PSYCHOTHERAPISTS' INTERVENTIONS AND THEIR EFFECT ON THE PATIENTS' REMAINING IN OR TERMINATING PSYCHOTHERAPY

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ABSTRACT

The present study is aimed at exploring the effect of approach and avoidance interventions of the therapist on (a) the patients, remaining in or (b) terminating psychotherapy.

Seven therapists of the Institute of Clinical Psychology, University of Karachi, participated in this study. 56 audio-cassettes of 28 patients (first two tape recorded therapy sessions of two remainers and two terminators of each therapist) were subjected to content analysis. Inter-scorer reliability between the author and the other scorer yielded satisfactory results. Mann-Whitney U test was applied to find out statistical difference between the remainers and terminators.

It was found that with approach interventions of the therapists to hostility with hostility anxiety expressions, the patients tended to remain longer in psychotherapy, whereas with avoidance interventions of the tharapists to such expressions, the patients tended to terminate psychotherapy.

INTRODUCTION

Pakistan being an underdeveloped country, where although the incidences of mental illnesses are at an increase due to various stresses and strains but there is a lack of awareness about psychotherapy as an agent of treatment and dearth of qualified and trained people who can help and treat mentally ill people, now due to influx of Western cultures and a relative increase in literacy rate, an awareness of psychological problems and psychological treatment is reaching out to a relatively wider section of Pakistani society, the afflicted are gradually turning from magic rituals to psychological treatment. But the transition is slow, Clinical Psychologists / Psychotherapists, although very limited in number, educate people to accept the reality of mental illnesses and that these illnesses can be cured, through psychological treatment i.e. psychotherapy, which is a process of verbal interaction between the two people i.e the patient and the psychotherapist. The therapist helps the patients modify their feelings, attitudes, cognitions and behavior patterns that have proven troublesome to them so that they can lead a better life.

It has been observed that some times the patients enter the treatment but terminate it without any apparent reason. It is necessary to study the various factors which are responsible for premature termination of the patients because if the patients who have made an investment of time and money, yet do not stay in the treatment then the desired effects can not be achieved. The premature terminators or dropouts constitute a large percentage of those patients who have entered the psychotherapeutic situation, it is imperative to study the problem of remainers and terminators in psychotherapy, specially in a country like Pakistan, where psychotherapy is relatively a young mode of treatment. In this study a special focus has been portrayed on this issue.

Koran and Goetzal (1951), Dengrove and Kutash (1950) Frank et al. (1957) reported that patients who entered treatment in an effort to vindicate themselves tended to stay longer.

From the results of their study Baekeland and Lundwall (1975) concluded that when patients, expectations either are not confirmed or are not similar to those of the therapist, early dropout from treatment occurs. The results of Dodd (1971), Levine et al. (1972), Sethna and Harrington (1971), corroborated with the findings of Baekeland & Lundwall (1975).

In a study conducted to find out the effects of therapists' approach-avoidance reactions to patients' dependency expressions, Ahmad (1988) found that with approach interventions of the therapists not only such expressions increased, but the patients also tended to remain in therapy, whereas with avoidance reactions of the therapists, not only there was a decrease in the elicitation of dependency bids, the patients also tended to terminate the treatment.

Tryon (1989, 1990) noticed that when client and counselor become involved in the counseling process during the initial interview, the client returns for the second session. The client and the counselor view this engagement interview as deep and valuable and a productive session of this nature lasts longer than does an interview preceding client to return for a second session.

In a study it was found that if a counselor perceives a relatively poor alliance with a particular client, the counselor might behave differently toward that client than toward other clients. Perhaps the counselor would loose motivation to work with a client with whom there is a weaker bond and less agreement on goals and tasks. The quality of the counselor's work with client might eventually leave counseling unilaterally (Tryon & Kane, 1993).

Schutte-Marwort & Knolker (1991) found that the terminators (11.8% of all treated families) of a clinic of child and adolescence psychiatry had a disturbed relationship with the therapists.

In a study it was found that a therapist who responds to hostile patient with counter-hostility confirms the patient's view of other as hostile and obstructs the development of a good therapeutic alliance. The therapist who responds a withdrawn patient by distancing, confirms the patient's view of other as emotionally unavailable, thereby perpetuating a vicious cycle. Ruptures vary in intensity, duration and frequency depending on the particular therapist patient dyad. In some cases they may go undetected by the therapist or may not significantly obstruct therapeutic progress. In extreme cases, they can lead to dropout or treatment failure (Safran, 1993).

Frayn (1992) found that therapists' negative feelings toward their prospective patients and the patients' hostility toward past care takers and present life circumstances were also associated with premature termination.

Gelso and Fretz (1992) indicated that if a satisfactory client-counselor bound and agreement on tasks and goals is not established, the client may unilaterally terminate.

In another study Tryon and Kane (1993) investigated the relationship between strenght of working alliance and mutual and unilateral termination. They found that the counselor ratings of working alliance were positively associated with mutual termination. Client working alliance ratings did not relate to termination type. It was suggested that counselor focuses directly on strengthening weak alliances with clients to prevent client unilateral termination.

Safran et al. (1996) define ruptures in therapeutic alliance as deteriorations in the relationship between therapist and patient. They are patient behaviors or communications that are interpersonal markers indicating critical points in therapy for exploration.

Keeping in view the important role the therpeutic interventions play in motivating the patients to continue or discontinue the treatment, the following hypotheses were formulated:

Hypothesis No. 1: If the hostility bids of the patients with hostility anxiety are approached by the psychotherapist, then the patients will tend to remain longer in the treatment.

Hypothesis No. 2: If the hostility bids of the patients with hostility anxiety are avoided by the psychotherapist, then the patients will tend to terminate the treatment.

METHOD

The data for this study was obtained from 56 tape-recorded interview sesssions. (1st two psychotherapy interview session) of 28 neurotic hostile patients who had undergone psychotherapy at the Institute of Clinical Psychology, University of Karachi over a period of 10 years. In this study four Ph. D. interns and three faculty members participated. They had an average minimum of two years of supervised experience in psychotherapy. They were requested to provide the tape-recorded interviews of two of their Remainer neurotic hostile patients and two of their Terminator neurotic hostile patients. The sample consisted of 28 patients, 10 males and 18 females, ranging between the ages of 20 to 45 years with a mean age of 32.11 years. Out of 28 patients, 14 were Remainer cases and 14 were Terminator cases. The patients were dichotomized on the basis of length of time they remained in the treatment. Only those cases who had definitely undertaken psychotherapy were included in the study.

Those cases which were terminated by the psychotherapist and the supervisor before 10 sessions were not taken.

Coding Procedure

In coding the patient-psychotherapist interactions, the method of Content Analysis (developed by Bandura et al. 1960) was used. This method basically codes all the patients' bids as hostility and hostility with hostility anxiety, dependency, dependency anxiety, sex, sex anxiety or others and codes all psychotherapists' reactions as approach or avoidance.

Inter-Scorer Reliability

Two trained scorer i.e. scorer A and researcher herself independently scored 12 tapes (randomly selected) from a pool of 56 tapes to secure inter-scorer reliability. Agreement was satisfactory for the frequency of all the categories. (Table-1).

Statistical Analysis

In order to assess the difference between Remainers and Terminators with respect to approach and avoidance scores of the therapists, Mann Whitney U Test was applied.

Operational Definitions of Various Variables

a. The Remainer cases are defined as those cases who continue to remain in psychotherapy for a minimum of 30 sessions and most of them continue well beyond that number of sessions and/or are successfully terminated on the recommendation of the supervisor and the psychotherapist.

b. The Terminator cases are those cases who definitely commence psychotherapy but leave psychotherapy before 10 sessions without the consent of the supervisor and the psychotherapist.

c. Patients Bids: These are defined as the statements or expressions of the patients' statements about various variables, such as hostility, hostility with hostility anxiety, dependency anxiety etc.

d. Psychotherapist Response Categories: are defined as the reactions of the therpists to the patients' statements or expressions about various variables.

The psychotherapist response categories are divided into two general classes which are:

(i) Approach Reactions:

These are defined as the reactions of the psychotherapist which are designed to elicit from the patient further verbalization of the topic under discussion.

(ii) Avoidance Reactions:

These are the reactions of the psychotherapist which are designed to inhibit, discourage or divert the patient from further verbalization of the topic under discussion.

RESULTS

TABLE NO. 1

OVERALL RATIO OF INTER-SCORER AGREEMENT

	Response Categories	Overall Ratio of Agreement
a.	Therapists' Approach Interventions.	.92
b.	Therapists' Avoidance Interventions.	.93
c.	Patients' Response Categories	.87
d.	Others	.92
e.	Object Category	.91

TABLE NO. 2

SCORES OF REMAINER AND TERMINATOR PATIENTS FALLING ABOVE AND BELOW MEDIAN ON APPROACH INTERVENTIONS OF THE THERAPISTS IN RESPONSE TO THEIR HOSTILITY WITH HOSTILITY ANXIETY BIDS.

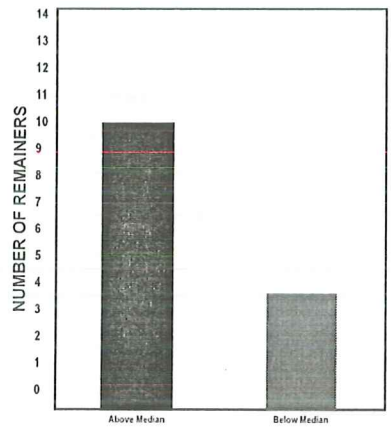
	Above Median on Approach Interventions	Below Median on Approach Interventions	Total
Remainers	10	4	14
Terminators	3	9	12

n_1 = 12
n_2 = 14
U = 34

Significant at P< .01 level.

GRAPH I

SCORES OF REMAINER PATIENTS FALLING ABOVE AND BELOW MEDIAN ON APPROACH INTERVENTIONS OF THE THERAPISTS IN RESPONSE TO THEIR HOSTILITY WITH HOSTILITY ANXIETY BIDS.



GRAPH II

SCORES OF TERMINATOR PATIENTS FALLING ABOVE AND BELOW MEDIAN ON APPROACH INTERVENTIONS OF THE THERAPISTS IN RESPONSE TO THEIR HOSTILITY WITH HOSTILITY ANXIETY BIDS.

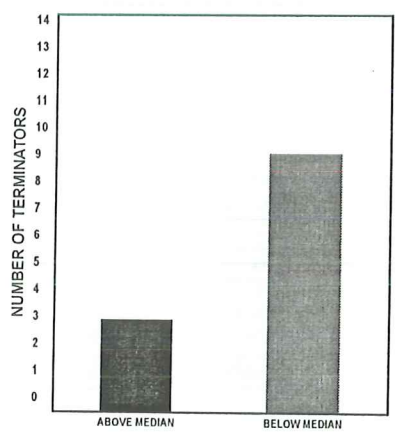


TABLE NO. 3

SCORES OF REMAINER AND TERMINATOR PATIENTS FALLING ABOVE AND BELOW MEDIAN ON AVOIDANCE INTERVENTIONS OF THE THERAPISTS IN RESPONSE TO THEIR HOSTILITY WITH HOSTILITY ANXIETY BIDS.

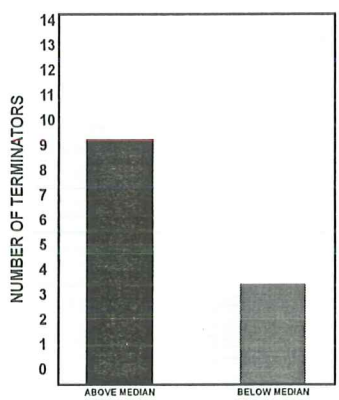
	Above Median on Avoidance Interventions	Below Median on Avoidance Interventions	Total
Remainers	4	10	14
Terminators	9	3	12

$n_1 = 12$
$n_2 = 14$
$U = 34$

Significant at $P < .01$ level.

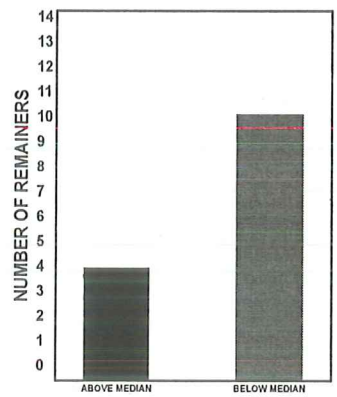
GRAPH III

SCORES OF TERMINATOR PATIENTS FALLING ABOVE AND BELOW MEDIAN ON AVOIDANCE INTERVENTIONS OF THE THERAPISTS IN RESPONSE TO THEIR HOSTILITY WITH HOSTILITY ANXIETY BIDS.



GRAPH IV

SCORES OF REMAINER PATIENTS FALLING ABOVE AND BELOW MEDIAN ON AVOIDANCE INTERVENTIONS OF THE THERAPISTS IN RESPONSE TO THEIR HOSTILITY WITH HOSTILITY ANXIETY BIDS.



The results as given in Table No. 2 ,Graph I&II indicate that with the approach interventions of the therapist, the patients tended to stay longer in therapy. (significant at P< .01 level)

DISCUSSION

As in the beginning of psychotherapy the psychotherapist gives utmost importance to gaining the trust and confidence of the patient and to establish a working relationship with the patient, the psychotherapist's attitude on such expressions is more permissive and encouraging rather than discouraging, so that the patient gets more and more chances to verbalize such expressions. As the catharsis hypothesis suggests that constant expressions of a topic on the part of the patient would eventually reduce its expression. Keeping this idea in mind the therapist prefers using more of approach interventions than avoidance interventions.

In Pakistani culture open expression of hostility is not liked by the parents/authority figures as well as the people in general. Being polite, submissive and obedient are some of the qualities which are not only liked by them, but from the very beginning the children are encouraged to incorporate and internalize these qualities. If the children are hostile or aggressive, then majority of the parents either severely punish or inflict shame on them, with the result, they develop anxiety about their hostile feelings. As a result of their anxiety about hostility, they become unexpressive and defensive. Children having such type of past experiences tend to grow up into an unexpressive and inhibited adults who are afraid of the fact if other people come to know about their hostility then they will inflict guilt on them.

Such persons if come to seek psychotherapeutic help, find therapy session condusive for ventilation of their pent up feelings, because the psychotherapist has a non-judgmental attitude toward them. Also the therapist is supposed to have an unconditional positive regard for the patients, no matter what the patients say as these are important ingredients for rapport building. In such an atmosphere the patients are likely to stay longer in the treatment.

Table No. 3 Graphs $\overline{\underline{III}}$ & $\overline{\underline{IV}}$ support the hypothesis that" if the hostility bids of the patients with hostility anxiety are avoided by the therapist in the first two sessions of therapy, then the patients will tend to terminate the treatment" (the significance level yielded by Mann-Whitney U test is $P < .01$)

A Pakistani personality appears to be other-directed, out of respect, children would not show their resentment or disagreement on any issue to their elders and the 'significant others'. Instead of arguing with them they would keep quiet and avoid open confrontation with them. Undue strictness on the part of the parents and elders is ignored, thinking that it is their right and also that they are doing so for their betterment (Fareed, 1993).

As it has been observed that majority of the patients who come for psychotherapy have the history of being rejected and neglected by their family members and the people around them, so for person who enters psychotherapy with such a past history, any slight indication of disapproval on the part of the therapist, appears to be threatening and anxiety provoking especially in the initial stages of therapy when patients' trust and confidence on the therapist is not fully built up. The unsupportive and avoidant behavior of the therapist is not liked by the patients. Instead of finding the therapy session a place where they can ventilate their pent-up feelings they find it a place where they have been disapproved of their hostility, also of their anxiety and guilt feelings associated with it.

The patients do not seem to find any difference between psychotherapeutic session and their experiences where they have already been disapproved by others. So the therapist appears to be a person similar to the authority figure by whom they were rejected. The therapy session appears to be a mere investment of money and time which doesn't seem to be fruitful for them. In such an atmosphere there is a decrease in the frequency of hostility and hostility anxiety expressions of the patient, which in turn tends to force them to discontinue or terminate the treatment.

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