PSYCHOTHERAPY AND THE RESULTS OF PSYCHOTHERAPY*

D. VORSTER, M.B., CH.B. (CAPE TOWN), D.P.M. (ENG.), DIP. PSYCHIAT. (MCGILL), *Psychiatrist, Johannesburg*

The importance of psychotherapy is stressed by Slater,[1] who states that psychiatry itself would have no strong claim to special status outside of internal medicine without psychotherapy, which he defines as a planned endeavour to modify mental disorder by psychological methods.

IS PSYCHOTHERAPY OF VALUE?

In recent years, numerous articles have appeared attempting to gainsay the value of psychotherapy in the treatment of the neuroses. Eysenck,[2-4] a protagonist of this group, maintains that the incidence of spontaneous recovery in the neuroses is as great or greater than the percentage recovery claimed by psychotherapists using psychoanalytic and other (excluding behaviouristic/conditioning) techniques. His claim regarding the incidence of spontaneous recovery is, however, based on controversial evidence. Eysenck's criticism has stimulated further investigation into the value of psychotherapy; the paucity of which is stressed by Stevenson.[6] Eysenck adds that Wolpe's behaviour therapy based on direct symptom attack, is the sole therapy achieving an 80 - 90% improvement result.[7] Results of eclectic and analytic psychotherapy have varied from 60 to 82%.[8]

More recently, the American Psychoanalytic Society has disclosed results of an admittedly incomplete study on patients completing an analysis. A 97% improvement rate was given.[9] Of 595 patients, 306 were reported as completely analysed. Of the remaining patients who did not complete an analysis, 50% discontinued treatment because they had improved and the remaining 50% for other reasons.

Ernst has published an extensive follow-up of 126 neurotics treated by psychotherapy after 20 - 34 years, showing the results obtained.[10] Similarly, a study by Cappon[11] indicates the value of analytic-type psychotherapy, by illustrating the relatively short period of psychotherapy required for marked improvement in relation to the duration of symptoms.

How is one to explain the high incidence of 'spontaneous' recoveries mentioned by Eysenck? Often mental disorder is modified by unplanned methods of psychotherapy. The 'commonsense' suggestions of friends, relatives, books, and spiritual help from ministers of religion are all of value. The passage of time and the removal of the traumatic situation often result in improvement. Eysenck uses as his basic argument regarding spontaneous remission rates, a 5-year follow-up study by Denber,[12] on 500 patients who received disability claims of 3 months or longer for neurosis. These patients were not referred to psychiatric specialists. Within 1 year of onset, 44% had returned to work; only 10% appeared unemployed at the end of the 5-year period. Denber writes that the findings in this study indicate the value of a sympathetic attitude toward the patient's problem, the allotment of sufficient time, confidence toward the physician, coupled with commonsense advice and honest reassurance in discussing the patient's conflicts.

Eysenck is thus classifying general practitioner psychotherapy as of no consequence; ascribing to such cases a 'spontaneous remission'.

Furthermore, the patients in series from psychiatric practice are usually those patients resistant or non-responsive to supportive psychotherapy, as these patients are referred on for specialist opinion.

WHAT TYPE OF PSYCHOTHERAPY?

Eysenck's major theme is to question the value of types of psychotherapy other than that of behaviour therapy.

It may be noted that other authors using conditioning methods have failed to attain the success of Wolpe, relapses having occurred.[13]

McConaghy[14] considers that the success of conditioning therapy is in many cases due to the fact that the neurotic conflict may have resolved, or the trauma may have passed; the symptoms having persisted as an isolated habit.

In essence, the difference between analytic-type therapy and Wolpe's conditioning therapy consists of stress in the former on the total emotional background (including relationships with key figures in the formative years of childhood) with which the current traumatic situation is interacting, whereas behaviour therapists stress the single traumatic incident, on the matrix of heredity as the major causative factor.

A recent study by Forrest[15] is an example of work showing the importance of childhood in the development of neuroses. A far greater incidence of childhood bereavement was noted in patients with reactive (non-hereditary) depression, than in normals and those with endogenous depression. There was no difference, however, between these 3 groups as far as bereavement during adult life was concerned.

Allport[16] writes: 'A psychiatrist believer in conditioned reflex therapy tells of treating a woman for alcoholism by the association of a glass of whiskey and an emetic. Unfortunately this therapy was her undoing for whenever a salesman or a visitor came to the door smelling (as many of them did) of alcohol, she straightway threw up on her visitors. It illustrates a cure not set in the context of total life.'

The question of the similarity of the results of psychotherapy of various types is interesting. Frank[17] considers 2 factors of importance:

*Paper presented at the 45th South African Medical Congress (M.A.S.A.), Port Elizabeth, July 1965.

(*i*) The potentiation of a patient's favourable expectancies—a belief in the doctor is included here.

(*ii*) Changes in attitude and the unlearning of faulty attitudes.

In Frank's study, symptom relief often followed (*i*), but prevention of future breakdown and 'social effectiveness' required both (*i*) and (*ii*). However, this type of study shows serious limitations. Junior residents in psychiatry constituted the psychotherapists.

THE ASSESSMENT OF RESULTS

It is admitted that the assessment of results in psychotherapy is extremely difficult. Knights' criteria described in his article on the assessment of the results of psychoanalytic treatment will be used in the present study. Wolpe has used Knights' criteria in the assessment of his results.

The criteria are those of symptomatic improvement, increased stress tolerance, improved function at work and in social situations. Three categories are listed in the present series:

1. Marked improvement.
2. Moderate improvement where a majority of criteria satisfied qualitatively or quantitatively.
3. Slight or no improvement.

Groups 1 and 2 are equivalent to Wolpe's 'apparently cured' and 'much improved' groups.

A few series attempt additional assessment from relatives, employers, etc. Unfortunately, patients often attend without the knowledge of either their relatives or employers.

Alexander[8] considers the patient and psychotherapist the best judges of the situation. A relative may occasionally be disinclined to assess a patient as 'improved' if such improvement fails to suit their own 'neurosis'. The question of follow-up constitutes a problem as far as private patients are concerned. Furthermore, as Lazarus[15] points out, a patient may claim 'cure' on being asked about his neurotic symptoms when in fact he is attending a second psychotherapist, because he is fearful of offending the previous physician.

PSYCHOTHERAPY IN THE PRESENT STUDY

Cooper[13] has stated: 'No simple theoretic framework can explain more than a proportion of psychiatric phenomena'. Thus the analytic studies of Freud, Adler, Horney and Sullivan were used in this study; the former stressing the interaction and development of the biological impulses in the child (feeding/elimination and reproduction); the latter the interpersonal, cultural and social adjustment of the child. Existentialist psychiatry today is stressing the import of an eclectic attitude militating against the pure conditioning or 'depersonalized' psychotherapy as of sole validity.

Current stress situations are discussed and the part played by unconscious (childhood) expectancies of disaster are probed as therapy proceeds. Use may be made of demonstration in the ongoing doctor-patient relationship, of faulty neurotic attitudes and expectancies carried over from earlier years. This relationship allows for 'catharsis' and verbalization of inner conflicts.

Initially all phobic and compulsive patients were advised to cease 'fighting the symptoms by means of will-power'; were advised to 'accept' the symptoms as of a passing nature while psychotherapy commenced. Patients in this category were later encouraged to act on their new-found confidence once the analytic process had reached a certain stage. Here 'behaviour therapy' principles were of value in lessening habitual neurotic reactions.

Face-to-face interview technique was used in the majority of cases; however, if adequate headway was not made, a more extensive technique of psychoanalysis bordering on the orthodox was commenced, and here the couch was used.

Eight patients received one or more narco-analyses during their psychotherapy; 7 of whom derived marked benefit from this procedure. Interviews with relatives were arranged in many cases. Three patients required temporary hospitalization.

PATIENT POPULATION—PRESENT STUDY

The present study concerns patients with neurotic disorders treated in private practice and at the Johannesburg General Hospital Psychotherapy Clinic by myself during the period 1962 - 1964. The following were excluded from the series; patients with psychoses, mental retardation, alcoholism, drug addiction, organic brain syndromes, or patients having received courses of ECT.

No patients are included who had attended for less than 5 interviews. As the majority of the cases of neuroses today receive tranquillizers or antidepressants to combat symptoms while psychotherapy is in progress, an assessment of the value of psychotherapy in such cases is practically impossible.

The 65 patients in this series (6 at the General Hospital) had either received no medication at all, or medication during a brief period only for the following reasons: side-effects; pregnancy; forgetfulness; drug refusal and chronicity of symptoms without acute exacerbation. Many of the patients had run through a gamut of medication in an effort to remove symptoms as soon as possible, without favourable results. It was obvious that psychotherapeutic intervention was the sole factor in these cases leading to improvement. Three of the patients received temporary benefit from an antidepressant. The age range in the series was 9 - 52 years; 3 children were under teenage and there were 10 teenagers.

PREVIOUS TREATMENT

Three of the patients had undergone previous behaviour 'conditioning' therapy; 10 cases had failed to benefit from previous psychotherapy or hypnosis (usually one or two interviews).

RESULTS

Diagnosis

Phobias	12 patients
Reactive depressions	14 patients
Obsessive-compulsives	10 patients
Anxiety states	5 patients
Hysteria	7 patients
Psychosomatic disorders	6 patients
Character disorders	11 patients

Results of Treatment

Marked improvement	35 cases (53%)
Moderate improvement	23 cases
Slight or no improvement	7 cases
Moderate or marked improvement	89%

(Two of the 7 of the 'slight or no improvement' group are continuing in therapy).

A follow-up of 24 cases has occurred for periods of a few months to 3 years after termination of therapy, showing loss of moderate improvement in one patient and necessity for further therapy in two. These 3 cases are included in the 'slight or no improvement' group.

Duration of Symptoms

Over 10 years	27 cases
3 - 10 years	16 cases
1 - 3 years	9 cases
Less than 1 year	13 cases

Duration of Treatment

Over 1 year	13 cases
3 months to 1 year	27 cases
Under 3 months	25 cases

Interviews

The number of interviews given to patients were as follows:

Number of interviews	*Number of patients*	
5 - 9	20	
10 - 14	12	
15 - 19	6	Total
20 - 24	8	52
25 - 29	4	
30 - 34	2	
35 - 100 and over	13	

Mean: 27 interviews

Three patients had undergone psychoanalytic-type treatment before the present therapy, with considerable improvement. Analysis was, however, incomplete for external reasons. Mean interview number if past therapy is considered was 30.

DISCUSSION

The value of psychotherapy is indicated by the moderate or marked improvement obtained in 58 of the 65 patients with psychoneurosis (89%) who had attended for 5 or more interviews. The series is not identical to earlier series of Wolpe[7] and those of Cappon[11] where a few patients had received less than 5 interviews. Lazarus,[18] however, maintains that the first 4 interviews are solely diagnostic, although this is a debatable point.

It must be borne in mind that the cases discussed in this series are not comparable to those in Denber's study in the sense that supportive therapy offered by general practitioners, who had referred the majority of cases, had not sufficed.

Marked external environmental changes during the span of therapy occurred in only 1 case; a young patient who transferred to a new school during therapy.

The present study shows a marked contrast between lengthy duration of symptoms before treatment and a relatively brief period required for symptom removal, 42% of cases showed symptoms of a duration exceeding 10 years; 80% exceeding 1 year; 80% of cases received treatment of duration of less than 1 year. Stevenson[6] suggested that such results would tend to indicate the value of psychotherapy as against 'spontaneous' remission.

A majority of the present series (49 of the 58) experienced their first symptomatic relief after the psychotherapy described; others in the 'improved' group had received brief or lesser relief from their symptoms as a result of previous psychotherapy or medication. These results appear to indicate that active psychotherapy played a major role in the improvement.

There is a distinct possibility that a relapse rate or 'fall off' in results will occur; Cappon[11] found a 10% loss of therapeutic gain over an average of 20 months.

The absence of an adequate follow-up is an important omission.

A further criticism of the present study may be levelled at the fact that it is retrospective. Although detailed notes were recorded on every patient, occasional helpful facts were omitted.

The assessment of the value of different types of psychotherapy constitutes the further problem. Three of the patients who had received past behaviour 'conditioning'-type therapy had relapsed; 2 of these patients had shown marked, and one moderate improvement, on subsequent analytic-type therapy. The mean numbers of interviews in this series is less than in Wolpe's series treated by conditioning methods. Wolpe's claim[19] that conditioning methods shorten interview time is thus not substantiated here.

It may be mentioned that similarities exist in apparently divergent psychologic theories, although terminology may appear to gainsay this fact. The rise of conditioning theory and psychotherapeutic methods has assisted in 'winnowing the wheat from the chaff' in psychoanalytic theory and therapy; much criticism of 'woolly' analytic thinking is valid and behaviouristic methods appear of value in many cases. Alexander[20] has described similarities and suggested contributions which various types of therapy may make towards progress in this field.

SUMMARY

A study of 65 psychoneurotic patients who had received little medication is described, showing an 89% marked improvement rate in symptomatology and adjustment after psychotherapy. A marked contrast is evident between lengthy duration of symptoms before treatment and the relatively brief period required for symptom removal. For the majority, relief after psychotherapy constituted relief for the first time during the neurotic illness. These findings militate against 'spontaneous recovery' as accounting for the results. The difficulties of follow-up studies are discussed.

The relapses in the series after treatment by behaviour therapists tend to indicate deficiencies in behaviour therapy as sole therapy. The mean number of interviews in this series is less than in Wolpe's series treated by conditioning methods.

In conclusion, it is considered that psychotherapy is a key factor in the treatment of the neuroses; that success is not limited to a particular school of psychotherapy and that a modified psychoanalytic orientation is of value in short-term treatment as well as long-term analysis.

I wish to thank Prof. L. A. Hurst, Dr. M. Klass and Dr. H. Moross for permission to use the hospital records, and Prof. M. Mann of the Psychology Department of the University of the Witwatersrand for advice on the presentation of the results.

REFERENCES

1. Editorial (1964): Brit. J. Psychiat., **110**, 751.
2. Eysenck, H. (1952): J. Cons. Psychol., **16**, 319.
3. *Idem* (1963): Amer. J. Psychiat.,**119**, 867.
4. *Idem* (1959): J. Ment. Sci., **105**, 65.
5. *Idem* (1965): Int. J. Psychiat., **1**, 100.
6. Stevenson, I. (1959): Amer. J. Psychiat., **116**, 120.
7. Wolpe, J. (1958): *Psychotherapy by Reciprocal Inhibition*, p. 219. Johannesburg: Witwatersrand University Press.
8. Knight, R. (1941): Amer. J. Psychiat., **98**, 435.
9. Brody, M. (1962): *Psychosomatic Medicine*, p. 729. Philadelphia: Lea & Febiger.
10. Mayer-Gross, W. (1963): *Methods of Psychiatric Research*, p. 2. London: Oxford University Press.
11. Cappon, D. (1964): Brit. J. Psychiat., **110**, 464.
12. Denber, P. (1946): N.Y. St. J. Med., **46**, 2164.
13. Cooper, J. (1963): Lancet, **1**, 411.
14. McConaghy, N. (1964): Med. J. Aust., **1**, 831.
15. Forrest, A. (1965): Brit. J. Psychiat., **111**, 243.
16. Allport, G. (1964): Journal of Religion and Health, **4**, 7.
17. Frank, J. (1959): Amer. J. Psychiat., **115**, 961.
18. Lazarus, A. (1963): Behaviour Research and Therapy, **1**, 69.
19. Wolpe, J. (1964): Brit. J. Psychiat., **110**, 464.
20. Alexander, F. (1963): Amer. J. Psychiat., **120**, 440.