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What is psychotherapy today? Overview of psychotherapeutic concepts

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Abstract

Psychotherapy is a method of treatment that uses a variety of skills based on theoretical knowledge to help the patient, his well-being and mental health. Medicine and psychotherapy can complement each other effectively. The selection of the most effective treatment method for a particular case is possible by familiarizing yourself with the basic psychotherapeutic trends. The following psychotherapeutic concepts are discussed in the paper: psychoanalytical behavioral - cognitive and humanistic.

Key words: psychotherapy; psychotherapeutic concepts.

Psychotherapy is called a method of treatment that uses a variety of skills based on theoretical knowledge to help the patient. Psychotherapy is a method of treating mental disorders for over 100 years. Psychotherapy schools offer future psychotherapists to train within specific therapeutic trends, the number and type of which change with the experience and development of research in in this respect.

The modern pace of life in many cases excludes many years of psychiatric therapy involving several meetings per week. The need to adapt the method of therapy to the current possibilities causes a gradual disappearance of one direction and the appearance and development of others. The selection of the most effective treatment method for a particular case is possible by familiarizing yourself with the basic psychotherapeutic fields. It is worth remembering that the basis for effective therapy is the correct diagnosis of the problem, which is sometimes not simple and requires time.

Studies on the results of psychotherapy have shown that psychotherapy is effective (Lambert, Bergin 1992). Patients undergoing psychotherapy receive symptomatic improvement. Similar effects of treatment can be obtained by various methods of psychotherapy in an outpatient department or in a hospital ward.

The schools in question are:

- Psychoanalytic concept
- Behavioral and cognitive concept
- Humanistic concept

These majors are the most widespread and are the subject of scientific research. Over the course of development, new schools of psychotherapy have appeared, its clinical application has changed, thousands of scientific studies have been conducted on the effectiveness and process of psychotherapy. These studies have not resolved the dispute about the change that can be achieved in psychotherapy responsible for the recovery of patients. Different schools of psychotherapy tend to achieve different changes in the patient - the disappearance of symptoms.

The definition of psychotherapy varies:

➤ Cf. Prochaska 1994:

- Form of interpersonal persuasion
- Psychosocial education
- Behavioral technology
- Type of leadership in terms of self-change

➤ Norcross 1990

- Psychotherapy is the conscious and intended use of clinical and interpersonal methods of treatment, derived from the proven statements of psychological sciences, to accompany people in the modification of their behavior, cognitive properties, emotions and / or other individual characteristics on those that seem desirable to participants in this process.

➤ Urban and Ford 1990

- Psychotherapy remains a well-thought-out, and planned in this respect, way of intervening in a person's behavioral circumstances in order to correct or modify their attitude towards a particular type of difficulty

➤ Aleksandrowicz 1994

- He cites various definitions, according to his own definition proposes understanding psychotherapy as a kind of psychological interactions aimed at treatment - removing disorders, experienced by the individual or defined by his environment as a disease. Impacts affecting the functional state of organs, survival and behavior, by changing the patient's mental processes in those areas where it is necessary to remove the cause and symptoms of the disease being treated

➤ Orlinsky 1989

- An activity developed by a secular, rational, technical and scientific culture, consisting in providing counseling, giving individuals and groups a sense of relief and comfort in situations of extreme stress. The 20th century is a time of social transformation that has a huge impact on the personal life of individuals

➤ Greenberg 1991

- The most important task is to learn how psychotherapy works, not to try to confirm various assumptions that recognize that individual psychotherapeutic dogmas or therapeutic approaches are more correct than other dogmas or psychotherapeutic schools
- A change in the process of psychotherapy cannot be described by the general rules of behavior change

➤ Kiesler 1986 and Stiles 1986

- Understanding the essence of psychotherapy is to understand how each psychotherapeutic meeting affects or does not affect the patient. The primary task of a psychotherapist is to understand what happens to the patient as a result of his psychotherapeutic interventions as a tool that evokes specific and desirable reactions.

Primary psychotherapeutic schools differ in the goals of psychotherapy, i.e. the types of expected changes needed for symptomatic improvement. These differences are visible in therapeutic procedures.

Concept psychoanalytic

It originates in psychoanalysis formulated by Sigmund Freud and refers mainly to the elements of unconsciousness, the patient's past and possible personality disorders. The primary goal of psychoanalytical psychotherapy is to change the individual's psychological properties. Mood improvement, resolution of symptoms and a change in the functioning of the individual can only occur if the following changes are achieved in psychotherapy:

- Freeing repressed feelings
- Awareness of real needs, desires, fantasies
- Acquiring the ability to distinguish fantasy from reality

These are changes that occur in the internal structures of the patient's personality.

The psychoanalytical approach focuses on the individual's individual experience in reference to his past and present experience. Reception and interpretation based on free associations helps in understanding ourselves and finding the source of the ailment.

Psychoanalytical therapy is a long-term process in which regularity and compliance with specific rules and conditions in which it is performed play an important role. Usually the patient takes a seat in the armchair or couch, while the therapist is behind his back to avoid eye contact, which may be free to describe experiences and emotions.

- ✓ Horney 1987 believed: an important factor in the genesis of neurosis is unused experience (the child imagines the world as something threatening). The result is a basic fear, expressed in a sense of internal weakness and helplessness towards the world that is perceived as a hostile world. The defense against fear is developing neurotic tendencies in man. Psychotherapy involves learning about the functions of these tendencies and their impact on the personality and life of the individual. The weakening of neurotic tendencies over the individual allows you to reduce the patient's anxiety and improve the relationship not only to oneself, but also to others, a way of dealing without neurotic tendencies.
- ✓ Fairbairn 1952 emphasizes that libido cannot be understood as a pleasure-seeking object. What determines human behavior are internalized objects and relationships with objects. Psychotherapy more focused on relationships than on impulses, it is important to replace the "bad object" with the "good" one. Most often this takes place in a therapeutic relationship, providing corrective emotional experiences, which are the main carrier of change in psychotherapy.
- ✓ Kohut 1971.1977 - ego psychology. The motives are the need for "I" consistency and a sense of "I". Behavioral disorders are a consequence of 'I' defects and a lack of 'I' consistency. It is also important to understand the patient and his sense of being understood. In 1984 Kohut believed that the basic mechanism of therapeutic change in psychoanalysis was the process of internalization causing changes. The therapist helps in building new mental structures.

- ✓ Short-term forms of psychodynamic therapy: cf. Luborsky 1984, Luborsky and Crist-Cristoph 1990, Sifneos 1973.1992, Strupp and Binder 1984
 - Limitations of therapy sessions 12-50
 - Focus in therapeutic work on the basic interpersonal problem of the patient
 - Therapeutic alliance for the process of change and planning the course of psychotherapy tailored to the needs of patients. There may be various goals: strengthening the ego, discovering unconscious impulses, changing the external conditions in which the patient lives.

- ✓ Sampson and Weiss 1986 believe that the individual, acting unconsciously, not only looks for direct gratifications, but his behavior may be subject to other unconscious motives (attitudes, personality traits, beliefs arising as a result of childhood injuries accompanied by anxiety, guilt - pathogenic relationships with parents) . The patient unknowingly wants to deal with his problem, tries to change pathogenic beliefs. The patient checks whether the therapist shares his beliefs and how he reacts to them. He can express his beliefs and expectations explicitly and clearly. Research results show that the lack of confirmation of pathogenic beliefs in the process of psychotherapy significantly correlates with a direct reduction of the patient's anxiety, an increase in the sense of relaxation and insight (cf. Silberschatz 1986, Cantor 1990).

- ✓ Pawlik 1981 draws attention to the need to analyze current phenomena and processes occurring in the patient's life, not only in early childhood. Release from the past, but also a way to a new look at yourself, relationships with other people, developing mature and satisfying ways of solving problems

Nowadays, psychoanalytical psychotherapy is understood as a process of change, unconscious impulses and resolution of unconscious emotional conflicts.

- ✓ Summing up the contemporary transformations of psychoanalysis, Eagle and Wolitzky write that they rely on:
 - Moving away from focusing on the instincts' desires and conflicts arising from these desires and paying more attention to the development of a sense of self and object relationship
 - Preferring an understanding of human behavior in terms of defects and deficits; and not in terms of conflict
 - Attaching more importance to the therapeutic relationship in therapy than interpretation and gaining insight
 - A change in the understanding of transference and countertransference, emphasizing that their quality depends on the real relationship between the patient and the therapist

Ways to achieve changes in psychoanalytical psychotherapy:

The most important assumptions of psychotherapeutic schools and the methods presented in them draw attention to the therapeutic techniques and contents that therapists deal with in the course of the psychotherapeutic process (Prochaska and Norcross 1994).

Psychotherapeutic techniques:

- ❖ Free associations - the technique is about revealing instinctive needs and desires
- ❖ Clarifications and confrontations - a technique that allows the patient to become aware of his experiences currently experienced in psychoanalysis
- ❖ Interpretations - a technique that helps the patient become aware of what was unconscious in him
- ❖ Overworking - the content of the interpretation, as well as the release of unconscious feelings and desires arouses a sense of danger and intensifies the operation of the patient's defense mechanisms and transient feelings

Subject of psychotherapeutic work:

- ❖ The basic content on which psychoanalysts focus is internal psychic conflicts, anxiety when they occur, and defense mechanisms.
- ❖ The content of psychoanalytical sessions largely depends on the individual experience of each patient. Their main goal is to discover unconscious conflicts, reduce anxiety associated with them, as well as transform immature defenses into more adaptive ones.
- ❖ The confrontation of the patient's fantasies with reality - takes place during the analysis of transference and as a confrontation of the differences between the patient's experiences and their relationships with people who had meaning in childhood and the experiences in current adult relationships with others

Psychoanalytical psychotherapy - is a method of treating mental problems, derived from psychoanalysis and based on the same theoretical assumptions as the concept created by Sigmund Freud. Psychoanalytical psychotherapy differs from psychoanalysis in practice in the patient's sitting position (in psychoanalysis the patient lies on the couch) and usually with a lower frequency of sessions per week: 2-3 sessions (in psychoanalysis it is 4-5 sessions per week). An important assumption in psychoanalytical psychotherapy is the existence of the unconscious (unconscious conflicts, thoughts, feelings or mechanisms) and the analysis of the so-called transference, i.e. the relationship between the therapist and the patient, which is to lead to understanding and overcoming interpersonal and "intra-psychological" problems of the patient. An important part of psychoanalytical work is reaching out to childhood and the patient's early relationships with important people (mainly parents, siblings), which allows a deeper understanding of contemporary difficulties and put them in a wider context. The basic idea of psychoanalytical psychotherapy is to study the functioning of your own mind and gradually deepen your understanding of yourself. This therapy does not give ready-made answers or solutions, but helps to come to those solutions by understanding the essence of difficulties that block human development. Psychoanalytical psychotherapy is a therapy for people interested in themselves and motivated to long-term, deep work on themselves. which allows us to understand contemporary difficulties more deeply and place them in a broader context. The basic idea of psychoanalytical psychotherapy is to study the functioning of your own mind and gradually deepen your understanding of yourself. This therapy does not give

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Cognitive-behavioral psychotherapy

Psychotherapy deals with the treatment of disorders by psychological methods. It is the use of any method that has a soothing or curative effect on any mental, emotional or behavioral disorder. This is a specialized method of treatment, involving the intentional use of programmed psychological interactions, using the theoretical knowledge and skills of a psychotherapist (usually a clinical psychologist or psychiatrist) in the process of providing help - mainly to people with neurotic disorders, personality disorders and psychosomatic disorders.

Cognitive therapy (psychotherapy) is derived from the cognitive model of mental disorders. It assumes that a common feature of many emotional problems - as well as mental disorders such as depression, anxiety disorders, eating disorders - is the occurrence of characteristic elements: automatic thoughts, cognitive distortions that mediate the perception of specific emotions and affect behavior.

According to Keith Dobson and David Dozois, three basic assumptions of cognitive therapy can be mentioned:

1. Cognitive activity affects behavior.
2. Content and cognitive processes can be monitored and changed.
3. Behavioral and emotional change can be triggered by cognitive change.

Similarly, the basic assumption of the theory of cognitive therapy is expressed by Clarck and Steer:

1. The individual actively constructs his own reality. Perception, learning, knowledge are products of an information processing system that actively selects, filters and interprets stimuli from the environment. As a result of this process, the individual actively gives meaning to stimuli.
2. Cognitive activity (processes, content and cognitive structures) affects emotions and behavior.
3. Cognitive activity is available for operationalization and empirical study.
4. Cognitive change occupies a central place in the process of changing the functioning of an individual.

Behavioral therapy (psychotherapy) is based on the concept and learning processes. According to this model, an individual learns non-adaptive behavior based on his own experiences and observations. Behaviors, including non-adaptive ones, are a derivative of mutual interactions between reinforcements and specific reactions to specific stimulus situations. Learning processes and their rules can be used to modify or eliminate unwanted behavior. What is important here is not only the occurrence of undesirable behaviors, but also the deficit in the area of desirable behaviors.

Behavioral therapists have developed techniques and procedures used to change unwanted behaviors and learn desired behaviors. The main methods of therapy are extinguishing and / or inhibiting dysfunctional behaviors using positive and negative reinforcements in accordance with classical or instrumental conditioning models, as well as modeling desired behaviors, assuming the process of learning by observation. Testing and acquiring new behaviors usually takes place in the real life of the patient, but in the case of specific disorders also through exposure in the imagination. The behavioral therapist is interested not in the reason for the patient's behavior, why he is behaving in this way, but why? Understanding this is, for example, the behavioral analysis method. Behavioral approach formulates several postulates. The most important are the precise definition of therapeutic interaction methods and the possibility of their repetition in other conditions. The therapy derives from the theory and scientific findings, the result of the therapy must be assessed in terms of the initial change, generalization of this change and the persistence of the change over time.

Cognitive-behavioral psychotherapy is one of the most effective and best researched methods of therapeutic management. It was developed in the 1960s by the American psychiatrist Aaron Beck. The main assumption of this form of therapy is the belief that human thoughts, emotions and behaviors influence each other, creating behavioral patterns that are not always appropriate. Man experiencing life, under the influence of emotions, consolidates certain specific behaviors of others, translating them into their own lives and it is difficult for

them then to go beyond these established internal frames. Therapy is needed when established behaviors or beliefs are not objective and tend to be inappropriate. The problem with disorders of perception of the world becomes the subject of therapeutic treatment. Cognitive-behavioral psychotherapy allows to detect these distorted interpretations of reality and replace them with appropriate ones. It belongs to short-term therapies. Its high effectiveness has been confirmed many times by clinical tests.

Cognitive-behavioral psychotherapy has its justification in the common theoretical basis of both concepts: the assumption that learning processes determine behavior (behavioral therapy), acquisition and consolidation of beliefs and the way of seeing the world (cognitive therapy). The image of contemporary behavioral-cognitive therapy was most strongly influenced by theoretical assumptions and results of research on cognitive sciences, especially cognitive psychology, as well as the development of knowledge about psychophysiological and neuropsychological mechanisms of the formation and treatment of mental disorders. In practice, cognitive psychotherapy is used together with methods derived from the behavioral model.

Cognitive-behavioral therapy is a definition of many forms of therapy whose theoretical basis for understanding psychopathology are cognitive psychology and learning theories, and the important goal is empirical verification of assumptions and effectiveness of interactions. This trend includes both more cognitive methods of interaction (eg 'classical' cognitive therapy by Aaron T. Beck), more behavioral methods (eg treatment of simple phobias using the method of one Lars-Goran Ost session), as well as behavioral-cognitive methods (eg prolonged exposure and emotional transformation Edna Foa).

Main assumptions:

- The behavioral-cognitive approach deals with rationality, thinking processes and problem solving. It focuses on assessments, attribution, belief systems and expectations, and on the impact of these cognitive processes on emotions and behavior.
- It is directive, instructing and uses verbal techniques (in contrast to, for example, Gestalt therapy).
- The main assumption of cognitive-behavioral theory is: by changing the mindset of an individual, one can change their value system, which in turn causes a change in behavior.

As part of the behavioral-cognitive approach, the most commonly used are:

1. Albert Ellis rational and emotive therapy
 2. Aaron Beck cognitive therapy
- Aaron Beck cognitive therapy

This therapy focuses on systematic reasoning errors that underlie psychological problems.

Beck introduced three main components of emotional disorders:

1. Automatic negative thoughts that disturb the mood of the individual and cause the appearance of subsequent such thoughts, which gives the effect of a falling spiral of thoughts-feelings

2. Distorting reality based on systematic logic errors such as:
 - Arbitrary inference - drawing conclusions from incomplete, false or irrelevant premises
 - Excessive generalization - based on a single negative event, anticipating further such events;
 - Selective abstraction - focusing on some aspects of the situation and ignoring others:
 - Exaggerating or diminishing - focusing on the worst in a given situation, or vice versa: refusing to recognize the importance of the facts:
 - Personalization - referring external circumstances to yourself when there are no grounds for it:
 - Dichotomous thinking - reasoning in terms of "all or nothing":
3. Depression schemes in which the assumptions of the individual about the world reflect his way of organizing previous experiences and create a system for classifying incoming information

Three main phases of behavioral cognitive therapy:

- Disclosure of thoughts, internal dialogue and their interpretations made by the client / patient
- Collecting arguments for or against its interpretations with the client / patient (because the patient has a tendency to so-called dichotomous thinking):
- Designing experiments (to be carried out as part of homework) that will check the accuracy of client / patient interpretation and provide the basis for further discussion.

Behavioral-cognitive psychotherapy is an active therapy in which the therapist cooperates with the client / patient, focusing on "here and now". It is based on verbal contact, during each session a schedule is set, structured time for therapy, periodically summarizes the process. The psychotherapist recommends homework, asks for a summary of the session, emphasizes the need for warmth, empathy and authenticity in implementation, and emphasizes the importance of relationships, cooperation and mutual understanding.

Humanistic psychotherapy

Humanistic psychotherapy is a term for human-centered psychotherapy in holistic terms. His feelings, experiences and self-perception are crucial. As part of humanistic psychotherapy, the patient directs his gaze inward, strives for self-acceptance and better understanding of himself. Gestalt psychotherapy or Rogers psychotherapy are based on the assumptions of humanistic psychotherapy.

Main assumptions:

At the center of humanistic psychotherapy lies humanistic thought, i.e. patient-oriented and emphasizing his autonomy. Therefore, the therapy itself is to build a sense of freedom, understanding and security. The psychotherapist's task is to openly talk to the patient without assessing or imposing specific ways of acting. A person who visits a specialist using

humanistic techniques has a chance to analyze their thoughts and feelings, better understand their sources and work on issues related to self-esteem.

Based on humanistic psychology, many therapeutic trends have arisen, including Virginia Satir family therapy, Rogers' psychotherapy, humanistic and existential psychotherapy or Gestalt psychotherapy. Depending on the specific approach, humanistic psychotherapy can, therefore, be used in individual therapies focusing on the individual, but also in working on achieving a better understanding of others in the group.

Indications:

Humanistic psychotherapy allows you to create a specific relationship between the patient (or client) and the therapist. The center of gravity is shifted to the patient and his individual development process, the leader should accompany this process and play the role of an understanding mentor. Reducing the therapeutic distance can help you learn about yourself and give you a sense of security. Such conditions may be favorable for people who work on self-acceptance or want to develop internally.

Humanistic psychotherapy can also be used for patients with psychosomatic symptoms, obsessive-compulsive disorder, emotional problems, phobias or depression.

Nowadays, in the case of more serious mental disorders, other therapeutic approaches are more commonly used, including cognitive-behavioral psychotherapy or psychodynamic psychotherapy. Many psychotherapists work in these trends, and the effectiveness of treatment with these methods is noticeable, among others. in the case of neuroses, anxiety, personality disorders or depression. Despite this, it is often assumed that the effectiveness of various psychotherapeutic approaches is similar.

The course of humanistic psychotherapy:

The process of self-development, learning or treatment that accompanies humanistic psychotherapy also depends on several factors. One of them is the specific humanistic trend on which a specialist is based (e.g. Gestalt, existential psychotherapy). The method of forming communication with the patient depends on the therapist's approach. The first stage in creating this relationship is psychotherapeutic consultation - it can even be several sessions during which both parties have the opportunity to meet. If the form of meetings suits the patient, he or she may decide to discuss the conditions of psychotherapeutic contact.

During proper psychotherapy, the issues and problems discussed depend on the individual needs of the patient. The therapy is based on dialogue, building trust and a specific therapeutic relationship. The key is to focus on a given moment - it is an experience that allows you not only to explore yourself, but to conduct an open and authentic dialogue with the therapist. The gradual opening up at subsequent meetings is not intended to force the patient to adapt to the outside world, but to facilitate his internal evolution and alleviate the symptoms that bother him.

Humanistic psychotherapy belongs to the group of long-term therapies. This means that it requires constant work, and you have to wait for the results to be achieved.

Therapists embedded in the humanistic current pay attention to typical human factors, such as: ambition, free will, creativity, desire for personal development, sense of meaning in life or autonomy, and not only to unconscious drives or behavior dependent on punishments

and rewards. What is the meaning of humanistic psychotherapy, what therapeutic methods does it use and what is it used for?

Psychotherapy according to Carl Rogers

The original concept of Carl Rogers crystallized in 1937-1941. According to Rogers, the individual has self-directing abilities that emerge through therapy. The therapist should only help and support the client in understanding himself, self-acceptance and positive change of behavior. Humanistic psychotherapy is non-directive and focuses on the person, their current condition, the present, or "here and now", and not on past or childhood traumas as in the psychoanalytical approach. The psychotherapist accompanies the client in his individual work on the development of personal potential and in the process of seeking answers to bothering questions that are in him.

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Rogers' psychotherapy has been used, among others in marriage and family counseling, i.e. wherever interpersonal relationships arise. Carl Rogers pointed out the need to empathically empathize with the client and treat all content of his consciousness as actually existing in his subjective world, even if in reality it seems to be false and bizarre. The goal of humanistic therapy is to avoid any discrepancy between the experience of 'I' and the current experience of a person, and to eliminate defense mechanisms that indicate anxiety. Rogers distinguished three defense mechanisms:

1. denying survival, or preventing thoughts that are incompatible with the concept of one's self;
2. distortion, distortion of experience incompatible with the structure of the 'I' towards making it compatible with the concept of 'I';
3. intentional perception when denying reality.

Humanistic psychotherapy emphasizes that man is inherently good, has specific human qualities, is an autonomous being who struggles with fate, trying to find his identity and place in the world. The therapist is to help him discover the individual dimension of existence, be a facilitator who facilitates freeing himself from blocks that prevent self-development, freedom of choice, self-control and self-improvement tendencies.

Goals of humanistic psychotherapy

The goals of therapy according to Carl Rogers can be expressed in four thoughts:

- openness to experiences,
- state of optimal adaptation,
- plasticity,
- maturity (responsibility).

Therapy is a spontaneous process with the experience of mutual relationships between the client and the therapist. The therapy consists of the client experiencing his own "I" together with the therapist. Rogers believes that the mutual emotional relationship on the

linepsychotherapist-the client is the most important element of therapy, and words only play a secondary role. The most important thing is for the therapist to be authentic, empathic, accepting and caring. The rogerly attitude consists of:

- positive recognition of customer value and emotional warmth,
- empathic understanding
- congruence, i.e. coherence, authenticity, openness,
- contact with the unconscious.

The therapist must create opportunities conducive to the client's development and unleash the healing powers inherent in him so that he can grasp his own problem and introduce constructive changes in his life. What trends of change are included in humanistic therapy?

1. From lack of contact with experiences to establishing contact with them.
2. From denying experiences to accepting their existence.
3. From hiding your own experiences to sharing them with the therapist.
4. From perceiving the world in dichotomous categories (extreme, black and white) to see it in full richness.
5. From perceiving an assessment point outside of yourself to finding it within yourself based on experience, experience, wisdom and conscience.

Gestalt Therapy: "Change, remaining yourself"

This type of therapy combines elements of existentialism, phenomenology, psychoanalysis, body therapy and Eastern philosophy. It is important in him to see man as a psycho-physical-spiritual unity. Gestalt therapists emphasize that the most important thing is to become aware of how we want to live our lives and become more and more its author. And this becomes possible by building a strong identity. The important question is: who am I, what do I need and how do I want to get it?

Gestalt is often associated with the already famous technique of empty chairs, hitting pillows, drama and other unusual techniques. It doesn't come down to that. The therapist helps us understand how we perceive the world and what meaning we give to what happens to us. It's about to

the patient has found out who he is, and thanks to what he needs and wants, and that he can later make choices that match his identity. Learning to meet the needs in cooperation with the environment is also part of the therapy. Its main goal is to restore the ability to cope with new, difficult situations. Gestalt is recommended for the treatment of depression, phobia, psychosomatic disorders, and obsessive-compulsive disorder.

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