The Psychotherapeutic Process

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Three years ago, in Oslo, we discussed the broad issue of 'What is Psychotherapy', and reached no definite conclusion. The issue was, however, left wide open, and we received suggestions for an answer, ranging from the one that psychotherapy is an attempt to help people adjust to a marxist society, that psychotherapy is but a myth, just one of many ways of influencing people, or attempts to undo the demoralization which unfortunate vicissitudes of life have brought about. Today the focus is appropriately limited to the more specific issue of the psychotherapeutic process. You will notice that there is no question mark attached. The program committee obviously accepts this process as a given fact, and they invite us to discuss the nature of it. It seems to me important that we carry with us the understanding already achieved that psychotherapy is one of many ways of influencing people by psychological means. We shall need this general view to be able to identify the psychotherapeutic process as different from or similar to other psychological processes.

This becomes particularly necessary in an era where psychiatry is moving into the wider mental health area, to diagnose as well as treat through paraprofessional staffs and social networks. This moving out into society implies recognition and at times also handling of a broad variety of interpersonal processes, all of which by expectation or intention are remedial.

The general issue involved is the demarcation of what is useful to regard as a psychiatric concern, and what should remain a social or personal problem, to be dealt with as such. I am not satisfied by the formulation that all psychiatric problems are personal or social or vice versa, although I realize that it is all part of the same general process.

The difference becomes obvious when you realize that the clinician brings to the suffering person the concept of patient and disease. If we dis-

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card these concepts, as is easily done when all sorts of problems gravitate toward mental health, we are leaving not only medicine, but also the morally neutral world of sickness and pathology to move into matters of moral and demoralization.

You may justly argue that divisions between personal, social and psychiatric problems are arbitrary. All mental suffering, be it early deprivations or fixations, later traumas or regressions, are of one kind and may all need our help. The clinician, however, still must consider what part of this total misery he will involve himself in, and what can, perhaps even profitably, be left to other sources of help. The question then remains, are the psychological processes in the various kinds of help different?

Psychotherapists obviously realize the relationship between a deprived and traumatic life, and psychic dysfunction. Their methods of therapy cannot, however, provide the essentials which are

basic to mental health, such as a trust-providing up-bringing, a life situation with a sense of belonging, any more than the physician can provide housing, nutrition, cleanliness and traffic lights necessary to avoid physical disease and damage. This takes political processes and decisions.

The psychotherapist has a professional obligation, though, to stand up for the importance of the emotional climate, and we have some hard data on this which is still not taken cognizance of. But this preventive work does not help us define the nature of the psychotherapeutic process. We are left with psychotherapy as a curative interpersonal process of change. The most available model for understanding this process is that of growth as it appears in a parent/child relationship. The therapist has the role of a different parent figure than the original one, thus the corrective emotional experience.

In the case of a supportive therapy, the process involved in relief of emotional suffering may be indistinguishable from that in everyday life, and the theoretical and technical accoutrement may be the therapist's defense to maintain a professional situation, legitimately enough.

The emancipation from infantile ties or neurotic patterns may be more easily described as specific learning or insight, in a relationship to a therapist who allows and helps the patient grow and become independent.

In psychotherapy with children and adolescents the parent/child analogy is, of course, even more striking, and therapy more easily seen as a facilitation of growth and maturation. As in the case of supportive therapy, there is a broad overlapping borderland between everyday educational processes and therapy.

But there are other aspects of psychotherapy which do not so easily fall into place as aspects of a simple developmental process. The mature person

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may also come down with conflicts and symptoms, and psychotherapy may help him change or readjust mental defences and relationships. The analogy with the parent/child relationship becomes more tenuous, although still useful.

We may need yet another model to account for other types of psychotherapy. In medicine we acknowledge the *vis medicatrix naturae* as the main healing force, which all our treatment efforts are at the mercy of. In psychiatry we may have to accept a similar *vis medicatrix societatis*, which is less reliable than its biological counterpart, but just as important. But these social forces are not as we envision the biological ones, morally neutral. As a matter of fact they are just the stuff moral systems are made of. One aspect of the psychotherapeutic process can be seen as harnessing these social forces for the benefit of the patient, by making the therapist a mediator who interprets the social demands of reality, rationality and responsibility to his patients and on the other hand helps the patient by interpreting his limitations and needs to society, thus helping him maintain his acceptance by adherence and belonging to a community.

This negotiating aspect of psychotherapy, which is best known from the treatment of psychotic patients and behaviour-disturbed youngsters, can also be derived from the parent/child model, as it has to do with the way parents introduce their children in social settings.

It all goes to show how many different processes we are actually talking about, from the most specific and subtle elaborations of a transference relationship to the mobilization of emotional support in social milieus. The common denominator seems to be that the therapist provides a different parent figure from the original and usually internalized one, in order to permit change. The difference rests with the quality of the therapist, the way he establishes emotional rapport as

he accepts short-comings, tolerates infantile aggressions without retaliating, creates a vision, an expectation which mobilizes the resources of the patient and finally leaves him to grow for himself.

This different parenting is not, however, the specific contribution of the therapist. Perhaps any mature person who engages in a helping relationship may do so much. It still is an essential nucleus of any psychotherapy.

The specificity of the therapy has to do with the many different ways, i.e. techniques and methods that can be used within this frame of reference, to reach the goal, all of them depending on qualified training and clinical experience.

My final contention then would be that there is, beyond the establishment of a different and good parent figure, no one psychotherapeutic process, but many different ones, and we shall have to differentiate them as precisely as

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possible in order to establish specific treatments for specific reactions or disorders, or, to make our therapy more conflict- or phase-specific.

Some patients will need mainly gratifying processes, others will benefit from severe confrontations. Some will need help to frustrate impulses to structure their inner life, whereas others need acceptance and insight to grow out of their infantile bondage. Some need identification processes to reach a sense of meaningful existence, others desperately need emancipation from a rigid and selfconscious life.

Very often the same type relationship is offered in psychotherapy to all these various patient problems, partly because we cannot adjust our efforts discerningly enough, partly because we have not learned to realize the limitations of the individual therapist in contributing to these many different processes in a given patient.

My hope for this congress then, is a greater understanding of the difference between these many psychotherapeutic processes, which in a condensed, intensified and professional way attempts to do what is also, in principle, possible in many trustful and stimulating relationships, that is, relief of suffering through support and help to further maturation.

But even if we can see similarity or even identity between the psycho-therapeutic process and other interpersonal processes

this does not mean that any good relationship is psychotherapy. The distinction remains that psychotherapy is the attempt to use these processes

intentionally and in a controlled way

over a limited period of time

for the benefit of a person who seeks help.