

Therapeutic Orientations

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In the past century, a number of psychotherapeutic orientations have gained popularity for treating mental illnesses. This module outlines some of the best-known therapeutic approaches and explains the history, techniques, advantages, and disadvantages associated with each. The most effective modern approach is cognitive behavioral therapy (CBT). We also discuss psychoanalytic therapy, person-centered therapy, and mindfulness-based approaches. Drug therapy and emerging new treatment strategies will also be briefly explored.

Learning Objectives

- Become familiar with the most widely practiced approaches to psychotherapy.
- For each therapeutic approach, consider: history, goals, key techniques, and empirical support.
- Consider the impact of emerging treatment strategies in mental health.

Introduction

Nearly half of all Americans will experience mental illness at some point in their lives, and mental health problems affect more than one-quarter of the population in any given year (Kessler et al., 2005). Fortunately, a range of psychotherapies, primarily cognitive behavioral therapy (CBT) approaches, exist to treat mental illnesses.



CBT is an approach to treating mental illness that involves work with a therapist as well as homework assignments between sessions. It has proven to be very effective for virtually all psychiatric illnesses. [Image: Research Report Series: Therapeutic Community. Wikimedia Commons]

This module provides an overview of some of the best-known schools of thought in psychotherapy. The most effective contemporary approach is CBT. Other approaches are psychoanalytic therapies, person-centered therapies, and acceptance and mindfulness-based therapies. The effectiveness of these treatments is not as clear as they are for CBT. Sometimes, adding psychiatric medications can enhance the effects of psychotherapies. As you read, note the advantages and disadvantages of each approach, and consider the degree to which they have demonstrated effectiveness through empirical research.

Psychoanalysis and Psychodynamic Therapy

The earliest organized therapy for mental disorders was psychoanalysis. This approach stresses that mental health problems come from unconscious conflicts and desires, which must be uncovered in order to resolve mental illness. Psychoanalysis also highlights the importance of early childhood experiences in determining mental health later in life. Psychoanalysis is an intensive, long-term approach in which patients and therapists may meet multiple times per week, often for many years.

History of Psychoanalytic Therapy



Building on the work of Josef Breuer and others, Sigmund Freud developed psychotherapeutic theories and techniques that became widely known as psychoanalysis or psychoanalytic therapy. [Photo: Psychology Pictures]

Psychoanalysis was made famous in the early 20th century by one of the best-known clinicians of all time, Sigmund Freud. Freud initially suggested that mental health problems arose from efforts to push inappropriate sexual urges out of conscious awareness (Freud, 1895/1955). Later, Freud suggested more generally that psychiatric problems were the result of tension between different parts of the mind. His *structural model* had three elements: the id, the superego, and the ego. The id represents pleasure-driven unconscious urges, while the superego is the semi-conscious part of the mind where morals and societal judgment are internalized. The ego, also partly conscious, mediates between the id and superego. Freud believed that bringing unconscious struggles into conscious awareness would relieve the stress of this conflict (Freud, 1920/1955), which became the goal of **psychoanalytic therapy**.

Although psychoanalysis is still practiced today, it has largely been replaced by the more broadly defined **psychodynamic therapy**. This latter approach has the same basic tenets as psychoanalysis, but is briefer, makes more effort to put the client in his or her social and interpersonal context, and focuses more on relieving psychological distress than on changing the person.

Techniques in Psychoanalysis

Psychoanalysts and psychodynamic therapists employ several techniques to explore patients' unconscious mind. During **free association**, the patient shares any and all thoughts that come to mind, without attempting to organize or censor these thoughts in any way. The analyst uses his or her expertise to discern patterns or underlying meaning in the patient's thoughts. Another common approach is to discuss childhood relationships with caregivers, which are thought to determine the way a person relates to others and predict later psychiatric difficulties. Psychoanalysts may also discuss their patients' dreams. In Freudian theory, dreams contain not only *manifest* or actual content, but also *latent content*, or symbolic underlying meaning that can be discovered through dream analysis (Freud, 1900/1955).

In psychoanalytic and psychodynamic therapy, the therapist plays a receptive role—interpreting the patient's thoughts and behavior based on clinical experience and psychoanalytic theory. Sometimes, psychoanalytic therapists will seat patients facing away from them to promote freer self-disclosure. Freudian theory suggests that patients may displace feelings for people in their lives onto the therapist, a process known as *transference*, and that therapists may also displace emotions onto patients, called *countertransference*. The therapist views his or her relationship with the patient as another reflection of the patient's mind.

Advantages and Disadvantages of Psychoanalytic Therapy

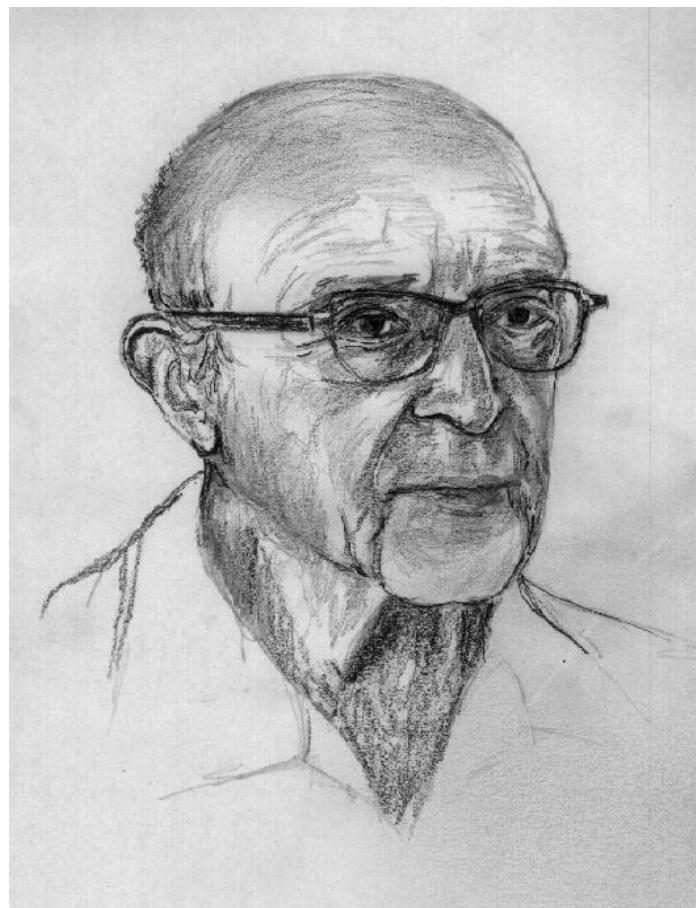
Psychoanalysis was once the only type of psychotherapy available, but presently the number of therapists practicing this approach is decreasing in the United States and around the world. Psychoanalysis is not appropriate for some types of patients, including those with severe psychopathology or mental retardation. Further, psychoanalysis is often expensive because treatment usually lasts many years. Still, some patients and therapists find the prolonged and detailed analysis very rewarding.

Perhaps the greatest disadvantage of psychoanalysis and related approaches is the lack of empirical support for their effectiveness. The limited research that has been conducted on these treatments suggests that they do not reliably lead to better mental health outcomes (e.g., Driessen et al., 2010). More recently, some review studies seem to suggest that long-term psychodynamic therapies might be beneficial (e.g., Leichsenring & Rabung, 2008). However, other authors have questioned the validity of this review. Nevertheless, psychoanalytic theory was history's first attempt at formal treatment of mental illnesses, setting the stage for more modern approaches.

Humanistic and Person-Centered Therapy

Proponents of humanistic and **person-centered therapy** (PCT) believe that mental health problems result from an inconsistency between patients' behavior and their true personal identity. Thus, the goal of PCT is to create conditions under which patients can discover their self-worth, feel comfortable exploring their own identity, and alter their behavior to better reflect this identity.

History of Person-Centered Therapy



Carl Rogers, the father of Person Centered Therapy (PCT). [Image: Didius at nl.wikipedia - wikimedia commons]

PCT was developed in the mid-20th century by a psychologist named Carl Rogers, amidst the growth of humanistic theory and human potential movements. Rogers believed that all people had the potential to change and that the role of therapists was to foster self-understanding and provide an environment in which adaptive change was most likely to occur (Rogers, 1951). Rogers suggested that the therapist and patient must be engaged in a genuine, egalitarian relationship in which the therapist is nonjudgmental and empathetic. Further, the patient should experience both a vulnerability to anxiety, which motivates the desire to change, and appreciation for the therapist's support.

Techniques in Person-Centered Therapy

Humanistic and person-centered therapy, like psychoanalysis, is a largely unstructured conversation between the therapist, who takes a passive role, and the patient, who undergoes self-discovery in an unfettered environment. Rogers's original name for PCT was *non-directive therapy*, and this notion is reflected in the flexibility found in PCT. Therapists do not try to change patients' thoughts or behaviors directly. Rather, their role is to provide the therapeutic relationship as a platform for personal growth.

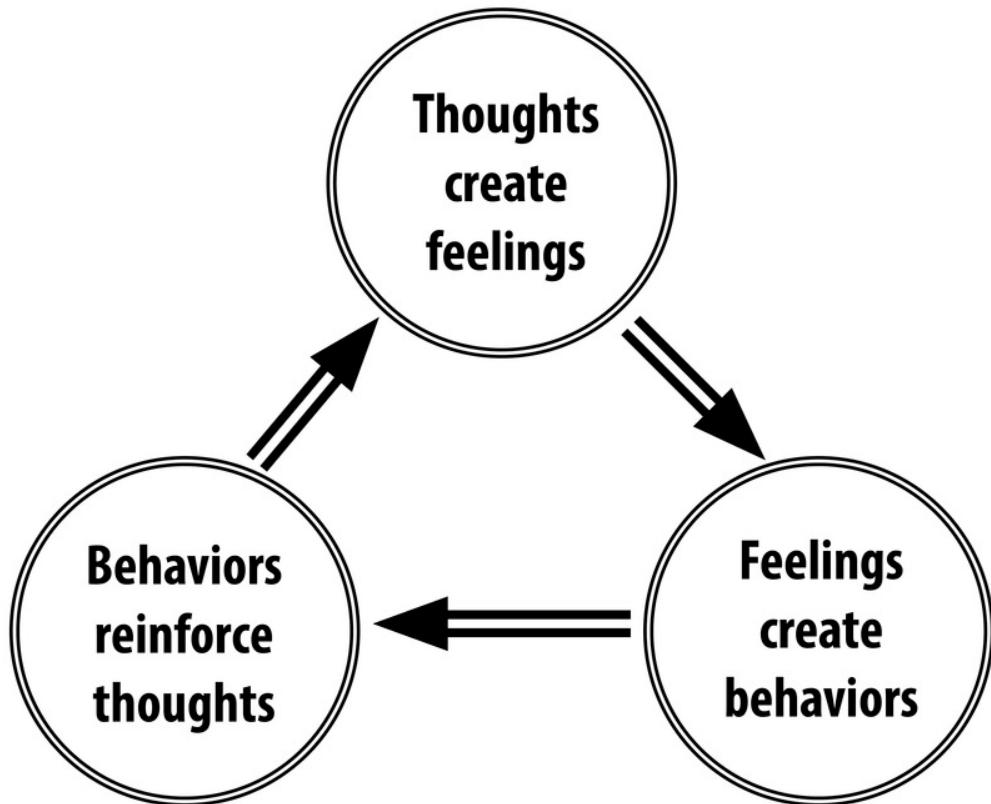
An important aspect of this relationship is the therapist's **unconditional positive regard** for patients' feelings and behaviors through the therapists' expression of warmth and empathy. This creates an environment free of approval or disapproval, where patients come to appreciate their value and to behave in ways that are congruent with their own identity.

Advantages and Disadvantages of Person-Centered Therapy

One key advantage of person-centered therapy is that it is highly acceptable to patients. In other words, people tend to find the supportive, flexible environment of this approach very rewarding. Furthermore, some of the themes of PCT translate well to other therapeutic approaches. For example, most therapists of any orientation find that clients respond well to being treated with nonjudgmental empathy. The main disadvantage to PCT is that findings about its effectiveness are mixed, possibly because the treatment is primarily based on *unspecific treatment factors* (e.g., establishing a good relationship with the patient) without considering *specific treatment factors* to directly target the mental problem (Cuijpers et al., 2012; Friedli, King, Lloyd, & Horder, 1997). Further research is necessary to evaluate its utility as a therapeutic approach.

Cognitive Behavioral Therapy

Cognitive-behavioral therapy (CBT) refers to a family of therapeutic approaches whose goal is to alleviate psychological symptoms by changing their underlying cognitions and behaviors. The premise of CBT is that thoughts, behaviors, and emotions interact and contribute to psychopathology. CBT is present-focused, based on behaviorally operationalized goals, and often involves between-session homework assignments. CBT is a relatively brief intervention of 12 to 16 weekly sessions, closely tailored to the nature of the psychopathology and treatment of mental disorders. CBT has been shown to be highly efficacious for virtually all psychiatric illnesses (Hofmann, Asnaani, Vonk, Sawyer, & Fang, 2012).



Pattern of thoughts, feelings, and behaviors addressed through cognitive-behavioral therapy.

History of Cognitive Behavioral Therapy

CBT developed from clinical work conducted in the mid-20th century by Dr. Aaron T. Beck, a psychiatrist, and Albert Ellis, a psychologist. Beck used the term **automatic thoughts** to refer to the thoughts that depressed patients reported experiencing spontaneously. He observed that these thoughts arose from three belief systems or **schemas**: beliefs about the self, beliefs about the world, and beliefs about the future. In treatment, Beck's cognitive therapy initially focuses on identifying automatic thoughts, testing their validity, and replacing maladaptive thoughts with more adaptive thoughts. In later stages of treatment, the patient's maladaptive schemas are examined and modified. Ellis (1957) took a comparable approach in what he called rational-emotive behavior therapy (and later rational-emotive-behavioral therapy), which also encouraged patients to evaluate their own thoughts about situations.

Techniques in CBT

Beck and Ellis strove to help patients identify maladaptive appraisals—those that were unhelpful or contributed to a mental health problem—and substitute more adaptive appraisals. This technique of **reappraisal, or cognitive restructuring**, became a fundamental aspect of CBT. Another important treatment target of CBT is the client's maladaptive behavior that maintains the psychopathology. In treatment, therapists and patients work together to develop healthy behavioral habits. For many mental health problems, especially anxiety disorders, CBT incorporates what is known as **exposure therapy**.

Pioneers of CBT

Dialectical behavior therapy (Lynch & Cuyper, 2012) and The central notion of CBT is the idea that a person's behavioral and emotional responses are causally influenced by one's thinking. The stoic Greek philosopher Epictetus is quoted as saying, "men are not moved by things, but by the view they take of them." Meaning, it is not the event per se, but rather one's assumptions (including interpretations and perceptions) of the event that are responsible for one's emotional response to it. Beck calls these assumptions about events and situations automatic thoughts (Beck, 1979), whereas Ellis (1962) refers to these assumptions as self-statements. The cognitive model assumes that these cognitive processes cause the emotional and behavioral responses to events or stimuli. This causal chain is illustrated in Ellis's ABC model, in which A stands for the antecedent event, B stands for belief, and C stands for consequence. During CBT, the person is encouraged to carefully observe the sequence of events and the response to them, and then explore the validity of the underlying beliefs through behavioral experiments and reasoning, much like a detective or scientist.

During exposure therapy, a patient confronts a problematic situation and remains fully engaged in the experience instead of avoiding it. The goal is to reduce fear associated with the situation through *extinction learning*, a neurobiological and cognitive process by which the patient "unlearns" the irrational fear. For example, exposure therapy for someone with social anxiety might involve giving formal presentations to a group of strangers. After repeated exposures, he or she will experience less physiological fear and maladaptive thoughts about public speaking, breaking the cycle of avoidance.

Advantages and Disadvantages of CBT

CBT interventions tend to be relatively brief, making them cost-effective for the average consumer. In addition, CBT is an intuitive treatment that makes logical sense to patients. It can be adapted to suit the needs of many different populations. One disadvantage is that CBT does involve significant effort on the patient's part because the patient is an active participant in treatment. Therapists often assign "homework" between sessions to maintain the cognitive and behavioral habits the patient is working on. The greatest strength of CBT is the abundance of empirical support for its effectiveness. Studies have consistently found CBT to be equally or more effective than other forms of treatment, including medication and other therapies (Butler, Chapman, Forman, & Beck, 2006; Hofmann et al., 2012). For this reason, CBT is considered a first-line treatment for many mental disorders.

Acceptance and Mindfulness-Based Approaches

Born out of age-old Buddhist and yoga practices, **mindfulness** is a process that reflects a nonjudgmental, yet attentive, mental state. When in this state, one is very aware of bodily sensations, thoughts, and the outside environment, and this awareness is accompanied by nonjudgmental acceptance (Kabat-Zinn, 2003; Baer, 2003). There are two important components of mindfulness: 1) self-regulation of attention and 2) orientation toward the present moment (Bishop et al., 2004). Mindfulness is thought to improve mental health because it draws attention away from past and future stressors, encourages acceptance of troubling thoughts and feelings, and promotes physical relaxation.

Techniques in Mindfulness-Based Therapy

Psychologists have adapted the practice of mindfulness as a form of psychotherapy, generally called **mindfulness-based therapy** (MBT). Several types of MBT have become popular in recent years, including *mindfulness-based stress reduction* (MBSR) (e.g., Kabat-Zinn, 1982) and *mindfulness-based cognitive therapy* (MBCT) (e.g., Segal, Williams, & Teasdale, 2002).

MBSR uses meditation, yoga, and attention to physical experiences to reduce stress. In MBCT, the focus of attention is on thoughts and their associated emotions. For example, MBCT helps prevent relapse in depression by encouraging patients to evaluate their own thoughts objectively and without value judgment (Baer, 2003). These treatments have been used to address a wide range of illnesses, including depression, anxiety, chronic pain, coronary artery disease, and fibromyalgia (Hofmann, Sawyer, Witt & Oh, 2010).

Mindfulness and acceptance figure prominently into some cognitive-behavioral therapies, particularly **dialectical behavior therapy (DBT)** (e.g., Linehan, Armstrong, Suarez, Allmon, & Heard, 1991). DBT is often used in the treatment of borderline personality disorder, and it is founded on the **dialectical worldview** of incorporating both acceptance and change in therapeutic progress. DBT therapists employ cognitive-behavioral techniques as well as mindfulness exercises.

Another form of treatment that also uses mindfulness techniques is **acceptance and commitment therapy** (ACT) (Hayes, Strosahl, & Wilson, 1999). This intervention is based on Skinnerian behaviorism. In this treatment, patients are taught to observe their thoughts from a detached perspective (Hayes et al., 1999). ACT encourages patients *not* to attempt changing or avoiding what thoughts and emotions they observe within themselves. However, the differences among ACT, CBT, and other mindfulness-based treatments are a topic of current controversy in the literature.

Advantages and Disadvantages of Mindfulness-Based Therapy

Two key advantages to mindfulness-based therapies are their acceptability and accessibility to patients. Because yoga and meditation are already widely known in popular culture, consumers of mental health care are interested in trying related psychological therapies. Currently, psychologists have not come to a consensus on the efficacy of MBT, although there is growing evidence to support that it is effective for treating mood and anxiety disorders. For example, one review of MBT studies for anxiety and depression

found that mindfulness-based interventions generally led to moderate symptom improvement (Hofmann et al., 2010).

Emerging Treatment Strategies

With growth in research and technology, psychologists have been able to develop new treatment strategies in recent years. Often, these approaches focus on enhancing existing treatments such as cognitive-behavioral therapies.

Internet- and mobile-delivered therapies make psychological treatments more available using smartphones and online technology. For example, clinician-supervised online CBT modules allow patients to access treatment from home on their own schedule. This is particularly important for patients with less geographic or socioeconomic access to traditional treatments. Smartphones help extend therapy to patients' daily lives by allowing for symptom tracking, homework reminders, and more frequent therapist contact.

Cognitive bias modification refers to exercises aimed at changing patients' problematic thought processes. For example, researchers might use a computer game to train alcohol abusers to avoid stimuli related to alcohol, or train socially anxious patients to interpret social stimuli positively. Strategies such as these aim to target patients' automatic and subconscious thoughts that may be difficult to change through conscious effort. Like Internet- and mobile-delivered therapies, these approaches are promising because of their ease of dissemination, but require further research to establish their effectiveness.

CBT-enhancing pharmaceutical agents are drugs that are used to improve the effects of therapeutic interventions. Based on research translating findings from animal experiments to humans, it has been shown that certain drugs that influence the biological processes known to be involved in learning can enhance the efficacy of some processes of psychotherapy. For example, the antibiotic d-cycloserine improves treatment for anxiety disorders by facilitating the learning processes that occur during exposure therapy. Ongoing research in this exciting area may prove to be quite fruitful.

Pharmacological Treatments

Psychiatric medications are frequently used as a treatment for mental disorders, including schizophrenia, bipolar disorder, depression, and anxiety disorders. Psychological drugs are commonly used, in part, because they can be prescribed by general practitioners, whereas only trained professionals are qualified to deliver effective psychotherapy. While drugs and CBT therapists tend to be almost equally effective, choosing the best intervention depends on the disorder and individual being treated, as well as other factors, such as treatment availability and **comorbidity** (i.e., having multiple mental or physical disorders at once). Although many new types of drugs have been introduced in recent decades, there is still much we do not understand about their mechanism in the brain. Further research efforts are needed to refine our understanding of both pharmacological and behavioral treatments.

Integrative and Eclectic Psychotherapy

In discussing therapeutic orientations, it is important to note that some clinicians incorporate techniques from more than one approach, often known as **integrative or eclectic psychotherapy**. Between 13% and 42% identified their own approach as integrative or eclectic (Norcross & Goldfried, 2005).

Conclusion

Several schools of thought have emerged for treating mental health problems. Cognitive behavioral therapy is the treatment with the most empirical support. Other popular, but less supported approaches, include psychodynamic therapies, person-centered therapy, mindfulness-based treatments, and acceptance and commitment therapy. Recent advances in research and technology are allowing clinicians to treat more patients more effectively than ever before.

Discussion Questions

1. Psychoanalytic theory is no longer the dominant therapeutic approach, because it lacks empirical support. Yet many consumers continue to seek psychoanalytic or psychodynamic treatments. Do you think psychoanalysis still has a place in mental health treatment? If so, why?
2. What might be some advantages and disadvantages of technological advances in psychological treatment? What will psychotherapy look like 100 years from now?
3. Some people have argued that all therapies are about equally effective, and that they all affect change through common factors such as the involvement of a supportive therapist. Does this claim sound reasonable to you? Why or why not?
4. When choosing a psychological treatment for a specific patient, what factors besides the treatment's demonstrated efficacy should be taken into account?

Vocabulary

Acceptance and commitment therapy

A therapeutic approach designed to foster nonjudgmental observation of one's own mental processes.

Automatic thoughts

Thoughts that occur spontaneously; often used to describe problematic thoughts that maintain mental disorders.

Cognitive bias modification

Using exercises (e.g., computer games) to change problematic thinking habits.

Cognitive-behavioral therapy (CBT)

A family of approaches with the goal of changing the thoughts and behaviors that influence psychopathology.

Comorbidity

Describes a state of having more than one psychological or physical disorder at a given time.

Dialectical behavior therapy (DBT)

A treatment often used for borderline personality disorder that incorporates both cognitive-behavioral and mindfulness elements.

Dialectical worldview

A perspective in DBT that emphasizes the joint importance of change and acceptance.

Exposure therapy

A form of intervention in which the patient engages with a problematic (usually feared) situation without avoidance or escape.

Free association

In psychodynamic therapy, a process in which the patient reports all thoughts that come to mind without censorship, and these thoughts are interpreted by the therapist.

Integrative or eclectic psychotherapy

Also called integrative psychotherapy, this term refers to approaches combining multiple orientations (e.g., CBT with psychoanalytic elements).

Mindfulness

A process that reflects a nonjudgmental, yet attentive, mental state.

Mindfulness-based therapy

A form of psychotherapy grounded in mindfulness theory and practice, often involving meditation, yoga, body scan, and other features of mindfulness exercises.

Person-centered therapy

A therapeutic approach focused on creating a supportive environment for self-discovery.

Psychoanalytic therapy

Sigmund Freud's therapeutic approach focusing on resolving unconscious conflicts.

Psychodynamic therapy

Treatment applying psychoanalytic principles in a briefer, more individualized format.

Reappraisal, or Cognitive restructuring

The process of identifying, evaluating, and changing maladaptive thoughts in psychotherapy.

Schema

A mental representation or set of beliefs about something.

Unconditional positive regard

In person-centered therapy, an attitude of warmth, empathy and acceptance adopted by the therapist in order to foster feelings of inherent worth in the patient.

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