George Mora

Psychobiological Psychotherapy

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DEFINITION

Adolph Meyer's psychotherapy can be viewed as a rather loosely structured and flexible approach to the treatment of mental disorders in the context of his so-called psychobiology. Such an approach resulted from the conglomeration of many trends expressed by various psychiatric schools. Though obviously quite influential in the period between the late 1910s and the early 1940s, Meyer's psychotherapeutic approach — probably because of its very broad comprehensiveness and eclecticism — has been progressively forgotten. Yet, many of its tenets are still quite pertinent to today's psychotherapeutic scene.

HISTORY

The history of psychobiology is intrinsically related to the life and work of its founder, Adolf Meyer (1866–1950). Born near Zurich, he graduated from the medical school there and then received training in Germany, France, and England. He was especially influenced by the Darwinian ecological orientation of Thomas Huxley and by Hughlings Jackson's basic concept of the

individual person as functioning on progressive levels of integration in the context of the evolution and dissolution of the central nervous system.

Upon emigrating to the United States in 1894, Meyer worked first in mental hospitals in Illinois and Worcester, Massachusetts (1894–1902), then in New York City at the Pathological Institute of New York State (1902–1909), and, finally, at the Henry Phipps Clinic of Johns Hopkins University (1909–1942). It was here, in Baltimore, that, as professor of psychiatry, he established the most important psychiatric center in the world for the training of psychiatrists.

Among the main trends that contributed to Meyer's psychobiology are:

1) the acceptance of the American philosophical pragmatism (Charles Pierce, William James, John Dewey, George Mead, Charles Cooley), with its emphasis on a concrete, pluralistic view of the individual and his society and on a basic optimistic outlook toward human nature;

2) the formulation of a holistic biological concept of the human personality, to be conceived of as a chronological unfolding of events resulting from the relation between habit, situation, and pathology (as typically represented by schizophrenia, a twisted maladaptation caused by habit disorganization or deterioration);

3) a recognition of the validity of many of the Freudian concepts,

accounting for the explanation of pathological personality reactions as regression to former, previously protective, phylogenetic reactions that are incompatible with adaptation in later life;

4) a pioneering involvement in the prevention movement of mental hygiene (through his association with Clifford Beers, the author of A Mind That Found Itself [1908], and, the following year, with the organization of the National Committee on Mental Hygiene), which led to his clear anticipation, in the early 1900s, of the tenets of today's community mental health movement.

TECHNIQUE

Central to psychobiology is the study of the individual person, who Meyer defined as a biological unit, functioning either alone or in a group, maintaining an internal and external homeostatic equilibrium in coping with new situations, and capable of a high range of differentiation in capacity and function and of a relative ly high degree of spontaneity and responsiveness.

In contrast to hypothetical psychological and metapsychological concepts brought forward by many schools, Meyer stressed as basic for psychobiology the observation of objective facts, the formulation of predictable conditions in which these may occur, and the testing and validation of methods for their controlled modifications. The biographical

approach to the personality offered a practical and specific guide for gathering individual data, a means of organizing that data, and a method for checking and reevaluating data elicited under varying conditions. For Meyer the clinical psychiatric examination included the following components: 1) present motives and indications for the examination as emerging from the biographical study; 2) related personality traits, factors, and reactions; 3) physical, neurological, genetic, and social aspects of the personality; 4) differential diagnosis; 5) individual therapeutic plan. Dissatisfied with the limitations of one-word diagnoses for the complex field of human behavior, Meyer initially used the terms "reaction set" or "reaction type" in diagnostic classification. Later on, in the 1920s, he used the word "ergasia" (from the Greek word for work, ergon) to describe the general concept of behavior and mental activity and its plural, "ergasias," to denote specific behavioral units. Thus, he called organic brain reactions "anergasia," toxic psychoses "dysergasia," and so on. This classification, never accepted in psychiatric nomenclature, was in direct contrast to Meyer's overall emphasis on the common-sense approach in psychiatry.

Regardless of the diagnosis, the initial interview was to focus on the situation that required immediate therapeutic intervention. In fact, for Meyer, treatment began at the time of the initial contact, with the patient's exposition of the problem. Paramount for the success of the treatment, especially at the early phase, was the cooperation of the patient's better self; that is, the

healthier part of the patient's ego. In fact, these healthier aspects of the patient's personality were considered as the starting point for treatment. Also, in the initial stage of treatment, it was important to define the difficulties — involving eating and sleeping habits and other daily routines — in concrete terms familiar to both the therapist and the patient.

From this chief complaint, the attention progressively shifted to the nature and extent of the disturbance in the context of the patient's overall functioning, his previous medical history, and the role played by his constitution, development, and environment. Problems were approached mainly on a conscious level, in a face-to-face sitting, beginning with the experiences undergone by the patient in the interval since the last interview. Eventually, deeper sorts of material were brought to the surface with the help of spontaneous associations (a term that Meyer preferred over that of "free associations"). This unconscious material, in addition to information supplied by his family, supplemented the psychiatrist's efforts and facilitated the understanding of the situation. Ample support was to be given to the patient, so as to help him to function adequately between interviews, the intensity and frequency of which were flexible according to circumstances. With the help of the therapist, the patient was to be able to formulate his life story by means of a chart, to demonstrate understanding of the origins of his difficulties and appropriate means to ensure their resolution and prevent their repetition. Eventually, the point was to be reached where the patient

would analyze his personality problems and their relative importance (distributive analysis) and then reconstruct the origin of his concepts and devise healthier behavior patterns (distributive synthesis). In essence, “habit training” — that is, the modification of unhealthy adaptation to achieve personal satisfaction and proper environmental readjustment — was to be reached by using a variety of techniques, such as guidance, suggestion, reeducation, and direction.

APPLICATIONS

In contrast to most of the well-known psychiatrists contemporary to that period — notably Pierre Janet, Freud, and many others — Meyer shied away from detailed presentations of case histories of patients treated by him. Yet, there is plenty of evidence that his psychotherapeutic approach based on his optimistic and melioristic philosophy of psychiatry was successful in many cases.

Early in his career, at the dawn of our century (in contrast to Kraepelin’s pessimistic view), he was already emphasizing the possibility of recovering from schizophrenia by overcoming faulty habits, notably withdrawing. Around the same time, he proposed correct plans for the intervention and prevention of the patient’s illness with the help of his family, school, and community. In line with this, Meyer should be given credit for the first

application of the principles of social work, of occupational and recreational therapy, and of aftercare programs for convalescent patients as early as 1904 at the Manhattan State Hospital West.

Later on, as psychobiology became better defined, he emphasized the importance of collaboration by the members of the therapeutic community — physician, patient, nurse, and ward group — and the patient's family in providing a setting to safeguard the integrity of the patient's personality functions.

Particularly important is the fact that, in contrast to the emphasis on the treatment of neurotic patients by the various psychodynamic schools, Meyer stressed that Psychobiological Therapy was especially valuable for psychotic patients. This may account for the tradition of psychotherapy of psychoses, which was carried on for a few decades in the Washington- Baltimore area by representatives of various Freudian and neo-Freudian schools. On a wider scale, such an orientation was pursued by some of the most well known of Meyer's pupils, such as Charles MacFie Campbell, David Henderson, Wendell Muncie, Oscar Diethelm, W. Horsley Gantt, Alexander Leighton, Franklin Ebaugh, Edward J. Kempf, John Whitehorn, Leo Kanner, J. Masserman, and Theodore Lidz.

In view of the predominant role that Meyer played in psychiatry in this

country and abroad (more than one hundred of his pupils became professors of psychiatry), it is puzzling why so little is known today of Meyer's contribution. Several reasons may account for this: the arduous style of his writings, the lack of systematization of his thinking in favor of a rather provisional and pluralistic approach, the disregard for presentation of clear and comprehensive clinical histories of patients, and finally, the challenge offered by the great depression of the early 1930s to his fundamental optimistic orientation of life. Psychoanalysis — a well-organized movement — was soon to present the greatest impact in academic circles, psychiatric settings, and in the culture by and large. Yet Meyer's philosophy opened the way to the psychodynamic thinking and, later on, anticipated today's community mental health approach.