UNIT 6: INTRODUCTION TO TREATMENT OF MENTAL DISORDERS*

Structure

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6.0 OBJECTIVES

After reading this Unit, you will be able to,

- explain the historical perspective on treatment of mental disorders;
- discuss psychotherapy, differentiate it from counselling and guidance and describe its approaches;
- discuss the ethical issue in psychotherapy;
- describe pharmacotherapy; and
- discuss Electroconvulsive therapy.

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6.1 INTRODUCTION

Dr. Mahima (Academic Counsellor) was in conversation with the learners of BAPCH. Lets us have a look at their conversation.

Dr. Mahima: *So dear learners, hope you have now developed a better idea about various psychological disorders.*

John (learner): *Yes Maam, the concepts so far are quite clear. But we will go through the course material once again and if we have doubt we will discuss them with you.*

Karamjeet (learner) *: Maam, what are we discussing about in this session?*

Dr. Mahima: *Well, since we have now discussed about the psychological disorders, we will now go to the treatment part.*

Rahim (learner): *So Maam, do we discuss about what medications are to be given to the persons having psychological disorders?*

Dr. Mahima: *Well, Rahim, we will definitely discuss about pharmacotherapy. But at this point you all need to know that medications are prescribed only by medical practitioners and psychologists do not prescribe any medications.*

Seema (learner): *But then Maam, how are the psychological disorders treated?*

Dr. Mahima: *Psychologists mainly use psychotherapy.*

Karamjeet (learner): *Maam, I have heard about physiotherapy. But what is psychotherapy?*

Dr. Mahima: *Psychotherapy is also a therapy like physiotherapy. Therapy mainly denotes absence of surgery. Psychotherapy is mainly a talk therapy and it has various approaches.*

John (learner): *But Maam, my cousin is a Psychiatrist and she prescribes medication.*

Dr. Mahima: *Yes John, Psychiatrists do prescribe medications as they are from medical background and are medical practitioners. On the other hand, if you study further (Mphil/Ph.D in clinical psychology) and become a clinical psychologist, you will be able to provide psychotherapy.*

So let us start with discussion on how the treatment of mental disorders evolved over the years and then we will also discuss about psychotherapy, pharmacotherapy and drugs.

Learners: *Yes Maam, we look forward to learning about psychotherapy and other aspects of treating psychological disorders.*

In the previous block, that is block 1, we mainly covered various psychological disorders. In the present block we will focus on the treatment part of the psychological disorders. In the present unit, we will first discuss about the historical perspective on the treatment of mental disorders and then we will discuss about psychotherapy, ethical issues, pharmacotherapy and ECT.

6.2 HISTORICAL PERSPECTIVE ON TREATMENT OF MENTAL DISORDERS

Why study history of anything, is the first question that usually comes to mind while reading about the historical perspectives. Why are the things that happened in the past relevant? Why not just move on to the contemporary perspectives only? The answer we all know somehow, but why is history actually relevant? A knowledge of history becomes important in understanding how far we have come, the way we have evolved and what can be done in a better manner in the future. Knowledge of historical perspectives can also be empowering. In the field of Psychology and mental health, historical perspectives play an important role to understand the varied cultural influences and schools of thought. The beliefs about mental health and illness also influence the available treatment. As time changes, what is considered 'normal' also changes.

Keeping these things in mind, throughout history, the perspectives on treatment of mental disorders can be understood broadly as follows:

Ancient Beliefs- Demonology and Magic

As per the early historical views, mental illness was thought to be caused due to demonic possessions and supernatural forces acting upon the person. If a person's speech or behaviour reflected religious significance, they were thought to be possessed by good spirit or holy spirit and were thought to be revered with supernatural powers. Alternatively, if the behaviour of the persons was opposite, they were regarded as evil and were considered a danger to the society and community. Hence, the treatment practices were also primitive, such as, trephination (also known as trepanning) which is the surgical procedure of creating a burr hole (samll holes that a neurosurgeons makes in the skull) by removing a piece of bone. This was believed to help with the release of the troubling spirit. Treatment for demonic possessions also included exorcism, magic, prayers and incantations.

The Four Humors

Greek physician Hippocrates, hailed as the father of modern medicine, denied the role of demons or gods in the development of mental illness and disorders. Instead, he believed that mental disorders had natural and physiological causes, similar to other diseases. He believed that the brain was the central organ involved in mental disorders. Hippocrates gave an initial classification of mental disorders, based on clinical description and observation, into these general categories:

- Epilepsy
- Mania
- Melancholia
- Phrenitis, (brain fever)

Hippocrates, along with Galen, who was a Roman physician, proposed the doctrine of four humors or fluids, that is, the four elements of the material world interact with the four humors/fluids of the body to produce temperaments. They proposed that the humors in the body can vary.

Table 6.1: The Elements, Humors and Temperaments/Typologies

Elements of material world	Humors/fluid (in the body)	Temperaments/typologies
Earth	Blood	Sanguine
Air	Phlegm	Phlegmatic
Fire	Bile	Choleric
Water	Black bile	Melancholic

Hippocrates was the first one to have coined the term hysteria, which means wandering uterus. He believed that one of the causes of the disease was the movement of the uterus. But, this theory was criticized by Galen.

Humanistic Approaches: Scientific Questioning, Establishment of Asylums, Humanitarian Reform

From the sixteenth century onwards, asylums were established. Asylums served as special institutions, which were a place for the care of mentally ill. Although meant to cater to the care of mentally ill, the earlier asylums soon came to be the places to isolate "troublesome individuals" who were unable to care for themselves. Hence, these asylums were also referred to as "madhouses". Not surprisingly, these institutions, which were not hospitals but a storage place of mentally ill people were the most ignored with poor and filthy living conditions. The most notable asylum known for its deplorable condition was the monastery of St. Mary of Bethlem in London (also came to be called Bedlam). In the United States, the hospital which provided the earliest treatment for mentally ill was the Pennsylvania Hospital in Philadelphia, which was setup under the guidance of Benjamin Franklin. Although the treatment offered were better, the treatment techniques used were aggressive in nature.

In 1792, Philippe Pinel was made in charge of the La Bicetre in Paris. During his time, he conducted an experiment with the inmates residing in the institution, which centered around more humane treatment: to remove the chains of a few of the inmates and treat them with kindness and consideration. His idea was to treat the inmates as humans and not as the dreaded prisoners they were made out to be. Along with removal of chains and kind and considerate treatment, living conditions were also improved, such as, providing sunny rooms, permission to move around the institute and exercise. The experiment proved to be a success and had wondrous effects, to the point of few inmates being rehabilitated.

Dorothea Dix was a reformer who carried out campaigns regarding the inhumane treatment of the mentally ill. Through her efforts, a movement which came to be known as the Mental Hygiene Movement grew in America which helped reform legislation and establish mental hospitals.

Indian Perspective on Mental health and Treatment

Historical perspectives in Psychology have mostly been viewed through the prism of the theories from the West. While acknowledging that, it is equally important to understand the theoretical underpinnings of Indian perspective on mental health. In other words, it is crucial to form conceptualisation of mental health and subsequently treatment of mental illness from the prism of Indian tradition.

The ancient texts of Vedas and Upanishads form a wealth of resource when it comes to Psychology. Some points worth noting are:

- Vedanta philosophy mentions *Atman* (Self) as the core of personality and the seat of mind, intellect and body as well as Vasanas which are the inherent tendencies.
- Atharva Veda mentions that the human body is made up of basic three doshas, that is, *vata* (wind), *pitta* (bile) and *kaph* (phlegm). Every human being is born with these elements and if they are in balance/ equilibrium, then person is disease free. Similarly, mental structures also constitute three *Gunas,* that is, the Rigveda mentions *sattva* (true/ pure), *rajas* (erotic) and *tamas* (black). When these are in balance or equilibrium, the person is disease free.
- Mental illnesses mentioned in the Atharvaveda can be classified into various broad categories. For example, category I includes some deviation from the normal, such as, emotional outbursts (for example, *krodh*), and neuroses; category II includes major deviation from normality, such as, *unmad* (psychoses or schizophrenia), bhaya (phobia) etc.; category III does not exactly include a classification of mental illness, but touches upon positive means to improve mental health (classification by Dr H.G Singh, 1977).
- Thus, Vedantic philosophy mentions various means for treatment, such as, prayers to bring noble thoughts to mind (self-affirmations), *yam, niyama, asana and pranayama.*

Towards Classification System

With the mental hygiene movement gaining momentum, increased awareness about the poor living conditions of the mental asylums and inhumane treatment came to light, which helped in policy level changes. Along with this awareness, there were also simultaneous advancement in technological discoveries around the nineteenth century, which lead to increased understanding of the causal factors of mental disorders, the most important discovery being brain pathology as one of the causal factors in mental disorders, also called the organic factor of disorder.

Another major advancement was the move towards development of foundations for the modern-day classification systems of mental illness or mental disorders. The most prominent figure in the development of classification system was Emil Kraepelin (1856-1926), who was a German psychiatrist. He published his textbook, *Compendium der Psychiatrie* in 1883, where he majorly wrote about two things:

- Importance of brain pathology in mental illness or mental disorders.
- Types of mental disorders, based on his observation of certain groups of symptoms occurring together in a pattern, which can be grouped together as a specific type of mental disorder.

Emil Kraepelin's point of view of grouping similar symptom patterns together became the forerunner of DSM classification system (Diagnostic and Statistical Manual).

Yet another important development was increasing understanding of psychological factors in mental disorders. The pioneering figure and most frequently cited psychological theory was given by Sigmund Freud (1856-1939), who was instrumental in developing the psychoanalytic perspective.

Evolution of Research Tradition and Experimental Psychology

Wilhelm Wundt established the first laboratory of experimental psychology at the University of Leipzig in 1879. Wundt and his colleagues conducted various experiments, for example, related to memory and sensation, application of research strategies to clinical problems. His experimental methods had an influence on the field. At the end of the nineteenth and early twentieth century, behaviourism or behavioural perspective emerged out of experimental psychology. Initially developed out of laboratory research, it soon came to be known for its clinical application. Most prominent figures were John Watson, B.F Skinner and Ivan Pavlov.

In India, the first psychological laboratory was established in 1916 by Dr N.N Sengupta at Calcutta University and in 1922, Indian Psychoanalytic Society was established under the leadership of Dr Girendra Shekhar Bose.

Contemporary View: UNCRPD and MHCA in India

Present thought on mental health focuses on the social model of disability and human rights model of disability, which focuses on the right of the persons as well as on the environmental hurdles which convert an impairment into disability. Lesser's focus is on the medical model of disability, which puts the onus of the disability on the individual rather than the environmental hurdles. Contemporary view also focuses on community integration and participation, as well as increasing awareness around mental health.

The United Nations Convention on Rights of Persons with Disability (UNCRPD) was adopted on December 13, 2006 at United Nations headquarters, New York. It was opened for signature on 30 March 2007. The convention entered into force on May 3, 2008. Understanding through the lens of social and human rights model, the convention reflects decades worth of work to change attitudes and approaches in understanding and viewing disability. Persons with disabilities are not mere objects of charity, medical treatment etc. but, rather subjects with rights and being active members of the society. “The Convention is intended as a human rights instrument with an explicit, social development dimension. It adopts a broad categorisation of persons with disabilities and reaffirms that all persons with all types of disabilities must enjoy all human rights and fundamental freedoms” (United Nations, 2006).

In India, the recent Mental Health Care Act of 2017 has been enacted, keeping in mind the UNCRPD. The Mental Health Care Act of 2017 came into force in April 2018 and superseded the previous act, that is, Mental Health Act of 1987. Explanation and discussion of the act requires a separate unit and goes beyond the scope of this Unit. Hence, some notable points in the Act are mentioned:

1. Definition of mental illness
2. Mental health professionals
3. Admission and treatment procedures

4. Assessment of capacity
5. Advanced Directive
6. Nominated Representative
7. Rights of persons with mental illness
8. State Mental Health Authority
9. Central Mental Health Authority
10. Mental Health Review Board

Table 6.2 Historical perspectives in treatment of mental disorders: Time line

Ancient beliefs	Related to beliefs about demonology, magic and possession by supernatural spirits. Trephination, exorcism used as means of treatment	
Hippocrates	A Greek physician and father of modern medicine. Proposed theory of four humors and coined the term hysteria	
Galen	A Greek physician. Supported the theory of four humors but refuted the concept of hysteria. Contributed to the understanding of the nervous system.	
Humanistic approaches	Establishment of asylums to separate those who deviated in behaviour. Consequently, poor living conditions and inhumane treatment in these 'madhouses'.	
Humanitarian reforms:	Pioneering work of Phillipe Pinel and Dorothea Dix in reforming the living conditions of the asylums and providing humane treatment to the inmates.	
Indian perspective	Rich knowledge from the ancient scriptures of Vedas and Upanishads, concept of Atman, trigunas and tridoshas as well as classification of mental disorders.	
Emergence of contemporary view	Advancement in technology and greater understanding of causal factors, especially brain pathology.	

Emil Kraepelin	Pioneer in development of earliest classification system that paved the way for modern classification system, that is, the DSM.	
Sigmund Freud	Pioneer work in understanding the psychological causal factors of mental health, proponent of psychodynamic theory.	
Experimental psychology	Establishment of laboratories and carrying out experiments which have clinical applications	
Contemporary view	Dominated by the social and human rights model of disability. The role of UNCRPD in setting guidelines about the rights of persons with disability and global ratification.	

Check Your Progress I

1) Explain classification of mental illnesses as mentioned in Atharvaveda.

6.3 PSYCHOTHERAPY

In the previous section of this unit, we discussed about the historical perspectives on the treatment of mental disorders. In the present section, we will discuss about psychotherapy.

Psychotherapy is a psychological treatment for emotional problems where thoughts and actions are involved. This modality requires a qualified therapist in a personal session or between people or a group to discuss and look for causal and remedial benefits for the client. Therapist digs deeper into known and unknown emotional problems and helps in recovery of many disorders like depression, anxiety, childhood traumas, etc.

Psychotherapy is a primarily an interpersonal treatment that is (a) based on psychological principles, (b) involves a trained therapist and a client who is seeking help for a mental disorder, problem, or complaint, (c) is intended by the therapist to be remedial for the client disorder, problem, or complaint, and (d) is adapted or individualised for the client and his or her disorder, problem, or complaint. (Wampold & Imel, 2015, page. 37).

According to Wolberg (2013, 1998), "psychotherapy is the treatment, by psychological means, of problems of an emotional nature in which 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 behaviour, and (3) promoting positive personality growth and development." Taking a close look at the definition, one can understand the following components:

- Psychotherapy constitutes a form of treatment and intervention.
- It uses psychological means, that is, variety of psychological treatment methods in various formats, such as, individual setting, group setting and couples setting etc.
- It addresses problems of an emotional nature, which can be diverse and cause disturbance in socio-occupational functioning.
- Psychotherapy involves a trained person, that is, someone who has done adequate training and client dealing.
- It involves deliberately establishing a professional relationship. This core therapeutic process has been described by Wolberg (2013, 1998) to be 'deliberately planned and nurtured by the therapist… the therapeutic relationship is a collaborative undertaking started and maintained on a professional level toward specific therapeutic objectives.'

Psychotherapy can be explained as consisting of three main components, namely, a sufferer, a healing agent and a therapeutic or healing relationship (Frank and Frank, 1991). Strupp (1986) explained psychotherapy as a use of human relationship in a systematic manner with therapeutic purpose in order to reduce emotional distress by brining about changes or modifications in the behaviour, thinking and feelings of the client or the individual experiencing the distress.

Some of the common elements of psychotherapy include the following:

- **Interview:** This forms the essence of communication between therapist and patient. Interview is an important skill across all psychotherapies to gather information as well as communication.
- **Working therapeutic relationship:** Establishment of working therapeutic relationship, also known as rapport formation, is another important foundation common to psychotherapies. It is a cooperative empathic contact and involves developing trust and confidence between patient and therapist.
- **Determining the source and dynamics of patient's problems:** All the psychotherapies attempt to explore and understand the emotional difficulties that are troubling the patient in various domains, that is, biological/physiological, psychological and social. They attempt to do that within the framework of theories about human development and personalities. For example, the most recent framework or school of thought is an eclectic approach to understand and conceptualize the dynamic nature of the patient's problem. It can include a psychodynamic lens, behavioural lens, cognitive behavioural lens as well as incorporating components of social learning theory.

- **Insight and understanding for change:** Just becoming aware of the maladaptive patterns of behaviour is not enough and all psychotherapies acknowledge that. These maladaptive patterns of behaviour had probably formed during a particular stressful situation and might have helped then, but not presently. Hence, these beliefs can be rigid and hindering positive personality growth and development. Thus, certain techniques are implemented in all psychotherapies with the goal to produce behaviour change.
- **Patient variables:** There are multiple variables that the patient bring into the therapeutic setting that can influence the therapy process. Some of the factors include symptom presentation, expectations of the patient, attitude of patient towards the therapist and therapeutic relationship, intensity and persistence of maladaptive beliefs etc.
- **Attitude of therapist:** This is an important element in psychotherapy and sets the tone for therapeutic change. Attitude of empathy, warmth, genuineness, unconditional positive regard foster rapport establishment and provide a safe zone for the patient to explore the nature of emotional difficulties that they might be facing. One of the techniques of non-verbal communication of therapist can be abbreviated is SOLER, that is, Sit squarely, Open posture, Lean towards (the patient/other), Eye contact and Relax.

Psychotherapy has the following objectives:

- Removing existing symptoms, that is, eliminate disturbance due to symptoms
- Modifying existing symptoms, as there may exist certain limitations, such as, financial resources, time availability, motivational factors etc. that may deter and hence, make it difficult to cure
- Retarding existing symptoms, in cases of chronic and severe emotional illness, for example, schizophrenia and organic brain disorders, where it is more effective as palliative care.
- Mediating disturbed patterns of behaviour, as affect and behaviour have bidirectional relationship, that is, affect/emotions have an effect on behaviour and vice versa.
- Promoting positive personality growth and development, which is the final objective. It focuses on psychosocial growth aimed at self-fulfilment, productive attitude and developing meaningful relationships.

In psychotherapy mutually respectful relationship between the therapist and the client during and outside therapy sessions keeping discussions between the two confidential. Therapy has some limitations whereby clients who are not able to verbally communicate (infants, children, speech disorder, intellectual disability, autism, hearing loss or neurological disorder) well cannot benefit from this therapy.

Also, therapists need not always have to deal with mental disorder all the time, it can be a life event or past experiences which need to be discussed, if the client feels they have been affected by the same. At the same time, clients vary in their motivation and readiness for change, and, of course, it

is the responsibility of the therapist to engage the client and increase the desire for change (Moyers, Miller, & Hendrickson, 2005; Norcross, Krebs, & Prochaska, 2011).

There is a growing demand for psychotherapy which is seen not only in private practices but also in hospitals, deaddiction centres, community agencies as well as corporates.

Psychotherapy could also have various modalities. These are discussed as follows:

- **Individual therapy:** As the name suggests the therapy is carried out at an individual level.Thus, it is one to one and there will be one psychotherapist and one client. The psychotherapist will thus fully focus on the client and the client gets full attention of the therapist. The main advantage of the individual therapy is that the therapist and client work one to one on the problems/ issues and disorder faced by the client.

- **Couple therapy:** As the name suggests, this particular therapy involves the psychotherapist and the couple. This therapy will help the therapist understand the interpersonal relationship and dynamics between the couple. The challenge of this therapy for the therapist though would be avoiding taking sides and dealing with two individuals at a time, focusing on their conflicts, frustrations etc.

- **Group therapy**: As opposed to individual therapy, in group therapy there will be a group of clients who mostly share certain characteristics, like they may be facing same issue/ problem/ disorder. Group therapy can provide an effective environment for the clinets to interact with each other and understand how they deal with the situation that they are facing. Group therapy also generates social support which can help clients in dealing with their issues/ problems/ disorders. Though, the therapists need to play an important role in coordinating and providing direction to the group. We will discuss group therapy in one of the later units of this Block.

- **Family therapy:** Family therapy mainly involves the family members of the client. This is often used by the therapist when he/ she want to understand the dynamics between the family members. We will discuss about family therapy in pone of the later units.

- **Child therapy:** There could be difference when you provide therapy to a child and an adult. With children, the therapists may have to utilise various other therapies like play therapy and so on to keep the child engaged. Providing psychotherapy to a child can be extremely challenging and the therapists may also have to engage parents and other family members as and when required.

Box 6.1 Psychotherapy in India

(Adapted from Unit 2 of MPC054 written by Rajeev Dogra)

In India, Giridra Sekhar Bose was started 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 that is, "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 therapistshould 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.

6.3.1 How is Psychotherapy different from Counselling and Guidance?

Psychotherapy and counselling have been used interchangeably and, very few people understand the difference between the two. Guidance which keeps coming in as a micro skill in both psychotherapy and counselling has established itself independently varying on the area where guidance is sorted. Though there are more similarities than differences between the three, following definitions can help in clarifying the concepts.

Psychotherapy primarily a talk therapy, assists clients who are suffering from emotional difficulties. This modality is a long-term therapy where sessions

run into months and even years of overcoming traumatic life events. This slow yet effective process of healing has seen benefits in mental disorders like depression and schizophrenia.

Counselling is a therapeutic relationship between client and counsellor where, in a confidential environment, clients emotional concerns are discussed. Counsellor moderates the sessions, to help client deal with their concerns both past and present.

Guidance is considered advice giving from an expert in the related field like education and career. This modality supports them in evaluating their choices (academic streams, choice of colleges, jobs openings, skill enhancement, etc).

6.3.1.1 Difference between Psychotherapy and Counselling

Though there is a marginal difference between these two, the key difference lies in the recommended time required to see therapeutic benefits. While counselling refers to a brief treatment that centres around behaviour patterns, psychotherapy focusses on working with clients for a long-term to help them reach within and look for insights into their own emotional causes and patterns of behaviour.

While a psychotherapist is a trained person for a long-term treatment, counsellor on the other hand offers short-term treatment. Psychotherapy will allow an individual to examine feelings, actions, and thoughts and to learn how to evaluate and adjust appropriately. Counselling, however, will enable you to explore personal development and to create adjustments to your life.

Key differences between the two talking therapies are as shown in the table in table 6.3.

Table 6.3 Difference between Psychotherapy and Counselling

Psychotherapy	Counselling
Therapy has a remedial point of recovery.	Counselling has a developmental point of view, where counsellor is looking for promotive and preventive coping skills in client.
Therapy sees more intensive more from clients, where problems seem more complex and require formal diagnostics to assessment of illness.	In counselling , clients could present surface level concerns which may not seem complex and do not always need testing for illness assessment.
Therapists are looking at long term goal management with their clients.	Counsellors are looking at short term goal management with clients.
Therapy is taken with people who have been diagnosed with a psychiatric illness.	Counselling can be carried out with clients who need not suffer from a psychiatric illness.
Counselling is one major part of therapy.	Guidance can be a part of counselling

6.3.1.2 Difference Between Psychotherapy and Guidance

While psychotherapy looks at understanding client's presenting problems and how to help empower them to manage their lives, guidance on the other hand is listening to the problem and offer fixed solutions. Psychotherapy can be customised to client's concerns, guidance on the other hand is discussing fixed end goal achievement. Key differences are explained in the table below.

Table 6.4: Difference between Psychotherapy and Guidance

Psychotherapy	Guidance
Refers to professional advice by therapist to help overcome personal problems.	Advice by an expert or senior to overcome any sort of difficulty.
Psychotherapy by nature works in favour of healing and for finding remedy to a problem.	Guidance is more of a preventive nature like lifestyle management, financial advice or career counselling.
Guidance assists the person in choosing the best alternative. But counselling , tends to change the perspective, to help him get the solution by himself or herself.	This helps in choosing for an array of options- the best alternative.
Therapy is more inward, interpersonal, or intrapersonal approach to deal with socio-psychological issues.	Guidance is more outward, external approach to problem management.
In therapy, complete secrecy is maintained.	Guidance needs to be less guarded with protocol of privacy.

6.3.2 Approches to Psychotherapy

Psychotherapy has gained immense popularity and is gaining acceptance especially in urban cities of India. As more and more people are coming out to discuss their concerns, psychotherapy is seen as an alternative way to diagnose along with reaching out to psychiatrists for seeking medical based help. Psychotherapy is a talking therapy where root cause analysis is done along with addressing emotional and behavioural concerns.

Various approaches to psycho therapy are discussed as follows:

6.3.2.1 The Psychoanalytic Approach

The proponent of psychoanalytic approach was Sigmund Freud, a Swiss psychiatrist. Basically, the approach focuses on the following concepts:

The structure of personality: It consists of id, ego and superego. Id is present since birth and operates on the pleasure principle; ego has contact with the external reality and operates on reality principle; superego is the moral branch and operates on the morality principle.

- The structure of mind: It comprises of conscious, pre-conscious or subconscious and unconscious. The conscious mind is the one operating at the moment, while we are paying attention; the pre-

conscious or subconscious mind are the memories which are not in the forefront but can be easily accessed if we pay attention; the unconscious mind cannot be studied directly and the individual might not be aware of it. It can show up in the forms of dreams, which are symbolic representations and 'the royal road to the unconscious'. The unconscious can also show up in the form of slip of the tongue, during free association and while assessing on projective techniques.

- **Psychosexual stages of development:** Psychoanalysis talks about the stages of development, spanning from birth to adulthood. The theory also points to the significance of early childhood experiences in shaping later life. The stages given are: oral stage (first year of life), anal stage (one to three years), phallic stage (three to five years), the latent period or latency stage (six years to puberty) and genital stage (puberty till later life).

- **Defence mechanisms:** This is a very important concept and has therapeutic implications. Defence mechanisms help an individual to cope with stressors. They come into play when the ego is overwhelmed trying to balance the demands of daily life. When defence mechanisms fail to function, it might lead to breakdown of personality. Some common defence mechanisms are: *denial*, that is, refusing to accept reality, *projection*, that is, attributing one's own unacceptable traits to others, *regression*, that is, going back to an earlier stage of development where the demands were not too much, *displacement*, that is, directing energy towards a less harmful object and/or person that was meant for the original object or person, *sublimation*, that is, using a more socially acceptable way to discharge impulses etc.

Considered as one of the oldest forms of therapy, this form of therapy tries to bring deeply repressed, unconscious thoughts to the surface. Some deep-rooted feelings need to be resolved as they keep interrupting coping mechanisms giving restlessness to the clients. This therapy can be useful with early childhood experiences and traumas which have left significant impact on the client thus impacting their personal relationships. This is categorized into long-term therapy as digging deeper into a client's past can take a lot of time, without rushing them and respecting their emotions. As the time frame for this therapy cannot be decided beforehand, freedom to express becomes a major highlight of psychoanalysis. Psychoanalysis is recommended for depression, anxiety, addiction and recovering from traumatic incidents in the past. Disadvantage of this therapy is its difficulty to keep up with objective construction as it can run into subjective bias. As most therapies have constructs that are more structured, psychoanalysis has not evolved becoming less used, but most referred till date.

6.3.2.2 The Behavioural Approach/Behaviour Therapy

This school of thought originated out of research tradition and experimental psychology. It emphasises on operationally defined, observable and measurable behaviour. The assumption of human behaviour is that all behaviour is learned and human beings are shaped and influenced by their sociocultural environment. The pioneers of this approach were John B Watson, B.F Skinner and Ivan Pavlov. Key techniques used in the therapy are:

- **Systematic desensitization:** Developed by Joseph Wolpe, this technique is used in case of anxiety and phobias. It involves relaxation techniques, sometimes coupled with visualizations. A hierarchy of the anxiety producing situation is made and the least anxiety producing situation is chosen as the target. The client is taught relaxation technique of contraction and relaxation. Each anxiety provoking target is paired with relaxation. The basic premise of the technique is that fear/anxiety and relaxation cannot coexist, a concept known as reciprocal inhibition.
- **Flooding:** This technique is similar to systematic desensitization but involves flooding the client with anxiety provoking situation and repeated exposure to reduce anxiety. This technique presently is not used much.
- **Assertive training:** This technique is used in situations where the individual is facing difficulties in interpersonal situations. It involves role playing, modelling and observational learning to learn necessary skills. It can be carried out in individual as well as group settings.
- **Token economies:** In this technique, tokens are used as reinforcers to produce behavioural change. Tokens are used as rewards in exchange for desirable behaviour. token systems are similar to real life situations, where work is rewarded with payment. The goal is to convert extrinsic motivation into intrinsic motivation.

This form of therapy is different from psychoanalysis as it works on the principle of learning both adaptive and maladaptive coping skills to deal with problems. Behaviourists think that maladaptive behaviours can be unlearnt, and clients can be taught effective coping skills to find happiness. Therapy works in a very structured manner and can be termed as short-term therapy as outcomes are discussed, complaints are discussed and measured and then assessed in a speculative time frame to see recover for the client.

Drawback of this modality is that it can be rigid and scientific, reducing unconditional regard for the client in therapy. As the therapist only focusses on observable behaviour, a lot of cues to non-verbal or subconscious motives are completely ignored. Also, this therapy is based on reinforcement or reward system which helps clients stay motivated into achieving desired goals. Making client dependent on rewards "external source" of motivation than internal for a long-term gain.

6.3.2.3 The Humanistic-Existential Approach

Humanistic-existential approach is based on the fundamental assumption that people have freedom and responsibility of action, that is, freedom and responsibility go hand in hand.

There are numerous approaches to humanistic-existential psychotherapy, the most prominent one being person-centered therapeutic approach of Carl Rogers. Person-centered therapy talks about the following characteristics of the therapist:

- **Empathy:** Implies seeing the world from the client's perspective, sensing the client's world as if it were his or her own.

- **Unconditional positive regard:** Implies genuine acceptance and care for the client as a person.
- **Congruence and genuineness:** Implies that the therapist is real, authentic and genuine in the therapeutic relationship.

According to Rogers, human beings have the inherent tendency to be good and move towards becoming a fully functioning person, given the constraints and restrictions from the environment are removed. Just as a flower, if provided with the appropriate atmosphere and environmental conditions will bloom, such is the human condition. The characteristics of a fully functioning person as given by Rogers (1961) are:

- Openness to experience
- Trust in one's organism or being
- Internal locus of evaluation
- Willingness to be a process

These also form the goals of the therapy.

This school of thought influences therapy with focus on an individual's potential and their sense of personal growth and wellness. This approach was well accepted by clients in 1950s as it was a shift away from medicines. Therapists wanted to talk about positive feeling, growth, well-being, and what clients wanted than what therapist wanted to see as a change in clients. Humanistic perspective in therapy got criticism for giving a lot of attention to the client and not taking external factors like environment much attention thus making therapy person-centered and not see the bigger picture.

6.3.2.4 Cognitive Behaviour Therapy (CBT)

Cognitive behaviour therapies stem from cognitive psychology, with its emphasis on the influence of thoughts on behaviour and behavioural approach focusing on behavioural change. The most common approaches included here are the Cognitive approach by Aaron Beck and the Rational Emotive Behaviour Therapy (REBT) by Albert Ellis. These are discussed briefly.

Beck's cognitive approach: In the 1960s, Beck developed a form of psychotherapy originally intended for the treatment depression and anxiety. It was originally called 'cognitive therapy'. Presently, it has applications for treatment of other mental disorders as well. This approach is based on the cognitive model, which can be thought of as an information processing model of psychopathology. The basic principles of treatment are (Beck, 2011):

- Cognitive behaviour therapy is based on an ever-evolving formulation of patient's problems and an individual conceptualisation of each patient in cognitive terms.
- Cognitive behaviour therapy requires a sound therapeutic alliance.
- Cognitive behaviour therapy emphasises collaboration and active participation.
- Cognitive behaviour therapy is goal oriented and problem focused.
- Cognitive behaviour therapy initially emphasises the present.

- Cognitive behaviour therapy is educative, aims to teach the patient to be her own therapist and emphasises relapse prevention.
- Cognitive behaviour therapy aims to be time limited.
- Cognitive behaviour therapy sessions are structured.
- Cognitive behaviour therapy teaches patients to identify, evaluate and respond to their dysfunctional thoughts and beliefs.
- Cognitive behaviour therapy uses a variety of techniques to change thinking, mood and behaviour.

It is believed that our core beliefs, which are developed in early childhood, influence our perception of the world and how we construe the events. These beliefs can be dysfunctional and cause bias in the way we view the world. Thus, cognitive therapy aims to identify:

- Dysfunctional core beliefs, which show up as automatic thoughts.
- Cognitive distortions.
- Cognitive triad, which are beliefs about self, the world and future.
- The therapy uses various techniques to the client to identify these beliefs and develop more adaptive beliefs.

Rational Emotive Behaviour Therapy (REBT): REBT is a type of cognitive behaviour therapy developed by Albert Ellis in the 1950s. The goal is to change client's maladaptive thought process or irrational beliefs affecting their emotions and behaviour. It is believed that thoughts, emotions and behaviour are connected, hence, irrational beliefs, that is, 'shoulds', 'oughts' and 'musts' beliefs affect emotions and behaviour of a person.

The core concept underlying REBT is the ABCDE model, where ABC stands for:

- A: Activating event
- B: Belief (irrational) about the event
- C: Consequence, that is, the emotional response to the event

In the model, D and E stand for:

- D: Disputation of irrational beliefs. This is one of the techniques used where therapist logically or rationally disputes the irrational belief of the patient.
- E: It stands for Effective new belief

The above are broader approaches to psychotherapy, while they may not have a lot in common, they all focus on understanding emotions and behaviours, and finding a solution.

Ideally, it is recommended by therapist to combine various approaches, pick the best, and design an elective approach towards therapy which is known as integrative therapy.

In the subsequent units of this block we discuss various psychotherapies in detail.

Table 6.4 Some of the Major Approaches to Psychotherapy

Approach/ school of thought	**Founder/ prominent figures**	**Basic concept and approaches**
Psychoanalysis	Sigmund Freud	Structure of personality: id, ego and superego, Structure of mind: conscious, subconscious, unconscious Defence mechanisms Psychosexual stages of development
Behavioural therapy	John Watson B.F Skinner Ivan Pavlov	Principles of classical and operant conditioning, Systematic desensitization, Assertiveness training, token economy
Humanistic-existential approach	Carl Rogers Victor Frankl	Freedom and responsibility, client centered approach, genuineness, empathy and unconditional positive regard
Cognitive behaviour therapy (CBT)	Aaron Beck Albert Ellis	Cognitive approach: dysfunctional core beliefs, cognitive distortions and cognitive triad REBT: Irrational thoughts (shoulds, oughts and musts), ABCDE model for change

6.3.3 Phases of Psychotherapy

In general, psychotherapy can be divided in to three main phases, namely, initial phase, middle phase and terminal phase. Though these phases may differ based on the psychotherapy that is used by the psychotherapist.

Let us discuss these phases.

Phase 1- Initial phase: This is the very first phase of the psychotherapy and is characterised by the objective of developing a working relationship with the client. This is extremely important as without a mutual working relationship between the psychotherapist and client, the therapy will not progress and there will be no positive outcome. Thus, the main focus of this phase is creating rapport with the client, dealing with and clarifying any misconceptions and expectations on the part of the client, defining the objectives of the therapy. The psychotherapist will also play an important role here in expressing his/ her genuineness, empathy and unconditional positive regard towards the client, that will help the client discuss his/ her issues/ problems and distress in a better way.

Phase 2- Middle phase: As the psychotherapist and the client develop therapeutic relationship, they can start working on the causes and effects of the disorder faced by the client. Thus, during this phase the focus is on the disorder as experienced by the client. The focus is on any frustrations, maladaptive behaviours, conflicts etc within the client and also on the consequences or the effect that they have on the day to day functioning of the client. Once these are clear, then the client can work towards dealing with the conflicts, frustration and changing the maladaptive behaviours and so on. The psychotherapist at this point also needs to focus on any transferences and counter-transferences that may interfere with the therapeutic relationship. Transference occurs when patients unconsciously relate to the psychotherapist as though the therapist is someone from their past. And contertransference denotes the therapists transference to the patient.

Phase 3- Terminal phase: As the psychotherapist and the client agree that the goals of the therapy have mostly been achieved, the therapy can then move to the terminal phase. The therapy is often terminated for the following reasons:

- As the goals of the therapy as discussed by the psychotherapist and the client are achieved.
- Though, the goals have not been completely achieved, the therapist and the client may decide to terminate the therapy, this could be due to various reasons, like incompatibility between the therapist and the client and so on.
- Due to impasse in the therapy or resistances that could not be resolved.
- Due to certain other reasons like shifting of place or region by therapist or client.

If the termination of the therapy takes place due to achievement of most of the therapeutic goals, then the could also be a follow up for a certain period of time. In certain cases the client may also be required to be refereed to other psychotherapists, psychiatrists and so on for further help and treatment.

Check Your Progress II

1) What is psychotherapy?

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Box 6.2 Factors that Influence the Outcomes of Psychotherapy*

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

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.

*Adopted from Unit 2 Block 3 of MPCO54 and is authored by Dr. Rajeev Dogra.

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.

Client and Therapist Factors Client variables

A client variables 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.

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.

6.4 ETHICAL ISSUES IN PSYCHOTHERAPY

Ethics, also called moral philosophy, deals with human actions which lead to ultimate happiness and a better society. Ethics come from the Greek word Ethos, which mean character, habit, customs and ways of behaviour. Jose (2017) offers the following definition, "Ethics may be defined as the systematic study of human actions from the point of view of their rightfulness or wrongfulness, as means for the attainment of ultimate happiness".

Deriving from the above definition, professional ethics may then be thought of as beliefs pertaining to the behaviour and conduct that guide professional practices, for example, in the present context, those between a therapist and a client/patient.

Moral judgement is the judgement which evaluates the rightness and wrongness of our actions pertaining to: objects, phenomenon, events and process etc. Moral judgement is the moral value or quality of an action and evaluates the rightness or wrongness of our actions.

Having provided definitions of ethics and professional ethics, it is also important to understand which behaviours constitute unethical behaviours. As per the American Counselling Association (2014), the most prevalent forms of unethical behaviours are (American Counselling Association [ACA], 2014; Corey, 2015):

- Violation of confidentiality
- Exceeding one's level of professional competence
- Claiming expertise one does not possess
- Imposing one's values on a client
- Creating dependency in a client
- Sexual activity with a client
- Certain conflicts of interest, for example, dual or multiple relationships
- Questionable financial arrangements, such as, charging excessive fees
- Improper advertising
- Plagiarism

In 1979, Belmont Report was presented by U.S. Department of Health, Education and Welfare. In this report, three ethical principles were highlighted namely,

- **Respect for persons:** Recognising the autonomy of the participants and protecting those with lower autonomy.
- **Beneficence:** Maximising benefits and minimising any harm and risk to the participants.
- **Justice:** Fairness in terms of who receives the benefits of research and faces risks.

These ethical principles were later stated as regulations by Department of Health and Human Services and the Food and Drug Administration. In 1991, they were adopted by the Federal Policy for the Protection of Human Subjects.

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American Psychological Association proposed their own ethical standards in 1953, that were revised from time to time.The American Psychological Association (APA, 2017) provides Ethical Principles of Psychologists and code of conduct. It includes five general principles and ten specific ethical standards which serve as a guide for achieving the highest ideals of psychology. The specific ethical standards further have various sub-points under them.

The general principles are:

- **Principle A- Beneficence and non-maleficence:** refers to taking care of the population they work with; safeguard the welfare and rights of the people they work with and practice a do no harm approach.
- **Principle B-Fidelity and Responsibility:** this refers to how the psychologists work to establish trustworthy relationships with their clients, their professional and scientific responsibility and uphold professional code of conduct.
- **Principle C- Integrity:** Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology.
- **Principle D- Justice:** Psychologists recognise that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists.
- **Principle E- Respect for people's rights and dignity:** Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination.

The specific ethical standards include:

1. Resolving ethical issues
2. Competence
3. Human relations
4. Privacy and confidentiality
5. Advertising and other public statements
6. Record keeping and fees
7. Education and training
8. Research and publication
9. Assessment
10. Therapy

Since the unit discusses the topics in the light of psychotherapy and treatment of mental disorders, the ethical standards pertaining to 'Therapy' are further discussed. The points included in the code of conduct under therapy are:

- Informed consent to therapy: It involves communicating information pertaining to the nature and course of therapy, information about the fees, limits of confidentiality and involving third parties in the relationship (if required). This information is provided in clear terms and at the earliest so that the person is able to make an informed

decision. It also allows for the scope and opportunity to the client to ask questions and receive answers.

- Therapy involving couples or families: When providing services to multiple people who are related, psychologist take steps to clarify which person is the client or the patient and the psychologist's relationship with each individual.
- When services are being provided in a group setting, the roles and limits of confidentiality are clarified.
- Sexual intimacies with current therapy clients/patients: Psychologists do not engage in such act with their clients/patients.
- Sexual intimacies with relatives or significant others of current therapy clients/patients: Psychologists do not engage in such act with significant individuals in the client's life, nor do they terminate therapy to engage in such relationship.
- Therapy with former sexual partners: Psychologists do not accept those people as clients with whom they were engaged in sexual intimacies previously.
- Sexual intimacies with former therapy clients/patients
- Interruption of therapy: When entering into a time-bound or contractual relationship, psychologists make reasonable efforts towards orderly and appropriate client/patient care, keeping in mind their welfare.
- Terminating therapy: Therapy may be terminated when
  - It is reasonably clear that client no longer needs service, is not likely to benefit from it or is being harmed by continued service.
  - The psychologist feels threatened or endangered by the client or their close ones.

In India, the Rehabilitation Council of India (RCI, 2008) provides a framework for code of professional ethics and conduct for clinical psychologists. These ethical standards are:

- Professional competence
- Professional responsibility
- Professional integrity
- Professional respect for human dignity and rights

For detailed information on the Principles of Psychologists and Code of Conduct given by American Psychological Association, refer to the following link https://www.apa.org/ethics/code

Check Your Progress III

1) Define ethics.

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6.5 PHARMACOTHERAPY

With the advent of newer technologies and advanced understanding of the psychiatric illness, the treatment methods have also progressed. Now, there are host of medications available for treatment and management of mental disorders. The medical treatment/drugs-based treatment of mental disorders is called psychopharmacology.

Classification of drugs: Medication for treatment if psychiatric disorders are also known as psychotropic drugs. There are different modes of classification of psychotropic drugs, but these are commonly described according to their major clinical applications as follows:

- **Anti-depressants:** Anti- depressants are used in the treatment of depressive disorders. Further, anti-depressants are classified as cyclic anti-depressants (for example, amitriptyline, imipramine etc.), Selective Serotonin Reuptake Inhibitors (SSRIs, for for example, , escitalopram, fluoxetine, sertraline) and Serotonin Norepinephrine Reuptake Inhibitors (SNRIs, for example, , venlafaxine).
- **Anti-psychotics:**Anti psychotics are used in the treatment of psychotic disorders and psychotic symptoms. These drugs are further classified as first-generation and second-generation anti-psychotics based on their mechanism of action and side effects. Some examples of second-generation anti-psychotics are risperidone, olanzapine, aripiprazole, etc.
- **Mood stabilisers:** Mood stabilisers are used in the treatment of bipolar disorders. These include lithium and valproate.
- **Anti-anxiety/Anxiolytics:** Drugs used in the treatment of anxiety disorders
- **Hypnotics :** Medication to improve, induce or extend the quality of sleep.
- **Cognitive enhancers :** Drugs to improve memory, alertness, concentration etc.
- **Stimulants :** Drugs that increase the speed of the messages that travel between brain and the body.
  - Other organisations of psychotropic drugs include:
  - Structure
  - Mechanism
  - History
  - Uniqueness
  - Indication

Pharmacological action: The mechanisms of pharmacological action, that is, the therapeutic effects of drug are still under research and study. However, the general principles are:

- **Pharmacokinetics:** "Pharmacokinetic concepts are used to describe and predict the time course of drug concentrations in different parts of the body, such as, plasma, adipose tissue and central nervous system"

(Kaplan and Sadock, 2015). In other words, it refers to what body does to a drug.

- **Pharmacodynamics:** "The time course and intensity of a drug's effects are referred to as its pharmacodynamics" (Kaplan and Sadock, 2015). In other words, it refers to what drug does to a body.
- **Pharmacogenetics:** these are the individual differences in drug response and drug action/experience.
- **Receptor-drug interactions:** it includes the interactions acting on the synaptic level and drugs that alter synaptic concentration of neurotransmitters, such as, dopamine, serotonin, acetylcholine, norepinephrine etc. The known receptor-drug interaction mechanisms include:
  - Agonists (full): drugs which binds to specific receptors to produce identical effect as the neurotransmitter for disorder where the neurotransmitter is decreased.
  - Antagonist: drugs which bind to specific receptors to block or reduce the action of another substance at the receptor site.

Hence, in pharmacotherapy, the classification of psychiatric drugs in psychiatry is majorly done on the basis of their clinical application. Pharmacotherapy also includes understanding the basic principles of drug interaction.

Check Your Progress IV

1) What are anti-psychotics?

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6.6 ELECTROCONVULSIVE THERAPY (ECT)

Electroconvulsive Therapy or ECT is a psychiatric treatment which is commonly used with patients who have not responded well to other treatments. In ECT, generalized seizure is induced using electrical means. The seizure is induced without muscular convulsions. The APA Task Force on ECT (1976) provides clear guidelines on use of ECT. ECT has been declared a safe procedure when used by trained professionals. It was revised and 1990 and the most recent report and guidelines of the task force became available in 2001.

- Conditions where ECT is used are:
  - Major severe depression:
  - With suicidal risk
  - With poor food intake
  - With psychotic symptoms

- Not responding to drug therapy
- Severe catatonia
- Severe psychosis

Technique of ECT: Nowadays, Modified ECT or M-ECT technique of administration is used, where drug induced muscular relaxation and general anaesthesia are administered by an anaesthetist. The team usually includes a psychiatrist, anaesthetist and a nurse.

The following things are to be kept in mind before administration of ECT:

1. The patient should be empty stomach at least 4 hours before ECT procedure. Hence, usually overnight fasting the day before ECT procedure is preferred.
2. No oral medication to be given in the morning.
3. Bladder and bowel should be emptied before the procedure.
4. Dentures should be removed and patient should be checked for presence of loose teeth.
5. Clothes worn should be loose and comfortable.
6. Removal of metallic and sharp objects.
7. Patient should be placed on a hard and well insulated bed.
8. Anaesthetic precaution should be taken.

After checking the above-mentioned things, muscle relaxant and anaesthesia are administered. Mouth gag is inserted between the teeth to prevent tongue bite when the convulsions are induced. Electrodes are placed on the head. ECT can be classified according to the placement of electrodes as:

- **Bilateral ECT:** In this type, electrodes are placed on both the side of the head. Bilateral ECT is more commonly used form of ECT.
- **Unilateral ECT:** In this type, electrode is placed on only one side of the head.

Check Your Progress V

1) List the classification of ECT.

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6.7 LET US SUM UP

To summarise, in the present unit, we discussed about historical perspectives in the treatment of mental disorders, psychotherapy, pharmacotherapy and Electroconvulsive therapy (ECT). Historical perspectives are important in understanding how the field and treatment options have evolved over time. In the field of psychology and treatment of mental disorders, the ancient thoughts had belief in demonology and magic and the treatment for that era involved prayers and incantations, trephination and exorcism; this was followed by locating a cause in the body, where Hippocrates and Galen played a role in shaping the understanding. As asylums started

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getting established for the refuge of the mentally ill, they soon turned into 'madhouse', with poor living conditions and inhumane treatment, which required major reforms, where the prominent figures were Phillipe Pinel and Dorothea Dix. These humanitarian reforms had major impact in promoting the mental hygiene movement and policy level changes. The movement towards the contemporary view came with advancement of technology, increased understanding of brain pathology as a causal factor in mental disorders and emergence of psychological causal factors in mental disorders. Another significant achievement was the development of classification system pioneered by Emil Kraepelin. The contemporary views on mental disorders and treatment focus on the social and human rights model of disability and provide rights to persons with disability. As the perspectives evolved, so have the treatment options. Psychotherapy is a treatment which uses psychological means to help individuals facing emotional problems. There are various schools of thought in psychotherapy, the initial ones being psychoanalytical psychotherapy, behavioural therapy and humanistic-existential therapy. We also discussed about cognitive behavioural therapy has wide-ranging and significant applications in treatment of various mental disorders. The most prominent cognitive approaches are cognitive behavioural therapies are the cognitive approach by Aaron Beck and rational emotive behaviour therapy by Albert Ellis. Another important treatment available for treatment of mental disorders is pharmacotherapy, which includes medications which help in increasing or decreasing the required neurotransmitters, depending on the type of mental disorder. Yet another treatment option which is available for patients which are resistant to oral medication intake and/or in certain circumstances is the electroconvulsive therapy or ECT.

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6.9 KEY WORDS

Ethics: Ethics may be defined as the systematic study of human actions from the point of view of their rightfulness or wrongfulness, as means for the attainment of ultimate happiness.

Psychotherapy: According to Wolberg (2013, 1998), "psychotherapy is the treatment, by psychological means, of problems of an emotional nature in which 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 behaviour, and (3) promoting positive personality growth and development.

6.10 ANSWERS TO CHECK YOUR PROGRESS

Check Your Progress I

1) Explain classification of mental illnesses as mentioned in Atharvaveda.

Mental illnesses mentioned in the Atharvaveda can be classified into various broad categories. For example, category I includes some deviation from the normal, such as, emotional outbursts (for example, krodh), and neuroses; category II includes major deviation from normality, such as, unmad (psychoses or schizophrenia), bhaya (phobia) etc.; category III does not exactly include a classification of mental illness, but touches upon positive means to improve mental health (classification by Dr H.G Singh, 1977).

Check Your Progress II

1) What is psychotherapy?

According to Wolberg (2013, 1998), "psychotherapy is the treatment, by psychological means, of problems of an emotional nature in which 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 behaviour, and (3) promoting positive personality growth and development.

Check Your Progress III

1) Define ethics.

"Ethics may be defined as the systematic study of human actions from the point of view of their rightfulness or wrongfulness, as means for the attainment of ultimate happiness".

Check Your Progress IV

1) What are anti-psychotics?

Anti-psychotics are used in the treatment of psychotic disorders and psychotic symptoms. These drugs are further classified as first-generation and second-generation anti-psychotics based on their mechanism of action and side effects. Some examples of second-generation anti-psychotics are risperidone, olanzapine, aripiprazole etc.

Check Your Progress V

1) List the classification of ECT.

ECT can be classified according to the placement of electrodes as:

- **Bilateral ECT:** in this type, electrodes are placed on both the side of the head. Bilateral ECT is more commonly used form of ECT.
- **Unilateral ECT:** in this type, electrode is placed on only one side of the head, which is usually the right side of head and right-handed people.

6.11 UNIT END QUESTIONS

1. Discuss the historical perspective on treatment of mental disorders.
2. Explain psychotherapy.
3. Differentiate psychotherapy from counselling and guidance.
4. Describe various approaches to psychotherapy.
5. Explain pharmacotherapy.
6. Describe ECT.