THE TECHNIQUE OF PSYCHOTHERAPY

A PRACTICAL OUTLINE OF PSYCHOTHERAPY

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In psychotherapy we are navigating a sea of imponderables. So many variables exist that we may find ourselves adrift with few bearings to chart our course, or we may become marooned on seemingly endless reefs of resistance. A general plan of action, however, can help many therapists stabilize their journey and guide their efforts in a meaningful direction.

As a catalyst to personality growth, the therapist may operate within the framework of a disciplined therapeutic plan that is geared toward resolution of the patient's resistances to change. Such a plan ideally should be sufficiently pliant to allow for the functioning within its structure of therapists of varied orientations and different kinds of training.

The design of psychotherapy in Table 21-1, founded on psychoanalytic doctrines and learning theory, is pointed in this direction. It strives to correlate the positive factors of the various systems of psychotherapy into a flexible framework in which therapeutic skills may be developed. The framework is intended to be sufficiently broad so as not to interfere with a spontaneous utilization of the self in the dynamic interpersonal relationship that is the essence of psychotherapy.

The framework may rightfully be termed eclectic since it utilizes concepts derived from various schools of psychiatry, psychology, and social sciences. The objectives of this framework are aimed at a reconstruction of personality, although there is recognition of, and allowance for, the fact that this goal may for practical reasons have to be scaled down.

The delineated principles of therapy are fashioned for the therapists whose training enables them to do psychoanalytically oriented psychotherapy; they will also be helpful, however, to therapists who have not been analytically trained and who confine themselves to supportive and reeducative methods. The principles are equally applicable to short-term and long-term

approaches.

The four phases of treatment described in the present outline have been schematized for purposes of convenience. In actual practice, considerable overlapping occurs among the various phases. Nevertheless, a definite sequence will be observed in successful therapy that generally follows the outline.

Table 21-1
An Outline of Psychotherapy

	Beginning Phase	Middle Phase		End Phase
Phases	I	II	>III	IV
Objectives	Establishing a working relationship with patient	Exploring the causes and consequences of the patient's disorder	Translating understanding into action. Instituting corrective measures	Terminating Therapy
Therapeutic tasks	1. Motivating patient to accept therapy. 2. Clarifying misconceptions about therapy. 3. Convincing patient that therapist understands his or her suffering and is capable of helping. 4. Tentative defining of goals in therapy and of the therapeutic situation.	1. Delineating and exploring environmental frustrations and maladaptive interpersonal drives through interviewing. 2. In cognitive therapy, searching for false self-statements. 3. In dynamic psychotherapy, probing for unconscious conflicts that mobilize anxiety and vitiate basic needs through psychoanalytic techniques of free association, dream interpretation,	1. Creating incentives for change. 2. Dealing with forces that block action. 3. Helping patient to master anxieties surrounding normal life goals. 4. Correction of remediable environmental distortions. 5. Helping patient to adjust to irremediable conditions. 6. Symptom removal if	1. Analyzing the dependency elements of the therapist-patient relationship. 2. Redefining the treatment situation with the aim of encouraging patient to make independent decisions and to establish individual values and goals. 3. Helping patient to achieve as much

		analysis of the transference, and the exploration of genetic material. 4. In behavior therapy, appraising factors that need reinforcement and symptoms that require extinction.	desirable when immediate correction is urgent. 7. Adjustment to those symptoms and abnormal character patterns that for one reason or another cannot be removed during present therapeutic effort.	independence and assertiveness as possible.
Resistances in patient	1. No motivation for therapy or inability to accept the fact that he or she can be helped. 2. Refusal to accept therapist's definition of the treatment situation 3. Hostility, aggression, detachment, intense dependency, sexual demands, and other resistances to a warm working relationship.	1. Guilt in acknowledging environmental disturbance or interpersonal difficulties. 2. Unwillingness and, in the instance of a weak ego, an inability to face and to master anxieties related to unconscious conflicts, strivings, and fears.	1.Resistance to abandoning primary and secondary neurotic gains. 2. Resistance to normality. 3. Resistance to activity through own resources.	>1. Refusal to yield dependency. 2. Fear of assertiveness.
Countertransference problems in therapist (manifestations)	1. Inability to sympathize with patient and to communicate in understandable terms with him or her.	1. Avoidance by therapist of those problems in patient that inspire anxiety in therapist. 2. Desire to probe too deeply and	1. Frustration, hostility, and discouragement in therapist to patient's refusal to use insight in the direction of change	1. Tendency to overprotect or to domineer patient. 2. Inability to assume a nondirective therapeutic

	2. Irritability with resistances of patient to accepting therapy and therapist 3. Inability to extend warmth toward patient and to show acceptance of the problems.	rapidly at the start. 3. Irritation with resistance of patient toward gaining understanding of the problems.	2. Tendency to push patient too hard and too rapidly toward normal objectives. 3. Fear of being too directive, with resultant excessive passivity. 4. Resentment at patient's inability or refusal to cooperate with corrective procedures.	role.