THE TECHNIQUE OF PSYCHOTHERAPY

THE "HELPING" SITUATION

LOUIS R. WOLBERG M.D.

Extratherapeutic (non-specific) Healing Aids:

II. The "Helping" Situation

Lewis R. Wolberg, M.D.

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Turning to another human being for help is an inevitable consequence of a shattered sense of mastery. It represents acknowledgment of the inability to cope with difficulties through one's own resources. Contact with a trusted individual can inspire rapid relief from tension and even restore adaptive functioning. Physicians, ministers, lawyers, teachers, psychiatrists, psychologists, social workers, and even considerate friends may serve as elegant resources for a helping relationship. The effect, while therapeutic, is epiphenominal. It reinforces the impact of formal psychotherapy. It is a vital, indeed inescapable, constituent of the therapeutic gestalt. Most prominent among the liberated forces are the placebo effect, relationship dimension, emotional catharsis, suggestion, and group dynamics.

THE PLACEBO EFFECT

If a patient and therapist are both firmly convinced that eating oatmeal will cure the patient's symptoms, it is likely that relief will be forthcoming as long as the proper rituals have been organized around the taking of the cereal, and the patient maintains faith in its efficacy. If as a consequence of the conviction of being helped the patient dispels tension and anxiety sufficiently to restore to oneself a sense of control, he or she will possibly return to habitual routines and sooner or later reach an optimal level of functioning. Moreover, if the problems are not too serious and one is fortunate enough to live in a constructive environment, particularly in a productive relationship with some other human being, he may even undergo deeper personality changes. The placebo phenomenon responsible for these permutations is usually minimized by therapists who have been seduced by a belief in the scientific validity of their systems. This is not to minimize the impact of a rational psychotherapy, but it is essential to give credit for part of the benefit to adventitious elements other than technical interventions.

The placebo has been called a "nuisance variable," and yet it historically has served as an important, albeit often unacknowledged, aid in medicine (Shapiro, 1964). Indeed, the prescription of inert substances was a standard part of medical practice for many years, being embodied in the tradition

of giving pink sugar pills and injecting sterile water for their suggestive effects. These effects may be quite powerful, even to the point where direct or suggestive statements regarding a presumed drug action induce a psychological reaction diametrically opposed to the true pharmacological effects of the drug (Wolf S, 1950). Research explorations on medicaments in the form of double-blind studies pay respect to the placebo factor, recognizing that a mental influence may contaminate the impartial appraisal of a substance.

There is ample experimental and clinical evidence to substantiate this view. Laboratory reports indicate that pain thresholds are heightened and pain tolerance increased by placebos. Beecher (1970) has stated that placebos relieve pain one-half to two-thirds as effectively as optimal doses of morphine. Apart from the considerable relief of pain, various physical ailments may be helped (Lasagna et al, 1954; Wolf & Pinsky, 1954). The placebo effect probably accounts for the fact that most patients who visit a general medical physician improve with almost any symptomatic treatment. Hypodermic injections of distilled water accompanied by statements that a new remedy for bleeding ulcers was being administered helped 70 percent of patients over a long-term period (Volgyesi, 1954). A study of vaccines for the common cold revealed that while 55 percent of persons injected with the vaccine showed a reduction in the number of yearly colds, fully 61 percent was recorded in a control group who had received nothing more than harmless injections of saline solution (Diehl et al, 1940). Patients with chronic headaches experienced relief with placebos in 60 percent of cases (Jellinek, 1946), and the same percentage of patients noted a reduction of the frequency of herpes simplex with placebo therapy alone (Conant, 1974). Beecher (1955), evaluating 15 studies, including 7 of his own, involving a total of 1082 patients, found that placebos had significant effectiveness of 35.2 percent ± 2.2 percent. He also found that the effect was most powerful when stress, discomfort, and pain were greatest. His remark that "many a drug has been extolled on the basis of clinical impression when the only power it had was that of a placebo" has been repeatedly confirmed.

The impact on the individual of a placebo is all the more astonishing when we consider that through its suggestive influence it can produce objective physiological changes (Abbot et al, 1952). Thus placebos given to patients with duodenal ulcers produced the healing of ulcers in 65 percent of the cases (Hollander & Harlan, 1973). A significant number of side effects may even be credited to an inert material (Feather & Rhoads, 1972; Rickels et al, 1965). Toxic phenomena have been induced by

substances to which the individual could not possibly have been sensitive, solely on the basis of the individual's conviction that he could not help responding in an untoward way. Sugar pills, for example, have produced weakness, palpitation, nausea, maculopapular dermatitis, epigastric pain, watery diarrhea, urticaria, and angioneurotic edema (Wolf & Pinsky, 1954). According to S. Wolf (1950), physiological effects are brought about by a placebo through "objective changes at the end organ which may exceed those attributable to potent pharmacologic action." In patients with anxiety placebos have produced physiological responses similar to those of corticotropin (ACTH) in normal patients.

How placebos work is not known. Faith in a minister, guru, charismatic leader, shaman, physician, spiritualist, shrine, acupuncture, or scientific method— irrespective of on whom or what the individual pins one's hope—this can promote high levels of well-being and healing that on the surface sound miraculous. But modern research points out that the miracle is chemical and not spiritual. Concentrated in the hypothalamic-pituitary region, opiatelike pentapeptides, the enkephalins and endorphins, are apparently liberated through a placebo effect producing analgesia that modulates pain and activates drive and reward systems in the brain. These endogenous substances also interact with other neurotransmitter systems influencing neuroendocrine functions that sponsor important psychoadaptive effects. The healing value of faith is very well documented in popular and scientific literature. Its operation may make the difference between death and survival in serious accidents, illnesses and surgical operations.

When individuals with tension, anxiety, and other neurotic symptoms take recourse to medicaments in order to subdue their suffering, the effectiveness of the drug is greatly enhanced if there is a conviction that it will work. In double-blind studies with tranquilizers, a sizable number of subjects report marked relief of their symptoms with placebos that are packaged similar to the tranquilizers under test because the deceit excites confidence in the inactive substance. However, even when the patients are told that the material given them is inert, they will still respond positively (Park & Covi, 1965), probably on the basis of faith, hope, and expectancy.

In many parts of the world charms and amulets are still worn for their placebo effect. These objects work their wonders among the less educated by dispelling evil spirits, invoking benevolent deities, and generally protecting the individual against misfortune and disease. Counterparts of the ancient

mandrake root and unicorn horn are still sold to quell ague, to staunch blood, to cure headaches, to facilitate childbirth, and generally to promote health and well-being. In some areas the sale of herbs and curious nostrums flourishes, such as in Chinese herb shops in Hong Kong where dried sea horses are prescribed for chest congestion, ground pearl powder for pimply complexions, rhinoceros horn for heart ailments and impotence, tiger bones for rheumatism, and fungus from a coffin growing near the corpse's mouth for tuberculosis. Among the better educated, more refined and highly personalized tokens are coveted to bring good luck and to allay misfortune. Confidence in the charm or token is, as in drug placebos, the essential ingredient. The conviction that a powerful protective agent is at work to support one's claims on life, and to protect against dangers, is sufficient to calm anxiety, to lessen tension, to restore physiological homeostasis, and to promote self-confidence and assertiveness. A more accurate perception of possibilities of action leads to mobilization of effective resources and to more constructive problem solving. Shattered repressions may be restored, and the individual brought back to a functional personality equilibrium.

What holds true for drugs probably holds true for systems of psychotherapy (Rosenthal & Frank, 1956; Frank, 1961; Friedman, 1963; Campbell & Rosenbaum, 1967). Individuals project into these systems their expectations of cure, and they may react quite remarkably to techniques and agencies that they enshrine with powers that the objects may not really possess. This is suggested by studies of psychiatric outpatients where the sole therapy was oral placebos and in whom a significant (55 percent) improvement rate was actually recorded (Gliedman et al, 1958). Relief of discomfort and symptomatic amelioration have lasted for years solely on the basis of an expectancy of help (Frank et al, 1959). There is a definite correlation between conviction and cure. Thus sitting in the waiting room of an outpatient clinic has resulted in signal improvement in patients (Frank et al, 1963).

Some time ago I was consulted by a man whose sole complaint was that he smoked too much. He wanted me to help him to control his craving so that he could forever eliminate tobacco from his life. He had, he confessed, at one time been a schizophrenic but was now completely cured, having been treated by a therapist who employed a unique method. Twice weekly the patient would appear for his sessions. He would strip to nudity and lie on a couch near an open window. Verbalizations were forbidden. Instead he was ordered to bear, Spartan-like, the discomfort of cold and drafts in complete silence. The therapist, during this ordeal, sat near the patient, huddled in a blanket, recording the patient's muscle

movements and general bodily reactions. Interpretations were not offered. The object of his tribulation was to raise the patient's frustration tolerance by exposing him to external suffering so severe as to induce a psychological callus formation that would ultimately encapsulate his weak and sensitive ego. The treatment, while uncomfortable, was, according to the judgment of the patient, eminently successful. In fact, the therapist was the only one of a series of four psychiatrists who had given him any help whatsoever. The previous therapists, applying the conventional psychotherapeutic procedures, had failed completely. While many elements probably entered into the helping process, the fact that a friend of the patient had praised the therapist to the skies had undoubtedly mobilized the patient's expectations of hope and had convinced him that he would be cured.

Therapies that in the mind of the patient possess esoteric or mystical qualities are most likely to induce a placebo effect. Thus, hypnosis and psychoanalysis, charged as they are with supposed meta-psychological powers, are apt to instill in the patient a feeling of magical influence. This instrumentality, although an artifact, may promote confidence in the treatment method. By the same token, a negative placebo effect may be obtained, if, by virtue of what is imagined will take place, the patient has lack of faith in, or fears being hurt by, a special kind of therapy. The chances are then that this attitude will inhibit the effectiveness of treatment.

Medicaments, amulets, and techniques are potent placebo sources, but not nearly so powerful as a human authority with an inspirational flair. It is here that the quack has an advantage over the ethical practitioner, who, fettered by factual propriety, is unable to flaunt his or her wizardry, and becomes for the patient a vehicle of hope. In their helpless desperation, many victims of illness reach for a magical helper. Medicine man, shaman, priest, physician, or psychotherapist, the patient importunes the agency for relief earnestly engaging in avid prayer at the promise of divine reward, and while eagerly incorporating any worthy theological, philosophic, or psychological formulations as a pledge of trust. The placebo effect of prayer, and of conversion to a system of religion, philosophy, or psychology, are explicable in terms of the bounties the supplicant expects to receive as a result of his dedication. In psychotherapy we are mindful of the phenomenon of patients who regurgitate the prophetic revelations of their therapists concerning the cause, meaning, and future of their illness. How much this "insight" is an invocation for support and how much it constitutes a true discernment of the underlying difficulty must carefully be evaluated. Unfortunately, the therapist is not the most objective and unbiased referee

for this task.

Interestingly, a theoretical system may act as a placebo for the therapist. If there is faith in its verity, the therapist will approach the patient with dogged confidence, and will undoubtedly unearth in the patient the exact constituents that compose his or her theoretical scheme. In this way a placebo feedback becomes operative between therapist and patient. The conviction on the part of the patient that the therapist knows what is wrong with him or her and has ways that will bring health encourages restoration of mastery. This is irrespective of how valid the therapist's system may be. Certainly with the abundant theories rampant about health and disease, and the varied psychotherapeutic techniques that are being practiced, we may rightfully be persuaded that some systems are at least fanciful if not actually wrong. But right or wrong, a patient will be benefited by all systems if there is enough confidence in the therapist. This is probably because the enthusiasm and firm belief of the therapist has aroused the patient's expectations of cure. On the other hand, if the therapist has doubts about the validity of the therapeutic system, it is possible to communicate pessimism, insecurity, and helplessness, nonverbally if not verbally, and thus the element of faith that can kindle hope will be extinguished. In this way the therapist will rob the patient of an important element in the healing process.

Many observers have commented on the powerful factor of confidence in the treatment method as an ingredient in cure. Among native groups who are imbedded in magic and witchcraft, the most adroit application of dynamic psychotherapy produces meager results probably because it does not accord with their belief systems. Where the victim of an emotional problem is convinced that the suffering is the consequence of a curse or other evil magic from an offended spirit, the adroit exorcism of the force presumably responsible for the bewitchery will, in a surprising number of instances, bring about the improvement or cure of even long-standing neurotic and psychotic illnesses.

Assignment of the illness to its presumable responsible determinants tends to alleviate fear of the unknown. It matters little whether the identified source is factual or not. As long as the patient believes it, the catastrophic sense of helplessness is palliated. The healer may diagnose the condition as due to infestation with evil spirits, or regression to an anachronistic psychosexual level of development, or operations of unconscious conflict, or a disrupted biochemical balance within the body. If the patient accepts the proffered "insight," the very focusing on a presumed source of mischief opens up new

possibilities of action. The helping agency, having delivered an explanation, proceeds to deal with the matrix of trouble. Rituals to exorcise offended spirits or to destroy them, free associations to liberate unconscious foci of conflict, medicaments to reinstate the biochemical balances, conditioning to restore the individual to healthy habit patterns—whatever the theory of etiology—pertinent measures are executed to resolve the problem source. If the patient has faith in the healer, the virtue of the methods will be endorsed, whether these be anomalous or scientific. Thus an individual, impressed by a practitioner dedicated to meditation, will do better with relaxing exercises than with insight therapy prosecuted by a dynamically schooled therapist in whom there is little confidence. The feeling that one is being helped, that a curative agency is at work, subdues anxiety and diverts the individual from self-defeating defenses, toward more effective dealings with existing problem situations. The disruptive physiological effects of anxiety are brought under control, and restoration of self-confidence and assertiveness ensues. Repressions are restored, and psychological homeostasis is reestablished.

Placebo effects are usually, but not always, temporary. In many instances the improvement acts, as in the "spontaneous cure," as a vehicle for the reorientation of the individual in the total adjustment. Generally, the resulting security feeling leads to a heightened capacity to handle challenging relationships with people. The placebo may thus act as a basis for reorganization of attitudes, which may then become reinforced and entrenched in a favorable milieu.

The operation of the placebo element helps to explain why patients may be helped by psychotherapies that seem scientifically unsound, provided that there is faith and trust in their validity and power.

THE RELATIONSHIP DIMENSION

Every helping situation is characterized by a special kind of relationship that develops between the authority and subject. In this relationship the individual invests the authority with benevolent protective powers and relates to the latter with expectant trust. Implicit, if not explicit, is the understanding that the authority has the knowledge, the skill, and the desire to help the person overcome the problem for which professional services have been sought. The more bewildered and helpless the person, the greater the reliance that individual places on experts. This is certainly the case in the sick patient afflicted with a

physical ailment who seeks relief from pain and distress from a physician. It is a most important factor in the psychotherapeutic situation, particularly at the beginning of treatment.

One way that the relationship operates is that while the patient may want to cling to his or her neurotic patterns, the patient may be willing to experiment with different behaviors solely to please the therapist. Once the patient receives rewards in the form of approving gestures and words for changes in attitudes and behavior, such changes may become solidified. Of importance here is an alteration of the self-image, which contributes to the permanence of change. Modeling oneself after an idealized therapist is another change mechanism and may gear the patient toward new constructive experiences. A relationship with the therapist helps the patient to tolerate, explore, and accept personal aspects that have been repudiated and repressed. The incorporation of a new image of authority as embodied in the more tolerant, non-judgmental therapist helps alter a punitive, intolerant superego. As a consequence of a trusting relationship, the patient may be willing to accept a proffered rationale or myth to explain the existing problem, and this may lessen tension if it accords with the patient's belief system.

Through the instrumentality of the relationship other important processes are liberated that may exert a healing effect on the patient. *First,* the patient, terrified by the disruptive emotions that are out of control, has a chance to put his or her destiny in the hands of a helpful, understanding, protective, and non-punitive authority. There is a tendency to regard the latter as an idealized parental image who is more or less infallible. The sicker and more anxious the patient, the more godlike the projected image and the less realistic evidence the patient will need to reinforce the illusion. As a consequence of this union, morale may be restored to the patient, a contingency believed by some authorities to be the primary function of all the rituals lumped under the term of psychotherapy (Frank, 1974). *Second,* superimposed on this dependency is a need to obtain from the authority a factual explanation for the emotional turmoil in terms that are understandable and acceptable to the patient. The validity of the proposed facts, as has been explained previously, is not as important as the patient's willingness to accept them. *Third,* the patient demands a formula from the authority that will rectify the actual or imagined sources of the difficulty. *Fourth,* the patient utilizes the relationship for encouragement or help in putting into effect the actions that will resolve troubles. *Fifth,* the patient finds in the relationship a medium in which to review attitudes and values. Since these are in a direct or indirect way associated with concepts of authority, a constructive relationship serves to alter ideas about hostile or rejecting

authority. The content of the interviews, and the activities inherent in carrying out the treatment plan, may not be as important as the nonverbal emotional crosscurrents that can potentially provide for the patient a truly corrective experience. Impressive changes under these circumstances can eventuate. The patient will tend to interpret the past and present in a new and less threatening light.

These processes operate in all helping relationship situations whether or not they are dignified with the name of psychotherapy, conditioning approaches, pharmacotherapy, etc. The importance of this relationship factor is too often minimized, and complete credit for ensuing benefits is falsely extended to the special techniques and maneuvers executed by the therapist. It is important to realize that, irrespective of the brand, the depth and the real worth of the healing measures that are being employed, improvement may be sustained in some instances for an indefinite period as a pure product of the relationship. These "transference cures" are not always temporary as has generally been believed. Sometimes they have lasted for years, but if stress sources have been corrected, transference distortions worked through with alteration of perceptions of authority and the patient's self, and if personal values and meaning systems have deviated in the direction of a healthy integration, the change may be a permanent one.

On the other hand, where associations with previous authority figures have been disturbingly stormy, the patient from the start may deploy defenses against a trusting involvement. Or after a brief positive period defiant attitudes may erupt to confound both patient and therapist, the sources of which are rooted, not in reality but in residues of early unresolved childhood ambivalencies toward parental and other important adult figures. Such "transference" outbreaks will interrupt or explode therapeutic progress. The restoration of basic trust is *the* foremost task in all forms of psychotherapy (Strupp, 1972a). This is most effectively accomplished by a therapist who does not have residual interactional difficulties (countertransference) that he or she projects into the therapeutic situation.

While the relationship dimension is operative in every human encounter, it is most effectively utilized by a trained psychotherapist who knows how to deal with the resistance pitfalls of transference and the obstructive ravages of countertransference. These are the usual impediments in nonprofessional relationships or in associations between patients and untrained surrogates.

THE FACTOR OF EMOTIONAL CATHARSIS

The sheer act of talking can provide an individual with considerable emotional palliation (54). It furnishes a motor outlet for the release of tension. It softens inhibitions and liberates conflicts that have been held in check. It exposes suppressed attitudes and ideas that the person has been concealing, and it encourages the individual to subject these to the light of critical reasoning. It brings to the surface repudiated and fearsome impulses, with their attendant feeling of shame. In this way, it takes the strain off autonomic channels that have been used to unload accumulated neurotic energy.

In the unburdening process, there is often a relief of guilt feelings in relation to past experiences, particularly sexual acting-out, hostile or aggressive outbursts, and competitive strivings. Guilt is appeased as one examines presumably shameful fantasies as well as antisocial and unethical impulses. Discussing these with an empathic person gives reassurance that one is not a helpless victim of uncontrollable strivings, that one has not been irreparably damaged by one's past. Reviewing incidents in which one has been hurt, humiliated, or exploited also tends to put these into proper perspective. Sharing one's fears of catastrophe and illness lightens their formidable quality. Relinquished are conscious restraints that rob the person of spontaneity. In short, the putting into words of diffuse and terrorizing feelings, and the acceptance by the listener of the pronouncements without expected condemnation and rejection, enables the person to gain greater control over emotions, to reconstitute new defenses, and to enforce a constructive action plan. The incorporated image of harsh authority softens.

These developments may occur in the presence of any listener, whether this be a sympathetic friend or a respected authority, such as a physician, teacher, lawyer, minister, or psychotherapist. During psychotherapy emotional catharsis is especially prominent as imaginative conceptions and unconscious thoughts and feelings break through. Training in interviewing and knowledge of how to encourage verbalizations, to direct them into productive channels, to give measured reassurance, or to challenge productions in a deliberately provocative way are important in facilitating the effect. As the patient realizes that there is a consistent absence of vindictiveness from the listener, concepts of punitive authority tend to soften and some alteration of a harsh superego may possibly develop.

THE FACTOR OF SUGGESTION

Human beings are constantly being influenced by various authoritative formulations and directives. Education is dependent on this process, students incorporating the ideas of their teachers whose wisdom and experience qualify them to instruct and indoctrinate. In any helping relationship many forces are operative, including the need to identify oneself with the helping personage who serves as a model. There is then an unqualified tendency to assimilate the precepts and injunctions of the helper purely on the basis of suggestion.

The influence of suggestion in one's daily life cannot be minimized. Propaganda and advertising are dependent on it. It is a factor that promotes thoughts, feelings, and behavior that operate for and against the individual. It is the motor behind the placebo effect, fashion, vogue, and cultism. It shapes many human activities. It is an aspect of every helping situation. Not only may it serve to bring about a relief of tension, but, if the helping agency happens to possess the proper values, it may, through the instrumentality of identification, register a reconstructive personality alteration.

Suggestion operates in all forms of psychotherapy even psychoanalysis (Bibring, 1954), and it has even been postulated that the suitability of an individual for treatment is dependent on the potential openness to the suggestive influence (Strupp, 1972b). The exact nature of suggestion as a psychological phenomenon is not understood, and its eventual identification may supply the sought-for synthesis between the various schools of psychology (Winkelman & Saul, 1972).

During psychotherapy the therapist deliberately or obliquely throws out ideas and directives that the patient often will pick up and utilize. Sometimes these suggestions are helpful and constructive, at other times less so. The therapist may not be aware that cues are constantly being released to the patient, not only from verbal statements, but also from nonverbal signals such as facial expressions of approval or disapproval, hesitancies, silences, the accenting of some of the patient's comments, nodding, shaking the head, grunting, and various physical movements. In this way, suggestive elements may come through, even where the therapist believes that little or nothing is being said.

A simple nod in relation to something the patient has said or done will give the patient the idea that what is being said or done is good and that one should continue in this approved vein. But if the

therapist says nothing or shakes the head, this may constitute an aversive suggestion for the patient and deliberately or unconsciously discourage certain types of activity. The technique of paying no attention to a psychotic person's delusional ramblings or hallucinations, but expressing interest in the patient when acting reality-oriented will tend to reinforce constructive preoccupations. All patients pick up from verbal and nonverbal cues of the therapist certain things they should do and believe in. This includes insights that initially act as a placebo. Even if an insight is wrong, if the person believes in it and imagines that it can help, he or she may start feeling better as a placebo consequence.

In dynamically oriented psychotherapy, direct suggestions are kept at a minimum, the patients being encouraged to think through their own solutions. Nevertheless, the factor of prejudicial, inexpedient, or unwise suggestions unwittingly being made must always be kept in mind. On the other hand, if the suggestions are productive ones, the patient may benefit from pursuing them. Nor is it essential in therapy always to abstain from direct suggestions or ego-building persuasive formulations. Homework given to the patient is an example of the constructive use of suggestion. The therapist will have to gauge the patient's readiness to experiment with any anxiety-provoking action before making a direct or indirect suggestion that the patient undertake it. A premature exposure resulting in failure may merely intensify a phobia.

A number of variables may be distinguished that appear to regulate the forcefulness of suggestion (Wolberg, 1962). The first variable is concerned with the significance to the individual of the suggesting agency. The anachronistic residue of need for a protective parent that is present in all persons makes the individual more suggestible in the presence of an authority symbol who approaches an ideal. The higher the dependency level the more apt is the individual to design out of every relationship a child-parent tableau. Behind the helplessness of such gestures is a drive to absorb the strength of the authoritative token through submissive identification. By yielding to the authority's power the hope is to become powerful. Where the dependency need is sufficiently intense, the individual may respond to instrumentalities that possess any kind of protective promise—including drugs, placebos, faith healing, yoga, hypnosis, psychotherapy, etc. Another factor that heightens dependency, and hence intensifies suggestibility, is anxiety. Individuals whose mastery is shattered will cling with desperation to any potential helping resource, responding dramatically to preferred injunctions and commands. The intrusion on the individual of some catastrophic event that damages defensive integrity and diminishes

security and self-confidence will thus tend to lower the suggestive threshold. Soldiers after battle, and persons exposed to accidents and natural disasters, often verbalize the need for a loving, protective agency. Under such circumstances the person may respond intensely to suggestions that are more easily resisted later. A momentary regression to the actual or fantasied securities of childhood is the prompting that inspires the anxiety driven soul to aggrandize the expediency that is offered.

Qualities in the helping agency positively correlated with suggestibility are those that inspire confidence in the subject and raise expectations of spectacular performance from the agency. Negatively correlated are characteristics that promote lack of confidence or that arouse resentment. Appearance, diction, status, reputation, and fame usually enhance the authoritative image. Group acceptance and acknowledgment of power of the authority as well as strong charisma of the authority augment the suggestive mystique.

The second variable is the significance to the subject of the specific content of the preferred suggestions. The precise *meaning* of the communications to the individual is what is of determining importance, rather than their true content. Many vectors are operative, not the least of which is motivation. If the recipient of a communication, verbal or nonverbal, is attuned to respond positively, material will be plucked out of context that seems to justify a positive response. Utterances by prophets wedded to contemporary philosophical and religious movements may sound nonsensical to a casual and uninvolved observer, yet to a believer they are spell-binding and heavenly inspired. Every individual is to some extent the victim of a mirage inspired by the projection of inner needs. Thus the world is fashioned to personal improvisations. If the helping authority is able to divine the incentives of the client, more suitably meaningful arguments and memoranda will be supplied.

The third variable that modulates suggestibility is the degree of anxiety that is mobilized in the subject by the acceptance of a specific suggestion or by the relationship itself. Individuals who fear submitting themselves to others, who retreat from domination, who are reluctant to yield to their dependency drives, who are compulsively independent, who preserve a defensive detachment, or who are fiercely competitive may resist suggestions, even those that can be helpful to them, no matter how convincingly these are phrased. Transferential contaminants often enter into relationships, distorting their dimensions. To some extent, transference may be controlled if the helping person is aware of its

presence and restrains untoward countertransferential impulses that neurotically interlock with those of the subject. Nevertheless, even though the helping person attempts to keep the relationship reality-oriented, it may disintegrate through assignment to the agency of the most noxious characteristics of significant personages in the subject's past. As a hated parent, the sentiments of the agency will be bitterly resisted.

In the absence of obstructive transference, suggestions may still be resisted if they challenge or run counter to vital defenses. In the latter case, anxiety will tend to neutralize or modify the suggestion. This was dramatically illustrated by a patient I was asked to see to help differentiate psychic from organic pain. The surgeon who had advised a disc operation for severe back pain suspected a hysterical reaction; to rule this out, he requested a consultation. To see if the patient's pain could be removed by suggestion (which would help establish a functional basis for the pain), I induced hypnosis, during which I suggested that upon awakening the pain would disappear from his back, but would instead be transferred to his right arm. The patient responded positively with considerable surprise. Upon rehypnotizing him, I demonstrated to him that I could transfer the pain from his arm to his right leg. Thereafter I attempted its displacement to his left arm. To my consternation this suggestion was resisted, but instead the pain was again felt in the habitual back zone. I reinduced hypnosis and repeated the transfer of pain to various areas, which proved successful except for the left upper extremity. Questioned under hypnosis regarding this puzzling phenomenon, the patient replied that his father had died from a heart attack. Prior to his death he had experienced angina pectoris, with referred pain to his left shoulder and arm. The patient feared succumbing to the same illness. Apparently the meaning to him of accepting my suggestion to feel pain in the left arm was to acknowledge succumbing to angina pectoris. His anxiety blocked my suggestion.

Where suggestions upset the adaptive equilibrium, they will tend to be resisted. Thus, where repression is threatened by a suggestion, or where positive gains and pleasure associations are in danger of renunciation, or where unconscious masochistic needs power the existing neurotic operations, the individual may be oblivious to the most sensible maxims or magisterial commands. If prevailing values and philosophies are contradicted, suggestions may also be repelled. Suggestions are best formulated, therefore, in terms that are congruent with the person's ideologies.

The fourth variable concerns the subject's critical judgment. In spite of the fact that suggestion resides in the penumbra of illogic, critical reasoning and common sense are still posted as sentinels. Periodically they will interfere with suggestion's automatic pursuits. One may observe this in somnambulistic subjects during hypnosis, who, compulsively responding to irrational posthypnotic suggestions, force themselves to challenge, to inhibit, and, finally, to oppose acts that are foolish or without purpose. Eventually, an interference with helping exhortations will probably occur should they not harmonize with the individual's intellectual understanding. First accepted on faith, they finally fall under the critique of logicality.

CONSTRUCTIVE GROUP EXPERIENCES (GROUP DYNAMICS)

Groups exert a powerful influence on the individual. They may be responsible for significant changes among the constituent members. The effect of Alcoholics Anonymous on victims of drink, of Synanon on drug addicts, and of Recovery on former hospitalized patients are examples of how even serious personality and emotional problems may be benefited through constructive group adventures.

In order for change to occur, however, a new and unique group experience is required, one that contributes to the individual's security and desires for belonging, at the same time that it challenges the customary patterns of thinking, feeling, and acting. This generally occurs when the person is forced to participate in a problem-solving situation with an assemblage that is respected, the members of whom join their forces for some united purpose. For example, a body of parents may meet at regular intervals for deliberation and action on problems affecting their children at school. A special committee of a fraternal order convenes for a cooperative pooling of ideas and skills. A council is elected in a neighborhood to devise tactics to fight racial discrimination. A select crew of supervisors in an industrial plant organize to bolster the morale of the workers. A small recreational or hobby club is developed that offers an exciting program. Even though individuals have functioned in various groups during their life span with usual controls and defenses, the new group, if it is to be effective, will not sanction, indeed may challenge, their customary behavior if it runs contrary to the group's standards. This creates conflict and may force them to interact in a different way. Deviants—that is, persons whose standards are in conflict with the group norms—are particularly affected since their conduct upsets the members, who may turn on the deviants and try to force them to conform. If the person has an investment in remaining with the

group, the price may be a change in manner or ways of thinking.

As people collaborate in activities and relationships, they learn which of their traits and actions encourage rewards and which bring punishments. Thus a person who seeks to control the group will sooner or later realize that domineering tendencies are resented, but that acceptance depends on acting cooperatively. The timid, submissive, and detached soul may be goaded into harmonious team work and assertiveness as security in the group becomes more firmly entrenched. Identification with the group assuages the individual's helplessness and isolation.

Approval and disapproval cut deeply into personality defenses. As the individual reacts repetitively with customary patterns to manipulate, monopolize, bully, undermine, lampoon, withdraw, reassure, comply, or collapse, oppositional responses of the group create a crisis. Attacked, the person may then be tempted to leave the group or may be invited to leave. It is at this point that change becomes possible, prompted by a need to remain with the group. The individual may then learn that it is not necessary to shout to be heard or to flaunt one's virtues to be acknowledged. There may be the realization that criticism can be constructive without offending and, conversely, that one can be criticized without being a victim of an evil design; that one may relate without becoming enslaved, accept help without loss of status, stand up for one's rights without being attacked, perform without being rejected, give without feeling exploited; and that one can be liked for what one is and not for what one does. These experiences have a forceful effect, particularly where defenses are not too rigidly set. A remodeling of values, attitudes, and behavior follows upon a more accurate perception of one's role in the group.

Actually, while these happy effects are psychotherapeutic, they cannot be considered in the same light as those accomplished through a structured psychotherapeutic program, for instance, group psychotherapy. Social or problem-solving groups are organized with an objective other than the treatment of its members; beneficial results in personality are a mere by-product of the existing group dynamics. While the individual may retain new patterns, generalizing them toward situations other than the group in which they were evolved, the tendency is to slip back into old habits when pressures to conform are no longer present. If, however, an understanding of disturbed ways of relating has been integrated, a permanent effect on character structure may be registered.

DYADIC GROUP DYNAMICS

In individual psychotherapy a dyadic group situation exists that inspires some of the identification phenomena observed in larger groups. Various cues (e.g., the magazines and books in the waiting room, the pictures on the walls, the office furnishings and decor, the style of therapist's clothing and grooming, and the therapist's comments and behavior) will lead the patient to speculate on the value systems of the therapist and to attempt self-modeling along similar lines, or at least to challenge some personal standards and patterns.

In short-term therapy interpersonal dynamics involving the therapist must be considered also as a factor in reeducation. Karl Menninger (1952a) has emphasized that the value of the psychiatrist is greatest as a person rather than as a technician or scientist. What one *is* has more effect upon the patient than anything one *does*. Because of the intimate relationship between patient and psychiatrist, the value systems, standards, interests and ideas of the doctor become important."

A therapist cannot help but communicate personal values to patients. This will occur no matter how passive, non-interfering and nonjudgmental the therapist tries to be. An attempt may be made to suppress verbal valuations, but nonverbal prejudices will nevertheless come through. Nods, grunts, groans, smiles, immobility, fidgetiness, pauses, choice of topics for questioning, emphasis, repetitions, and interpretations will soon convey to the patient the therapist's worldviews and tendencies toward deviance and conformity. Subtle indications such as the kind of waiting room furniture, pictures and magazines, the therapist's hair style and clothing preferences, and the manner in which office routines, billing, and appointments are conducted are as eloquent in revealing standards as any direct verbal avowal of values. It is useless to try to conceal the fact from the patient that the therapist has a definite point of view and possesses distinctive tastes and prejudices. Indeed, the patient may even divine unconscious values and during transference confront the therapist with a bill of particulars, the validity of which may be staggering.

If a therapist's values are apparent to the patient, the question may be asked whether to express them verbally as articles of personal conviction, at least those of which the therapist is aware? It is obvious to most therapists who believe this that they must nevertheless restrain themselves from political and other declarations, and especially not force their values on patients, even when the therapist is

convinced of their moral and pragmatic worth. The patient's right to accept or reject the therapist's standards is usually respected. Moreover, the therapist, assuming an ability to be objective, may subject personal value systems to soul-searching to discern which of these are warped.

A frank encounter with oneself, buttressed if necessary by personal therapy, may be a boon to both therapist and patient, since many patients will incorporate the therapist's theories and moral precepts more or less uncritically on the basis of a need to please, in order to learn from and amalgamate with the idealized authority figure who is rendering help. This is probably allied to mechanisms that take place in any educational process.

EFFECTS OF EXTRATHERAPEUTIC AIDS ON PSYCHOTHERAPY

How can we assay the effect of adventitious, non-specific changes that have nothing to do with a formal psychotherapeutic situation? It is doubtful if we can fully differentiate intercurrent from therapeutic factors. Forces prevailing upon the individual outside of the psychotherapeutic process are often so elusive that they defy detection, let alone analysis. For example, results of psychotherapy are undoubtedly influenced by the implicit assumption of the patient that one is *expected to* and *will change* for the better. Under these circumstances, irrespective of the specific theories of the therapist and the tactics that the therapist employs, the patient may tend to show improvement.

Suffice it to say that the therapist accepts with gratitude the fact that there are supplementary "spontaneous" and "helping" healing aids to assist in therapeutic efforts. The therapist tries not to interfere with these elements except insofar as they detract from treatment objectives. For example, where the individual utilizes escape and control mechanisms to withdraw from relationships, or where existing philosophies negate a productive adjustment, the therapist will treat these devices as resistances to productive change. But, by and large, the adventitious ameliorative agencies are accepted as unavoidable. Some psychotherapeutic systems attempt to encourage them, exhorting the individual to seek out spontaneous activities that help in growth; creating an atmosphere in therapy to inspire trust, faith, and confidence in order to enhance the placebo element; stimulating emotionally cathartic expressions of feeling; promoting a positive relationship situation by assuming the role of a benevolent, giving authority; suggesting participation in social or problem-solving groups; and fostering the

development of philosophical formulas that take pressure off the individual and enhance a new way of looking at one's responsibilities. Indeed some treatment schemes, adopting the tactic that if we cannot eradicate the coincidental therapeutic forces, we should join them, incorporate the extratherapeutic aids into the body of their systems. From a practical point of view, the therapist may assume that whether he likes them or not, these elements are going to play some part in the patient's getting better. The therapist would do well then to acknowledge their part in any results claimed. Logic convinces that the effect of any psychotherapy actually is a summation of that psychotherapy plus intercurrent non-specific healing adjuncts. Once we stop struggling against the impossible task of separating these two protagonists, we can apply ourselves to the task of utilizing both psychotherapeutic techniques and coincidental constituents that make for therapeutic gains.

Can we delineate the kind of psychotherapeutic climate that will expedite the non-specific healing forces? A considerable number of observers have attempted to do this in the past, among whom are Alexander (1948), Rogers (1951), Fromm-Reichmann (1952b), Raush and Bordin (1957), Strunk (1958), Halpern and Lesser (1960), Strupp (1960), Jourard (1959a), and Truax and Carkhuff (1964). We may speculate that the climate of successful therapy depends on a number of factors that are operative in all good helping situations. These include the following:

1. *Hope.* Patients approach the ministrations of the therapist with assured expectancy. A sanguine anticipation of success is present. Therapists have confidence in their methods and theories. This activates the placebo effect.

2. *Trust.* Patients see their therapists as sincere, honest, reliable, guileless, trustworthy, undeceitful, unaffected, straightforward, and authentic beings. Therapists display respect for their patient in spite of the latter's pathological behavior. Therapists also reveal their own genuineness.

3. *Freedom to respond.* Patients permit themselves to think, feel, and act without restraint. This permits them to verbalize freely and to unburden themselves. Therapists encourage freedom in reactivity. This sponsors emotional catharsis.

4. *Faith.* Patients have a conviction that therapists possess the percipience, sensitivity, wisdom, experience, skill, and ingenuity to understand basic presenting problems and difficulties and to know what to do about them. Therapists convey assuredness, positiveness, and empathic understanding. This facilitates the suggestive factor.

5. *Liking.* Patients conceive of their therapists as empathic individuals who relate to them personally and warmly; in turn, therapists feel a nonpossessive warmth toward the patients. This releases dynamic ingredients present in all human encounters (dyadic and larger groups) that constructively influence attitude change.