



Original Article

Psychotherapy approaches of Iranian psychiatrists and psychologists

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Abstract

Introduction: Since past decades by transmission from first and second psychotherapy waves, specialists and psychotherapists are taken special consideration into psychotherapy effectiveness. This research aimed to evaluate psychotherapy approaches of Iranian psychiatrists and psychologists (2014 to 2016).

Materials and Methods: Sample consists of 300 psychiatrist, and psychologist with Ph.D. and master degree. Data gathering carried on by paper and pencil questionnaire in Shiraz and Tehran cities and also by web base questionnaire in all cities of Iran. Researcher made questionnaire consisted of demographic questions such as gender, age, history of work and faculty member and etc. Questionnaire also contains a question with 12 options asking about psychotherapist approaches. The data analyzed through descriptive tests, chi-square and SPSS software.

Results: Psychotherapy approaches found with skew distribution among psychotherapists. Results show that just some psychotherapy approaches are practical and psychiatrists or psychologists just prefer some specific approaches. Cognitive-behavioral approach has highest rate of use and preference in all academic degrees.

Conclusion: The importance and requisiteness of psychotherapies and effective psychological interventions in Persian culture lead us to conduct this research in Iranian psychotherapist. The results showed the use rates of psychotherapy approaches among Iranian psychiatrists and psychologists.

Keywords: Psychiatrists, Psychologists, Psychotherapy approaches

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Introduction

In recent decades and while we are passing the first generation of approaches to psychotherapy, the development of approaches and maximization of effectiveness of them has drawn the specialists and psychotherapists' attention to the point that the number of psychological approaches and consultation to treatment has reached to 400 (1). Even though

all approaches share the same goal and consequentially share the same premises, they have differences. These differences are caused based on the theory from which they were formed and also, naturally, the subject of the treatment they looking forward to. Some psychotherapies are based on evidences achieved by experiments and studies (Evidence based practice) while others are based on the

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theoretical patterns of human nature (2). It will not be wrong if we consider all the approaches effective but since each disorder might require a particular form of treatment, psychotherapy needs effective and practical approaches to treatment. Approaches to psychotherapy are formed based on the theoretical view like cognitive-behavioural psychotherapy which is created by the cognitive-behavioural theories or phenomenological approaches (humanistic) which has introduced approaches to humanistic treatment. Though psychotherapy existed at the beginning of the 20th century but the common kind of treatments were medical interventions such as electroconvulsive therapy (ECT) and brain surgery (3). Psychoanalysis was one of the earliest kinds of psychotherapy which was used before 1950 from then on the principles of classic and operational conditioning was used as a base to form behavioural treatments (4). This proceeding was continued to 1970 when the lack of cognitive issues and the idea that behavioural treatment was indifferent to basic features and characteristics of personality were seen and cognitive attitude to treatment was introduced specially by the works of Aron T. Beck. Then we observed the infusion of these two attitudes which caused the creation of cognitive-behavioural approach. Though some psychologists divided the second generation of psychotherapy to three general categories of psychoanalysis, humanistic, and cognitive-behavioural and each of these attitudes introduced their own definition of humans, but we encounter other approaches in psychotherapy, Approaches such as Gestalt, Adlerian, systems, or existential psychotherapy all of which have a contribution in treating psychological disorders.

But different factors were involved in creating the third wave such as inadequacies in literature and changes in philosophy (5). The third wave of psychotherapy consists of inconsistent groups of treatments like: acceptance and commitment therapy, behavioural activation treatment, cognitive behavioural analysis system of psychotherapy, dialectical behaviour therapy, meta-cognitive therapy, mindfulness based cognitive therapy (6). Meanwhile some attitudes to the third wave are a fusion of cognitive-behavioural treatments and eastern traditions like meditation and mindfulness (7). In the past decade studies (8) shows that there has been a significant decrease in using psychotherapy among psychiatrists. In 1997-

2007 the number of people managed by psychotherapy staid the same but the most common treatment was pharmacotherapy (9). There were other studies showing the importance of research in psychotherapy (10) because they showed that people who are managed by pharmacotherapy more often leave the treatment than people who are managed with psychotherapy. One factor that can show the pros and cons of a treatment is that how many therapists are practicing it but studies which conducted this are very rare or outdated. This research conducted right after the third wave of psychotherapy take place but this wave was unknown to most psychotherapists and rarely practiced. The goal of this research was to investigate and compare the treatments before the emergence of the third wave of psychotherapy and to show the pros and cons of each attitude to psychotherapy by investigating the rate of using them.

Materials and Methods

This analytical-descriptive research conducted among psychiatrists and psychologists of Shiraz and Tehran during 2014-2016 that used to work in clinics or their private office. To achieve a large sample, researchers tried to equalize sample size with statistical population. But because of some limitation such as distance convenience sampling was used. Our sample consists of 300 therapists with M.A, PhD, Psychiatry and child and adolescent psychiatry. Data was gathered by paper base and web base questionnaire. Psychotherapists that answered the web based questionnaire chosen from different cities of Iran.

Entrance criteria were related education and doing psychotherapy in research time. In this study instrument was a research question that investigate therapist approaches (twelve items): Adlerian approach, Gestalt, cognitive, behavioral, CBT, existential, psychoanalysis, psychodynamic, ragers, systems, integrated or others. Demographic questions along with, were asked. Participants could only choose one approach, and choosing more than one, considered as exclusion criteria. Informed consent achieved before completing questionnaires and personal information did not asked to protect participant's privacy. Those who asked for research outcomes included their email address in their questionnaires. This research is supported by Tehran Shahid Beheshti University.

Results

Descriptive data of sample that consist of 300 volunteer therapists is shown in Table 1. In this study mean age of participants regarding to their education was: M.A in psychology 33.5 y/o (SD=7.06), PhD in psychology 38.2 y/o (SD=9.8), psychiatrist 41.9 (9.7) and child psychiatrist 42.6 (SD=1.8). Work experience of M.A psychologist was 5 and a half years, PhD 8.9 y/o. psychiatrist 9.4 y/o and child psychiatrist 8.9 y/o. Among participants

distribution of gender was found as: M.A psychologist (132 females/57 males), PhD (17 females/12 males), psychiatrist (37 females/31 males) and child psychiatrist (11 females/3 males). Chi square test shows significant differences between educations regarding to gender ($X^2=14.4, P<0.05$). 4 participants with M.A degree, 9 participants with PhD, 12 psychiatrists and 13 child psychiatrists found as their university faculties.

Table 1. Descriptive data of therapists

Gender	N	%	Approach	N	%
Male	109	36.3	Adlerian	1	0.3
Female	191	63.7	Gestalt	2	0.7
			Cognitive	33	11
Education			Behavioral	3	1
M.A	189	63	Cognitive-behavioral	154	51.3
PhD	29	9.7	Existential	9	3
Psychiatrist	68	22.7	Psychoanalysis	19	6.3
Child Psychiatrist	14	4.7	Psychodynamic	12	4
			Raggers	10	3.3
Faculty			Systems	2	0.7
Yes	38	12.7	Integrated	32	10.7
No	245	81.7	Other	6	2
			Total	283	94.3
Psychotherapy Tendency					
Psychiatrist/Psychotherapist	42	14			
Psychologist/ Psychotherapist	187	62.3			
Psychiatrist/recommend	50	16.7			
Psychiatrist/pharmacotherapy	3	1			

Mean age of participants for that use systems approach (46 y/o) and Adlerian (45 y/o) was found more the others. The least age belongs to participants with psychodynamic approach (32.5 y/o, SD=4). The most psychotherapy experience found in participants with systems, Adlerian and Raggers approaches. Use of different approaches among participants, regarding to their education, gender and faculty status is shown in Table 2. Among all participants with any education CBT (>0.50 %)

found with the highest preferences. Adlerian and Gestalt approaches did not use by psychiatrist or PhD psychotherapist. Chi-square test did not show any significant differences among different kind of education regarding to the approaches but between male and female therapist there was a significant difference regarding to preference of approaches ($X^2=26.43, P<0.006$). Between participants with different faculty status there was no significant difference in approach preferences.

Table 2. Different approaches among participants

Approach	Education				Gendr		Faculty	
	M.A N (%)	PhD	Psychiatrist	C. Psychiatrist	Male	Female	yes	No
Adlerian	1(.6)	-	-	-	1(1)	-	-	1(.4)
Gestalt	2(1.1)	-	-	-	1(1)	1(.6)	-	1(.4)
Cognitive	17(9.7)	-	12(18.5)	4(28.6)	5(4.9)	28(15.6)	5(13.9)	28(11.5)
Behavior	2(1.1)	-	-	1(7.1)	-	3(1.7)	1(2.8)	2(.8)
CBT	96(54.9)	15(51.7)	35(53.8)	8(57.1)	53(51.5)	101(56.1)	19(52.8)	135(55.3)
Existential	7(4)	2(6.9)	-	-	3(2.9)	6(3.3)	-	9(3.7)
Psychoanalysis	10(5.7)	4(13.8)	4(2.6)	1(7.1)	14(13.6)	5(2.8)	4(11.1)	15(6.1)
Psychodynamic	9(5.1)	-	3(4.6)	-	6(5.8)	6(3.3)	-	11(4.5)
Raggers	6(3.4)	1(3.4)	3(4.6)	-	5(4.9)	5(2.8)	1(2.8)	9(3.7)
Systems	2(1.1)	-	-	-	1(1)	1(.6)	-	1(.4)
Integrated	18(10.3)	7(24.1)	7(10.8)	-	10(9.7)	22(12.2)	5(13.9)	27(11.1)
Other	5(2.9)	-	1(1.5)	-	4(3.9)	2(1.1)	1(2.8)	5(2)
Total	175(100)	29(100)	65(100)	14(100)	103(100)	180(100)	36(100)	244(100)

Discussion

This study conducted by the aim of evaluating psychotherapies among psychiatrists and psychologists that used to work during research time. Mean age of therapist was about thirty which shows the do psychotherapy after graduating and a few years of work experience. Except psychiatrists, most of therapists were female. It shows a higher tendency for psychotherapy work in female therapist, cause of their capacity in empathy or compassionate understanding. Maybe, female therapists are able to use their empathy and other factors that facilitate psychotherapy more than male therapists. These characteristics also could increase the self-efficacy of therapist and as a consequences efficiency of therapy. Furthermore, there was a significant difference between genders by consideration of education; almost all of child psychiatrists were female, which shows their achievement in this regard. These child psychiatrists were faculty member of different university that shows their ability in different fields of psychology work. Different from previous studies that reported fewer tendencies for psychotherapy among psychiatrist (9), this study shows that more than half of them use psychotherapy and more than two third use psychological advices but there were only three psychiatrists that use pharmacotherapy as their only approach to therapy. CBT and integrated approaches were the most popular ones and Adlerian and gestalt were the less popular approaches. Psychiatrists and psychologists both preferred CBT as their first choice among psychotherapy approaches.

CBT in comparison with pharmacotherapy or combination of pharmacotherapy and CBT go with less cost for clients. Research evidence, specifically supported CBT for work with anxiety disorders but when comorbidity of low energy and helplessness come along, CBT face with new challenges (11). Furthermore, few previous studies reported long term CBT is not as effective as short term one (12). These findings could show CBT inefficiency in some areas and the high rate of CBT preferences that showed in this study could be related to lack of third wave of psychotherapy introduction during our research time. In a recent study (13) CBT efficiency in treatment of various

psychological disorders is proven, but also reported that CBT is not effective in some sort of patients. Except integrated approach, other approaches found with less preferences among therapist. It's noticeable to say that, in this study integrated approach was defined as integration of first and second waves of psychotherapies but by consideration of third wave of psychotherapy, more effective integrate approaches are accessible, and some techniques like meditation or observing thinking are taken from east traditions (7).

Some factors contributed to the strength of this study. Not only paper base questionnaire was used but also we used web based questionnaire, so more participants were accessible. Our research last almost for three years and most of this time dedicated to increasing sample size. This research also found with some weakness, for instance lack of research background in psychotherapies preferences or psychotherapies usage was a noticeable one. Also we could not found any research that use to study psychotherapy approaches among therapists regarding to their cultures. So this research done with less research background but future researches may contribute to enhance this weakness. Although, by usage of web base questionnaires long distances between cities of Iran were not a real obstacle for data gathering, but some participants were not familiar with this sort of technology and could not participate in our study. A recommendation for future research is about investigating psychotherapies among therapist by consideration of clients' culture and therapist proficiency.

Conclusion

The importance and requisiteness of psychotherapies and effective psychological interventions in Persian culture lead us to conduct this research in Iranian psychotherapist. The results showed the use rates of psychotherapy approaches among Iranian psychiatrists and psychologists.

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References

1. Schapira SK. Choosing a counselling or psychotherapy training: A practical guide. Chicago: Taylor and Francis; 2002.

2. Depreeuw B, Eldar S, Conroy K, Hofmann SG. Psychotherapy approaches. *Int Perspect Psychother* 2017; 15: 286.
3. Barlow DH, Durand VM, Hofmann GS. *Abnormal psychology: An integrative approach*. Boston: MA: Cengage Learning; 2016.
4. Sohrabi F. [Third waves of psychotherapy: origin, now and future, with emphasis on schema therapy]. *Journal of clinical psychology* 2015; 18(5): 1-14. (Persian)
5. Hayes SC. Acceptance and commitment therapy, relational frame theory, and the third wave of behavioral and cognitive therapies. *Behav Ther* 2004; 35(4): 639-65.
6. Kahl KG, Lotta W, Ulrich S. The third wave of cognitive behavioural therapies: what is new and what is effective? *Curr Opin Psychiatry* 2012; 25(6): 522-8.
7. Cardaciotto LA. *Assessing mindfulness: The development of a bidimensional measure of awareness and acceptance*. Philadelphia: PA: Drexel University; 2005.
8. Mojtabai RO. National trends in psychotherapy by office-based psychiatrists. *Arch Gen Psychiatry* 2008; 65(8): 962-70.
9. Olfson MM. National trends in outpatient psychotherapy. *Am J Psychiatry* 2010; 167(12): 1456-63.
10. Swift JK, Greenberg RP, Tompkins KA, Parkin SR. Treatment refusal and premature termination in psychotherapy, pharmacotherapy, and their combination: A meta-analysis of head-to-head comparisons. *Psychotherapy* 2017; 54(1): 47-57.
11. Collimore KCR. Treatment of anxiety disorders with comorbid depression: A survey of expert CBT clinicians. *Cogn Behav Pract* 2014; 21(4): 485-93.
12. DiMauro J, Domingues J, Fernandez G, Tolin DF. Long-term effectiveness of CBT for anxiety disorders in an adult outpatient clinic sample: A follow-up study. *Behav Res Ther* 2013; 51(6): 82-6.
13. Soltanalketabi M. Comparison of schema therapy, psychoanalytic and freedom therapy. *Latest in psychotherapy* 2013; 72: 74-82.