Individual therapies

There are three very similar learning outcomes in the IB psychology curriculum that can really be taught as one. The first learning outcome is *Examine biomedical, individual and group approaches to treatment*. The second learning is exactly the same, except that it says "to the treatment of one disorder." The exam cannot specify which disorder, but it should be either an affective, anxiety or eating disorder.

The third learning outcome asks you to *discuss the relationship between etiology and therapeutic approach in relation to one disorder*. This asks you to look at why we think that the therapy may work and what assumptions are made about the disorder when adopting different approaches to therapy. When looking at this question it is important to consider more than one level of analysis, or even the benefit of an eclectic approach to treatment.

**CBT: Rational emotive therapy**

Cognitive behavioural therapy (CBT) is a brief form of psychotherapy used in the treatment of adults and children with depression. CBT is not focused on how clients' life history has contributed to their current depression, but focuses on the way that individuals process information in the here and now - and how that affects their behaviour. CBT is also different from Freudian psychoanalysis because the goal is for the treatment to last from between 12 to 20 weekly sessions, often including "homework" which is designed to help clients practice coping strategies and monitor their own behaviour.

CBT is based on theories by cognitive psychologists like Aaron Beck and Albert Ellis. To get a sense of Ellis's Rational Emotive Therapy, you can watch this classic film where he works with a client named Gloria.
The primary aim of CBT is to identify and correct faulty cognitions and unhealthy behaviours. The client is encouraged to find out which thoughts are associated with depressed feelings, and to correct them – this is called **cognitive restructuring**. This is based on the assumption that people’s interpretations and inferences about the things that happen to them affect their thinking and behaviour. For example, people suffering from depression can be seen as focusing too much on their failures. The therapist will try to refocus the client’s attention on what he or she does well and to take note of daily successes.

Ellis uses a confrontational approach in which he challenges the "beliefs" that an individual has which influence their behaviour. You can see that clearly in the video above. Ellis has the client engage in **rational-emotive imagery**. In this technique he helps the client to role play situations which cause them anxiety. He asks the client to feel the emotions that they experience in such situations and imagine how they will behave in the self-defeating ways they anticipate. Then he asks them to imagine disputing and replacing those self-defeating beliefs, using the rational alternatives that they have practiced in therapy. The goal is for the client to feel the negative emotion reducing to a level they can handle, and visualize themselves acting appropriately.

Another technique used by Ellis is called **shame attacking exercises**. Ellis argues that shame is an emotional reaction that keeps us from achieving mastery, gaining pleasure and satisfaction, acting assertively, sharing intimacy, and, in general, living fully. It is what limits our risk taking and then results in feelings of low self-esteem and worthlessness. He argues that shame is a "self-rating statement" or schema, through which we perceive our self and our relationship with others. The technique asks clients to take risks which are non-threatening. By allowing oneself to take risks and realize that the outcome is not harmful, this should help to reduce the feelings of shame that influence the client’s day to day behaviour. Some shame attacking ideas that he used include: tell a waiter that you like what he is wearing; wear clothing that does not match; sing a song on the metro on the way to work.
CBT: Cognitive restructuring

Aaron Beck is considered the father of cognitive therapy. Watch the video below to see how he describes his own therapy technique.

Beck's therapy has the goal of changing "automatic thoughts." The goal of cognitive restructuring is to identify and dispute irrational or maladaptive thoughts known as cognitive distortions, such as all-or-nothing thinking, over-generalization, magnification and arbitrary inferences. Cognitive Restructuring (CR) employs many strategies:

- **Validity testing:** The therapist asks the client to defend his or her thoughts and beliefs by giving concrete evidence to support that these beliefs are rooted in experience. If the patient cannot produce objective evidence supporting his or her assumptions the faulty nature of these beliefs is exposed.
- **Cognitive rehearsal:** The client is asked to imagine a difficult situation he or she has encountered in the past, and then works with the therapist to practice how to successfully cope with the problem. The goal is that the client would be able to transfer cognitive rehearsal to coping with the real situation when it occurs again in the future.
- **Homework:** In order to encourage self-discovery and reinforce insights made in therapy, the therapist may ask the patient to do homework assignments. These may include journaling, review of an audiotape of the therapy session or reading articles appropriate to the therapy. It is also common to have the client monitor his/her own behaviour. This could include writing down every day one thing you did today that made you feel good.

Evaluation of individualized approaches

Beck and Ellis's therapy is very similar, with Ellis's therapy being more focused on the role of emotion. His therapy is also more confrontational and instructional in nature, whereas Beck helps to guide the client to self-discovery of their own faulty
thinking. But in both cases, it is up to the therapist to identify the faulty thinking patterns and then help the client to change the way they are processing information. This is called **directive therapy** as the therapist is the one deciding what to work on.

There are several other types of individualized therapy. These include Freudian and Jungian psychoanalysis, Gestalt therapy, Reality therapy, feminist therapy, behavioural therapy and Rogerian humanistic therapy. Carl Rogers' therapy is an example of **non-directive therapy**, where the client determines on their own what their problems are and how they should be resolved. The role of the therapist is simply to demonstrate empathy and to help the client "hear" his own thoughts through a process called reflective listening.

If you would like to see an example of non-directive therapy, here is a good example.

**Role Play: Person Centred Therapy**

So, when discussing the strengths and limitations of individualized approaches, there are two ways that we can address the question. First, there are the overall evaluation of the approach - that is, having one-on-one therapy with a psychologist. The second approach is to look at specific individualized therapies. Here I have outlined two forms of CBT, but you may choose to look at one of the other therapies above. I have attached a summary of strengths and limitations of the specific therapies below.

**Strengths**

- CBT clients have lower relapse rates than those treated by drug therapy. Rush et al (1977) suggests that the higher relapse rate for those treated with drugs is because patients in a cognitive therapy program learn skills to cope with depression that the patients given drugs do not.

- Individualized therapy can focus on the specific thinking patterns or concerns of the client. It is not a "generic treatment" like drug therapy. The client receives attention and support which results in a supportive relationship that is often absent in drug therapy.
Limitations

- **Elkin et al (1989)** found that there was no difference in the effectiveness of CBT and drug treatment. 50% improved in each condition, while 29% improved with only a placebo.
- Nemeroff et al. (2003) found that CBT in combination with drugs was the most effective in cases of chronic depression in people suffering from traumatic childhood experiences. It can sometimes be the case that the symptomology of the disorder is so strong that it negatively affects the ability to carry out therapy.
- CBT does not address the past experience of the client nor does it address the potential biological nature of the disorder. Thus, CBT may be focusing more on current symptoms than on the causes of the disorder.
- There are some ethical concerns about the use of individualized therapies. In directive therapies, the therapist is making judgments about the "rationality" of the clients thinking.
- There are some concerns that much individualized therapy is based on individualistic culture and not collectivistic. Research needs to be done to determine the extent of cross-cultural application of the therapy.

Summary of strengths and limitations of different individual therapies.

Effectiveness studies

As with drug therapies, it is difficult to determine just how effective individualized therapies are. Bennun & Schindler (1988) carried out a study and found that the most important factor in therapy is the relationship between the client and the therapist, regardless of the techniques used. Eysenck (1952) argued that it is not possible to know whether therapy has any effect on one's recovery. He argued that one may recover due to spontaneous remission - that is, that the disorder went away in the same way that we eventually recover from a cold. This is why it is important to do research comparing therapies by carrying out longitudinal studies with placebo control groups and double blind assessment. But effectiveness is difficult to evaluate for several reasons:

- Not all depression is the same. The extent of the depression may be from mild to severe. Different types of depression may also have different causes.
- There are complicating factors such as other mental health issues (comorbidity), physical issues or environmental factors - for example, domestic violence, stressful work environments, financial issues.
- Since therapy may last for several months, a client may experience many other variables during the time of the therapy. This could include positive experiences with colleagues, a change in financial status or falling in love. It is difficult to separate out these positive experiences from the actual therapeutic techniques.

Many psychologists argue that outcome based studies - that is, studies which test for effectiveness of the therapy by seeing how many patients are eventually symptom free - are inappropriate and that process based research is better suited to studying the effects of treatment. Process based research looks at changes in the behaviour of the patient over time, recognizing that there are many variables that may affect the mental health of a patient.
Checking for understanding

1. According to Beck and Ellis, what is the key reason that an individual would experience depression?

CBT is based on cognitive psychology's theory of information processing. They way that we perceive the world around us and process information results in our behaviour. Both theorists argue that it is irrational thinking about ourselves and others, as well as core beliefs about ourselves that influence our behaviour. Depression is based on the cognitive triad: negative beliefs about oneself; negative beliefs about the world; negative beliefs about the future. The goal of CBT is to help the client change these automatic beliefs.

2. According to Ellis, what role does shame play in one's mental health?

Shame limits our ability to take risks which may result in living fully. He argues that this leads to feelings of isolation, low self-esteem and worthlessness. These are characteristics of clients who suffer from depression as well as other disorders.

3. What is meant by Beck's concept of "automatic thoughts?"

Automatic thoughts are essentially schema that are triggered by an event. So, when you are in a classroom and the teacher announces that we are going to do oral presentations next week, your first thought is "I am not able to speak in public. People will all make fun of me." He argued that automatic thoughts reveal an individual's core beliefs about him or herself.

4. What does research say about relapse rates with CBT?

Research seems to indicate that relapse rates are lower than with drug treatment alone. Teasdale has argued that this is because it teaches clients how to solve their own problems by making them meta-cognitive - that is, teaching them to think about their thinking. Relapse rates appear to be the lowest for clients that have both drug treatment and CBT.

5. What is the key difference between an outcome study and a process-based study?

An outcome study simply measures if the therapy "worked" or not. This is difficult because who should decide this? The therapist? That is a problem of research bias. The client? There may be many reasons why the client may say it did or didn't work. Outcome based studies ignore the highly individualized nature of therapy. Process-based studies look at individual clients and how much they improve throughout the process of therapy, recognizing the role of other variables that are beyond the control of the psychologist. These studies, however, are often case studies and thus it is more difficult to draw conclusions about effectiveness.

6. What is the ethical concerns about CBT?

There are actually several ethical concerns about individualized therapy. One is that the therapy is directive - that is, a therapist decides which thoughts that a client has are "irrational." This may be seen as having too much power in the relationship. Ellis is often criticized for the confrontational nature of his therapy. Freudian therapy is often criticized for leading to false memory syndrome as memories of childhood abuse or trauma that were supposedly repressed are recalled because of prompting from the therapist. Finally, in all individualized
therapy it is important that the therapist keeps the relationship "professional" and does not get too become emotionally involved with the client. One of the criticisms of individualized therapy is that the client may become too dependent on the therapist.

7. What is Eysenck's theory of "spontaneous remission?" How can we disprove this theory?

Eysenck argues that we cannot know if therapy works because a disorder may go away "all on its own". We can disprove this by carrying out studies that compare treatments and placebos. Elkin’s study is one example. Eysenck could argue that we still cannot 100% disprove his theory, but the fact that we continue to get similar results when comparing therapies is support for the argument that he is wrong.

8. With regard to CBT why is it important to understand the relationship between etiology and the therapeutic approach? (the third of the three learning outcomes for this lesson)

CBT is based on the theories of Beck and other cognitive theorists that schema play a key role in the nature of depression. If you review the Cognitive origins of depression you will see that we cannot know if depression leads to irrational thinking patterns or if irrational thinking patterns lead to depression. This being the case, it is possible that CBT is only treating the symptoms of the disorder, rather than the cause.