PSYCHOTHERAPY METHODS İN PRACTİCAL PSYCHOLOGY

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Abstract

Modern psychotherapy is developing rapidly. Each decade brings new approaches that expand our arsenal in combating internal conflicts, trauma, and anxiety. Some methods are admired, others met with skepticism, but only those that are proven effective in practice and research gain recognition. Narrative psychotherapy focuses on examining how experiences create expectations and how expectations change experience by creating organizational stories. In other words, life stories act as filters that separate experiences that do not fit the storyline or experiences from what the client perceives as the real experience of their life. If they cannot be filtered through, then events are distorted until they fit into a kind of basic canvas.

Keywords: psychotherapy, method, practical, psychology, therapy, processes, narrative, psychotherapist, correction, approach, relationships, members, goal.

Login.

The arsenal of psychotherapeutic techniques used has also undergone significant changes, since in addition to traditional behavioral techniques, cognitive psychotherapists also use methods that were previously considered part of the so-called "rational psychotherapy" (at present, this "old" approach has been practically supplanted by cognitive-behavioral therapy and is not discussed separately in this manual) - such as explanation, persuasion, discussion, and play methods.

Jerome Bruner, an American psychologist and educator, a leading expert in the study of cognitive processes, and the current president of the American Psychological Association, was the first to introduce the term “narrative psychotherapy” in psychology and was a scientist who significantly influenced the development of the concept of storytelling used in family psychotherapy (Bruner, 1986). Narrative (in English and French narrative - Latin “to explain, describe”) - is a freely created story about interconnected events presented to the reader or listener in the form of words or images. People often have a significant impact on their lives by the ways they interpret their experiences, by creating coherent stories that help them understand the events in their lives. According to J. Bruner (1991), “We organize our experiences and memories in the form of stories, excuses, myths, and descriptions of life events, by expressing reasons for why we do or do something in our lives.” Of particular interest is the way people construct their own personal stories, emphasizing events that fit the plot and ignoring those that don't.

Research.

At the center of humanistic psychotherapy's theoretical research is the concept of existence (from the Latin existentia - existence), adopted from existentialist philosophy. Existence is a specific form of existence, characteristic only of humans, unlike all other creatures. The difference here is that human existence is conscious and meaningful. However—and this is important for psychotherapeutic practice—various life difficulties, psychological trauma, and improper upbringing (which fails to provide the child with a sense of love and security) can "cloud" human existence, turning it into a weak-willed "automaton," living unconsciously and meaninglessly. The consequence of such "clouded existence" is a variety of disorders found in the fields of "minor psychiatry" and psychosomatics. It's noteworthy that "major" mental disorders (extensively studied by one of the founders of existential psychology, Karl Jaspers), as well as severe, incurable somatic illnesses, are often viewed as "existential challenges" that, if properly addressed, can lead the patient not to a "clouding" but, on the contrary, to a "clarification" (Jaspers' term) of their existence. [2;4;5].

In fact, it is precisely this "clarification of existence" that is seen as the essence of psychotherapeutic treatment. It is assumed that a "clarified existence" represents genuine mental health, since it is precisely with such an existence that a person is truly human, freely aware of and in control of their life, freely realizing themselves in it (this is why this approach is called "humanistic," as its goal is to restore humanity in humans). In order to clarify existence, the factors that "cloud" it must be identified and eliminated. Therefore, treatment within the framework of humanistic psychotherapy is primarily etiological, with elements of a pathogenetic nature [4,5].

The attitudes of theorists of humanistic psychology and psychotherapy toward nosological language vary. While for those from German-speaking backgrounds, the nosological approach is a completely organic part of their views (disease is viewed as a separate "entity" interfering with the free development of the personality), English-speaking authors, influenced by so-called "antipsychiatry" (a movement in psychiatric thought popular in English-speaking countries in the 1960s), often view the nosological description of cases as "labeling" that interferes with free "existential communication" between therapist and patient. Consequently, the theory of humanistic psychotherapy, in terms of the taxonomy used here,

gravitates toward the "anthropological" pole of the classification scale [2,3].

The arsenal of psychotherapeutic techniques used by humanistic psychotherapists is extremely broad. However, it's safe to say that they prefer conversational methods, as it's in free conversation that that very "existential communication" can emerge. However, especially in the early stages of treatment, humanistic psychotherapists may also employ other methods, including hypnosis, if it helps free the patient from specific factors clouding their existence [1;3;5].

One of the most controversial and legendary areas of modern psychotherapy—and, more broadly, psychotechnics (NLP techniques are currently widely used in various areas of human interaction: pedagogy, rhetoric, advertising, etc.).

The controversy surrounding this area lies primarily in the discrepancy between its stated theoretical basis and the therapeutic techniques employed, as well as inconsistencies within the theoretical framework itself. The theoretical basis of NLP, according to its founders and modern adherents, is a synthesis of modern linguistic, neurophysiological, and cybernetic knowledge. Upon closer examination, however, NLP's "theory" reveals itself to be an eclectic mixture of vulgarized versions of a number of specific concepts popular in the 1960s within the aforementioned scientific disciplines. These include, first and foremost, the so-called "theory of psychotherapy." N. Chomsky's "transformational grammar," from which the authors of NLP borrowed only their arbitrarily interpreted distinction between "surface" (actually sounding) and "deep" ("intrapsychic") structures of human speech, identified with the subject's mental structure.

It is assumed that, firstly, the "deep" structure can be reconstructed based on the "surface" structure, and secondly, by using special techniques (generally known as "reframing") that alter the "surface" structure, changes in the "deep" structure can be achieved (note that this procedure has a clear parallel in the modification of maladaptive cognitions within cognitive behavioral therapy). In fact, this is precisely the essence of psychotherapeutic intervention, i.e., the pathogenetic nature of NLP psychotherapy is declared. In actual therapeutic practice, NLP often boils down to changing a patient's behavior (including speech) by creating a series of new, more adaptive behavioral patterns using classical Pavlovian conditioning (which in NLP is called "anchoring" or simply "anchoring").

Thus, in reality, NLP turns out to be a disguised version of behavioral symptomatic psychotherapy. However, to NLP's credit, it should be noted that its arsenal of specific behavioral modification techniques is exceptionally broad and diverse, allowing for a very subtle selection of techniques tailored to the individual characteristics of the patient and their current condition [1,5,6].

As for the "modern neurophysiological and cybernetic" knowledge allegedly present in NLP's theoretical foundation, this assertion is, to put it mildly, not entirely true and is purely propaganda.

Three stages are distinguished in the strategy of narrative psychotherapy. At the first stage, the psychotherapist deals with the problematic narrative (story), moreover, the causes of the problem interest him very little. Then he identifies exceptions: partial victories over difficulties and examples of effective action. And finally, the third stage is support. The psychotherapist encourages the repeated re-examination of the situation in a new sense. This is a kind of general ritual for strengthening the newly preferred interpretations, a move not only towards change, but towards socially supported action.

The tactics of narrative psychotherapy involve the use of a series of carefully thought-out questions:

1. Deconstructive questions externalize the problem: “What does depression whisper to you?”, “What conclusions have you drawn about your relationship because of this problem?”

2. Questions that open up new space; they identify unique episodes: “Have there been times when disagreements could have disrupted your relationship, but they did not succeed?”

3. Preference questions help the unique episodes represent the preferred experience: “Did other activities and actions make things better or worse?”, “Was this a positive or negative event?”

4. Story development questions that aim to create a new story based on the preferred unique episodes: “How is this different from what you would do before?” “Who was involved in shaping this way of doing things?”, “Who was the first to notice the positive changes that occurred in you?”

5. Meaning questions are asked to eliminate negative self-views and emphasize positive aspects: “What characteristics of you are emphasized about the fact that you were able to cope with this?”

6. Questions designed to take the story into the future, support change and reinforce positive development: “How do you see the new year ahead?”

Conclusion.

A psychologist can address the same client's needs using different methods. These methods depend on the psychotherapy style they practice. Let's take a closer look at the main approaches to psychotherapy that have proven effective. Let's start with the classical approaches. The foundation of this approach is the idea that a person's present-day problems are caused by a conflict between their conscious and unconscious minds (instincts, repressed memories, suppressed feelings). The psychologist addresses the client's needs by working with their past, identifying and eliminating the causes of the conflict in the unconscious. This is a conversational approach. The psychologist converses with the client, working on the level of their feelings and thoughts. The most popular psychoanalytic method is free association, where the client says whatever comes to mind. In modern times, in a number of developed countries of the world, the need and demand for the applied direction, along with scientific and practical directions, in the psychological service system is gradually increasing. New independent areas of psychological knowledge are emerging, new service areas based on the application of psychological

knowledge are emerging in many areas of public life and practice. In the new century, when mental problems have engulfed humanity, the increase in the demand for psychological assistance in abandoned orphanages and nursing homes, marriage homes, educational and medical institutions, military units, prisons, etc. has become an undeniable reality. Along with social institutions such as family doctors and family lawyers, the institute of family psychologists is also being formed. In our republic, psychological service centers, consultative and therapeutic centers have been created for people in need of psychological assistance in the last decade.

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