

## Appendix 11. Psychotherapies

In 1993, F. Guattari stated textually: *“Therapeutic practices and their theoretical formulations are currently in a state of almost total depression. This situation cannot be considered a sign of freedom, a stimulus to invention and to creativity, but rather it is the consequence of the sectarianism that reigns in this area and the consequence of unawareness, which at times reaches irritating extremes, about everything that is happening inside each one of these closed preserves.”*

Fifteen years later, this quotation has not only not lost its currentness, but one could say that these words have become prophetic. The quantity of schools and sub-schools, models and meta-models is so broad that the task of putting a little order in the field is as considerable an effort as it is controversial. Such a quantity of names of schools and the variety of their surnames – which refer to nuances, often insignificant – is probably due to interests that are unrelated to scientific rigour or conceptual accuracy<sup>195</sup>. In any event, it represents a difficulty when assessing that outcome that can be expected from psychotherapeutic interventions, with the potential harm that this means for the users.

The purpose of these pages is to be a guideline so that readers can orient themselves and know how to situate themselves in the complexity of proposals that are made by the different schools of psychotherapy. Therefore, the various terms that refer to psychotherapeutic procedures have been classified into four large categories, which in the MeSH Database are included within the category of Psychotherapy. They correspond to the four large, traditional psychotherapeutic approaches. Within each one, the terms included in the MeSH Database are described, thereby sorting them, when possible, into Schools of Psychotherapy and into Techniques. The former are distinguished by offering a more or less structured theoretical framework; the latter are psychotherapeutic procedures whereby it is endeavoured to get psychotherapeutic changes guided by theory. Thus, some schools of psychotherapy share the same techniques, which can be used for similar or different purposes.

The MeSH Database defines psychotherapy as a generic term for the treatment of a mental illness or emotional disturbances, primarily by verbal or non-verbal communication.

In 1993, Feixas and Miró<sup>196</sup> stated that there were over four hundred different schools of psychotherapy. Most of them can probably be framed within one of the four large groups that are described below; or they may be on the fence between two of them; or they may use techniques coming from any of them; or they may lean towards the premises and goals of one or another according to the cases and circumstances in which they have to be applied.

### 1. The Psychodynamic Approach

Its basic thinking is that the behaviour of people is influenced by unconscious conflicts – to which the patients themselves don't have access without the assistance of the psychotherapist – which must be resolved as a form of release from the tyranny of the symptoms. These are nothing more than the tip of the iceberg, and therefore it is not necessary to pay them any more attention than what is necessary.

## 1.1. Psychoanalysis.

Definition: Psychotherapy procedures based on Freudian principles that seek to decrease the undesirable effects of unconscious conflicts by making them more conscious, identifying their origin, recognising the inappropriate expression of emotions and understanding the meaning of current behaviour.

From the perspective of some theoreticians, it is the reference point for any other school of psychotherapy<sup>197</sup>. When one talks about Psychoanalysis on its own, it is usually in reference to orthodox Freudian Psychoanalysis, which includes different schools – almost one school per psychoanalyst master – but Psychoanalysis frequently needs some surname in order to identify the school to which it refers. In all of them there is a common theoretical and epistemological background, and they usually differ in the central focus that they give to a concept as the almost universal “explainer” of the behaviour of persons.

Among the most well-known schools of Psychoanalysis, in addition to Orthodox Freudian, the following classical ones could be cited: Individual or Adlerian Psychoanalysis, Jungian Psychoanalysis – the first two and most important dissents from orthodox Freudian – and Lacanian Psychoanalysis, which is perhaps currently the most widespread in Spain, France and other European countries.

The most common psychotherapeutic techniques and procedures are the following:

- ~ Free Association: Spontaneous verbalisation of the first thing that comes to mind, which is what is considered important. It can be considered the central technique of the psychoanalytical school. Through it, and precisely due to the freedom and lack of conscious critique of the procedure of associating, the patient reveals unconscious content and experiences to his psychoanalyst.
- ~ Transference Psychology: It refers to unconsciously attributing feelings and attitudes to the psychotherapist, which were originally associated in childhood to important family figures.
- ~ Countertransference Psychology: Emotional reaction – conscious or unconscious – of the psychotherapist towards the patient, which can interfere with the psychotherapeutic treatment. It is the complementary concept of “Transference”, although, as it is deduced from the definition itself, with a few nuances: “Countertransference” can be conscious, “Transference” cannot. Both fit the bidirectionality of relationships, and from this perspective, they can be considered the equivalent of the “Therapeutic Relationship”, which is a factor that is common to all schools of psychotherapy.

Healing from the point of view of psychoanalysis consists of an abreaction that occurs when the patient is able to verbalise an unconscious and repressed conflict – Catharsis.

Some forms of psychotherapy, such as Play Therapy or Music Therapy, use the different psychoanalytical theories as the interpretation framework of the patients’ behaviour.

## 1.2. Brief Psychotherapy

Brief Psychotherapy merits special mention, and it is an effort to bring psychoanalytical intervention to the limited times and resources of the users and of the Public Health Services.

This designation groups together a series of schools that propose to produce psychotherapeutic change within a minimal amount of time, generally no more than 20 sessions. They are considered a substitute for Psychoanalysis per se, which from this perspective would be the appropriate and

ideal treatment. These psychotherapies are applied 1) when the patient does not have sufficient resources – time or financial – to continue long-term treatment and 2) when a “focal point” affected by the disturbance can be defined and it is limited.

Among the Brief Psychotherapies with a psychoanalytical orientation, we could cite Balint’s Focal Psychotherapy, Mann’s Time-Limited Psychotherapy, Davanloo’s Short-term Dynamic Psychotherapy and Sifneos’s Brief Dynamic Therapy, as the most traditional.

## 2. The Behavioural Approach<sup>1</sup>.

It is based on the idea that what has to be changed is behaviour, and it is therefore based on the Psychology of Learning. Only what can be observed is of interest, thereby understanding that cognition and emotions are also expressed through behaviour, and they therefore can also be the object of treatment.

### 2.1. Behaviour Therapy

Definition: The application of Learning and Conditioning Theories to the modification of behaviour. It is a school of psychotherapy with a long tradition. It sustains that mental illness or psychological problems are derived from erroneous learning experiences, and the psychotherapeutic treatment is designed to correct them by replacing them with other, more suitable or adaptive learning experiences. Moreover, it considers that the only thing observable, and therefore the only thing treatable, is behaviour.

The following are some of the most extensively applied psychotherapeutic techniques and procedures:

- ~ Psychological Desensitization, which consists of associating muscular relaxation with anxiety-producing stimuli in order to inhibit the anxiety that they cause in a person. This technique is applied in anxiety disorders and is valuable help for exposure to the feared stimuli in phobic disorders.
- ~ Implosive Therapy, which is a procedure for extinguishing anxiety by saturation exposure to the feared stimulus situation or its substitute. This technique is an alternative to systematic desensitization for treating the same type of cases, generally phobias.
- ~ Aversion Therapy, which is applied to suppress an undesirable behaviour by exposing the subject to unpleasant consequences.
- ~ Biofeedback, which consists of using biofeedback information to gain voluntary control over processes and functions that are under autonomic control.

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<sup>1</sup> Feixes and Miró differentiate, following Mahoney, between behavioural and cognitive models. Agreeing that they are two different schools of psychotherapy, they can be considered and included in the same “group of schools” because they coincide in theoretical premises and because of their commitment to the empirical foundation.

## 2.2. Cognitive or Cognitive Behavioural Therapy

Definition: It is based on the interpretation of situations (cognitive structure of experiences) that influence the feelings and behaviours of people. It assumes the premise that the process of acquiring knowledge and forming beliefs is a primary determinant of mood and behaviour.

The development that this procedure has acquired has resulted in it being considered a school of psychotherapy that is independent of Behaviour Therapy, although it is related to it, and the latter can be considered a derivation or a subsequent development of the former. It is often referred to by the name of Cognitive Behavioural Therapy.

Cognitive Therapies propose the goal of updating and modifying the cognitive schema that are contributing to causing distortions in the way of perceiving others and the environment in which one lives. They are brief therapies of approximately twenty sessions at a weekly frequency.

Some of the most well-known within this school include Beck's Cognitive Therapy, which was initially designed to handle depressed patients, and Ellis's Rational-Emotive Psychotherapy. It attempts to replace irrational ideas with other, more realist ones as a result of direct confrontation by the therapist.

## 3. The Systemic Approach.

It is characterised by applying General Systems Theory<sup>198</sup> – mental health problems are the result of the disturbance of a system and therapeutic strategies are applied and designed to re-establish the balance of the system – and Human Communications Theory<sup>199</sup> – which identifies behaviour with communication: all behaviour has a message value and every message is a behaviour that can be modified.

### 3.1 Family Therapy

It is a form of group psychotherapy. It involves having more than one family member in the psychotherapy session at the same time.

Like Systemic Therapy, it considers that the problems of people depend on the nature of the relationships in which a person conducts himself, and since the family is the human group in which the most intense relations usually occur, Family Therapy is, by definition, a Systemic Therapy<sup>2</sup>.

However, the field of Family Therapy is particularly confusing due to the multiplicity of schools that have been developed under this name.

Some consider that Family Therapy simply alludes to a psychotherapeutic intervention format that involves attendance in a session by two or more members of the same family. This is the concept that seems to be drawn from the MeSH Database definition. From this point of view, the family format is used by almost all psychotherapy approaches, and we could talk about following types of Family Therapy: psychodynamic, behavioural, systemic, etc.

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<sup>2</sup> This is why Family Therapies are included in the Systemic Therapies section. However, not all Family Therapies are systemic, and not all Systemic Therapies are family therapies.

On the other hand, others think that Family Therapy is a different approach, which is characterised by centring the focus of the intervention on the family relationships and considering the pathology to be so much personal, but rather interpersonal or, in the worst case, the personal pathology affects and is affected by the quality of the interpersonal relationships. Thus, the focus, interest and intervention of the person and the intrapsychic is expanded to the relational focus.

Two dissimilar formats fall within this second sense: from the joint family format – all members of the family go – to individual formats – just one person goes, and through that person, changes are provoked in the entire family – and passing through formats in which family members go without the identified patient – this is how, in some Family Therapy approaches, the member of the family who identifies with the “sick person” becomes known – in order to achieve certain goals referring to that person.

The following could be cited among the schools of Family Therapy that have had the most influence among psychotherapists: the so-called Palo Alto School, Minuchin Structural Family Therapy, Haley’s Strategic Family Therapy, Selvini’s Milan School, Andolfi’s Rome School and S. de Shazer’s Solution-Focused Therapy. They all coincide in applying the systemic approach to Family Therapy. They are brief psychotherapies with about ten sessions, maximum.

These schools of psychotherapy are designed to be brief, because that’s how the treatment has to be; they consider that they focus on and resolve the entire problem presented; and they develop appropriate strategies to reach this objective. They also don’t believe that brief psychotherapy is of lesser importance for addressing more minor or focal problems (such as with Brief Dynamic Psychotherapy); quite the contrary, they think that if they achieve the same thing as other psychotherapeutic procedures in less time, then this gives them a certain advantage with respect to efficiency.

Analytic Family Therapies have been developed from psychoanalytical approaches that have originated from particularly innovative psychoanalysts such as Bowen, Whitaker or Ackerman – this latter psychoanalyst became the first family therapist – and in Europe, they have experienced their greatest development in France. We could likewise talk about Behavioural Family Therapies, whose most well-known example is Liberman.

### 3.2. Marital Therapy and Couples Therapy

It is a form of psychotherapy that involves the husband and wife, and its objective is to improve the couple’s relationship. Some consider Couples Therapy to be a particular case of Family Therapy: when there is intervention preferably on the relationship between the parents.

It seems that the only difference between “Marital Therapy” and “Couples Therapy” is that the couple is linked by the marriage bond or not. The psychological processes of a couple are not, in principle, differentiated either by legal statute or by the sex of the members. Apart from ideological considerations, it is proposed that both terms be unified.

Moreover, as with family therapies, there are multiple couples therapies with different orientations: from psychodynamic orientation couples therapy to behavioural orientation couples therapy, passing through systemic orientation therapies.

## 4. The Humanistic Approach.

It is characterised by promoting personal growth. All the schools that are grouped under this heading sustain the concept of an “ideal existence” towards which all people should strive. They do not attempt to cure pathologies so much as develop abilities.

### 4.1. Gestalt Therapy

This school of psychotherapy emphasises interplay between the organism and the environment. As the basic goal, it proposes personal development and the development of knowledge, maturity and self-confidence more than resolving conflict or correcting deficit.

### 4.2. Non-directive Therapy

It is a procedure in which the psychotherapist reflects back to the client what the latter has said as a procedure to refrain from directing the “client”. It is a school of psychotherapy that has considerable influence on the premises of other schools of psychotherapy, which assume positions that are close to non-directiveness, thereby giving clients the leading role over the role played by the psychotherapists. Thus, For example, the Narrative or Collaborative Therapies of Anderson and Golishian, which could be better framed within the systemic family models, propose that the psychotherapist assume submissive positions in order to give a greater leading role to the clients.

Talking about “client” instead of “patient” is a change derived from the influence of Non-directive Therapy in order to signify that the client is not considered to be someone who is ill and who “suffers” from distress, but rather a competent person in charge of his own life who is making a request.

### 4.3. Counselling<sup>3</sup>

These types of treatments have a pedagogical and support objective, wherefore they offer information and the exchange of experiences. It is debatable and debated whether or not Counselling is a psychotherapeutic intervention. Those who think that it is not underscore that its ultimate purpose is not to “heal”, but rather to guideline, support and inform, and they argue that the times and format are far different from psychotherapies, ruled by long duration in which a therapist (who knows) heals or helps to heal a sick patient (who therefore does not know how to heal himself). At the opposite end are those who find no differences between the forms and purposes of the “Counselling” and those of some schools of brief psychotherapy – between the latter and Counselling there are no time differences – and non-directive schools, which consider those who request psychological help not to be sick people who need curing, but rather people with problems and the sufficient resources to resolve the problems by themselves. The psychotherapist only facilitates the change, like a catalyst in chemistry.

As with Family Therapy and with Psychoanalysis, there also is a distinction between different forms of Counselling: from the Gordon method, which is non-directive and is inspired in Rogers’s Client-Centered Therapy, or Jackins’s Co-counselling, which is a form of therapy without a therapist, to directive methods of counselling, in which the client is told exactly what they have to do to resolve the problems that are being consulted. There is also Marriage Counselling, which in Spain is usually applied at Family Guidance Centres (often linked to denominational institutions)

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<sup>3</sup> Most Counselling or Guidance is based and founded on the teachings and assumptions of Carl Rogers’s Non-directive Therapy. This is why it is included among the humanistic approaches and right after Non-directive Therapies.

and which proposes to provide guidance so that a couple can improve their relationship, and Sexual Counselling, which is a particular case of the former.

#### 4.4. Transactional Analysis

Psychoanalytical Treatment wherein each social transaction is analysed to determine what state of the ego is involved (parent-like, child-like or adult-like) as the basis for understanding behaviour.

Even though the definition offered by MeSH Database includes it as a psychoanalytical treatment, and even though the parallelism between the theories of Freud and of Berne is obvious, it can be better framed within a Humanistic Approach of Psychotherapy rather than a sub-school within psychoanalysis. The procedures and techniques that are used in Transactional Analysis propose the personal growth of the patients by becoming aware of their experiences and life positions, which are considered to be unconscious to a large extent.

#### 4.5. Psychodrama

It is a technique of Group Psychotherapy that basically consists of dramatising or acting out a patient's personal and emotional problems. Although it initially starts from Freudian theoretical positions, psychodrama sufficiently distances itself from psychoanalysis to be considered an independent school of psychotherapy. It is almost always applied in group, but there are also individual approaches, wherefore it cannot always be considered a form of group psychotherapy. Role Playing is one of the fundamental techniques of psychodrama, a technique that has been exported to other schools of psychotherapy and to other contexts, such as teaching. It consists of adopting or playing the role of another significant person in order to increase understanding of that person's behaviour, and it works not only towards comprehension, but also towards training certain skills and behaviours.

### 5. Final comments.

There are two terms included in the MeSH Database that have not been described up to now, because they are characterised by using a special format and application mode and are therefore not characterised by belonging to a school. They are Group Psychotherapy and Bibliotherapy.

- ~ Group 4 Psychotherapy is a form of psychotherapy in which two or more patients participate under the guidance of one or more psychotherapists for the purpose of treating emotional disturbances, social maladjustments or psychotic states.
- ~ Group Psychotherapy is a format which can encompass the entire spectrum of Psychotherapy Schools – from analytical to conceptual, passing through the humanistic – which use the group as experience for promoting personal growth.
- ~ In addition to the classical schools, which can offer their services in a group format by intervention on the groups themselves and on each of members using the same techniques and the same theoretical premises as for the individual format, there are other schools that are only applicable to the group format (T Groups, Encounter Groups, etc.).

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4 The MeSH Database includes Family Therapy, Marital Therapy, Couples Therapy and Psychodrama within group therapies. They are all psychotherapeutic approaches or formats that give rise multiple schools, just like Group Psychotherapy, wherefore it is proposed that the concept of Group Therapy be reserved for those groups that come together only because they share the same pathology or the same therapeutic purposes and that are not joined by any family link or link related to living together.

- ~ Sensitivity Training Groups are groups of people who meet in an unstructured setting to learn about themselves, their interpersonal relationships and group processes and about larger social systems.
- ~ Bibliotherapy. It is a form of psychotherapy in which the patient is given carefully selected material to read in order to treat their emotional and behavioural problems. Bibliotherapy can be oriented from any psychotherapeutic approach. Intervention by the professional is considered to be minimal, and reading the texts gives rise to a process of self-help through the patient's own reflection. These reflections are only occasionally discussed with the professional.

Moreover, there is a psychological treatment that the NICE Guideline studies and that has yet to be defined: Interpersonal Therapy.

It is a treatment format of particular interest to this guideline, because it is perhaps the psychological treatment that obtains the best outcomes with depressed patients<sup>200, 201</sup>, and it arose specifically as maintenance therapy for major depression. It covers four aspects: grief, interpersonal conflicts, the failure to adapt to role transitions and deficits in interpersonal relationships. It prioritises the interpersonal aspect of behaviour, but it is not Family Therapy; it focuses on the problems that can justify depression, but it is not Problem-Solving Therapy. It is an approach that takes ideas and techniques from other schools and organises them in an original way. It can therefore be considered an independent school.

The preceding list of psychotherapeutic schools and techniques has been prepared based on the terms that are used in the MeSH Database. Therefore, there are some absences that are worth mentioning:

- ~ Existential Therapies: The central theme of Binswanger's Existential Analysis is a person's free will and ability to decide, their unity and integration in the whole and the future project as a human being. Frankl's Logotherapy proposes the will to meaning or the search for the meaning of one's own existence as the core of psychotherapeutic intervention.
- ~ Bioenergetics: It is a psychotherapeutic approach developed by Lowen based on the theories of Reich. Lowen himself defines this type of psychotherapy as corporal mediation psychoanalysis.
- ~ Neurolinguistic Programming: Its authors, Bandoleer and Grinder, propose this psychotherapeutic procedure as a meta-model. What they do is focus on certain linguistic expressions of patients that denote altered visions of the world, which are related to a problematic existence. The therapy consists of "reprogramming" the language of patients to increase the available alternatives in their vision of the world.
- ~ Acceptance and Commitment Therapy: It is a psychotherapeutic proposal by Hayes that offers itself as a development of Cognitive Behavioural Therapy, thereby incorporating aspects proper to some humanistic approaches, such as Frank's or Roger's.
- ~ There are certainly are other approaches that are worth mentioning and that have been omitted from this list. This document can be considered open to including other schools and to explain, reclassify or redefine any other for the sake of greater clarity in the bibliographical review in order to assess its scientific status, which in the end is what it's about.