

W

by W W

Submission date: 24-Sep-2020 06:43AM (UTC+0800)

Submission ID: 1395240121

File name: Types_of_Therapies.edited.docx (23.86K)

Word count: 1738

Character count: 9624

Types of Therapies

Student's Name

Institution's Name

Unit's Name

Instructor's Name

Date

Psychoanalytic Therapy

Psychoanalytic therapy is a talking therapy based on Sigmund Freud's theories. The therapy seeks to bring out deeply buried feelings and thoughts to the conscious mind to examine repressed trauma, emotions, and childhood experiences (Freud, 2017). Working with a therapist, the client can understand how these repressed emotions and traumas affected their behavior, thinking, and forging relationships as an adult. People who benefit from psychoanalytic therapy have experienced depression, emotional struggle, personality disorders, self-destructive behaviors, and emotional trauma (Safran et al., 2016). Sigmund Freud's theories of psychoanalytic treatment use analytic methods to help liberate repressed experiences and thoughts. Psychoanalysts use techniques like dream analysis, transference analysis, and spontaneous word association during the therapy to bring out the subconscious thoughts to the conscious mind (Greenson, 2018). For instance, in the transference analysis, a client may unconsciously respond to the therapist as a mother figure. This response guides the therapist in the right direction since they can understand where the underlying problem is to resolve it. However, the therapist and the client's relationship is the focal point of the patient's healing process.

Psychoanalysts must create an environment that is calming, private, and confidential to create an authentic relationship and a trusting atmosphere with their clients. As patients become comfortable and confident to face their issues and understand their behaviors and motives, this is when healing begins. The client and psychoanalyst can meet three to four times a week in one-on-one sessions to encourage their clients to reveal their behavioral patterns and personality traits. During Sigmund's time, they used a couch where a patient would lie down and talk openly while today, some prefer to sit and have a face-to-face talk with their therapists.

History of Psychoanalytic Therapy

Sigmund Freud began developing psychoanalytic therapy in the late 1800s. In 1885, Sigmund worked together with Jean-Martin to treat women suffering from hysteria using hypnosis. He further continued his research on hypnosis as a treatment option for hysteria. He worked with his colleague Josef Breuer during this time, and he developed psychoanalytic therapy (Quinodoz, 2017). The two friends observed that during hypnosis, people could remember memories buried deep inside by talking freely about them during therapy sessions, and shortly after, their symptoms were reducing. They published a book on this known as 'Studies on Hysteria,' which is regarded as the first literature on psychoanalytic therapy. Over the years, psychoanalysis grew popular and was used in World War 1 on soldiers returning from war with post-traumatic stress symptoms. Before Sigmund's death, he had refined his psychoanalysis theories and techniques to what it is today. Psychoanalytic therapy can take up to more than three years to solve long-standing issues such as changing behavioral patterns caused by old habits or forming long-lasting relationships.

Pros and Cons for Work with Children and Families

There are many reasons why children may fall into depression or become aggressive such as grieving or trauma and a child. Psychoanalytic play therapy among children helps them deal with issues they might face as they grow into adolescence and, eventually, adulthood. Children's issues are based on unresolved issues among their parents. They absorb their parents' issues without their knowledge since they look up to them. Psychoanalytic play therapy for children provides a safe environment where children can play and be themselves as the therapist helps them quell their anxiety and problems. As they grow older, the problems may affect their

personalities as adults (Holder, 2018). This is because playing is a child's natural way to regulate their emotions. Children and their families get to experience and receive support from their therapist due to their empathetic nature. Such an environment created by supportive therapists helps them to open up without fear of being judged.

Additionally, psychoanalytic play therapy is effective when a child's source of distress and anxiety is unknown. It helps to draw out camouflaged concerns and fears with the way the child plays. For instance, if a child plays aggressively, it will show that they have anger issues because of a bad experience at home, such as domestic violence. One con for psychoanalytic play therapy for children is that it can be lengthy and time consuming for a child. Since the child will constantly be playing, it may take time before they are willing to participate in the sessions. Sometimes it might take more than the estimated sessions to see effective results.

For families, psychoanalytic family therapy is conducted as a group where family members meet with the therapist individually or as a group. This therapy's advantage is its ability to improve family dynamics as family members open up and discuss issues bothering them. It helps families deal and confronts past and present issues to create a better tomorrow for them. The disadvantage of psychoanalytic family therapy is that it is expensive since the sessions are to be conducted twice or thrice a week, depending on the complexity of the family issues. Some of these sessions can go for more than six months, consuming a lot of time as well. In addition, psychoanalytic family therapy can be exhausting emotionally because they have to relive their worst day or ordeal to get past their pain. For instance, if the parents were abusive to their children both physically and emotionally, reliving those moments may bring a lot of pain because of what they went through. In as much as psychoanalytic family therapy is effective in the long run, it can be painful to talk about traumatic experiences a family has gone through.

Potential Barriers to Receiving Care

Since psychoanalytic therapy is costly, it is not accessible to everyone but to those who can afford it. In this case, this depends on how well the therapists are known and their training level hence their pricing. If their methods are significant, chances are they will raise their fee because of the time they have invested in. This is because the treatment plan or therapy sessions are long with many procedures making it hard for everyone to access it. Aside from psychoanalytic therapy being costly, the inability to take time off work is the second reason why people who need therapy cannot make it to one-on-one therapy sessions (Neukrug, 2017). People find it hard to leave work to go for a therapy session because of the time it takes and their schedule. Sometimes their schedule can collide with that of the therapist, making it hard for them to access these services. Additionally, sometimes the psychoanalyst's office's location may be far from where their client lives, making it hard for them to attend to all the required sessions.

Insurance is also a barrier to getting care because most psychoanalysts do not accept insurance as their ideal payment mode. This is because of the relationship between them and insurance companies. Suppose the psychoanalyst accepts insurance their mode of payments. In such a case, they are required to send the insurance company their client's confidential report to be analyzed before being paid, which can be frustrating (Willock et al., 2020). It is also stressful for clients since they have to keep communicating with the insurance company forcing them to wait for long, which can have adverse effects on a mentally unstable patient. Additionally, psychoanalytic therapists decline insurance as a payment mode because it only covers people diagnosed with mental illness. In that, a lot of people go for therapy due to many reasons. Still, if they do not meet the required criteria, they have to wait to be treated later, which can be frustrating for the client, especially if they needed urgent therapy sessions. Therefore, this puts

the therapist in an unethical position, such as diagnosing their clients as mentally ill to use their insurance as a payment mode, resulting in their license revocation.

Statistics Regarding Treatment Outcomes

According to Briggs et al. (2019), psychoanalytic therapy was found to be effective in suicide reduction and prevention of self-harm. The researchers oversaw the study by analyzing the outlook of participants who had gone through the therapy process. It is a highly effective form of therapy treatment because people prefer talking out their issues than suppressing them and relying on medication to get better. This is because the psychoanalytic effects last longer, and it is equally as effective as other evidence-based treatments such as cognitive-behavioral therapy. In that even after the therapy sessions, psychoanalytic therapy effects create a change process that lasts even after sessions and follow-ups are over. Additionally, Solms (2018) indicated a symptom improvement of 0.97, and it grew to 1.51 after follow-up and patient assessments. The psychoanalytic treatment was noted to improve anxiety disorders and depressive symptoms since the treatments focus on how emotions can be expressed. Out of the 12 trials ¹ pooled odds ratio = 0.469, 95% CI 0.274 to 0.804. He also added that the therapeutic techniques used in psychoanalytic therapy by psychoanalysts predicted better treatment outcomes, such as the unstructured open-minded talks between the client and the psychoanalyst. Psychoanalytic therapy is effective because it focuses on talking about past experiences and how it affects them, currently helping clients understand who they are and why they behave in a particular manner. Lastly, psychoanalysis therapy is effective because its unstructured nature allows clients to speak up about things they have never told anyone, such as their life aspirations.

References

- Briggs, S., Netuveli, G., Gould, N., Gkaravella, A., Gluckman, N., Kangogyere, P., ... & Lindner, R. (2019). The effectiveness of psychoanalytic/psychodynamic psychotherapy for reducing suicide attempts and self-harm: systematic review and meta-analysis. *British journal of psychiatry*, 214(6), 320-328.
- FREUID, S. M. (2017). in Psychoanalytic Therapy. *Experimentation and Innovation in Psychotherapy*, 1.
- Greenson, R. R. (2018). *The technique and practice of psychoanalysis: Volume I*. Routledge.
- Holder, A. (2018). *Anna Freud, Melanie Klein, and the psychoanalysis of children and adolescents*. Routledge.
- Neukrug, E. S., Kalkbrenner, M. T., & Griffith, S. A. M. (2017). Barriers to counseling among human service professionals: The development and validation of the Fit, Stigma, & Value Scale. *Journal of Human Services*, 37(1).
- Quinodoz, J. M. (2017). *Sigmund Freud: An Introduction*. Routledge
- Safran, J. D., & Gardner-Schuster, E. (2016). Psychoanalysis.
- Solms, M. (2018). The scientific standing of psychoanalysis. *BJPsych international*, 15(1), 5-8.
- Willock, B., Balzert, C., Fayek, A., & Abraham, J. (2020). National Health Insurance Coverage of Psychoanalysis and Psychotherapy: An International Review Highlighting Some Current Problems. *Psychoanalytic Therapy as Health Care*, 127-160.

ORIGINALITY REPORT

1 %

SIMILARITY INDEX

1 %

INTERNET SOURCES

0 %

PUBLICATIONS

0 %

STUDENT PAPERS

PRIMARY SOURCES

1

repository.uel.ac.uk

Internet Source

1 %

Exclude quotes On

Exclude bibliography On

Exclude matches Off