Psychotherapy and Counselling in Practice

The many different therapeutic models in use today can lead to blind spots in clinical practice. This important and timely book gives a balanced synthesis, based on actual cases, evidence, practice and experience, to describe the process of psychotherapy and identify the fundamental elements that lead to good outcome across all its schools. In the course of developing a consistently reliable, effective, practical psychotherapy, Digby Tantam pinpoints four essential principles: addressing the person's concerns; taking into account their values and personal morality; recognizing the role of emotions; and binding it all into a narrative treatment for symptom relief, resolution of predicaments, release from addiction or sexual problems, and finding happiness through intimacy. This book is essential reading for psychiatrists or clinical psychologists looking for a straightforward framework for short-term psychotherapy and anyone working long-term with patients using a psychotherapy model.

Digby Tantam is Clinical Professor of Psychotherapy at the Centre for the Study of Conflict and Reconciliation at the University of Sheffield, and a partner in Dilemma Consultancy in Human Relations.

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A Narrative Framework

Digby Tantam

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To Emmy, inspiration, lover, and friend

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Preface

This book is principally designed for the psychiatrist or clinical psychologist in training who is searching for a straightforward framework for short-term psychotherapy. It will also be of value to psychotherapists who are trained in longer-term therapy. Mental health professionals whose work involves supportive psychotherapy should also find this book useful in extending and developing their skills.

Practical psychotherapy, the subject of this book, is a brief psychotherapy which is designed to be easily integrated with other mental health practices. No specific therapeutic approach, or modality, is espoused although the reader may find elements of short-term psychodynamic psychotherapy (Beck et al., 1979; Luborsky, 1984; Strupp & Binder, 1984), existential therapy (Deurzen, 1979), strategic and systems approaches (Haley, 1963), client-centered counselling (Egan, 1990), problem-solving methods, and others.

Practical psychotherapy is therefore an eclectic therapy. This does not mean that it permits a free choice of whichever method happens to appeal to the therapist but that treatment 'is empirically based and client-driven (rather than theory-guided)' (Novalis, Rojcewicz & Peele, 1993). Practical psychotherapy is, like other eclectic therapies, rooted in evidence-based practice and thus changes as new evidence comes forward. The practical psychotherapist selects from 'a repertory of proven techniques without theoretical basis' and may 'change techniques as the therapy proceeds, based on observations of what is effective . . .' (ibid.).

Practical psychotherapy may be used supportively. Supportive therapies are more than keeping the client going whilst time does the healing, or the provision of non-specific social support. Rather, they presume that people need therapy because they are temporarily overwhelmed with life-problems and not because they are defective, or in need of correction. Supportive therapies mobilize the client's own cognitive and emotional resources to overcome these life-problems. Clients of supportive therapists are not expected to reform their characters, although they may choose to do so. Nor are they expected to unthinkingly carry out symptom-relieving procedures, although they may choose to make use of any procedures which are offered to them.

Three research findings dominate studies of psychotherapy process and outcome: (1) that the approach used has little effect on outcome (Stiles, Shapiro & Elliott, 1986); (2) that different practitioners get different outcomes, even though they are using the same approach; and (3) that experienced practitioners are more similar in their behaviour during therapy than inexperienced practitioners, irrespective of the approach in which they originally trained.

A parsimonious interpretation of these findings is that effective, experienced practitioners have discovered what works in practice, in which situations, and with which people. This may mean that all effective practitioners are eclectic, but it may mean more than that. Jerome Frank (1993) supposed that there is an orderliness to effective therapy which reflects basic psychological and social healing processes, processes which he termed 'remoralization'.

In the course of developing a practical psychotherapy, and in my preparation of this book, I have come to consider that the following are essential dimensions of remoralization in psychotherapy, at least in westernized cultures: addressing the *concerns* that a person has about their situation; respecting the *values* of a person; recognizing that people are guided by *emotions* and the *emotional meaning* that every aspect of therapy conjures up; and finally, binding all of these elements into a jointly constructed treatment *narrative*.

Using these four elements to produce an effective treatment is what practical psychotherapy – and this book – are about.

A note on terminology

Anyone writing a book on psychotherapy has to choose his or her words carefully. This is most acute when deciding what to call the people who are not the therapists. Some are students, trainees, supervisees or analysands. But what about the others? Are they also students? Well, yes, in a sense. They are also collaborators, enquirers after truth, users, consumers, visitors and, sometimes, customers. Many of these latter terms are used for the people whom doctors would call 'patients'. It does seem to me that suffering is what impels people to seek out a psychotherapist. This word seems appropriate etymologically, but it has inextricable medical connotations. It is therefore anathema to many counsellors or psychotherapists who eschew the medical model. I have racked my brains to find an English word which is the inverse of 'therapist'. 'Therapee' seems artificial. 'Therapand' is an unfortunate hybrid of a Latin and a Greek root.

I can think of no better word solution than to use the word that is in currency among counsellors – the word 'client'. The origin of this word in the Latin word for 'leaning' is awkward. It is also a word that has connotations of

a business relationship, and this is unpalatable to many mental health professionals. However, that is also a strength. The fact that advertising agencies, bank managers and solicitors also have clients does put the clients of therapists in good company.

I have sometimes used an even more provocative term – 'treatment' – from time to time. This has been when I have wanted to stress the directedness of some therapies. Spurning this word because it has connotations of physical treatment widens the unnecessary gap between the different professions involved in mental health care, in my view. However, I do recognize that not all therapy is about treatment. Some is about discovery or releasing a person's talents and creativity. No single word is precisely synonymous with therapy. Helping implies that the therapist knows where the therapy is going, which may not be true. Nor is therapy always educative, one of the other commonly used synonyms. Sometimes I have used the word 'therapy' when there has been no doubt that it is psychotherapy that is under consideration, but when this might be in doubt or when I wished to be a little bit more formal, I have spelt this out by using the word 'psychotherapy'.

Words are the tools of the psychotherapist, and also the weapons. Connotations matter, hence the explanation.

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