capacity to empathize with others. It can be explained as imagining oneself in another person’s situation.

3) Empathy, Unconditional Positive Regard, Genuineness, Flexibility, Objectivity and Sensitivity are the therapist variables that can have an influence on psychotherapy outcome.

2.11 UNIT END QUESTIONS

1) Define Psychotherapy and explain its aims.
2) Explain various schools of psychotherapy.
3) Discuss in detail that factors that can have an influence on the outcome of the psychotherapy.
4) Explain various ethical issues to be considered in psychotherapy.

1.12 REFERENCES


Lambert, J.M., (2004). Bergin & Garfield’s handbook of psychotherapy and Behavioural change. (5th eds), John Willy & Sons USA.


Wolberg, L.R. (1962). The Technique of Psychotherapy (2nd ed.), Grune & Stratton, Inc. USA.

2.12 SUGGESTED READINGS


