

# A Comparative Evaluation of Pharmacotherapy and Psychotherapy

## Introduction

The field of psychology has been a field that has been traced back to the times of antiquity, with the word *psyche* originating from Greek mythology detailing how a mortal woman transformed into the goddess of the Psyche, or the soul (Ashliman, 2001). The psyche represents the triumph of the human soul over life's misfortunes in the pursuit of true happiness (Bulfinch, 1855). The term *psychology* was coined when the concepts of both soul and mind were not clearly distinguishable. The modern science of psychology was truly born in 1875 with Wilhelm Wundt in Germany and William James in Harvard, opening the first psychology laboratories. Allowing for this field to leave the realm of philosophy to become a scientific field.

This paper focuses on the comparative evaluation of three approaches to therapy in treating depression. The approaches reviewed are that of *pharmacotherapy*, *psychotherapy*, and *computer-supported psychotherapy*. Evaluating the efficacy of these methods of therapy in the treatment of depression. Whilst depression is a condition that has been explored throughout different cultures, some of the earliest accounts originating from ancient Greek and Roman philosophy. Hippocrates, the Greek physician, suggested that depression should be treated through exercise, baths, and dieting (Tipton, 2014). Cicero, the Roman philosopher, and statesman, presented depression as being caused by strong emotions such as rage, fear, and/or grief (Evans, 2007).

The Middle Ages saw the prominence of the Catholic faith in Europe, which viewed mental health conditions as evidence of being under supernatural influences, seeing the persecution of people suffering from these conditions (Porter, 2002). During the Renaissance, this persecution continued, but some physicians like Robert Burton revisited the notions of mental illness. Burton published the "*Anatomy of Melancholy*" in 1621, which outlined the social and psychological causes of depression, such as poverty, fear, and loneliness, recommending treatments of dieting, exercising, travel, and purging of toxins (Brink, 1979).

The 19<sup>th</sup> and 20<sup>th</sup> century saw the rise of the first pharmaceutical drug treatments for depression, which saw widespread use, one being that of Tofranil (imipramine) being part of tricyclic antidepressants (TCAs). Such drugs did bring relief, making their condition manageable; however, these benefits were often accompanied by severe side effects, including weight gain, tiredness, and the potential for overdose (Mavissakalian, Perel, & Guo, 2002). Other antidepressants that followed

included Prozac (fluoxetine) in 1987, Zoloft (sertraline) in 1991, and Paxil (paroxetine) in 1992. These drugs being labelled as selective serotonin reuptake inhibitors (SSRIs), which would target serotonin levels in the brain and usually have fewer side effects (Millhouse, & Porter, 2016). Newer drugs emerging include that of atypical antidepressants such as Wellbutrin (bupropion), and Trintellix (vortioxetine), and other serotonin-norepinephrine reuptake inhibitors (SNRIs) (Millhouse, & Porter, 2016).

Whilst our more modern understanding of depression, seeing it becoming part of the DSM-3 in the 1980s (American Psychiatric Association, 1985), has seen the understanding of this condition seeing the modern understanding being that depression as a condition is caused by the combination of multiple factors including biological, psychological, and social factors. These steps in attempting to understand the condition of depression raise the main issues of psychology, which is its propriety to be influenced by popular notions within medicine. Raising the need for modern reviews of the therapy methods, whilst this also being raised the need as the global issue surrounding the COVID-19 pandemic has seen the rates of depression within adults in the UK double, as presented by the Office of National Statistics (ONS). Seeing an increase in cases from 9.7% between July 2019 and March 2020, raising to 19.2% in June 2020 alone (Robinson, 2020).

### **Pharmacotherapy**

This therapy method has been an efficient way of short-term therapy (Leichsenring, Steinert, & Hoyer, 2016), allowing the patients to manage their conditions using therapeutic drugs. This therapy perspective presents a more disease-centred approach to care that focuses on describing the mental health conditions as neurological and/or psychiatric condition (Tinetti, Naik, Dodson, 2016). Some conditions that have been researched are clearly neurological in nature, such as the case of Louis Victor Leborgne. He lost his ability to speak due to lesions on his Broca's area whilst maintaining his intelligence (Konnikova, 2013). This understanding of the cause of the mental health conditions is an issue that needs consideration. Whether this therapy method is adequate in treating conditions is questionable, as purely psychological conditions could be treated through a purely pharmaceutical treatment. The treatment method would focus on the correction of the functional problems. Whilst more environmental conditions may mask the condition, making it more manageable, however, not making progress in dealing with the possible root environmental influences on the person (McHugh, Whitton, Peckham, Welge, Otto, 2013; Gorvett, 2020).

This issue is presented in the actual efficacy of pharmacotherapy surrounding the medication, such as SSRIs which have become widely used over time, stemming from their relatively minor side effects and the fact of the initial dose being a therapeutic dose. Whilst the real advantages of SSRIs,

the potential for side effects that may fade over time (nausea), whilst some may tend to remain stable (sedation, sexual side effects) (Popa-Velea, Gheorghe, Truțescu, & Purcărea, 2015). The uncertainty surrounding possible effects of SSRIs on the patient mood sceptical towards the true effects of the medication makes this therapy method applicable for shorter-term therapy methods.

Another issue surrounding pharmacotherapy is the side effects attributed to each medication that can be prescribed. As the field expands and more effective and tolerable drugs have created, the risks surrounding them are decreasing. However, the notion of the risk/benefit ratio is still a rather significant issue. Due to Wellbutrin (bupropion) affects the norepinephrine and dopamine levels, while no effects on serotonin levels are being developed in 1985. This drug is known to cause side effects that range from insomnia, anxiety, tremors, and headaches. Given this drugs tendency to cause seizures gives it a reason for worry for patients, also it is noted that patients with eating disorders should not receive this medication (Popa-Velea, Gheorghe, Truțescu, & Purcărea, 2015).

This risk-benefit ratio is also highlighted by the previous use of the TACs. These anti-depressants were highly potent and had a low cost; this allowed convenient access to daily doses. These being suitable for depression associated with chronic pain, making the condition easily manageable. However, the discovery of the significant disadvantages of TACs, including the potential toxicity, and requiring gradually increasing dosage to obtain the full effect of the drugs (Popa-Velea, Gheorghe, Truțescu, & Purcărea, 2015). Raise the issue surrounding the use of pharmacotherapeutic therapy methods to treat mental health conditions, such as depression, the assumption that the patients would require this solution to manage the issue raises the problem surrounding the length of this therapy method.

Lastly, the issues surrounding the length of required therapy surrounding the use of antidepressants raises another issue surrounding the possible withdrawal symptoms. According to the charity Mind, these withdrawal symptoms can be caused by all antidepressants and can occur when the dose is reduced or the patient stops taking them. With some withdrawal symptoms being characterised as like the original problem (anxiety, mood swings, depression), whilst also possibly seeing new symptoms (dizziness, stomach cramps, strange dreams) (Mind, 2020).

Whilst this therapy method may be part of the therapeutic approach, the treatment of such a multifaceted condition as depression. This treatment should be used in a more short-term therapy approach over a more longer-term therapy approach due to the possible issue that may arise due to medication use.

## **Psychotherapy**

This approach to therapy is based on regular personal interactions between the specialist and the patient to facilitate the process of improving the patient's well-being and mental health (McAleavey, & Castonguay, 2014). Being an example of a more person-centred approach to care, aiming to describe the conditions through the lived experiences and accounts of the mental disorders by the patients (The Health Foundation, 2016; Tinetti, Naik, Dodson, 2016). This approach has several different approaches to providing this type of therapy, some of these being that of cognitive behavioural therapy (CBT) and psychodynamic therapies.

CBT is a therapy method that focuses on identifying and changing the patients' disturbing thought patterns that adversely affect their everyday lives. Some of the strategies to help patients overcome these thoughts range from journaling, relaxation techniques, and mental distractions (Hofmann, Asnaani, Vonk, Swayer, & Fang, 2014). While this approach has a range of different types of therapies, under the umbrella term of CBT, all work to address the underlying thought pattern that contributes to the patient's psychological distress. This approach has been noted as being an effective short-term treatment centred around specific problems and teaching the patients on present thoughts and beliefs (Hofmann, Asnaani, Vonk, Swayer, & Fang, 2014).

With the potential challenges of CBT being that of this therapy approach requiring the patient's willingness to change, as the effectiveness of CBT is based on the patient's willingness to spend time analysing their thoughts and feelings, this level of commitment to self-analysis can be difficult for patients. Another issue surrounding the structure, as CBT is highly structured, is a method of therapy best suited for patients comfortable with such a structured and focused approach, seeing the therapist taking on an instructional role. Finally, the concept of change may be difficult for patients, as being aware that specific behaviours/thoughts may not be rational or healthy, being aware of this does not make it easy to change (Gaudiano, 2008).

Psychodynamic therapy is an approach that focuses on helping the patient gain a deeper understanding of their own emotions and mental processes. Working to help the patients gain a deeper insight into how they feel and think; being a form of talk therapy, which asserts that the process of talking about personal problems can help them find relief and reach solutions. This approach's essential characteristics are identifying patterns in behaviour, understanding and exploring emotions, and improving relationships (Cherry, 2021).

Whilst an assessment of the effectiveness of this therapy method is difficult due to the difficulties of measuring personality changes (Shelder, 2010). Whilst this difficulty, some research by the journal of *American Psychologist* asserted the efficacy of this therapy approach (Steinert, Munder,

Rabung, Hoyer, & Leichsenring, 2017). Whilst another presented this method of therapy as being as effective as CBT (Driessen, Van, Peen, Don, Twisk, Cuijpers, & Dekker, 2017).

Both these therapy methods touch on the concept of agency, which is best presented in the therapy method developed by Carl Rodgers, which is that of person-centred psychotherapy. This method differs sharply from both psychodynamic and behavioural approaches as Rodgers believed that patients would benefit more from focusing on their subjective understanding of their condition, over-focusing on unconscious motives or the therapist's interpretation of the patient's situation (Rodgers, 1980).

The central concept to this approach is that of the self, which Rodgers defined as the consistent set of perceptions and beliefs about oneself. Consisting of all the ideas, values and perceptions surrounding the concepts of "what I am" and "what I can do". These self-concepts may not fit with reality, as the way we see ourselves differs significantly from how others view us (Rodgers, 1959). Rodgers believed that even though symptoms may arise from past experience, the main focus should be on the present/future over the past. This approach attempts to help patients achieve personal growth and eventual self-actualisation (Rodgers, 1959).

The lack of a clear-cut structure due to each patient being a unique case, this approach values three core conditions. 1) therapist is congruent with the patient, focusing on making the therapist appear authentic, allowing patients to experience the therapist as they really are. 2) unconditional positive regard, as for the patient to fulfil their own unique potential, the therapist must maintain a positive attitude to the client. 3) therapist must show an empathetic understanding to the client, denoting the need for the therapist to understand sensitively and accurately what the patient is feeling, seeing the need for the therapist to communicate to the patient that the therapist understands what they are feeling (Rodgers, 1959).

With the notion of understanding resonating with the work of Jaspers, who presented the notion of understanding as the process of using the first-person perspective, driven by the patients own experiences to make sense of the particular person at that particular time. Influenced by the social and cultural ways we make sense of given behaviours. This also requires a level of empathy and acceptance of the fact that every patient's self and their experiences can be vastly different (Hoerl, 2013).

Lastly, these psychotherapy methods present the range of approaches that this therapy method offers, presenting a far more flexible method of therapy that can be tailored for the individual, presenting short-term goals, which can lead to a better understanding of the underlying condition of

the patient. If the condition is environmental, it can provide the patient with the agency to alter their environment in more beneficial ways.

## **Evaluation**

Whilst, both main approaches of pharmacotherapy and psychotherapy, seeing a plethora of research regarding their efficacy in the short-term (Leichsenring, Steinert, & Hoyer, 2016), psychotherapy has been presented as the more effective way of therapy regarding the long-term (Leichsenring, Steinert, & Hoyer, 2016). The areas that are central to my evaluation of the efficacy of these treatment methods is the notion of agency and manner of accessibility.

### **Agency**

Firstly, the notion of agency within therapy has been presented as the feeling of control over actions and possible consequences. Synofzik et al. (2008) distinguished between the feeling of agency (FOA) and the judgement of agency (JOA). Whilst FOA is a lower level of non-conceptual feeling of being in control or the agent, being characterised as the background feeling of control experienced after voluntary actions when not explicitly thinking about them. JOA is a higher-level conceptual judgement of agency, seeing the person making active attribution of agency to themselves or others. These two levels of agency create a distinction between agency and causality, as FOA automatically registers agency or non-agency, being an action, which takes place without a purpose (causality). JOA are actions that are far more purposeful actions that influence the agent in desired ways (agency) (Synofzik et al. 2008).

Comparing both pharmacotherapy and psychotherapy, along with these two notions of agency, highlights a clear difference between both of these approaches. Psychotherapy, in all the approaches to the methods of psychodynamic, CBT, and person-centred therapy, underlines the far more agency driven approach towards therapy. As psychodynamic therapy, with its focus on helping the patient gain insight to understand their emotions, represents the apparent use of JOA as the patient themselves aims to drive the therapy sessions in understanding possible unconscious influences that may cause environmental and even psychological influences over the patient's condition. CBT with its basis in requiring the patient to show a willingness to self-analyse and having a drive for change, with the active involvement of the patient in finding ways to address these issues. Finally, Rodgers' person-centred therapy is focusing helping patients achieve personal growth and eventual self-actualisation. All highlight the JOA as throughout all these methods, the patient is taking purposeful actions to achieve their desired outcome within their own terms.

Whilst pharmacotherapy presents an approach that relates more with the notion of FOA, as the patients are prescribed specific medication to manage the situations. However, unlike with the JOA approach highlighted in psychotherapy. Pharmacotherapy presents the patient with far less control over their condition, making the therapy more resembling that of FOA due to them taking the medication to manage their condition. However, the causal relationship between the medication and the condition is visible, as the conditions are not dealt with; instead, they are mitigated, seeing the causal relationship between the action of taking the medication and the adverse symptoms becoming manageable. However, the side-effects associated with all the forms of antidepressants, from TACs to SSRIs, raise questions surrounding this treatment's efficacy within the long term. Strengthened by the possible withdrawal symptoms, which can add symptoms on top of the already present symptoms associated with the condition.

While both therapy methods have been presented to deal with psychological related issues, pharmacotherapy is more effective in the short-term treatment of depression, and psychotherapy is a far more effective long-term therapy for depression (Leichsenring, Steinert, & Hoyer, 2016). The environmental influences on the conditions are only mediated through psychotherapy, as the use of pharmacotherapy in environmental issues does not solve the root cause of the issue. As a patient suffering from depression may use pharmacotherapy to make their condition manageable, the overuse of antidepressants may make the patient simply accommodate the environmental causes of their condition. In comparison, psychotherapy could provide a more long-term treatment method for their condition.

The review of the perceived importance of agency to the patients by Hoener, Stiles, Luka, and Gordon (2011), saw the 11 interviewed participants of psychotherapy point out the personal importance of agency to them. Agency was highly valued by the participants, and accounts of the participants encompassed areas of doing the work associated with therapy, informing themselves about therapy, different agency experiences based on approach seeing participants preference to their psychotherapy approach, valuing agency for empowerment and accomplishment (Gordon, 2011). This following the notion of Bohart and Tallman (1999, 2000) asserted that patients are active agents in the therapeutic process, capable of self-healing and using psychotherapy in their own therapeutic best interest (Bohart, & Tallman, 1999, 2000). This, therefore, presents that the self-healing process works due to the active agent role of the participants, or if they are provided with a JOA approach, then being able to take purposeful actions for their best therapeutic interest conscientiously.

## **Accessibility**

The idea of accessibility covers how easily the therapy method is accessible for patients; as for depression or any mental health condition, the ease of access to therapy and the frequency of sessions is vital in receiving both therapy methods of pharmacotherapy and psychotherapy. The review by Fortney, Rost, Zhang, Warren (1999). Which saw a community-based sample reviewing how geographic location may inhibit the access to both types of therapy, seeing more rural patients making on average 2.8 visits over a 6 month period (Fortney, Rost, Zhang, & Warren, 1999). Showing how rural patients may be prevented from making enough visits to receive the proper care.

Accessibility is a factor that is especially worrying for the use of pharmacotherapy due to the use of the medication and possible effects that these medications may have on the patients. Regular visitations are vital to be prescribed the medication that effectively treats or makes the condition of the patients more manageable.

The notion of accessibility for psychotherapy, especially for patients in more rural settings, however, the notion of computer-supported psychotherapy has started to become more prominent. Whilst computer-supported psychotherapy (CSP) refers to the manner of delivery of the form of intervention. With CSP being able to be delivered in a manner of ways, and with the prominence of personal devices (laptops and phones) and internet availability becoming accessible in more rural areas, this allows for higher complexity of therapy methods to be provided for the patients. Ranging from text-based to internet video-chats or video-calls (skype, zoom, teams), allowing for psychotherapy methods to be provided online, transcending this geographical barrier presented in the review from 1999.

As CSP provides some unique strengths to psychotherapy, these being: 1) CSP can be made more accessible to the patient's convenience and at any time. Making them less constrained by clinical hours and location. As users can seek the support or intervention they need at times, they most need them. 2) though individuals with mental health conditions may not seek treatment (Reiger, Narrow, Rae, Manderschied, Locke, & Goodwin, 1993), which limited these individuals' ability to gain the support they need. However, internet access bridges this digital gap in rural and poor communities, allowing these individuals more straightforward access to services. 3) individuals with mental health conditions may not wish to reveal their symptoms or seek treatment (Dain, 1994), but the anonymous access of CSP offers advantages over seeking a pharmacotherapeutic alternative (Turner, Rogers, Lindberg, Pleck, & Sonenstein, 1998). Also, the in-home accessibility of CSP offers advantages to individuals whose condition limits mobility. 4) the shortage of clinicians sees CSP as delivering a critical



bridge between the individuals' motivation to find therapists and seek their assistance. 5) CSP may provide a cost-effective service to individuals (Carroll, & Rounsaville, 2010).

The possible implications of CSP within the field of psychotherapy has already seen use, with the rise of online therapy sessions due to lockdown scenarios caused by the COVID-19 pandemic spurred the development of these sessions. Seeing the rise of services such as BetterHelp or Talkspace, which provides individuals with online therapy, focusing on providing individualised therapy spanning all three of the explored psychotherapy approaches (Lindberg, 2020), both provide therapy ranging from text, audio, or video at the convenience of the patients. Furthermore, several mobile apps have also been developed to tackle different psychotherapy approaches, the most prominent one being that of CBT and the use of apps such as Quenza (Moore, 2021).

### **Conclusion**

In conclusion, both psychotherapy and pharmacotherapy have their strengths and weaknesses, however the importance of exploring non-drug treatments to avoid the risks of the possible side effects and the possible withdrawal symptoms. The vital area of consideration is the environmental causes of mental health conditions. The factors of agency and accessibility to the therapy methods present the efficacy of psychotherapy in treating mental health conditions such as depression. With agency giving the ability for self-actualisation and for the patients to self-heal being praised by patients, the accessibility given to psychotherapy approaches by CSP presents a significant advantage to individuals who may be inhibited by location or other factors. This raises the efficacy of the use of psychotherapy as a model that is more flexible to the needs and wants of individuals seeking therapy.

However, a clear area of comparison of CSP to more traditional clinically delivered forms of psychotherapy must be established. Nevertheless, the potential of CSP to deliver a large number of individuals a service that they may benefit from has to be considered. This being something that is simply unfeasible for traditional pharmacotherapy, as due to the prescriptions requiring the active involvement of the physician and patient. Whilst most of the historical influences of psychology and the advised treatments/understanding of depression presented, the focus on lifestyle changes or that of more environmental influences have been perceived as beneficial long-term treatments.

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