

## Reflections on psychotherapy by Professor Stefan Leder <sup>1</sup>

### PSYCHOTHERAPY IN MEDICINE

There is still no answer to one of the most important and essential questions for me ... why is it so that rational proposals and arguments postulating that psychotherapy should be introduced among medical sciences, the existence and development of a complex integrative therapeutic model, and efforts of many psychotherapists have such a small influence on what is going on in the clinical practice in most health care systems and in institutions educating doctors?

**“The fact that I really had no intention of studying medicine is probably crucial for my way to psychotherapy. I was interested mainly in history”<sup>2</sup>**

The situation was different when medicine was mostly an art based on philosophical concepts and beliefs. The suffering and the disabled were aided then by treatment that consisted in “an influence exerted by a trained healer on the suffering person’s sense of well-being in the course of a specific series of contacts, during which the patients were able to transform the meaning of their experience” (Frank). Psychotherapeutic influence had been an inherent part and attribute of medical practice long before it was defined, named, and distinguished as a particular type of treatment using specific methods.

However, with the development and achievements of natural sciences a search began for more effective medicines for the treatment of particular diseases. The search was supported by the existence of reductionistic and mechanistic scientific theories. These concepts have contributed to the enormous success in the area of health care. A majority of doctors became fascinated by the new knowledge and possibilities of treating brain dysfunctions in the same way as physical diseases were treated. Nevertheless, theories and practical outcomes were much less successful as regards the treatment of mental disorders. This was one of reasons why the term “psychotherapy” was coined. From

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<sup>1</sup> All the texts are reproduced from the book “Psychoterapia, psychiatria społeczna” (Psychotherapy, social psychiatry).

<sup>2</sup> The quotations (in bold type) come from an interview given by Professor S. Leder to Prof. J. Bomba. The interview, originally published in the journal *Psychoterapia*, was reprinted in the book “Psychoterapia, psychiatria społeczna” (Psychotherapy, social psychiatry).

the very beginning psychoanalysis tried to prove its own identity. Clinical practice has indicated a very limited effectiveness of this method in the treatment of psychotic disorders and confirmed a conviction that psychotherapy, identified then almost entirely with psychoanalysis, was effective only in the case of nearly “normal” patients who usually needed no medical help. This opinion has not helped to integrate psychotherapy into medical practice and services.

**“At first, I spent more than ten years of my life in six different countries... I had to learn new languages, find my own place in a new school... I used to read a lot. And although I did not understand many things, I was learning how to have and defend my own views”.**

The factors that influence the actual position and role of psychotherapy may be divided into 4 groups:

1. contemporary doctors’ difficulty in discerning individual differences in the phenomena of health and pathology;
2. resistances and barriers, stereotypes in thinking and activity... decision makers and representatives of interests of particular groups... enter into an alliance against new ideas and proposals;
3. organisational structures, their financial resources, bureaucratic structures of centralised administration;
4. the condition of psychotherapeutic theory and practice, as well as some specific characteristics of psychotherapists: theories full of fanatic and dogmatic accents that propagate unverified procedures and techniques, the rivalries between therapeutic schools and orientations.

„...I found again that many people had been doing very long ago whatever fascinates me, and that it is not necessary to discover everything anew, but one should study what others have discovered. It is necessary to know the history of psychiatry and psychotherapy in order to understand contemporary knowledge”.

The main assumption of programmes (aimed at improvement of this situation) is to recognise that man is an active, planning subject, who – being socially integrated – can autonomously undertake life challenges. That he can release his potential also by changing his life orientation in accordance with particular value systems and by developing his personal sense of meaningfulness.

One of the prerequisites of the bio-psycho-social model introduction into medical thinking and its popularisation in the society is a change in the patient-staff relationship. Medical staff should be fully aware of the role and importance of psychological and social dimensions of health and medicine, thus contributing to the process of medicine re-humanisation and to a higher effectiveness of health care systems. Intensification of a positive emotional climate in medical institutions, improvement of communication, sensitivity and understanding of individual patients’ needs – all these postulates cannot remain in the domain of phantasy only.

In order to achieve these aims, it is important to realise that due to further developments in natural sciences many (if not most) doctors will probably be sceptical about “psychological medicine”. They will have no motivation to learn psychotherapeutic

skills and will refer such patients to specialists, including psychologists. Such attitudes can be effectively changed only when curricula of undergraduate medical education and post-graduate specialisation training programs are radically modified.

Psychotherapeutic services should be complex, coordinated, patient-friendly, safe, clinically feasible and offering psychotherapy of the ABC type:

A – coordinated with other treatment methods on the grounds of the diagnosis,

B – eclectic, focused on the patient and his individual needs, sometimes varying in the course of various stages of the disorder,

C – based on various theoretical and formal rationales, applied in various structures and modalities.

**Must psychotherapy remain an unwanted child of psychiatry?** I think the majority of psychiatrists and psychotherapists would agree that mutual relations between psychiatry and psychotherapy are very far from these between parents and their beloved child. An unwanted child, even if legally recognised by the parents, is treated as a foreign body, accepted only under the pressure of circumstances. Such a child often makes its parents feel perplexed, and sometimes is even rejected and seen as someone inferior.

Outstanding achievements of natural sciences have led not only to a rapid development of medicine, but also provided the grounds for the formation of clinical psychiatry as an independent discipline. This is reflected in Griesinger's famous saying: "mental disorders are diseases of the brain". Such therapeutic methods as e.g. "moral treatment" or faith-based Christian science were called "unscientific sham" or "mystification" which seemed to settle their further career. However, despite the impressive success of the biological and cellular approach in psychiatry, the sleeping beauty has been awakened by the doctor of nervous diseases, Sigmund Freud. He not only gave her the shape of psychoanalysis, but also made her defend her identity and grow in opposition to academic psychiatry. Psychoanalysis for many people has become, unfortunately, synonymous with psychotherapy. Thus, clinical psychiatrists have almost universally rejected the one-sided, speculative psychoanalytic conceptions, which has contributed to the gradual formation of psychoanalysis as a separate approach existing apart from psychiatry.

The following factors may contribute to the role of psychotherapy as an unwanted child:

- psychosocial aspects of the pathological process receive insufficient and inadequate consideration in the process of training future psychiatrists;
- inadequate state-of-the-art as regards conscious application of the psychotherapeutic way of thinking and acting in the daily psychiatric practice of treating patients;
- many psychiatrists delegate psychotherapeutic interventions to the competencies of other health professionals, not qualified as medical doctors;
- indifference of many health care organisers as well as of some academic teachers and other key figures;
- vanity and isolationistic tendencies of quite a number of professional psychotherapists;
- theoretical and methodological shortcomings of some psychotherapeutic theories

and studies.

**“In my opinion the crucial problem consists in the fact that patients should never have a feeling that whatever is being done is meant against them, that it is surreptitious and they are being deceived. They should be openly informed from the beginning, the ideas and principles of the therapeutic programme should be clearly presented, and mutual roles, rights and duties outlined”.**

Not only the specificity of mental disorders with their characteristic etiopathogenic and clinical aspects, but also the difficulty with a clear-cut differentiation between the norm and pathology, disorder and deviant behaviour, treating and upbringing, influencing and teaching – all these contribute to continuous and progressing changes concerning the area of interests and interventions of psychotherapy, as well as its position among other medical disciplines. Due to the ongoing scientific and technological revolution a variety of very complicated problems arise and frequently are dramatically aggravated. Many people have both subjective and objective reasons to perceive their life as stressful. Psychiatrists feel more and more forced to stimulate changes. That is why they take under consideration social and psychological determinants, aspects and consequences of disorders, they include the patient’s environment in the treatment process using the group context, emphasise the importance of prevention and focus on interventions that would lead to a change of conditions in which people live, work, study and rest. In order to better fulfil these tasks the psychiatrist should acquire a more thorough knowledge of social sciences and psychology, co-operating closely with professionals representing these disciplines.

#### THE ESSENCE OF PSYCHOTHERAPY

The “exerting of influence” plays a crucial role in the psychotherapeutic process. The main purpose in exerting psychotherapeutic influence is to reduce symptoms of emotional disorders and inadequate reactions. The structure of the psychotherapeutic session is determined by numerous socio-cultural factors, and influence is exerted mostly by means of verbal cues (signals).

Specific expectations and roles of therapeutic interaction participants result from the fact that their positions are not equal: therapists are leaders due to their professional knowledge, experience and emotional status. Moreover, they are perceived as symbols of strength and help.

On the other hand, patients seek relief, being unable to cope with their anxiety, bewilderment and suffering. Inadequate cognitive schemata or cognitions are characteristic of their state – the inadequacy results either from a lack of information or from distorted perception. Therefore, the therapist may become for the patients a crucial source of information and support – especially if the source is attractive and credible.

**“It is often most important for the patient to be able to overcome inertia, fear, lack of confidence, reluctance or even open resistance”.**

In the first stage of the psychotherapeutic intervention the patient's most important current needs and expectations should be fulfilled. The needs pertain, above all, to cognitive contents – information seeking, to establishing contact and obtaining emotional support. Since the patient feels helpless, lonely and bewildered, the therapist must communicate his understanding, sympathy, trustworthiness and confidence that he can and wants to help his patient. Thus, the patient must have an opportunity to disclose his feelings, especially anxiety, and must be provided with a possibility of decompression by talking about his fears, guilt feelings and hostility, as well as appealing for help and support.

Patients seeking help to alleviate their suffering not infrequently have to pass through a stony path. Their first meeting with the therapist and the way he behaves in his role of a helper are of crucial importance for the patient's fate. Let us illustrate the point by a (hypothetical) patient's comment on the first contact:

"I am sick, I suffer, and something terrible may happen any minute – I cannot stand this any longer. And doctors have no idea what is wrong with me. They usually say that as a matter of fact there is nothing wrong and everything depends only on me. Neither medicines, nor the treatment I had so far have helped me, and now.. O God, that fellow does not understand at all how much I suffer and what is going on with me. He says all that has a psychological background, that it is caused by some unresolved problems or conflicts or what the hell. I wonder if that prattle of his can do any good for my problems. He probably thinks that I have only made myself believe I am ill and need to be persuaded out of it with his chatter.... Besides, all this is to last very long, at the beginning there can be even a deterioration, and the final result is up to me".

In this cathartic stage the therapist's influence consists in supporting the patient and providing him with information, while his expectations and attitudes are taken into account. In the initial stage of treatment the patient should be informed first and foremost about the causes of his illness, as well as methods and ways of eliminating his illness and its symptoms.

**“When goals are outlined too unambiguously and one-sidedly, and norms are too restrictive and rigid, this may hamper the individual's initiative and self-dependence, being an obstacle to his/her development and realization of his/her own potential and skills”.**

A therapist who has no ability of communicating with his patient, who rigidly hangs on to his doctrinal conceptions, who is not aware of limitations and relativity of his knowledge, and besides, never gives a thought to his vision of the world or to the way he behaves, whose actions are not consciously controlled – such a therapist may harm his patient. The therapist can be the more harmful, the more he uses his domination in order to force a “straitjacket” of his theories and methods on the patient, with no respect for the patient's individual characteristics and problems. There is nothing more dangerous than the erroneous assumption that it is only the therapist who knows best how to solve his patient's problems and the patient should only learn from his/her therapist.

**“There are certain values, more stable, more universal, that in various social situations meet certain a-historical needs and therefore may be ...shared by people from various cultural spheres, representing different outlooks and political views”.**

**“I would include among such values e.g. human dignity, self-realisation and growth, the skills of both taking from and giving to others, co-operation, outlining future goals shared with others, the ability to behave in accordance with the so-called pro-social attitudes”.**

In the second stage of psychotherapy the patient attempts to work out new solutions to his/her problems, both old and new ones, emerging in the course of treatment. This is accompanied by bipolar emotions. In this stage the patient's self-confidence grows; gradual attainment of success in new areas and acquirement of new skills are for him a source of satisfaction. Changes at a higher level of integration are required then. The patient has to not only learn new attitudes, but also give up some of his/her earlier motivations, needs, values, problem-solving strategies, patterns of interpersonal relations, as well as some of the roles he used to play.

**“I believe that man is a being that thinks, feels, and acts on the grounds of making choices”.**

Thus, the patient has to learn new ways of perceiving, feeling, thinking and behaving. Such changes require active re-learning. In the course of this process the patient actively and self-dependently transforms not only himself, but also his environment and mutual relationships.

The methods of problem-solving learning used by the therapist require an active cognitive activity from the patient, who has to establish and name facts, tasks and problems, evaluate them, formulate hypotheses and propose solutions, make decisions and experiment with their verification, as well as draw conclusions from his experiences. In this process emotionally tinted behaviour is united with intellectual analysis, new role-playing with the transformation of the patient's value system, finding new sources and types of satisfaction with realistic evaluation of their attainment feasibility.

(Here) we should realise that the growing body of knowledge about the human mind, about its development and possibilities of exerting influence on its functioning, becomes a more and more effective instrument of indoctrinating people and controlling their behaviour. It is one of the reasons why it is so important to answer the question: what is the content of messages communicated to patients and interests of what parties the contents serve.

**“If the therapist wants to contribute to the broadening and deepening of his patient's consciousness, to the patient's increasing self-knowledge – then he should begin from himself. However, I have never treated self-knowledge as Alpha and Omega of therapists' training and improving their therapeutic skills. I believe that some basic knowledge and skills can and should be improved and developed.**

**Moreover, learning of these elements – including self-knowledge – should proceed continually, beginning with medical and psychological studies, then during post-graduate specialist training, and in the course of daily practice”.**

Illusions of some psychotherapists who believe in their role of human rights and freedom advocates in case of the individual's conflict with the society have found no confirmation in the experience. Such views seem to obscure the problem, as dilemmas related to the individual-society conflict cannot be resolved by means of psychotherapy. Therefore therapeutic effects of various “experiential” or “encounter” groups are most doubtful. Such interventions are usually aimed at providing the participants with an opportunity of emotional abreaction, gaining some exceptional sensations, transcendental experiences, etc. They meet certain social needs, since our existence under the threatening nuclear and ecological annihilation, as well as the dramatic social, ethnic, political, religious and military conflicts of the contemporary world lead to feelings of alienation, perplexity, helplessness. Thus, many people yearn for feelings of real closeness with others, for genuine experiences and relationships which they expect can give fullness and more dignity to their life. Participation in groups, communes or sects has given and still gives many seeking, rebellious and unhappy individuals an illusory belief that it makes their existence different from their earlier lifestyle that evoked their reluctance and protest. However, pseudo-genuine life in artificially created communities sometimes creates conditions increasing the participants' susceptibility to illusory or even plainly deceitful and false recipes provided by charismatic prophets, gurus or therapists. Such abuse of various forms of group activity may be facilitated by noisy marketing of new schools and methods by their “creators”, often lacking sufficient knowledge, competence and responsibility, who operate usually under conditions of free market economy and are driven by commercial motives or by pride and prestige-seeking. Such groups are sometimes set up without appropriate selection, their work is too intense, and the participants are at risk of psychological breakdown, without any care for their security.

**“I do not like either the idea of a pivotal role of the therapist's genuineness and spontaneity, or the promotion of such characteristics to the rank of panacea for all difficulties of psychotherapy. I highly appreciate changeability of the therapist's behaviour, adjusting his interactions with the patients to their expectations and needs, and at the same time constantly controlling and analysing his own feelings, evaluations and plans, as well as the type and course of his relationship with the patient. With an emphasis on the affective aspects...”.**

If psychotherapy means the use of scientifically verified methods and techniques to help the patient acquire optimal problem-solving skills and coping strategies, then the psychotherapist must have sound theoretical and clinical knowledge as well as skills in the field of medicine and psychology. Moreover, in order to prevent abuse of these skills, the society requires also that the therapist should be a particularly honest person, with exceptionally high morals, criticism, sense of responsibility, self-control and

self-knowledge. Thus, he should be at the same time an artist and a specialist, expert, technologist, as well as an example for the society. There are few other professions that have to meet so steep requirements and expectations. Some of the above-mentioned characteristics, attitudes and skills can be probably acquired, trained and developed by education and by practice, both in daily life and in the profession. However, it is clear that they can be found in such an ideal assortment and variety in some psychotherapists only, those having a divine spark in them.

In order to eliminate the patient's inadequate and ineffective ways of feeling, thinking and behaving it is necessary to analyse their sources and interrelations. The patient must discern and understand causal relationships between disorders and psychosocial factors, between biographical facts and personality traits, between values or needs and patterns of interpersonal behaviours. Therefore, he must analyse himself and his attitudes towards others, get to know regularities determining his own life and development, the sources of conflicts and ways of resolving them. This way of attaining insight is difficult. The broadening and deepening of consciousness, the ability of making independent decisions and of self-direction, more effective solving of life tasks – both individual ones and these of social groups, revealing one's own potential – all these may be of importance not only for the individual, but also for progress of the society. Very many people have both subjective and objective reasons to experience and assess their life as “stressful”, and to react with somatic, mental or behavioural disorders in the situation of e.g. normative or motivational conflicts, overload, role conflict, etc. Not infrequently this may be facilitated by mental sets and attitudes developed under the influence of value systems or norms in the family or in other reference groups, possibly different from these promoted by the society and political regime.

**“The individual is not functioning alone, in a social vacuum. If he does not pay any attention to others, if he only takes – then he becomes a deviant, or an extreme individualist. On the other hand, if only needs of the society are perceived, it means that something most important and needed has been lost – the individual has been left out and devoid of subjectivity in the process”.**

Under the circumstances the promoting of pro-social attitudes is not equivalent to adjusting or adapting oneself, but on the contrary. The approach assumes the individual's ability to constructively transform oneself and the environment, to co-operate with others, to develop emotionally satisfying relationships and contacts. Developing creative strategies of problem-solving it promotes responsibility and independence, as well as pro-social attitudes based on realistic schemata of perceiving and evaluating. This denotes also such characteristics and attitudes as: activity, involvement, independent thinking, adherence to principles, initiative, courage, striving for knowledge and cultural broad-mindedness, which helps to seek answers to questions about the meaning and goals of life.

Thus, it can be assumed that psychotherapy has an important and positive role to play, helping many people not only to alleviate their suffering resulting from disorders, but also making them face existential issues and changing their quality of life. Psycho-

therapy may facilitate confronting problems and their more and more efficient solving. However, in order to attain these goals it is necessary to take care of therapeutic staff qualifications and training, carry out systematic scientific research, conduct consequent, public discussion and control the therapeutic method used, as well as evaluate their outcomes. Modification of the patient's role is of utmost importance in this context: the patient should be regarded as a partner, and his conscious, active, and sometimes critical co-operation with the professional staff should be both a prerequisite and goal of therapy.

Since it is the patient who should have the last word, I would like to quote the following comment made by one of my patients:

“And yet this Stefan has not learned much – his narcissism remained, he still plays a VIP and shows off pieces of his banal wisdom we have so often talked about. And he is using jargon meant to sound scientifically. Perhaps experience with hundreds of further patients will help him to grow wiser. Personally, I have benefited a lot from my acquaintance with him and I even got to like him – he is not stupid after all. Even though he did not tell too much about those numerous patients whom psychotherapy had not helped, nevertheless I hope and believe that both myself as well as he and his colleagues some day will be able to cope better with the problems and tasks that face us. And realistic hope is a very important prerequisite of attainment of the goals we are striving for”.

*Compiled by Czesław Czabała  
Translated by Barbara Mroziak*

