INVITED ARTICLE

THE PSYCHOTHERAPIES

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ABSTRACT

An outline of Freudian and behavioural psychotherapy is discussed. Various aspects of the techniques of brief psychotherapy and its relevance to modern day psychiatry and general practice is emphasised.

Freudian techniques include the exploration of the unconscious childhood conflicts, transference analysis, use of interpretation and working through. Recent revisions to Freudian theories include the object relation approach, therapeutic use of counter-transference and group psychotherapy.

Short term dynamic psychotherapy as outlined by Marmour, Mann, Sifneos and Bloom is briefly reviewed.

Behavioural psychotherapy, including pavlovian and operant conditioning and Bandura's social learning theory is described.

The author also highlights on the recent attempt to integrate supportive psychotherapy within dynamic psychotherapy and the need to modify Western psychotherapy to suit Eastern cultures. The need for cost-containment is likely to shape the type of psychotherapy that will be offered in the future, such as short-term as opposed to long term, group therapy as opposed to individual.

Keywords: *review, psychotherapy dynamic, behavioural, supportive.*

SINGAPORE MED J 1995; Vol 36: 661-663

Karasu (1977)[1] classified the psychotherapies into three categories: dynamic, behavioural and experiential psychotherapy.

In this paper psychotherapy will be classified as shown in Table I.

Table I – Types of Psychotherapy

Supportive	Educational	Analytic	Systems
Guidance	Cognitive	Freudian	Family-therapy
Reassurance	Interpersonal	Brief therapy	
Ventilation	–	Group therapy	
Activity therapy	–	–	–

This paper will examine the dynamic, behavioural, and supportive psychotherapy in greater detail.

Dynamic Psychotherapy

The basic Freudian theory includes a primary concern with the instincts; the understanding that the root of psychological disturbance lies in faulty psychosexual development; the idea that the mind is sub-divided into id, ego and superego; the division of the mind into the conscious and unconscious; the concept of psychic determinism that emotional problems and mental illness are the results of upheavals in earlier childhood conflicts.

The technique of therapy which Freud called Psychoanalysis includes free association to elicit unconscious thoughts; analysis of the transference which is the reenactment of the patient's earlier relationships with significant others in the the immediate relationship with the therapist; the use of interpretation, involving the linking of the patient's immediate behaviour with the therapist as a reenactment of past relationships; and finally working through, which refers to the process of exploration of interpretations and the resistances to such explorations until the patient's behaviour or symptoms are fully understood and integrated into his personality.

Freudian theories have been revised to some extent. His biological stand has been expanded to include the interpersonal, social and cultural aspects of the patient; from the instinctual emphasis to an object relations perspective (Petot 1991)[2]; a shift from the blank screen therapist approach to a more transparent therapist; the removal of the couch; therapeutic use of countertransference; the advent of a briefer form of psychotherapy; and the use of a group format for psychotherapy using psychodynamic principles.

Langs has compiled the classic papers on psychoanalytic techniques[3]. Sugarmen et al[4] have compiled two volumes on the techniques and practice of psychoanalysis. Beitman et al[5] have given an overview on integrating the various psychotherapies.

Clare[6] has written a well balanced account of psychotherapy outcome.

The length of therapy varies with the type of therapy offered. Psychoanalysis requires long-term treatment of three hours per week over at least three years conducted by a trained psychoanalyst. In view of cost, this form of treatment is becoming less popular. Long-term psychotherapy is usually once per week held over several years. It uses a psychoanalytic approach with modifications. The development of the transference and its analysis is less intense.

The criteria for improvement and termination of therapy include the lifting of repression, gaining insight, freedom from early fixations, and improvement in personal relationships.

Short-term Dynamic Psychotherapy

Marmour[7] showed that some of the earliest psychoanalytic treatments were short-term. Freud treated the famous musician, Gustav Mahler, for his potency problems in a single session of four hours in 1908. However time limited psychotherapy became popular only in the seventies when it was realised that not all patients seeking psychotherapy need to be offered psychoanalysis or long-term psychotherapy. Looking at utilisation of mental health services, many patients only come for psychiatric help of a few sessions. With the increasing cost of medical care short-term psychotherapy is likely to gain ground.

Mann[8,9] summarised the common features of all forms of

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brief psychotherapy.

1. Attention is directed to one focal issue.
2. The focal issue is usually the reason for seeking help.
3. Therapy is directed at clarifying feelings, ideas, behavioural problems in current relationships.
4. There is greater utilisation of the positive transference.
5. The duration of therapy is around twenty sessions.

Mann[8] introduces the concept of time to the patient and treatment is not timeless. He then identifies the central conflict and embarks on treatment with emphasis on termination issues. The central issue is designed to bypass defenses, control anxiety, and stimulate early establishment of the working alliance.

Sifneos[10] came up with his technique called short-term anxiety provoking psychotherapy at Boston. His techniques include:

1. delineation of a psychodynamic focus.
2. early establishment of the working alliance.
3. use of anxiety provoking confrontations to deal with patient resistances.
4. early interpretation of transference.
5. avoiding pregenital issues.

His method has been found useful for unresolved oedipal issues, and problems of separation and grief reactions. Selection criteria include a circumscribed chief complaint, a history of meaningful relationship with at least one person, psychological mindedness, good motivation and above average intelligence. Sifneos concluded that the future of short-term psychotherapy is bright.

Bloom[11] has outlined the concepts of the single session psychotherapy. Many patients visiting mental health centres have only brief contacts with the mental health services. The development of single session therapy will enable more patients to benefit from psychotherapy. In Singapore, the general practitioner can provide such treatment to his patients provided he has undergone training in psychotherapy.

The theoretical basis of single session psychotherapy is based on psychodynamic principles. Bloom[11] outlines some tentative principles on conducting the session. These include:

1. identification of a focal problem
2. utilisation of client's strengths to solve problems
3. active therapist involvement
4. tentative presentation of interpretations
5. exploration of affects
6. use a problem solving approach
7. keeping track of time
8. factual questions are kept to a minimum

In all forms of dynamic psychotherapy, therapists need training in the theory and techniques, and they will have to be supervised. Personal psychotherapy is useful but not mandatory unless there is psychopathology in the therapist himself. For brief psychotherapy, therapists are recommended to have completed supervised long-term cases before they embark on short-term psychotherapy. The Royal College of Psychiatrists[12] has recommended in 1991 that all local mental health services should include specialist psychotherapy departments, which can provide a clinical service for general practitioner referrals, teaching and supervision. Tillet[13] has described a district psychotherapy service in England with emphasis on brief psychotherapy, brief cognitive therapy, family and group therapy.

Behavioural Psychotherapy

Behaviour therapy is based on the following theories:

1. Classical pavlovian paradigm
2. Operant conditioning of Skinner
3. Social learning theory

Behaviour therapy is indicated for at least 10 percent of psychiatric patients. It is useful for phobic disorders, obsessive compulsive disorders, and sexual dysfunction. It is also useful in the treatment of social skills deficits where social skills training is offered. Operant techniques can be useful in the treatment of institutionalisation and negative defects of schizophrenia. In children it can be used in the treatment of enuresis and mental handicap. Cognitive therapy is useful in the management of depression and anxiety disorders. Ryle[14] has developed Cognitive Analytic Therapy based on a combination of behavioural and psychodynamic principles. It would be interesting to watch if dynamic and behaviour therapy could be integrated.

In the treatment of phobias there are two general techniques – systematic desensitisation and flooding. For the obsessive compulsive rituals, response prevention is used to reduce the rituals. For ruminations, thought stopping techniques are used. For general anxiety disorders, relaxation training and cognitive therapy have been found to be useful. Durham and Allen[15] have reviewed the outcome studies after 1980 on psychological treatment for anxiety disorders. The evidence suggests that psychological treatment will result in 50 per cent improvement at 6 months follow-up, with better outcome for cognitive therapy. A comprehensive account of behaviour therapy techniques and outcome is described by Bellack and Hersen[16].

For sexual dysfunction Masters and Johnson's technique of Sex Therapy are used[17]. For vaginismus, the use of graded dilators are highly effective. For premature ejaculation, the stop/start and squeeze techniques may be used. For primary anorgasmia in woman, masturbatory training and Masters and Johnson's techniques may be used.

Psychotherapy in General Practice

The minimum psychotherapeutic knowledge expected in general practice is that of acquiring counselling skills as part of supportive psychotherapy within a medical framework. The main techniques include the facilitation and expression of affect, reflection, clarification, reassurance, and encouraging problem solving. The doctor-patient relationship must be attended to. A non judgemental, highly empathic attitude must be adhered to.

Over identification with patients and breaches of doctor-patient boundaries must be totally avoided.

In the average general practice, about a third of patients suffer from psychiatric disorders. Many of them will not get specialist psychiatric help. The provision of specialist psychotherapy services in a community will only meet the need of a small proportion of patients needing psychotherapy. In order to teach basic psychotherapy skills to every GP, it will be necessary to simplify psychotherapy training and to invoke more supportive techniques. Unfortunately, supportive psychotherapy has had a Cinderella image amongst psychotherapists for a long time. However, this trend is changing with the realisation that supportive interventions are effective in the treatment of psychiatric problems. If supportive psychotherapy is incorporated with dynamic psychotherapy, then a new form of treatment emerges, namely supportive dynamic psychotherapy which may be applicable to general practice. The complicated cases could be referred to the psychotherapist or the psychiatrist.

Psychotherapy could be offered by the GP in cases of adjustment reactions, mild anxiety states, reactive depression and grief reactions. Dietrich et al[18] have described the management of grief from the analytic viewpoint while Crenshaw[19] and

Devan[20] have described its management using less analytic jargon.

An understanding of transference and counter transference enables the GP to understand his patient better. Treatment can be tailored to suit the patient's needs rather than be dictated by the doctor's counter-transference. Kee and Wong[21] have described the hidden agenda of patients attending general practices.

In order to apply psychotherapy to Asian populations, the Western originated psychodynamic theories and techniques must be modified[22]. With such modifications and the increasing sophistication of our (local) patients, psychotherapy is likely to be in greater demand in medical practice.

Altshuler[23] in his paper on the history of psychotherapy since 1945, says that as we approach 1995 psychoanalysis is likely to cast a smaller shadow; the psychotherapies have evolved from long-term therapy of thousand hours to about twenty hours of brief therapy. The study by Smith et al[24] on 475 controlled studies using meta-analysis, has endorsed the usefulness of psychotherapy. Differences in therapy techniques favoured less than common elements of technique. In my opinion the common elements were the elements of supportive psychotherapy which has been rediscovered!

In conclusion, I would say that the best form of psychotherapy which is cost effective, simple and easy to practise and appreciated by all practitioners and patients is undoubtedly supportive psychotherapy. When this is not helping, then behaviour therapy, cognitive therapy or brief dynamic psychotherapy will have to be considered. Long-term psychotherapy and psychoanalysis will become a luxury while short-term group psychotherapy is likely to move ahead in view of the need for cost containment[25].

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