

# Seminar 2 (week 3): Approaches to therapy

Individually or in pairs...

- ▶ 1. Talk to rest of your group about your thoughts on one of these approaches for 5 minutes.
  - ▶ Contemporary psychoanalysis
  - ▶ Humanistic / client centred counselling / therapy
  - ▶ Behavioural therapy
  - ▶ Cognitive therapy
  - ▶ Cognitive-behavioural therapy.
  
- ▶ 2. Then discuss the following questions:
  - ▶ What are the main points of similarity and contrast?
  - ▶ How could each therapy help a person recover from
    - ▶ Depression; panic disorder; social phobia
  - ▶ Are the approaches compatible?
  - ▶ Which do you prefer and why?

# Person-centre theory

- ▶ Part of the 'third force' in psychology in the 1940s, emphasising free will and human potential for growth and change. In contrast to the mechanistic determinism of Behaviourism (and scientific management) and Psychoanalysis
- ▶ Links to Maslow, self actualisation, new ideas in motivation, human potential, management as facilitation rather than control. Almost two generations after Freud, links to US individualism and optimism.
- ▶ Leading theorist / philosopher was Carl Rogers, best known as a therapist

- ▶ Rogers & daughter Natalie in 1982



# Humanistic, client / person-centred therapy

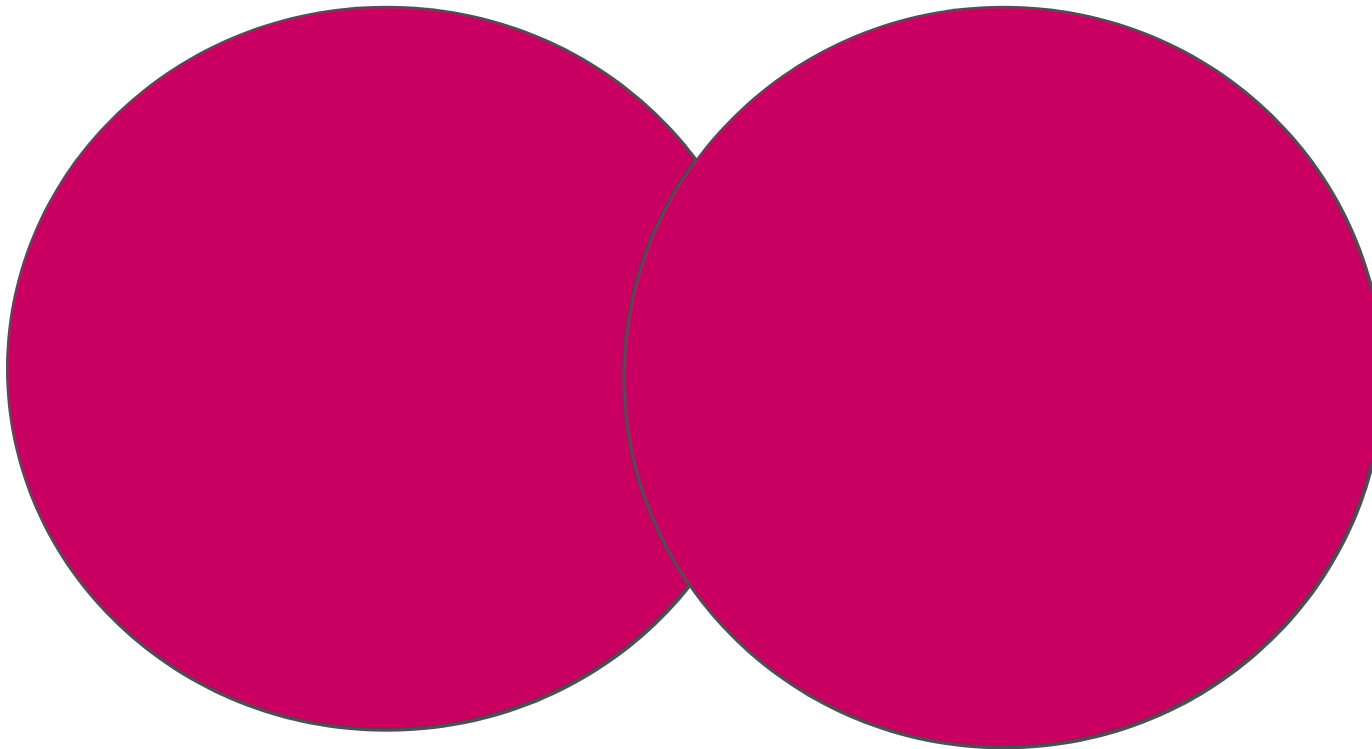
- ▶ The real / experienced self is distinguished from ideal self
- ▶ The ideal self is formed by introjected (similar to internalised) conditions of worth
- ▶ We have an overwhelming need for positive regard so we try to live by ideal self & conditions of worth
- ▶ Clash between
  - ▶ how you know yourself to be
  - ▶ how you think you ought or should be

# Self concept



Ideal self

Perceived self



# Humanistic therapy in practice

- ▶ Resolving clash between how you know yourself to be and how you think you ought to be
- ▶ Core conditions in the therapeutic relationship: qualities of empathy, warmth, genuineness
- ▶ Thus 'unconditional positive regard' in the therapeutic relationship enables the client to stop trying to be who they ought to be in order to win approval and become more aware of who they are, their own values etc.
- ▶ Thus facilitates growth in self awareness
- ▶ For Rogers, the core conditions are *necessary and sufficient* for therapeutic change to occur. Widely regarded as *necessary*, but not by non-humanistic therapists as *sufficient*.

# How therapy works

- ▶ A real if necessarily circumscribed relationship, a sense of being valued, approved of and regarded positively, an appropriate degree of friendliness
- ▶ The other no longer needs to seek / compete for positive regard, they are freed to be themselves, to explore
- ▶ This is delightfully, but also deceptively, simple. Provide the conditions and trust your client or your students to pick up the ball and run with it, as it where.
- ▶ But no easy recourse to technique, there are no techniques!  
The active ingredients are qualities

# Example

- ▶ Imagine a person deeply unhappy in relationship and
  - ▶ appalled at possibility of being in it indefinitely
  - ▶ appalled at the pain and distress of ending it – for self, children partner, parents
- ▶ Simple (and glib) problem solving from family and friends
  - ▶ Leave the bastard...or...
  - ▶ Your duty is to stay
- ▶ What is the role of the therapist where is no right answer and no simple solution?
  - ▶ To be non-directive, to enable the person to explore who they are and what they want. Progress through growth and self-discovery
  - ▶ Focus on the process. Loss (e.g. bereavement) requires a grieving process.



# Education and therapy connections

- ▶ For Rogers therapy (and, by more or less explicit extension, education) is about personal growth, growth in self awareness
  - ▶ Care rather more than cure
- ▶ The role of the therapist is not to solve problems but to enable / facilitate growth
- ▶ He has an optimistic belief, perhaps Rousseau-like, in the potential of individuals to grow. This potential is naturally present, growth is necessarily good.
- ▶ Stage models of therapy in general (eg. Egan 1976) begin with exploration, formation of bonds.

- ▶ Freud and archaeology
- ▶ Re-construct the past from its artefacts
- ▶ Is the oral story tradition another artefact?
- ▶ Bettelheim (*The uses of enchantment*) suggests that traditional fairy tales (e.g. *Little Red Riding Hood*, *Hansel and Gretel*, *Snow White*) have an organic quality evolved over many generations.
- ▶ Allow children to grapple with their fears in symbolically and go through emotional growth that prepares them for their lives.
  - ▶ Bettelheim – controversial figure, ‘Refrigerator Mother’ theory of autism illustrates the risks of working from theories with poor testability



# Behavioural therapy

- ▶ Derived from association learning
- ▶ In UK from classical conditioning; de-conditioning maladaptive fears and other responses.
  - ▶ eg. Systematic desensitisation with spiders
- ▶ In US more Skinnerian (operant conditioning). Strict environmentalist approach & rejection of psychiatric classifications
  - ▶ Attempt to re-shape behaviour of severely disturbed patients by ignoring undesired / rewarding desired behaviours
- ▶ Little progress with psychosis, depression, appetitive disorders

# Behavioural therapy 2

- ▶ Initially strongly theory driven but scientific emphasis led it to become more pragmatic and empirical
- ▶ Emphasis on behavioural problem formulation, behavioural change as goal of therapy and empirical outcome measures
- ▶ Active & directive style
- ▶ Collaborative, educational, contractual

# Anxiety linked behaviour

- ▶ Exposure, reciprocal inhibition
  - ▶ in vivo or imaginal,
  - ▶ longer rather than shorter periods.
  - ▶ graded approach better, flooding possible.
- ▶ Paradoxical intention
- ▶ Thought stopping
- ▶ Response prevention

# Appetitive behaviour

- ▶ Diary self monitoring
- ▶ Behavioural (critical incident) analysis
  - ▶ situation / thinking / feeling / wanted / wanted to avoid / short and long term consequences
- ▶ Yields targets in stimulus control, alternatives
- ▶ Aversion
- ▶ Sensitisation
- ▶ Response cost
- ▶ Satiation

# Behavioural (critical incident) analysis

Situation thinking feeling wanted avoid ST con. LT con. ST Alt. LT Alt.

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# New resources

- ▶ <http://www.talkingcure.com/baloney.asp?id=97>
- ▶ Cooper, M. (2008) Essential research findings in counselling and psychotherapy. London: Sage.



# Cognitive therapies

- ▶ *Men are disturbed not by things, but by the views they take of them.*

(Epictetus, 1<sup>st</sup> Century Greek philosopher)

- ▶ *Many psychological disorders have characteristic and damaging thought patterns.*

(Rachman, 2004)

- ▶ Key early figures: Beck, Ellis, Meichenbaum

# Epictetus: Roman (Greek-born) slave & Stoic philosopher (55-135 ce)

- ▶ Make the best use of what is in your power, and take the rest as it happens.
- ▶ Control your passions, or they may take vengeance on you.
- ▶ If you would cure anger, do not feed it. Say to yourself: 'I used to be angry every day; then every other day; now only every third or fourth day.' When you reach thirty days offer a sacrifice of thanksgiving to the gods
- ▶ The good or ill of a man lies within his own will.

# Cognitive therapies 2

Typically 8 to 12 week duration and used to treat or to help patients manage:

Depression

Borderline personality disorder

Panic disorder

Obsessive-compulsive disorder

Social phobia

Post-traumatic stress disorder

Hypochondriasis

Generalised anxiety disorder

Chronic pain

Psychosis and schizophrenia

Eating disorders

Chronic fatigue syndrome

# The emergence of cognitive-behavioural therapies

- ▶ Focus is the link between thoughts / feelings and behaviour
- ▶ Thoughts cause distress, disrupt normal life, may lead patients to misinterpret situations, other people, own symptoms
- ▶ Intervene to get patients to examine their thoughts, beliefs & assumptions
- ▶ Beliefs and assumptions are treated as hypotheses to be tested
  - ▶ eg. In panic disorder

# Rational-emotive therapy (RET)

- ▶ Ellis, (long-range) hedonistic view, how do we stop ourselves from pursuing happiness?
- ▶ rational / irrational - what helps / hinders us achieve our basic goals
- ▶ we are fallible, complex, fluid, inclined to irrationality
- ▶ Cognitive emphasis:
  - ▶ A cognitions - inferences etc,
  - ▶ B cognitions - beliefs, evaluations



# Health and Disturbance

- ▶ Rational, non absolute, *desires & preferences* underpin functional behaviour
  - ▶ lead to pleasure or displeasure
- ▶ irrational *absolute demands* on reality (musts, shoulds, oughts) underpin dysfunctional behaviour
  - ▶ lead to negative and unpleasant emotions such as depression, anxiety, anger, guilt
- ▶ self damnation v self acceptance
- ▶ ego disturbance, discomfort disturbance

# Perpetuation of disturbance

- ▶ Lack RET insight 1 - disturbance is caused by beliefs, not events
- ▶ RET insight 2 – we re-indoctrinate ourselves in the present with irrational beliefs
- ▶ RET insight 3 – we need to continually work & practice in the present to counter irrational beliefs
- ▶ The key problem is low frustration tolerance

# Practice

- ▶ Verbal disputing – help patients discriminate between rational and irrational beliefs
- ▶ Socratic questioning (Where is the evidence that .....
- ▶ defining language....*should, ought, must*
- ▶ also use self statements, bibliotherapy, practice on others, behaviour change techniques



# CBT applied: Panic Disorder

- ▶ Clark (1986) pioneered cognitive explanation and treatment of panic disorder
- ▶ Patients catastrophically misinterpret symptoms (eg racing heart) as an imminent heart attack (or fainting etc).
- ▶ When the catastrophe does *not* occur this is attributed to avoidance behaviour which is thus reinforced.
- ▶ Patients become hyper-vigilant of their own symptoms
- ▶ Intervention gets patients to examine & test their assumptions & beliefs
- ▶ CBT now treatment of choice
  - ▶ but is it really this simple?

# CBT applied: Social Phobia

- ▶ Sufferers (up to 13%) fear & avoid many situations (eg. strangers, authority figures, public speaking, telephones, being observed working or eating).
  - ▶ They fear that others will perceive them as anxious and reject them
- ▶ Clark (1995) – identifying how social phobia persists
  - ▶ Internal rather than external focus
  - ▶ Mental images of self as others see them
  - ▶ Maladaptive safety behaviours / mental operations
- ▶ Therapy aims to correct negative self image, reconfigure attention, drop safety behaviours in 14 sessions.
- ▶ Promising outcomes (Clark 2003)
  - ▶ but is it really this simple?