

EXTENDED SUMMARY:

PSYCHOTHERAPY IN ITS LABYRINTH

Héctor Fernández Alvarez

Fundación Aiglé. Buenos Aires, Argentina

ORCID: <https://orcid.org/0000-0002-7781-1165>

This article was published in Spanish. This is the English extended summary
Link to the Spanish version: (<https://doi.org/10.33898/rdp.v31i116.405>).

How to reference this article:

Fernández Alvarez, H. (2020). La psicoterapia en su laberinto. [Psychotherapy in its Labyrinth]. *Revista de Psicoterapia*, 31(116), 5-27. <https://doi.org/10.33898/rdp.v31i116.405>

Abstract

The article addresses the strengths and weakness of the current field of psychotherapy. Therefore, a historical journey is presented, which permits to analyze the evolution of the discipline as well as an analysis of the circumstances that favor and threaten its development. The identified strengths revolve around the demonstrated efficiency and the theoretical-technical versatility. The threat focuses on pseudo-scientific procedures and the excessive consumption of psychotropic drugs. The social recognition and dissemination that psychotherapy achieved throughout 100 years, ended up generating a highly fragmented territory, around 4 major theoretical approaches and several hundred of therapeutic approaches. This fragmentation is a source of confusion and the most significant obstacle to its development. Integration is the most reasonable and necessary way to overcome the limitations. A range of situations are described that illustrate principles of integration that have already been achieved, and three fundamental guidelines that can be followed in order to consolidate the path towards integration.

Keywords: *psychotherapy models, therapeutic efficiency, psychotherapy integration, modelos de psicoterapia, eficiencia terapéutica, integración.*



Psychotherapy is going through a period of deep transformation. In the past 50 years, it has gathered extensive evidence for its efficacy, thus earning a place among the evidence-based disciplines. On the other hand, it is threatened on several fronts. The most visible (but not the only ones) are: the over prescription of psychotropic medications and the oversupply of alternative procedures, which deserve to be called, at best, pseudoscientific. In this group we find procedures that range from innocuous and irrelevant to others that are frankly damaging. The adepts to these practices are a legion and they usually undertake them with an attitude that is between ingenuous and fanatic. It is worth noting that this phenomenon is not limited to the adult population; it also includes practices with children and adolescents.

On the other hand, the increasingly widespread use of psychotropic medications has negative consequences on psychotherapeutic practices. Many articles reflect a persistent increase in medication use in comparison to the use of psychotherapy. The offensive is driven by the marketing of the pharmaceutical industry. There are also factors associated to professional interests and politics. A worrying phenomenon is that medical doctors (general practitioners, cardiologists, gastroenterologists, gynecologists, etc.) and not specialists in psychiatry, are who prescribe, in its great majority those medications. An alarming fact is added to this situation: in some regions, psychologists have been added to the legion of professionals enabled to prescribe medication. In the United States, psychologists have been authorized by law to prescribe psychotropic medication to their patients. The first states were New Mexico (2002) and Louisiana (2004). Illinois (2004), Iowa (2016), and Idaho (2017) were added to this list that seems to have no end. The number of psychologists that have received such authorization is not small; in Illinois alone, they number more than 5000.

Despite these attacks, psychotherapy has managed to occupy a relevant place in the mental health field. Its origins are tied to the emergence of the psychoanalytic method at the beginnings of the twentieth century. Psychotherapy has developed and expanded during the first half of the century, reaching recognized prestige and acceptance within society, and in the academic and professional worlds. Other theoretical models have enriched its intervention programs. Four great models account for its field of action: psychoanalysis, existential-humanistic therapy, behavioral-cognitive therapy, and systemic therapy appeared. A multiplicity of other approaches broke out of these four great approaches, forming a highly diversified menu of applications (today there are hundreds). This fragmentation testifies to its versatility, although there have been negative effects. As a contrast, a movement oriented to achieve integration between models emerged.

Established as a beneficial practice to treat mental disorders, psychotherapy had its glory time during the last quarter of the last century. Systematic research started, and in late 70's, the first positive empirical outcomes appeared. Since then, psychotherapy has increasingly relied on these developments. Entry to evidence-based practices would take place 20 years later.

Resorting to the more renowned methodologies, a huge mass of randomized controlled trials, and a growing production of systematic reviews and metanalysis appeared in the specialized journals, informing about notable success with some treatments. The efficacy indexes and the effect sizes informed were, in many cases, particularly high. Most of those studies were made with randomized controlled trials, and only few were based on clinical and naturalistic samples. This imbalance and various other aspects of the “official” research received strong criticism, especially when there were significant biases identified regarding data collection and interpretation. The meta-analytic method and the established validation modes became the center stage of a debate that continues today.

Out of those debates came new searches for evidence. Firstly, studies on efficacy and work with clinical populations, increased. This turn would be completed years later with the rise of the Practice Oriented Research movement. Another renewal was the promotion of qualitative research, using new resources such as in-depth interviews, records and surveys. The data analysis, supported by methodologies like Phenomenological Interpretative Analysis, allowed another form of access: the participants’ experiential conditions and case analysis. A third research front focused on therapeutic processes, a complementary look to the outcome research that facilitated exploring the operation of the moderating and mediating mechanisms of change.

In 1998, an important event shook the field, not only of psychotherapy, but of psychology in general. That year Seligman, in charge of the American Psychological Association presidency, turned on an ambitious program, to renovate psychology, named Positive Psychology. His proposal sought to overcome a science model focused on defeating obstacles and overcoming the limitations and deficiencies suffered by human beings. In the clinical field that “negative” psychology fought against disease, suffering, and disorder. The new proposal was meant to promote positive emotions and traits, to enhance the patients’ resources and strengths, and to encourage and cultivate resilience. Legions of psychologists decided to get on this new boat and start another journey to happiness. The following years, already in the course of this new century, witnessed a notable dissemination of this proposal. Clinical care proposed by this program advocated an intervention model that is aimed, basically, at dealing with demands of low clinical severity.

Under the influence of this movement, a prolific set of procedures pervaded the field of mental health practices. They included different options: self-help programs, supportive techniques, and other modalities that do not meet the necessary requirements to be considered psychotherapies. The association between positive psychology with these procedures can be questioned. Undoubtedly, there are differences and should be respected. But the movement produced by these offers generated confusion in the population and obscured the boundaries of what is scientific. The situation is still current and it requires that therapists work hard to sort the boundaries.

Later, positive psychology began to be strongly questioned. The criticism focused on its exaggerated bias towards pleasurable experiences and goal achievement, and its disdain for hard and painful experiences, its individualistic philosophy, and the neglect of contextual factors. Hand in hand with these criticisms, a new and powerful movement emerged: the Positive Psychology of the Second Wave (PP2.0), focused on addressing the dialectic between the positive and negative aspects of experience and the search for the meaning of life.

Furthermore, psychotherapy has obstacles that come from inside the discipline. The three most important are: 1) therapists' difficulties being critical when evaluating their work, 2) scattering of therapeutic goals, 3) resistance to the integration of the discipline. Each of these barriers and their interferences are examined, in detail, in the article.

Like so many phenomena in life, psychotherapy has also been exposed to situations of clarity and obscurity, combining successes and failures that fuel many questions. As it collected a lot of evidence for efficiency, studies later appeared casting doubt on the scope of benefits. One of these findings was the significant percentage of treatment drop-out, a phenomenon that was found in many clinical conditions.

Besides drop-out, various types of evidence was gathered regarding treatment limitations and failures. These showed in different ways: weak response to treatment, inert interventions, and significant relapse and recurrence rates.

To assume the limitations and negative effects was a narcissistic blow, on the one hand, but it also propelled renewal in the discipline. As in any branch of science, these phenomena helped growth and new proposals enriched the field. We will take into consideration two manifestations: the first, of a procedural nature, has been the development of tools, generically called "Low Intensity Interventions". Among them, we can mention guided self-help programs, bibliotherapy, specific computerized programs, training in registration and monitoring of behaviors, and group exchange exercises. These procedures are usually used, mainly, in primary care settings.

On the other hand, the enormous theoretical-clinical versatility of psychotherapy stands out, reflected in the great diversity of resources available to generate processes of change. As we already mentioned, the models multiplied rapidly, mainly from the four great theoretical approaches. The theoretical power of these models is evidenced in the enormous capacity they had to evolve and reinvent themselves in many aspects, generating sprouts that gave rise to new branches, often contrasting with each other.

Psychotherapy is in a labyrinth. Many people benefit from its applications. However, at the same time, it is fragmented in different dimensions and levels, which generates a climate of uncertainty and confusion: theoretically, in its goals, in the way of evaluating its achievements and/or failures. It is also divided into multiple facets, as are the interests pursued by clinicians and researchers. This is

something the new powerful Practice-Based Research movement is trying to fix.

To find the exit to its labyrinth, psychotherapy needs to integrate. To a large extent, integration has already been achieved, as shown in a wide variety of generic principles. What remains is to consolidate it, which will allow to find the key to get out of the labyrinth. On what basis can we advance towards the theoretical integration of psychotherapy? Developing an integrative model is a challenge: to bring together the theoretical prisms of classical approaches to achieve a totalizing perspective of the object of study and increase the capacity to promote favorable changes for the client. We have presented a proposal on the three axes on which this development should be based:

- Account for information processing from a broad perspective, including the embodied, the contextual and the dynamic.
- Apply descriptive and explanatory models of functional and dysfunctional psychological activity that includes its different levels, from observable behaviors to the core modalities of the organization of experience.
- Account for the central role of personality as the articulating axis of the different folds of personal and social experience.

We live in a time of pandemic, a strange time, affected by the effect of a massive trauma that moves us and questions us. Psychotherapy could not escape these facts, and it did not. Patients and therapists went out to find a way to continue the work, as readers of Fahrenheit 451 tried to preserve literature. And we found our place in the computers screens, tablets, and mobile devices. Through Internet, we managed, during this time, to continue providing help.

By the time we can assess, in the most syntonetic way, the role that the therapeutic relationship plays in the tasks that we propose to the patient, by the time we can establish the relative weight of the therapist as a person (for better or for worse) on the course of treatments, and how much is the patients' contribution (with their resources, their expectations, their commitment to therapy) on the outcomes, we will have found one of the possible ways out of the labyrinth. Probably, there is not just one way.