9 PSYCHOTHERAPY

Psychotherapy simply means therapy for psychological problems. It involves a close and caring relationship between a therapist and a client. The history of psychotherapy consists primarily of a long series of hundreds of therapeutic techniques, each one considered to be the best by those who developed it. The research demonstrating the effectiveness of all those methods has been generally weak and not very scientific. The subfield of psychology that focuses on treating psychological problems is *clinical psychology,* and much of the research is anecdotal. However, there have been some important and influential treatment breakthroughs.

One question often raised about psychotherapy is, "Which method is best?" The first study in this section addressed this question using an innovative (at that time) statistical analysis and demonstrating that, in general, various forms of therapy are equally effective. Another line of research discussed in the second study, however, suggested one exception to this. If you have a phobia (an intense and irrational fear of something), a form of behavior therapy called *systematic desensitization* has been shown to be a superior method of treatment. The study included here was done by Joseph Wolpe, the psychologist who invented the method. Both the third and the fourth studies in this section involved the development of two popular therapeutic, and, arguably, diagnostic, tools: the Rorschach Inkblot Method and the Thematic Apperception Test (TAT), which are used by therapists to help their clients discuss sensitive, traumatic, and even hidden psychological problems.

CHOOSING YOUR PSYCHOTHERAPIST

Smith, M. L., & Glass, G. V. (1977). Meta-analysis of psychotherapy outcome studies. *American Psychologist, 32,* 752–760.

Imagine for a moment that you are experiencing a difficult emotional time in your life. You consult with your usual support network of friends and family members, but you just cannot seem to work things out. Finally, when you have endured the pain long enough, you decide to seek some professional help. Psychotherapy simply means *therapy for psychological problems.* And you don't have to be crazy to need it. The vast majority of people

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treated by psychotherapists are not mentally ill, but are simply having problems in their life. Since you are an informed, intelligent person, you do some reading on psychotherapy and discover that there are many different approaches available. You read about various types of behavior therapies, such as *systematic desensitization* (see the reading on the work by Wolpe) and *behavior modification*. These behavioral therapies focus on the specific behaviors that are making you unhappy, and help you change them using techniques borrowed from classical and operant conditioning. You also find that there are several other approaches to psychotherapy, such as *humanistic therapy, cognitive therapies,* and various Freudian-based *psychodynamic therapies.* These assorted styles of psychotherapy, while they use fundamentally different techniques, all share the same basic goal: to help you change your life in ways that make you a happier, more productive, and effective person. (See Hock & Mackler, 2000, for a more complete discussion of the various forms of psychotherapy.)

Now you may be really confused. Which one should you choose? What you would really like to know now is (1) Does psychotherapy really work? and (2) If it does, which method works best? Well, it may (or may not) help you to know that over the past 40 years, psychologists have been asking the same questions. While many comparison studies have been done, most of them have tended to support the method used by the psychologists conducting the study. In addition, most of the studies were rather small in terms of both the number of subjects and the research techniques used. And to make matters worse, the studies are spread over a wide range of books and journals, making a fully informed judgment extremely difficult.

To fill this gap in the research literature on psychotherapy techniques, Mary Lee Smith and Gene Glass, at the University of Colorado, undertook in 1977 the task of compiling virtually all of the studies on psychotherapy effectiveness that had been done up to that time and reanalyzing them. By searching through 1,000 various magazines, journals, and books, they selected approximately 500 studies that had tested the effects of counseling and psychotherapy. The researchers then applied a technique developed by Glass called *meta-analysis* to the data from all the studies to determine overall and relative effectiveness. A meta-analysis takes the results of many individual studies and integrates them into a larger statistical analysis so that the evidence is combined into a more meaningful whole.

THEORETICAL PROPOSITIONS

The goals of Smith and Glass's study were the following (p. 752):

1. To identify and collect all studies that tested the effects of counseling and psychotherapy,
2. To determine the magnitude of the effect of therapy in each study, and
3. To compare the effects of different types of therapy.

The theoretical proposition implicit in these goals was that when this meta-analysis was done, psychotherapy would be shown to be effective, and differences in effectiveness of the various methods, if any, could be demonstrated.

METHOD

Of the 500 studies Smith and Glass selected, 375 were fully analyzed. Although the studies varied greatly in terms of the research method used and the type of therapy assessed, all the studies examined at least one group that received psychotherapy compared with another group that received a different form of therapy or no therapy at all (a control group). The most important finding in all the studies for Smith and Glass to include in their meta-analysis was the magnitude of the effect of therapy. This effect size was obtained for any outcome measure of the therapy that the original researcher chose to use. Often, studies provided more than one measurement of effectiveness, or the same measurement may have been taken more than once. Examples of outcomes used to assess effectiveness were: increases in self-esteem, reductions in anxiety, improvements in school work, and improvements in general adjustment. Wherever possible, all of the measures used in a particular study were included in the meta-analysis.

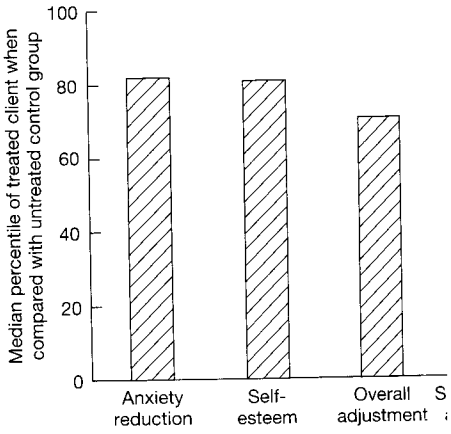
A total of 833 effect sizes were computed from the 375 studies. These included approximately 25,000 subjects in each of the combined experimental and control groups. The authors reported that the average age of the subjects in the studies was 22 years. They had received an average of 17 hours of therapy from therapists with an average of 3.5 years of experience.

RESULTS

First, Smith and Glass compared all the treated subjects with all the untreated subjects for all types of therapy and all measures of outcome. They found that "the average client receiving therapy was better off than 75% of the untreated controls. . . . The therapies represented by the available outcome calculations moved the average client from the 50th percentile to the 75th percentile" (pp. 754–755). Percentiles indicate the percentage of individuals whose scores on any measurement fall beneath the specific score of interest. For example, if you score in the 90th percentile on an aptitude test, it means that 90% of those who took the same test scored lower than you. Furthermore, only 99 (or 12%) of the 833 effect sizes were negative (meaning the client was worse off than before therapy). The authors pointed out that if psychotherapy were ineffective, the number of negative effect sizes should equal 50%, or 417.

Second, various measures of psychotherapy effectiveness were compared across all of the studies. These findings are represented in Figure 1, which clearly demonstrates that therapy, in general, was found to be more effective than no treatment.

Third, Smith and Glass compared the various psychotherapy methods found in the studies analyzed using similar statistical procedures. Figure 2 is a summary of the more familiar psychotherapeutic methods.



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DISCUSSION

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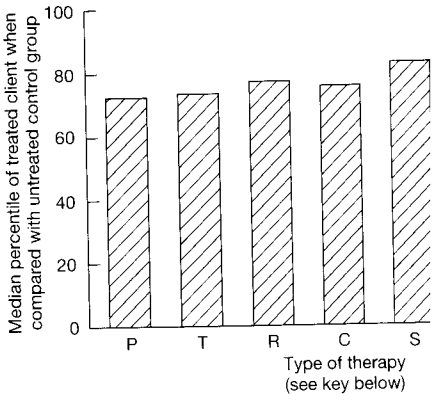

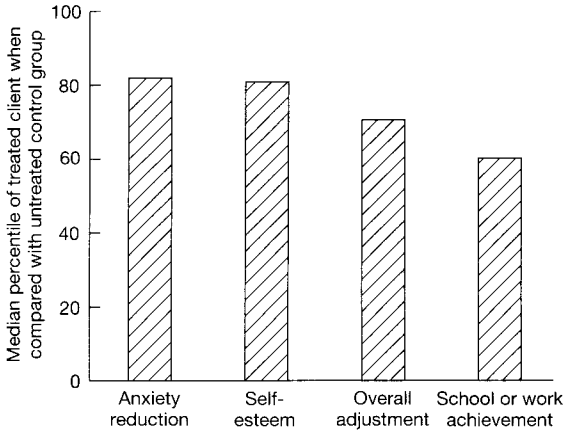

FIGURE 1 Combined effectiveness of all studies analyzed for four outcome measures. If there had been no improvement, the clients would have had scores of 50. If their condition had become worse, their scores would have been below 50. (adapted from p. 756)

Finally, Smith and Glass combined all the various methods into two *superclasses* of therapy: a behavioral superclass consisting of systematic desensitization, behavior modification, and implosion, and a nonbehavioral superclass made up of the remaining types of therapy. When they analyzed all the studies in which behavioral and nonbehavioral therapies were compared with no-treatment controls, all differences between the two superclasses disappeared (73rd vs. 75th percentile, relative to controls).

DISCUSSION

Overall, psychotherapy appeared to be successful in treating various kinds of problems (Figure 1). In addition, no matter how the different types of therapy were divided or combined, the differences among them were found to be insignificant (Figure 2 and other percentile findings).

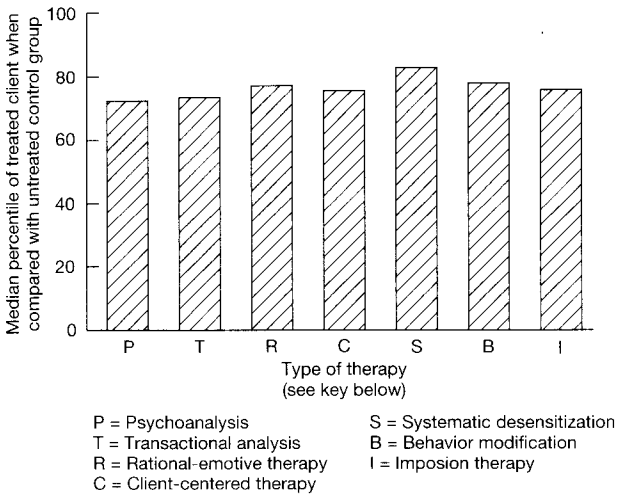

FIGURE 2 Comparison of the effectiveness of seven methods of psychotherapy. As in Figure 1, any score above 50 indicates improvement. (adapted from p. 756)

Smith and Glass drew three conclusions from their findings. One is that psychotherapy works. The results of the meta-analysis clearly support the assertion that people who seek therapy are better off with the treatment than they were without it. Second, "despite volumes devoted to the theoretical differences among different schools of psychotherapy, the results of research demonstrate negligible differences in the effects produced by different therapy types. Unconditional judgments of superiority of one type or another of psychotherapy . . . are unjustified" (p. 760). And third, the knowledge and information researchers and therapists have about psychotherapy's effectiveness is lacking because the information has been spread too thinly across multitudes of publications. Therefore, they suggested that this study was a step in the right direction toward solving the problem, and that research using similar techniques deserves further attention.

IMPLICATIONS AND SUBSEQUENT RESEARCH

The findings in Smith and Glass's study made the issue of psychotherapy effectiveness less confusing for consumers, but more confusing for therapists. Those who choose psychotherapy as a career often have an investment in believing that one particular method (theirs) is more effective than others. The conclusions from Smith and Glass's study have been supported by subsequent research (Landman & Dawes, 1982; Smith, Glass, & Miller, 1980). One of the outcomes of this line of research is an increase in therapists who take an eclectic approach to helping their clients, meaning that they draw from several methods. In fact, 40% of all therapists in practice consider themselves to be eclectic. This percentage is by far the largest of all of the other specific approaches. By being eclectic, these therapists do not confine themselves to any one method, but choose among the various techniques and combine them to develop a treatment plan that best fits the client and the problem he or she is facing.

It would be a mistake to conclude from this and similar studies that all psychotherapy is equally effective for all problems and all people. These studies take a very broad and general overview of the effectiveness of therapy. However, depending on your personality and the circumstances of your specific problem, some therapies might be more effective for you than others. For example, it has been demonstrated that behavior therapies are significantly more effective than nonbehavioral approaches in the treatment of phobias.

The most important consideration when choosing a therapist may not be the type of therapy at all, but rather what your expectations of psychotherapy are, and the characteristics of the therapist. If you believe that psychotherapy can help you, and you enter the therapeutic relationship with optimistic expectations, the chances of successful therapy are greatly increased. The connection you feel with the therapist can also make an important difference. If you see your therapist as genuine, caring, warm, and able to achieve empathy with you, you are much more likely to experience effective and rewarding therapy (Hock & Mackler, 2000).

RECENT APPLICATIONS

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RECENT APPLICATIONS

Smith and Glass's findings and methodology continue to exert a strong influence in research on the efficacy of the many forms of therapeutic intervention for various psychological problems. This influence stems from their conclusions that most forms of psychotherapy are equally effective, as well as from their use of the meta-analytic research technique.

Examples of research that followed the methodological trail of Smith and Glass include a study to assess the effectiveness of alcohol treatment programs (Anonymous, 1998). Patients being treated on an outpatient basis for alcohol addiction were assigned to different 12-week treatment conditions including motivational enhancement therapy (MET), Cognitive Behavioral Therapy (CBT), and the 12-step facilitation program (TSF) typically employed through Alcoholics Anonymous. Contrary to Smith and Glass's overall findings, this study found a clear effectiveness difference among the treatments with CBT and TSF producing a success rate of 41% versus only 28% for MET. The author concluded, "When there is a need to quickly reduce heavy drinking and alcohol-related consequences, it appears that CBT or TSF should be the treatment of choice" (p. 631).

Not all studies citing Smith and Glass's 1977 study found such uniformly positive outcomes for psychotherapy. A thought-provoking study by Rickwood (1996) looked at the effects of therapy for subjects in their late-adolescent years. Teens who sought help for psychological problems from family and friends and those who pursued professional help were assessed four months after receiving help. Unfortunately, neither the professional nor the informal help appeared to improve these adolescents' psychological health. The authors concluded that "focusing on problems by talking about them may intensify rather than decrease the arousal of psychological symptoms. Consequently, seeking help by talking about one's problems may not be an adaptive form of coping for adolescents" (p. 685).

Finally, a study exemplifying the broad influence of the meta-analytic methods employed by Smith and Glass examined the effectiveness of public health strategies used to increase rates of people obtaining flu shots, especially those considered to be at high risk, such as, elderly individuals and those suffering from other chronic health conditions or poor immune functioning (Sarnoff & Rundell, 1998). The analysis turned up two important findings that might not be seen if only individual studies were considered. One was that an immunization rate of 60% coverage is possible, which is considered by health care professionals to be quite high. Second, however, was the finding that the intervention strategy used to increase the number of people must be tailored to the targeted population. In areas where a sizeable proportion of high-risk individuals have already received flu shots, broad public appeals do little to increase the current rates. For those populations, strategies focused much more on medical care-provider behaviors and better methods for actually delivering the vaccines to patients appear to be most effective.

CONCLUSION

Smith and Glass's study was a milestone in the history of psychology because it helped to remove much of the temptation for researchers to try to prove the superiority of a specific method of therapy and encouraged them instead to focus on how best to help those in psychological pain. Future research may now concentrate more directly on exactly which factors promote the fastest, most successful, and especially most healing, therapeutic experience.

Anonymous. (1998). Matching alcoholism treatments to client heterogeneity: Treatment main effects and matching effects on drinking during treatment. *Journal of Studies on Alcohol, 59*(6), 631–639.

Hock, R., & Mackler, M. (2000). *Do you need psychotherapy?* Unpublished manuscript, Mendocino College.

Landman, J., & Dawes, R. (1982). Psychotherapy outcome: Smith and Glass's conclusions stand up under scrutiny. *American Psychologist, 37,* 504–516.

Rickwood, D. (1996). The effectiveness of seeking help for coping with personal problems in late adolescence. *Journal of Youth and Adolescence, 24*(6), 685–703.

Sarnoff, R. & Rundell, T. (1998). Meta-analysis of effectiveness of interventions to increase influenza immunization rates among high-risk populations groups. *Medical Care Research and Review, 55*(4), 432–456.

Smith, M., Glass, G., & Miller, T. (1980). *The benefits of psychotherapy.* Baltimore: Johns Hopkins University Press.

RELAXING YOUR FEARS AWAY

Wolpe, J. (1961). The systematic desensitization treatment of neuroses. *Journal of Nervous and Mental Diseases, 132,* 180–203.

Before discussing the very important technique in psychotherapy called *systematic desensitization* (which simply means decreasing in a gradual way your level of anxiety over something), the concept of neuroses should be clarified. Neurosis is a somewhat outdated term that was used to refer to a group of psychological problems of which extreme anxiety was the central characteristic. Today such problems are called *anxiety disorders.* We are all familiar with anxiety, and sometimes experience a high degree of it in situations that make us nervous, such as public speaking, job interviews, exams, and so on. However, when someone suffers from an anxiety *disorder,* the reactions are much more extreme, pervasive, frequent, and debilitating. Often such disorders interfere with a person's life so that normal and desired functioning is impossible.

The most common anxiety-related difficulties are phobias, panic disorder, and obsessive-compulsive disorder. If you have ever suffered from one of them, you know that this kind of anxiety can take control of your life. This chapter's discussion of Joseph Wolpe's (1915–1997) work in treating those disorders will focus primarily on phobias.

The word *phobia* comes from *Phobos,* the name of the Greek god of fear. The ancient Greeks painted images of Phobos on their masks and shields to frighten their enemies. A phobia is an
fear reaction that is out of proportion
ample, if you are strolling down a pat
upon a rattlesnake, coiled and ready
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