THE TECHNIQUE OF PSYCHOTHERAPY

THE INITIAL INTERVIEW
ESTIMATING THE PATIENT'S GENERAL CONDITION

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The Initial Interview: Estimating the Patient's General Condition

It is important to estimate how thoroughly prepared the patient is for psychotherapy prior to making arrangements for treatment. This necessitates a number of judgments, including the level of insight and the degree of motivation. Such judgments should be recorded in the initial interview form.

RESPONSE OF PATIENT TO THERAPIST AND VICE VERSA

The therapist will have observed at this point in the initial interview that the patient has responded in certain ways, such as by being cooperative, fearful, suspicious, or hostile. The therapist will also be aware of personal feelings about the patient—positive or negative. The patient's fearful, suspicious, or hostile responses will also have to be handled along the lines suggested in Chapter 32. Furthermore, one's own over-protective or rejecting attitudes toward the patient will have to be managed. Observations of reciprocal responses are important in deciding whether the interviewer will continue treating the patient or whether a referral will be made to another therapist.

PHYSICAL APPEARANCE

The patient's physical appearance—meticulous, presentable, untidy, or disheveled—and the manner of dress may give the interviewer some clues of how the patient feels about himself or herself. Thus, a woman with a short haircut who wears a manish suit may be dressing and grooming according to the latest style or attempting an identification with males. An unkempt personal appearance may be a manifestation of disintegrative tendencies. Pretentious apparel may be a surface indication of feelings of deep self-devaluation or of contemptuous attitudes toward conventionality. It is essential to consider the patient's grooming, hair style, and dress in relation to whether they coordinate with or differ from the patient's subcultural group.

PATIENTS' ESTIMATE OF PRESENT PHYSICAL HEALTH

The degree of the patient's preoccupation with concerns of health may be diagnostically important. Thus, underconcern about one's physical condition, to a point where the patient neglects an illness, may be indicative of masochism. Overconcern about one's physical state may reflect fears of injury or of death, such as are found in obsessive-compulsive reactions.

COMMUNICATIVENESS

The way that patients communicate may suggest how they will relate in therapy, their emotional status, and their contact with reality. An unmotivated patient is usually underproductive. Underproductivity to a point of retardation is also often a sign of depression, especially of a depressed manic-depressive state. Garrulousness may be a manifestation of fear, or it may indicate a serious psychomotor condition, as in the organic psychoses. Overproductivity may additionally be a symptom of the manic phase of manic-depressive psychosis. Disjointed, irrelevant, and incoherent productions are sometimes found in schizophrenia. The choice of what a patient says at first, glaring omissions, attitudes of passivity, belligerence, apathy, inappropriateness of affect, and other signs will yield clues to the patient's personality problems.

INSIGHT AND MOTIVATION

For the patient to qualify best for successful therapy, each of the following conditions must be satisfied:

1. The patient must be aware of the fact that a problem exists.
2. The patient must desire to correct the problem.
3. The patient must be aware of the fact that the problem is emotional in nature.
4. The patient must be willing to accept psychotherapy.
5. The patient must be willing to accept help from the interviewer or from some other therapist.
6. The patient must be willing to accept the conditions of psychotherapy.

7. The patient must be able to arrange time for treatment.

8. The patient must be able to afford to pay whatever fee is decided on between the patient and the therapist.

The interviewing therapist must, therefore, search for answers to the following questions:

1. Is the patient aware that there is a problem? If not, why has the inpidual come for an interview?

2. Assuming that there is recognition of a problem, does the patient want to correct the problem? If not, what does the patient want from the interviewer? If so, what kind of help does the patient believe is needed and what help has been received to date?

3. Is the patient willing to accept the fact that the problem is emotionally determined? If not, how intense is the resistance? Does the patient know anything about emotional illness?

4. Assuming that the patient accepts the fact that the problem is an emotional one, is the patient willing to receive psychotherapy? If not, why not? Are there misconceptions about psychotherapy? Are these soluble with appropriate clarification?

5. Is the patient willing to accept treatment from the interviewer or from a therapist whom the interviewer suggests? If not, what resistances are displayed? Can these be handled during the initial interview?

6. Is there an acceptance of the conditions, the general arrangements, and the method of psychotherapy? If not, is it possible to deal with the objections?

7. Can the patient arrange the necessary time for treatment? If not, are the reasons emotional or realistic? Can a practical means be devised for handling these problems?

8. Can the patient afford therapy? If not, can arrangements be made to obtain or borrow funds?

The management of the patient's resistances to any of the conditions essential for therapy is a responsibility of the initial interviewer. Ways of dealing with such resistance are indicated in later chapters, particularly Chapters 32 and 36.