

ATLANTIC INTERNATIONAL UNIVERSITY

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PSYCHOLOGY

EXAMS: PSYCHOTHERAPY 1

Introduction to topics in the chapter:

CHAPTER 11: GENERAL ISSUES IN PSYCHOTHERAPY

Does Psychotherapy work?

Psychotherapy is primarily carried out by Clinical Psychologists and this chapter will be looking at issues around its practice and outcome. This topic '**Does Psychotherapy work?**', particularly investigates the perception of people towards the outcome of Psychotherapy. Over the years many people have been in doubt about the efficacy of Psychotherapy and several studies have been carried out to unravel the truth. Although earlier studies carried out favored personalized accounts of how clients' overall health have improved in course of a psychotherapy, Hans Eysenck (1952) after evaluating results of several studies said, most people who had no therapy were better off comparable to those who had it. Later Meta analyses conducted using volumes of research, disproved Hans Eysenck conclusions and repeatedly demonstrated how well Psychotherapy works.

Efficacy versus effectiveness of Psychotherapy

Efficacy studies is a verifiable investigation of the outcome of psychotherapy under controlled conditions. A good number of research work so far done to prove the result of psychotherapy have been the efficacy studies. This involves the use of group of patients with a properly diagnosed psychological disorder, manual for handling disorders to harmonize therapeutic approach and unsystematically allocate to control and treatment groups. Effectiveness could be referred to as the degree to which psychotherapy works in the real world. It is the use of broad scope of patients with multiplex diagnostic description permitting different therapists' approach with or without control group for comparison with treatment group. Effectiveness studies have higher external validity and lower internal validity because it represents actual therapy happening in real live with less variables for researchers to manipulate.

Alternate ways to measure psychotherapy outcome

Aside from efficacy and effectiveness studies, there are other means of verifying that psychotherapy works. *The neurobiological effects of psychotherapy:* Studies of successful psychotherapy for specific psychological disorder using functional magnetic resonance imaging (fMRI) and positron emission topography (PET) again and again show well founded changes in brain activity and structure. Research has revealed that behavioral therapy lowers chemical reaction in the body cells that change food into energy in the caudate nucleus of the brain for an Obsessive-compulsive disorder patient. Changes are also observed in the dorsal striatum of patient with depression using behavioral therapy. Psychotherapy profits in reducing medical cost as is shown in available medical records. Patients with psychological disorder who had therapy spent less days in hospital than patients who never had therapy and had their bills reduced by 15.7%. Those that never had therapy spending more days in hospital had their bills increased by 12.5%

Which type of psychotherapy is best?

Investigations have concluded that psychotherapy works, the different perspectives were now at war with one another on which matters the most. Behaviorists and non-behaviorists were the principal culprits in this face off. Incidentally, studies have shown that all the psychotherapy approaches are working well and have common ties. *The 'Dodo Bird verdict' and common factors*. Authors of an early review of the efficacy of psychotherapy in their summary used the term 'Dodo Bird verdict' to judge that all the psychotherapy approaches won in the superiority contest because of factors that are common to all of them. Among these are: Therapeutic relationship/ Alliance: This has to do with the tie between the Therapist and the client in course of the therapy. Studies have proved that the Therapeutic relationship between the therapist and the client is the most critical part of therapy. The nature of therapeutic relationship is said to be the greatest indicator of the result of the therapy. In addition, it accounts for the level of differences existing among the various therapy approaches. Hope, attention, encouraging outstanding behaviors, make insensitive to frightening stimuli and challenging difficulties also promote good therapeutic outcome.

Questions of exams

Chapter 11

1. According to the tripartite model, parties other than the client and the therapist can have a meaningful perspective on the outcome of a client's psychotherapy. Specifically, which third parties might have the most valid perspective? Clients' partners, friends, kids, supervisors, coworkers, managed care companies, or someone else?

Answer: when a client is undergoing a therapy, a number of parties are interested in the outcome. The client, the Therapist and any other person or group of persons linked to the client. The person or group of persons other than the client and the Therapy form what could be referred to as third party. In this case, it could be the partner. If the client is married, the partner is one of the earliest persons that can tell the outcome of the psychotherapy. The partner must have observed those maladaptive behaviors that informed the need for psychotherapy in their day to day relationship. The partner who has no psychological disorder will be able to identify when his or her partner is beginning to conform to normal or acceptable behaviors during the course of the therapy. If there is quicker response to the therapy or desired changes are taking longer than expected the partner can tell. The closeness of the patient to his or her partner will make outcome of psychotherapy obvious or obscure. A partner therefore is a principal person when it comes to knowing what difference therapy has brought about in a client's life.

Co-workers are a group of people to notice changes due to therapy, if the client is in an employment. Besides a partner, the client must have been spending hours at work with colleagues who are likely to observe the psychological disorder, for

example, Depression. Colleagues who have been familiar with the client's depressive mood will notice when expected positive and sociable mood begin to appear in their colleague. Some might go ahead to congratulate every inch of observable progress which in turn will assist the client with more hope of recovery. Co-workers may observe client getting more involved in office discussions, timely delivery on given task, improvement on arrival time at work as against melancholic mood and apathy exhibited in the past due to depression.

Friends should notice changes in the life of their colleague undergoing psychotherapy. Whatever they do as friends, exercise, play games, dance or just analyzing political events. The client undergoing therapy, may have dropped enthusiasm, lost interest in their normal excitements, outings and other activities. The moment psychotherapy begins to produce positive outcomes, friends will easily pick up difference in mood of the client as he or she begins to show signs of progress. The client may have confided in his or her friends the challenge that may have caused the depression. For instance, divorce. Friends who show empathy may have been giving moral and social support. Once the outcome of psychotherapy begins to manifest, concerned friend will notice very quickly.

In addition to the ones earlier mentioned, acquaintances stand a good chance of noticing positive changes in the client under-going psychotherapy. In Africa where people live in collectivist cultures, acquaintances like, extended family members, in-laws and neighbors in the hood depending on how close they are to the client could figure out in a good time noticeable changes found in the client while undergoing psychotherapy or afterwards. Acquaintances that interact with the client more frequently due to business or cultural ties can tell better of any observable outcome.

2. What conclusions do you draw from the results of large-scale effectiveness studies such as the 1995 Consumer Reports study?

Answer:

Large scale effectiveness studies like that of 1995 consumer report study corroborates efficacy studies that psychotherapy works. Respondents in the survey agree that psychotherapy improves mental health of clients. A whopping 87% of 426 persons with mental illness who underwent psychotherapy got better. 92% of 786 persons feeling fairly poor in mental health felt very good after therapy. These reports show that the margin between efficacy and effectiveness studies isn't too large. Effectiveness studies well conducted in real life situations will reflect outcomes of efficacy studies under controlled conditions.

The effectiveness studies survey confirmed that psychotherapy works. It is not in doubt therefore that people with mental health disorders can get better through psychotherapy. This gives hope to anyone seeking professional care from a clinical psychologist that his or her mental health can improve by therapy. Large number of respondents interviewed and the percentage with positive results of psychotherapy are

interesting outcomes of the survey. A magazine that has conducted other customer surveys successfully should be taken seriously if it comes up with such result in favor of psychotherapy.

Efficacy studies on psychotherapy are numerous and had always proved therapy work well under controlled conditions. The outcomes of this effectiveness studies survey prove that what works under controlled conditions, work well in real life situations in Hospitals and other places where psychotherapy is conducted. Those conducting efficacy studies now can rest assured that results of such studies will not be far from what is obtained outside controlled conditions.

Possibility of reaching out to mainly respondents whom psychotherapy have worked for and less to respondents whose therapy outcomes were not favorable in the survey do exist. But this is insufficient reason to doubt the result of the survey. All clients experiencing psychological disorders may not get positive outcomes through therapy, but the fact remains that psychotherapy works for many people. The effectiveness studies survey conducted by the magazine goes a long way to prove psychotherapy works and it compliments efficacy studies.

3. When graduate programs train their students in psychotherapy, to what extent should they emphasize common factors (e.g., forming and maintaining strong therapeutic relationships) as opposed to specific therapy techniques?

Answer:

Graduate programs training students in psychotherapy should emphasize strong therapeutic relationship above specific therapy techniques because, the therapeutic alliance is a success factor common to all therapy approaches. A good understanding and shrewd application of therapeutic relationship in psychotherapy will enhance positive results in any of the approaches the therapist may adopt. Relationship between the therapist and the client determines to a large extent what the result of the therapy will be and it account more for therapy outcomes than specific therapy method used. (Beitman and manring, 2009; Prochaska and Norcross, 2010; Wampold, 2001).

Clients view therapeutic relationship in psychotherapy very highly, even when certain therapy approach like the Behavioral approach de-emphasizes it. Therapeutic alliance as a common factor across the various psychotherapy techniques creates some kind of bonding between the therapist and the client. The client builds trust due to the relationship and response rate is enhanced. Clients will find it easier to open up to a therapist with whom they have formed a sort of bonding. Students undergoing training in psychotherapy need to know the client's view of therapeutic relationship and exploit it to achieve the best outcome for the therapy.

Students in training need to know how different cultures view relationships especially between a man and a married woman or a single lady and a therapist that is a male.

Knowledge of such norms prevailing in certain societies will help the therapist set limits or boundaries for relationship with the client to be within culturally acceptable behavior. It will be proper to allow therapist practice in familiar culture or get educated about the norms of the culture in which he will practice. Different approaches to therapy notwithstanding, students in training should be abreast with this all-important common factor that cut across the various techniques and to a large extent determine the outcome of the therapy.

Therapeutic relationship playing a role in the various therapy techniques as a major common factor should be given greater attention in training programs more than any particular psychotherapy approach. The student well versed in this is more likely to do well in practice with any adopted therapy approach for a psychological disorder.

- 4. Consider the three-step sequential model of common factors. In your opinion, would men and women tend to move through the sequence identically? What steps might each group tend to emphasize or deemphasize?**

Answer:

In my opinion, Men and women will move through the three-step sequential model of common factors identically. A Therapist connection with and understanding client's problems, assisting in changing client's belief and mindset towards the problem and support novel and responsible behavior should apply to both genders. Except the therapist connects to the client whether male or female, there can be no acceptance and trust between both parties to enable understanding of the problem.

The therapist will not be able to assist the client change his belief or mindset concerning the psychological disorder to be handled and then help to develop new action plan and behavior that will lead the client out of the disorder. It is just too important for clients regardless of gender to go through this three-step sequential model to make any therapy approach gain expected outcome. The effectiveness of the therapeutic alliance as a common factor depend so much on these three-step sequence.

A female undergoing therapy with a male psychotherapist may have to deemphasize the first step, which is a strong therapist / client relationship. The relationship between a female client and a male therapist is not expected to be as strong as the bonding between a male client and a male psychotherapist. A female client and male therapist will play down on bonding between them for psychotherapy to gain acceptance in cultures with strict man/woman relationship rules. The therapist could emphasize more on belief and mindset change as well as the 'action factors' which involves learning and gaining proficiency in new behaviors. This may also apply to relationship between a male client and a female therapist.

A male client and a male therapist may emphasize the three-step sequential model throughout the psychotherapy process depending on the culture in which the therapy is practiced. A culture replete with Same sex relationships may view a strong

therapeutic relationship between a male client and a male therapist differently. Same goes for a female client and female therapist.

5. **What are the implications of the finding that the eclectic/integrative orientation has been the most commonly endorsed orientation among clinical psychologists in surveys since 1960?**

Answer:

The survey conducted by Norcross and his Team showed that Eclectic/integrative orientation of psychotherapy have being adopted by psychologists more in the recent past than in the years before 1960. Prior to this time the psychoanalytic/psychodynamic orientation has been frequently the applied psychotherapy orientation. By 2003 the use of Eclectic/integrative orientation have surpassed all single school orientations in practice by psychologists. The implications of this increasing acceptance and adoption of the Eclectic/integrative orientation in psychotherapy are diverse.

The application of single school orientation psychotherapy will lose more relevance. The use of blended psychotherapy approaches will be adopted by more psychologists in the field as time goes on. Learning and practicing one single form of Psychotherapy will be out of vague. This is already telling on the psychoanalytic approach to psychotherapy as it is declining in use by therapists. The Eclectic/Integrative orientation is introducing a more pragmatic approach to dealing with diverse psychological disorders afflicting clients. A therapist adopting Eclectic/Integrative approach could deploy separate techniques for different clients with dissimilar psychological disorder. This is what a single school orientation practice can not do.

The rise in use of Eclectic/Integrative approach will break down the wall of diversity of psychotherapy orientations. A therapist being able to apply separate approaches or a blended one to solve psychological problems of clients, mean segregating the approaches and treating them as discrete schools will not produce optimal results any longer. One therapist handling diverse cases of psychological disorder when adopting the Eclectic/integrative orientation make sticking to one form of orientation less productive. So, a psychotherapist applying separate approaches or a hybrid dose of treatment for psychological disorders will be the way to go in the near future, rather than different psychotherapists applying separate approaches to manage psychological disorders.

CHAPTER 12

Introduction to topics in the chapter

Defining psychodynamic psychotherapy

Psychodynamic psychotherapy was the first and only form of psychotherapy in practice since the 1900s. Proponents of other psychotherapy approaches were in initially trained

in Psychodynamic but later had different perspectives to psychotherapy. Psychodynamic psychotherapy, emanates from Psychoanalysis of Sigmund Freud. Psychotherapy in its developmental stage was given a number of terms like, psychoanalytic psychotherapy, neo Freudian therapy.

Goals of Psychodynamic therapy

Psychodynamic therapy brings clients' unconscious into consciousness. The client's thoughts, feelings and other cognitive activities are brought to consciousness through intuitive processes of psychodynamic therapy. The psychoanalysis theory proves that the unconscious does exist and exert a great influence on our day to day life. These unconscious mental processes account for psychological disorders like; depression, anxiety, etc. Psychodynamic therapist understands the unconscious of clients by deduction, assumption or supposition. Psychodynamic therapist will ask a client to speak whatever comes to mind whether reasonable or not without judging him or her. He will thereafter deduce the client's unconscious. This is called Free association. The therapist can also access client's unconscious thoughts and feelings through what could be referred to as 'Freudian slip'. He will use every slip of tongue or mistake a client makes to probe into client's unconscious thoughts and feelings. Psychodynamic therapists access the unconscious of clients through dreams by using symbols in manifest content of dreams to interpret dreams and expose' the unconscious feelings and thoughts of the client. This is not done without some guess work. Other ways of exploring the unconscious in psychodynamic therapy are: Resistance, Defense Mechanism, Transference

Psychosexual stages: Clinical implications

Psychodynamic therapists apply Freud's theory of psychosexual stages in human development when dealing with clients. Attributing psychological disorders to 'Fixation' at different stages as a child grows up. Oral, Anal, Phallic, Latency and genital are the various stages of a child's development for which parents need to give appropriate attention, so the child never get 'stuck' and spend more time than necessary in any particular stage of her development, which Freud says will have effect on the child's behavior and relationship later in life. These psychosexual stages are points where the developing child derive pleasure. Within one and half years of a child's development, she derives much pleasure sensation through the mouth. The child learns to control herself including toilet training and other behaviors as demanded by parents from the age 1.5 years to 3years. This is called the anal stage. The phallic stage has to do with the child's tendency for attachment to parents and seeking attention for which parents' response determine to a large extent the opinion the child will form about herself in adulthood.

More contemporary forms of psychodynamic Psychotherapy

Present day psychodynamic psychotherapy has done a number of reviews to the one practiced and taught by Freud many years ago. **The ego psychology school** of thought has revised Freud's psychosexual stages of development, stressing the modifying tendencies of the ego above the gratification-based desire of the id. Melanie Klein et al, in their **object relation school**, accentuate connection between internalized 'objects' while de-emphasizing disagreement between the id and superego. Hans et al in their school of Self psychology, stresses parent's part in a child's self-growth focusing on self-centered tendencies. **Interpersonal therapy** is one form of brief psychodynamic psychotherapy. It was designed to manage depressive disorder, but later used to manage other psychological disorders. Clients undergoing IPT go through three stage of therapy. **Time limited dynamic psychotherapy** is the management of client's transference from previous relationships to 'correct' his 'emotional experience' in his interaction with the therapist.

Outcome issues

Measuring the outcome of psychodynamic psychotherapy by empirical method has been difficult, even elements in psychoanalysis from which psychodynamic therapy is developed like; insight, transference and defense mechanism are very demanding to explain by scientific methods. Notwithstanding the challenge with explaining by scientific methods, meta-analyses have shown that psychodynamic psychotherapy improve condition of clients with psychological disorders like; depression, panic disorder, etc.

Questions of exams

Chapter 12

1. To what extent do you believe that insight, or making the unconscious conscious, is essential to overcoming psychological problems?

Primarily, psychodynamic therapy exercise attempts to bring to the client's consciousness, unconscious thoughts, feelings and other mental operations. Being aware of these, he is able to take charge, instead of the processes controlling him. These unconscious processes have paramount and strong effect on conscious experience.

A client knowing through therapy that he has a hidden, unconscious negative feelings for a partner and that has unconsciously impacted on behaviors and responses, will consciously work at redressing the issues to build back the relationship on a sound footing again.

Transference has been one way of uncovering the unconscious by a psychotherapist. A client getting to know his or her unconscious motivations which had impacted negatively on previous relationships could by training from therapy deal with it and recover from depression, if he was already in a depressive mood due to a breakup. Psychotherapist revealing the unconscious to the client helps in knowing what to focus on and dealing with it appropriately, helps him overcome the psychological disorder resulting from it.

Uncovering hidden sentiments and motivations behind a client's behavior could actually help him to realize how he has contributed to the psychological problem he is facing. For instance, a client experiencing Anxiety disorder could be helped by psychodynamic psychotherapy when his unconscious contributors to the problem are brought to the fore and the client is guided on how to confront and overcome them.

Question 2

To what extent do you believe that Freudian slips accurately reveal unconscious wishes?

Freudian slips could well represent what has been removed from awareness by repression and is kept in the unconscious, but when occasion arises, may unconsciously show up as slips. This demonstrates that what was referred to as slip was actually existing (hidden) somewhere in the unconscious. A groom making marriage vows and 'mistakenly' mention the name of his Ex-girl friend is a clear case of Freudian slip that mean the Ex actually existed somewhere in his mind, but hidden from awareness. This is obviously indicating something buried underneath his mind. The groom can be said to secretly wish the marriage vows are made with his Ex and not whoever he was exchanging it with at the present.

A guest attending a ceremony and while wrapping a gift for the celebrant, he 'mistakenly' wrote the name of his favorite friend reveals how close to his heart his favorite friend is. This Freudian slip indicate something hidden in the unconscious mind of this guest. Others may explain it away as one of those mistakes anyone can make, but it goes beyond that. If a probe is made into the relationship existing between the guest and his favorite friend, it will uncover a high level of cordiality between them.

A passerby nearly got hit by a car and in an exclamation called the name of his mother. That spontaneous act of calling the mother when he was not thinking about the mother indicate some hidden tie between them. It did not happen by chance, that he called the name of his mother in such a dire circumstance. His unconscious mind holds some affection or fondness for the mother who may be far away from him at the time. Someone might wonder what connects his mother with the near-miss that he called her name. It is a prove of a leaning towards his mother with no connection to the incident.

A housewife rushing for shopping was asked by her neighbor to buy some groceries for her in same shop. The housewife bought all she went shopping for, but effectively 'forgot' the groceries her neighbor asked her to buy. Was this a mistake? Not at all. This is a clear case of unwillingness to buy the groceries in the first place, although she did not come out plain to voice her disagreement with buying her the groceries. Forgetting to buy the items eventually, only brought to the open what lay repressed in the mind. These are some common 'Freudian slips' obviously showing desires and intents hidden in the unconscious and finds a window for expression in the form of mistakes, forgetfulness etc.

Question 3

Box 12.2 lists eight distinct therapist roles that clients may seek. If you were the client, which would you seek? To what extent would a psychodynamic psychotherapist match that role

If I were a client undergoing therapy, I would like the psychotherapist to play the role of an Adviser. I am not acculturated to the U.S main mainstream culture and will find a Psychotherapist with 'blank screen' methodology very challenging. I will feel well served, if my Psychotherapist will play an advisory role while I am undergoing therapy. In therapy the client is expected to do both mental and behavioral lifestyle changes while the therapist acts as a guide. My therapist playing the role of an Adviser will guide me scale through a psychological disorder. The Therapist having diagnosed my disorder, prescribes a methodology for dealing with it then advises me on my role in tackling the disorder.

Psychodynamic psychotherapist charts a path for the client to follow. He walks the client through the process of recovery. The client has so much to do if the psychological disorder will be reversed. The responsibility is on him to comply with the therapist's directives on change in perception and other cognitive processes that will help him get over his disorder. All of these can come to him as advice from the therapist. Psychodynamic therapist's role as an Adviser to the client is essential for treating a psychological disorder. The therapist is not offering medications but advice for the client to work with and progress through the healing process.

Psychodynamic therapist offering advice to a client goes beyond addressing current Psychological problem to preventing relapse back to the disorder. Professional guidance offered by a therapist could deal with a disorder at the time but the client needs to maintain some psychological order to remain stable and free of the disorder. Therapist playing the role of an adviser helps the client even when he is well. Taking to instructions from the therapist will sustain a balanced mental state. A client recovered from depression who do not heed to therapist's advice could get back into the disorder. This role of a therapist as an adviser is a very crucial one in Psychodynamic therapy for psychological disorders

A therapist acting the role of an adviser is profitable to the client because, with his training and insight into the life of the client, he offers informed advice to

his client. He must have unraveled much of the client's unconscious through his enquiry and observation, it will serve the client well, if he will take instructions from such therapist and improve the quality of his life.

4. Many psychodynamic graduate training programs require their trainees to undergo therapy themselves. If you were the client, how would you feel about the fact that your therapist had (or had never) been in therapy?

Answer:

Knowing my therapist had been in therapy himself will gladden my heart and give me more confidence in what he is doing having experienced therapy firsthand. The therapist that has undergone therapy will know how it feels being in therapy. He has both learned how to take a client through therapy and how to be a client with a therapist. Having gone through therapy, he knows client's attitude to therapy that tend to frustrate therapist's effort to resolve a psychological disorder and will advise appropriately. A therapist who knows by experience how clients feel when the therapist practice 'blank screen' in course of the exercise, will appreciate clients' experience during therapy and will assist in anyway possible to achieve results. His understanding of the process not just as a therapist, but an 'experienced client' will facilitate the process.

I will have a comfort feel to undergo therapy with a therapist having a client's experience. He will be more accommodating if I am slow, naïve or outright ignorant of what therapists expect. He will understand my experiences in course of the therapy for which I am not able to verbalize. He has been through it himself and can relate with what I am struggling to express. The advantage of having a therapist who has undergone therapy can not be overemphasized. Both the therapist and the client will be at home with one another.

Undergoing therapy with a therapist who has no experience of therapy as a client can be likened to a patient undergoing a painful treatment in the hands of a care-giver who has no idea what pains the procedure comes with. He has only learnt about pain, he has no idea how it feels to be in pains. Such a care-giver can be dishing out commands to his patients without minding how patients feel, until he has gone through the procedure himself. A woman who has experienced birth pain will appreciate another woman giving birth, having gone through it herself sometime in the past. I will not feel at home with a therapist who has not being in therapy himself. He will be a good doctor who has tasted the medicine he intends to give his patient.

It will be good to ensure psychodynamic graduate training programs incorporate going through therapy as a client for all trainees. It will add to the learning experience of the trainees and better equip them for an objective and more productive therapy sessions with clients.

5. What efforts should psychotherapy outcome researchers make to minimize allegiance effects?

Answer

It is known that allegiance effect imperceptibly influences research outcomes not only in psychotherapy but in other aspects of life even when making comparison. Allegiance effect is the bias held by an investigator or researcher in favor of a particular idea or school of thought. Psychotherapy outcome researchers therefore need to overcome allegiance effect by involving researchers from different schools of thought when looking at the outcome of psychodynamic therapy. The involvement of several psychotherapists from different psychotherapy orientations will check biases of different researchers handling the investigation.

As in games where the judges' nationalities have to be displayed to tell before hand where they hail from, so it will serve well, if researchers' schools of thought relative to the one under investigation are published first as part of introduction of the research results.

When the psychotherapy orientations of the researchers are known to those interpreting and using the outcome of the research, they have at the back of their minds the nature and leaning of the persons who carried out the exercise. This will be a check on them to be more objective in analyzing data and arriving at results of the research.

If every researcher involved in an outcome investigation for psychodynamic psychotherapy are made to appreciate it by going through the training of a psychodynamic psychotherapist, it will help to eliminate bias during psychodynamic psychotherapy outcome investigation. Other than his own school of thought in psychotherapy, the researcher should be made to go through this additional training to make his research results more objective and acceptable. He should be made to know by experience what he is carrying out research about.

Chapter 13

Introduction to topics in the chapter

Humanistic concepts: clinical implications

Humanistic psychotherapy differs from psychodynamic, although proponents were trained from psychodynamic school of thought. It posits that humans are good-natured or neutral in nature with an innate desire for growth, rather than 'bad' and if given the needed environment; positive regards in all areas, will grow to achieve self-actualization.

Goal of humanistic psychotherapy

Humanistic psychotherapy encourages self-achievement and proposes that psychological problems like; depression, anxiety, personality disorder are caused by suppressed self-development. Humanistic orientation of psychotherapy believes

that someone suffering from psychological disorder has within himself what it takes to recover from the illness if given the necessary therapeutic guide. Mental health of a child can be optimized by narrowing the discrepancies between real self and ideal self while growing up by granting unconditional positive regard.

Elements of Humanistic psychotherapy

A humanistic psychotherapist needs three things to help him bring a client to congruence between his real self and his ideal self. Knowing that disparity between a client's real self and ideal self must have been responsible for his psychological disorder, the humanistic psychotherapist needs to **empathize** by showing a non-critical attitude and a deep concern for the client's experiences while hanging up his own values and principles. Clients become more self-assured, respected and cared for. Humanistic therapist needs to demonstrate **unconditional positive regard**, this means a non-judgmental attitude towards client's behavior, emotions or speech no matter what. Showing empathy and unconditional positive regards to a client under therapy should not be fake but original. **Genuineness** in the show of empathy and the display of unconditional positive regard is what makes for effectiveness in delivery to the client, instead of a pretended and counterfeited one that does not come from the heart. Therapist needs to demonstrate sincere empathy and unconditional positive regard free from personal emotional encumbrances.

Alternatives to Humanism

Existential therapy is an approach to therapy that emphasizes the loneliness of each individual in the world and the anxiety it creates when clients are made to realize it. Life seems to lose its meaning at this point and the therapist guides clients to create meaning in life for themselves through the decisions they make for the present and the future.

Gestalt therapy introduced by Fritz Perl is a holistic approach to promoting client's mental and physical perceptions. Therapist practicing Gestalt therapy use role-play approach to bring clients to their full potential.

Outcome issues

Carl Rogers who pioneered humanistic therapy was also a therapy outcome researcher who made his ideas testable and subject to empirical studies. A volume of research done in the 1990s show studies in Humanistic therapy outcomes. Studies in therapy outcome involving 5000 clients' experiences indicated that humanistic therapy is as effective as other psychotherapy perspectives.

Questions of exams

1. **To what extent do you agree with the humanistic idea, as stated by Abraham Maslow (1968) that our “inner nature is good or neutral rather than bad,” and “if it is permitted to guide our life, we grow healthy, fruitful, and happy”**

The inner nature of humans to a large extent is good and if permitted to guide our life, we grow healthy, fruitful and happy. Firstly, we grow up knowing what is good for ourselves and also know it is good for others as well. If parents and the environment will allow that pursuit of what we know to be good for ourselves and achieve it, then we will be healthy, fruitful and happy. No one grows up hurting himself or causing bodily harm to himself, meaning he knows what is good and if given the necessary environment will work towards a healthy, fruitful and a happy life.

There is goodness in people who practice humanitarian activities across the globe. They do these things at personal cost to save or alleviate the suffering of other humans. This show of care comes from the human nature Freud said is ‘bad’. People do good to their neighbors without being told to do so. Instances abound where people enact and enforce orders in crisis situations for the good of others. If men were ‘bad’ as portrayed where will this goodness come from?

Those who tag the human nature as ‘bad’ may not have witnessed how others intervene in accident scenes just to save lives, especially in Africa. When others are in danger, you will be amazed how fellow humans will help to get them to safety and treat the wounded. There is ‘goodness’ in the human nature, may be the occasion has not shown up for those in doubt to see. The attention needy people get unsolicited in various life circumstances from benevolent folks is worth mentioning. Care offered by ‘good Samaritans’ to their neighbors as observed in various places are not dictated by law, but are done out of free will.

Charity organizations around the world have continued to prove that humans are good. In war situations, these organizations have demonstrated care for other humans in their desperate need for survival, providing food, clothing and shelter for displaced people. Most of these care-givers risk their lives to rescue famished and dying victims of war at the frontline to demonstrate interest in the welfare of other people.

2. **What are some of the most common conditions of worth that you have seen parents place on children? What effects of these conditions of worth have you observed?**

It is common to find parents demand that children offer their **preferred course of study** in the university. Parents may have seen the direction society swings in terms of job or relevance and want their children to belong to the more popular and profitable side of life. Parents wish their **children stay out of trouble** and so, prescribe a particular way of life to the children. They seriously frown at any deviation from their prescribed path of behavior. In many instances, parents

choose and dictate the **kind of friends** their children must keep. They will refuse to welcome anything short of what they have approved. This may not go down well with the children, but they have to abide by the rule to retain their condition of worth at home.

Many parents want their children to dress in a particular way. There could be a **pattern of dressing** parents consider to be responsible and acceptable in society. It is used as condition of worth for children and they will only be termed obedient by their parents when they adopt such 'responsible' dress code. Some parents do not want their children to speak their **native language** while in college, they fear it will divide their attention from concentrating on the lingua franca adopted for learning and impede their fluency. There are parents who place condition of worth on their children only when they accept their **parents' religion**. Anything to the contrary will not be acceptable and their positive regard will be withdrawn.

Many children who had to stick to their parents' preferred course of study struggle to get **good grades** at school and sometimes do not know what to do with their certificates when they graduate from school. These are some of the effects of conditional positive regard by parents. Children **have no plan of their own** with their parents' dictated courses. They graduate and wait for their parents to decide the next line of action, since they have no plan of their own. Fear of the unknown have made many parents to create restrictions on their children to keep them out of trouble. The downside of this is, **children revolting** and breaking limits set for them, thereby losing positive regard from their parents. Children have had their **education truncated** as a consequence of disagreement with parents on their preferred choice of study. Many promising **parents/children relationships have breakdown irretrievably** due to parents' conditional positive regard on the kind of friend children keep or their mode of dressing which parents object to.

Some children have gone into **depression due to pressure** from parents whose dictates run contrary to their own. Many children are struggling with what to do with their lives, because their parents won't let them have their way to do just what they want with their lives. Other children have **fled their parents' homes** as a result of the loss of positive regard from their parents, having failed to follow the path chatted by their parents.

3. **Rogers argued that empathy, unconditional positive regard, and genuineness were not only necessary but also sufficient for psychotherapeutic benefit. In your opinion, for which clinical problems is this statement most and least.**

Roger's argument that empathy, unconditional positive regard and genuineness are not only necessary but also sufficient for psychotherapeutic benefit is true for some

psychological disorders. Clients achieving congruence through psychotherapist's adoption of empathy, unconditional positive regard and genuineness is necessary and sufficient for correcting psychological disorder like low **self-esteem linked to depression**. Disparity between client's real self and ideal self has caused depression but a therapist's use of empathy, unconditional positive regard and genuineness will sufficiently help him recover. Client is free to express himself without criticism or censorship. Bottled up thoughts and negative feelings about something may have led him into depression. Now he has someone who listens and is genuinely interested in hearing him out.

Mood disorder is another psychological problem a therapist using empathy, unconditional positive regard and genuineness can necessarily and sufficiently resolve. Changing circumstances at home, school, workplace and neighborhood can cause mood disorder for some people. Meeting a humanistic therapist adopting the combination of empathy, unconditional positive regard and genuineness to address the disorder will sufficiently help the client manage the conditions that led to the disorder in his mood. Liberty to freely express himself without fear of judgement from the therapist helps him to uncover repressed thoughts that contributed to the mood disorder.

Adoption of the client-centered therapy is beneficial and sufficient for the treatment of **anxiety disorder**. It promotes a positive self-concept of the client and strive to align that with reality. Use of Empathy, unconditional positive regard and genuineness by a humanistic therapist will sufficiently assist a client experiencing anxiety disorder get over it. Client will be heard well and clear without hindrances from the therapist. This process put the client in the center of the exercise and with the therapeutic relationship created freely expresses feelings and emotions that may have contributed to the disorder and eradicate them. When these seeming hidden thoughts, feelings and emotions are exposed, the therapist guides him through overcoming them and the disorder is dealt with. **Stress management** and **phobias** are among other psychological disorders that can be handled using empathy, unconditional positive regard and genuineness.

Psychological disorders for which adoption of empathy, unconditional positive regard and genuineness may least apply will be those violent and uncontrollable disorders that are out of touch with reality. The client is fully delusional and hallucinating. He sees everyone as a threat and is probably kept in chains. Client will find it difficult to recognize who a therapy is, let alone have a conversation with him. In some cases client can cause bodily harm to therapist.

4. In your opinion, which elements of motivational interviewing are most essential to the success it has demonstrated in the treatment of a wide range of psychological and physical problems

Motivational interviewing has been successful in treating a wide range of psychological disorders owing to some important elements: **Expressing empathy**. A therapist adopting Motivating interviewing approach gets the trust of the client by showing, he cares about his challenges through empathy. Being able to convince the

client of his acceptance and interest in the challenging circumstance make the client more open to productive conversation on the issue at hand. The therapeutic relationship is deepened and rise in confidence level is promoted. Clients feel welcome as their feelings and personal experiences are acknowledged and appreciated.

Supporting self-efficacy is one important element promoting Motivational interviewing. Making a client know he has the capacity to improve himself, encourages him to take responsibility for needed change in behavior. This support for self-efficacy motivates the client that he can do something meaningful about his case. He feels moved to take charge and will play roles expected of him to achieve the goals of the therapy. This element is just so important as it convinces the client he has his destiny in his hands and can make a world of difference if he will rise and act. Client's capacity is explored, exposed and explained then supported to actualization by therapist.

Psychotherapist using motivational interviewing approach to therapy **develops a discrepancy** between the client's values and behavior and the client is self-activated to bridge the gap. Every client has a self-concept for which his behavior should support. For example, someone is in need of professional help for drunkenness. He approaches a therapist who adopts motivational interviewing approach. The therapist begins to show the disparity between his self-concept and the unwanted behavior and being convinced he is in charge, he takes responsibility for change.

Change of habit is difficult, so many clients will rather resort to **arguments** than readily take responsibility for the needed change. Therapists must avoid going into arguments with clients who are likely to talk in support of their behaviors than change their lifestyle. Clients cannot be forced into adopting a change in behavior for which they are unwilling. While therapists must avoid arguments and confrontation with clients, they have professional techniques to bring clients to the understanding that they are capable and responsible for the change they need.

5. Considering the discussion of cross-cultural empathy in Box 13.1, do you believe that a therapist who is culturally similar to a client has a greater capacity for empathy than an equally competent but culturally dissimilar therapist?

I believe to a large extent that a therapist who is culturally similar to a client has greater capacity for empathy than an equally competent but culturally dissimilar therapist. A client seeking professional help will tend to be drawn to a therapist with the same cultural background like himself. If a client knows a particular therapist speaks same language with him, he will feel more disposed to consult him in the believe that their discussion will be more familiar and cordial. This mindset of the client could affect his recovery if he has no option to choose a therapist culturally similar to himself. A therapist and client who are of the same cultural background and speak same language may not use the lingua franca while in therapy but their native language. The client will love it and it could be a more fluent means of communicating his feelings to the therapist. Client may not have appropriate words in the lingua franca to express his feelings naturally but might find in their local parlance words the therapist of same cultural background can relate with and the conversation will be more productive.

A client will prefer a therapist with some measure of similarity in age with him to handle his case/dilemma. The natural tendency to talk to someone about your age when it comes to therapy does exist. Client will assume, therapist who is about his age will be able relate to the matter to be discussed better than someone younger. This sentiment could influence the client's decision on which therapist to consult, if he has the option to choose. There will be a feeling of satisfaction in the mind of the client while sitting with someone about his age and will freely discuss with little hesitation during the therapy.

There is much difference between a male therapist and a female one when it comes to gender of the client. A client that is a woman will feel more comfortable discussing some personal issues and experiences with a female therapist than the male, in the assumption that the female therapist will have a better understanding in what she has to discuss. A male therapist cannot empathize with a client who had a miscarriage as much as a female therapist will do on the same subject. He is alien to the experience and cannot communicate the right feelings in his discussion with the client. A client in this category will naturally seek for a female therapist and will feel some frustration if there is no option to choose the gender of therapist to attend to her.

Experience matters much. A client knowing that a particular therapist has been through his experience sometime ago will naturally be drawn to him for therapy. The client will have the feelings that the therapist has the knowledge and the experience to handle his matter. The discussion will be sharing experiences while chatting a way out of the problem. A therapist who has had the experience of the client will always be in a better position to empathize with the client more than another therapist who has no experience on the subject matter.

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