HOW DOES PSYCHOTHERAPY WORK?

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Updated May 22, 2009

I. PSYCHOTHERAPY:

A. Definition

1. Use of everyday social skills & psychological techniques
2. By a well-trained professional
3. In order to relieve or cure mental disorder

B. Paradox

1. Only patients have access to "mental machinery" and voluntary musculature
2. But the words and actions of a significant other often have a potent impact
3. "Therapy" = doing to/for another what only he/she can do for him/herself. HOW???

II. TRANSFERENCE = experiencing another as if significant person(s) from one's past;
= the hypothesized vehicle for change within the psychoanalytic therapies

A. Two Types:

1. Situation-specific: e.g. court appearance, oral examination (HS Sullivan's "parataxis")
2. Person-specific (S Freud's "transference neurosis"): other's importance → need to

figure out without data → "figure out" anyway by projecting past experience

B. Change Process

1. Past → present, once removed → changed here → then the past somehow changes
2. "Interpretation" = reframing that links (a) symptom, (b) past history, & (c) transference
3. "Working through" = exhaustive re-interpretation in many permutations/combinations

→ *new life narrative* = more (a) coherent, (b) health-promoting, & (c) plausible

4. "Ego" = functions that help people get along – therapy tries to optimize (list, p. 3)

III. BALANCING THE ROLES OF VOLITION AND NON-VOLITION

A. Volition

1. Time structure
2. Vetoing (a) unacceptable impulses & (b) unwanted suggestions
3. Though non-causal, provides a *locus of control* for personal responsibility

B. Non-Volition; Inappropriate Volition → "Be Spontaneous!" Paradoxes
1. Sleep: trying to go to sleep in a hurry → insomnia
2. Mood regulation: trying to cheer up → worse mood
3. Sexual function: trying to perform → distressing sexual dysfunctions

C. Treatment
1. Unpleasant moods: normalization, empathy, assess for behavioral risk & major illness
2. Sex therapy (*per* Masters & Johnson, 1971): communication & shared goals →
→ increasing physical intimacy *while forbidding intercourse!* c. 80% effective
3. Sleep: Role of volition = setting up a propitious situation → only then, *let* it happen
e.g., "sleep hygiene" -- volition has similar role in mood regulation & sex

IV. REFRAMING: analogy: hourglass = half-empty → half-full

A. Positive Reframing
1. Examples: rigidity → integrity, strong values; wishy-washy → flexible, open-minded
2. Qualities: liability → asset; setback → opportunity; resistance → autonomy
3. Applies widely, perhaps is the most effective psychotherapy technique (list, p. 4)

B. No Positive Reframing for Destructive/Disrespectful Behaviors
1. Value continuum: basic being - feelings - thoughts/impulses - actions/behaviors
2. Moral value judgements apply unequivocally only to behaviors
(a) thoughts/impulses as gray area: indulging destructive impulses as a behavior
3. Confusing categories, e.g. borderline personality disordered patients often do this
(a) reframe basic being, redefine feelings from spiritual excrement → nutriment
(b) hold responsible for interdicting bad behaviors → alternative coping skills

V. BEHAVIORAL: Classical & Operant Conditioning; Presume Basic Concepts Known

A. Some Specific Techniques
1. Define antecedent conditions and reinforcers
2. Keep logs, e.g., paradox of "Don't try to change; let's find out what's happening"
3. Desensitization; exposure & response prevention; corrective experiences; CBT +++

VI. FOCAL POINT = ACCESSIBLE LOCUS OF INTERVENTION

A. Medical ←→ Psychiatric; e.g., low back pain case = false dichotomy (p. 5)

1. Focal point often differs from primary causation or location of symptomatology
2. Effective treatment = @ focal points >>> primary causation, esp. where complex
3. Practical issues, e.g., accessibility, face-saving, fewer side effects & complications

B. Interpersonal: e.g., case of husband's drinking ←→ wife's nagging (p. 6)
1. Husband = (a) target of intervention, but (b) has removed himself as a focal point
2. Wife = focal point. Core principle = to access, assert & utilize her locus of control

VII. *PRIMUM NON NOCERE*

A. Errors → Potential Harms
1. Exploitation: e.g., sex with a patient is absolutely forbidden (tx. rel'n involves patients' letting go of normal self-protective edge; once this rel'n becomes reciprocal, this edge is (a) now needed, but (b) not recoverable)
2. Regressive sx escalation ← rescuing, making-special, usurping patient autonomy
3. Mis-diagnosis: failed risk assessment; failing to consider alternatives & atypicalities

B. General Dilemmas
1. Effectiveness ←→ efficiency, safety; confidentiality ←→ protection
2. Role of families, interested third parties (recommended pending patients' permission)
3. Differential responsibility: *Who is responsible for what, to whom, & at what levels?*

C. General Protectives
1. Informed consent: implies/suggests patients' competency & self-responsibility
2. Behavioral risk assessment; differential diagnosis; ongoing re-assessment
3. Peer consultation → new perspective, medicolegal protector, patient taken seriously

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Table 1.
List of Ego Functions and their Components

Ego Function	*Components*
1. Reality testing	Distinction between inner and outer stimuli.
	Accuracy of perception.
	Reflective awareness and inner reality testing.
2. Judgment	Anticipation of consequences.
	Manifestation of this anticipation in behavior.
	Emotional appropriateness of this anticipation.
3. Sense of reality	Extent of derealization.
	Extent of depersonalization.
	Self-identity and self-esteem.
	Clarity of boundaries between self and world.
4. Regulation and control of drives, affects, and impulses	Directness of impulse expression.
	Effectiveness of delay mechanisms.
5. Object relations	Degree and kind of relatedness.
	Primitivity (narcissistic, attachment or symbiotic object choices) *vs.* maturity.
	Degree to which others are perceived independently of oneself.
	Object constancy.
6. Thought processes	Memory, concentration, and attention.
	Ability to conceptualize.
	Primary–secondary process.
7. Adaptive regression in the service of the ego (ARISE)	Regressive relaxation of cognitive acuity.
	New configurations.
8. Defensive functioning	Weakness or obtrusiveness of defenses.
	Success and failure of defenses.
9. Stimulus barrier	Threshold for stimuli.
	Effectiveness of management of excessive stimulus input.
10. Autonomous functioning	Degree of freedom from impairment of primary autonomy apparatuses.
	Degree of freedom from impairment of secondary autonomy.
11. Synthetic–integrative functioning	Degree of reconciliation of incongruities.
	Degree of active relating together of events.
12. Mastery–competence	Competence—how well a person performs in relation to his capacity to actively master and affect his environment.
	Subject's feeling of competence as measured by his expectations of success on actual performance.
	Discrepancy between actual competence and feeling of competence.

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TABLE 3.1
Partial Reframing List

Concept to be Reframed		*Often Reframed as*
AFFECTIVE STATES	Dysphoria	Emotional nutriment; Signal; Affect bridge to the "unconscious"
	Fear	Excitement; Protector; Signal of danger
	Anger	Protector, defense; power, enforcer; Signal
	Depression	Rest, recuperation, other feeling
	Pain	Excitement; Signal; Temperature, other sensation
SITUATIONS	Setback; Risk, danger	Opportunity, Challenge
	Symptom, affliction	Protector; Special advantage
	Psychological defect	Delayed maturation, misused skill
	Symbiosis	Loving; Sharing
BEHAVIORS	Resistance, distancing	Autonomy
	Mistrust, paranoia	Caution, watchfulness, protectiveness,
	Controlling	Safe, Cautious; Moral, ethical
	Crazy, psychotic	Creative, Imaginative; occasionally, bad
	Manipulation	Skill; Leadership ability; Tact, diplomacy
	Disruption	Watchguard function, "Paul Revere"
	Gullible	Trusting, flexible
	Aggression	Defense
	(many abuses)	Fun-loving; Recreation
	Badness	Protective; other (sick, crazy, angry)
ATTRIBUTIONS	Rigidity; dogmatism	Integrity; Decisiveness, independence
	Wishy-washy	Flexible; Open-minded
	Dependence	Loving, caring, sharing
	Abnormal, freakish	Unique, innovative
	Guilt-ridden, compulsive	Moral, ethical; Conscientious
	Narcissistic, egotistic	Proud; Self-reliant; Independent
	Bland, boring	Stable, dependable
	Unstable	Interesting
	Annoying, irritating	Stimulating, exciting
	Inferior	Simply human
OTHER	Negative ego state	Original function, usually protective
	"Stuck"	Reviewing options; taking stock

NO REFRAMING FOR BLATANTLY DESTRUCTIVE & DISRESPECTFUL BEHAVIORS: These are simply UNACCEPTABLE

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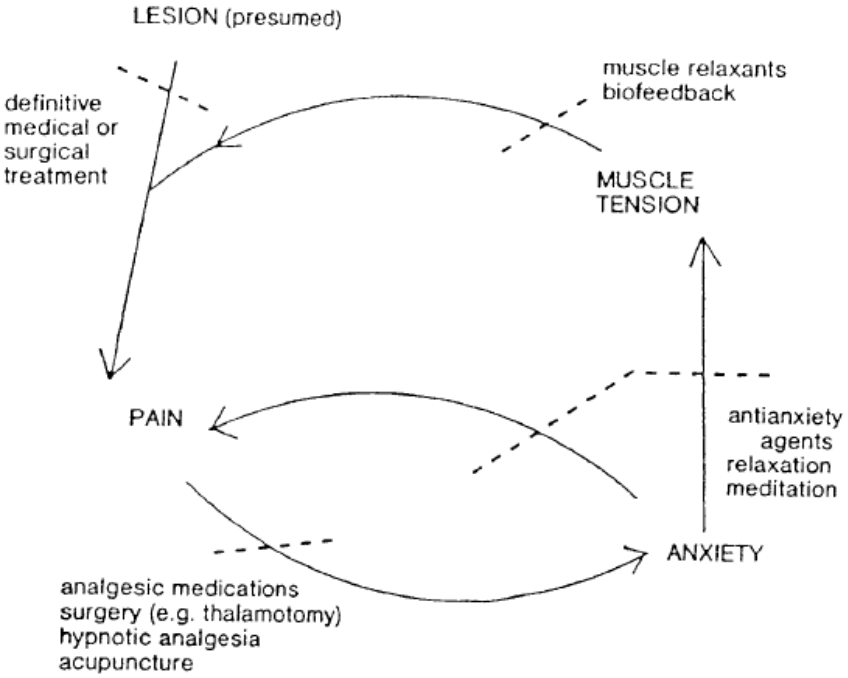
Focal Point: The Basic Concept

Definition: "Focal point" = a central aspect of a person's complex biopsychosocial system that can be identified, isolated, and intervened with and which, when changed, will lead to changes occurring in other areas of the person's biopsychosocial system, even apparently far removed from the locus of intervention.

Function: Replaces "primary cause" in complex, multidetermined systems

Illustration: "Low Back Pain"

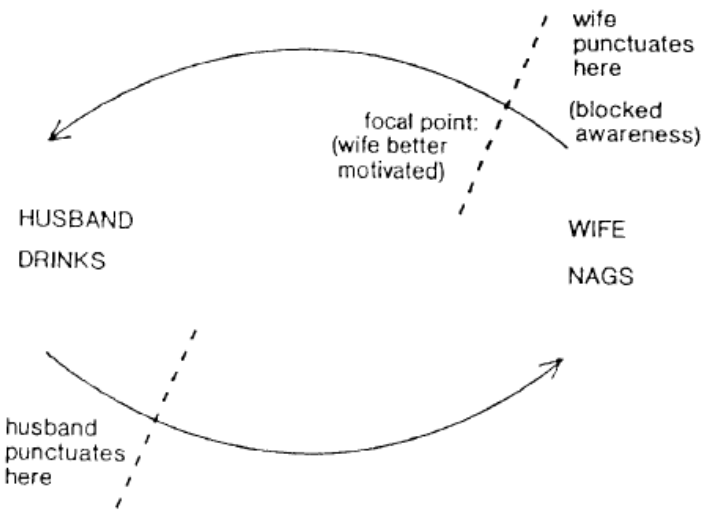
Figure 2.1. Back pain: A vicious-circle model



Beahrs, 1986, ibid., p. 26

Circular Causation: Interpersonal Vicious Circles

Figure 1.2. The circular causal loop



Beahrs, 1986, ibid., p. 7