

Readers' Forum

To the Editor:

Clinical results in psychotherapy and in group psychotherapy leave much to be desired. When desperately lonely and frightened human beings choose or are pushed by their panic to associate with others in a group psychotherapy setting, some improvement is generally evident once they overcome their initial discomfort at being meaningfully involved with others. But psychotherapy, by definition, aims at bringing about changes in the psyche, by far a more complex structure than any of the organs of the human body. So, if patients feel better or if they behave somewhat differently, this in itself is no proof that real changes in the psyche, and therefore in the personality, have occurred. The mushrooming of experiential and treatment groups has occurred exactly because such real personality changes are relatively rare; disappointment is rampant and millions of uncured patients are eagerly searching for better solutions. In the absence of a generally acceptable definition as to what constitutes a "cure," wild claims by clinicians are made daily and touted as panaceas. Even nonclinical entrepreneurs have entered the field, claiming that what they treat is not a real illness, which allows them to make a living in this confused wilderness. There is, therefore, really nothing more important than validating and invalidating claims by competent and reliable research. If psychotherapy is not simply a modern-day form of magic, then the "subjective scene of the psychotherapeutic encounter" must yield to objective evaluation.

But how exactly to evaluate? Here we come to the crux of the difficulty. Each researcher has a psyche too, and he will surely avoid situations and methods of therapy which elicit within him anxiety beyond the point of comfort. Furthermore, researchers, just like clinicians, are human and want to be successful, which often means that one produces a neatly packaged and publishable

piece of work. Diligent efforts over time should, obviously, not in themselves be cited as claims to validity. Similarly, many well-conceived studies have only marginal relevance to the actual treatment of suffering human beings. The historical suspicion that clinicians have toward researchers is probably connected to such understandable but indefensible needs of researchers. Their integrity and intelligence are not in question even when some fruits of their labor resemble "junk food" with little nutritional value.

The following was observed on a bulletin board at Stanford University in Palo Alto, apparently it required no comment:

Once upon a time the fall of an apple shook the world to the moon, gravitation was born. The motion of the planets explained. The tides were reconciled. The sun had a hold on its aether. The swirl of the cosmos united. And what if it had been a social scientist? Would we not know the average number of apples to fall on England in a year, along with their standard deviation?

The suffering that psychotherapy and group psychotherapy aim to relieve is so widespread and so terrible that self-serving claims by clinicians or by researchers are really not excusable under any circumstances. We must be exceedingly careful at least not to further cloud our collective vision. This ought to be the first criterion when clinical or research efforts are written up. Unfortunately, even senior clinicians and researchers often commit serious transgressions in this area, although usually without conscious intent, and the four group psychotherapy research articles in the April, 1977 issue of this Journal are no exception. Take, for instance, the first paragraph of the first article on page 139, consisting of three sentences.

The author states:

There is general agreement that the best work of a therapy group occurs in those stages that are characterized by stable and shared group norms, the feelings of group cohesion.

But there is no such "general agreement", and this writer for one firmly believes that "shared group norms" are usually used as a resistance which retards individuation. The so-called "feeling" of

group cohesion generally means that anxiety has been lowered to the point that symptom-producing internalized conflicts can be avoided, which always slows the work of psychotherapy. The next sentence reads:

The group is then seen as moving from problems to solutions either by (a) understanding behavior problems of individual members or by (b) understanding problems that block the group from interacting and learning.

Several related assumptions which are neither spelled out nor substantiated are implied. They are: (a) *understanding* behavior problems is psychotherapeutically helpful, (b) *interaction* among group members resolves *intrapsychic* conflicts, (c) learning is an important component of change within the psyche, and (d) intrapsychic changes occur when the group is "moving from problems to solutions." All four assumptions are held by many thoughtful workers to be at least partially untrue, since cognition and social learning may have only slight effect on damage to the ego that originated in an early preverbal period. The third and last sentence in the brief paragraph reads:

In this phase the members have become active stimulants and respondents and make meaningful interpretations for each other along the model of the therapist.

Two more unproven assumptions are implied here, namely that (a) "meaningful (?) interpretations" help the curative process, and (b) it is desirable for patients to follow the "model of the therapist." The more our understanding of psychotherapeutic theory expands, the more reasons we have to seriously question such assumptions also. Their validity is, in fact, currently a subject of much interest in the literature. (For example, see *Voices*, Volume 13, No. 2, Summer, 1977.)

Old Rabbi Avtalyon already knew, more than 2,000 years ago, that sages ought to be especially careful with their words, lest "the disciples who come after you drink thereof and die." The lack of coherent and clear communication between and among clinicians and researchers is largely based on our collective failure to meticulously describe and carefully spell out our respective underlying

assumptions. Confusion and lack of mutual understanding is the unfortunate result.

Both researchers and clinicians are essentially groping in the dark and will continue to do so until a comprehensive, sensible, and clear theory of psychotherapy is available to guide them in their efforts. Freud's genius was in elucidating the dynamics of the psyche, but he did not complete the task. His basic therapeutic philosophy was based on the traditions of rationality of the 19th century, of which he was a brilliant child. Half a century later we urgently need to take another major step. If individuation is the goal, the capacity to exist in the universe as self-sufficient individuals relatively free of irrational fear, how are we to get there? If the ill psyche is to turn into a well one, need we not change its physiology as well as its thinking processes? Is this achievable, and if so, how?

Both clinicians and researchers would do well to remember that the answers to these all-important questions still elude us. It behooves us all to be more willing to accord serious consideration to new theories and seek to prove or disprove their validity, never rejecting them out of fear. Courage and generosity of spirit are both required for discarding old convictions that did not stand the test of time, for our self-image is often tied up with them. We can, however, do no less if we are to maintain our identity as a scientific profession.

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