Podcast #36—Psychotherapy Is Supposed To Help You Feel Better, Isn't It?

We live in a time when psychotherapists of all stripes contend that their school of thought, their approach, has the best outcomes. People trot out phrases like "This approach is based on research" or "This approach has been empirically validated."

Really?

I don't think so. First of all, it's notoriously hard to measure psychotherapy outcomes and even harder to show a cause and effect relationship between a particular approach and a good outcome. The reason is that so much of the power of psychotherapy depends on the unique trust that develops over time between therapist and patient, the chemistry of the relationship if you will. Some practitioners seek to do an end run around this problem by creating a "handbook" for their particular approach that allegedly insures that each patient is getting the same treatment. There is a lot of research to show that the findings from these studies are extremely weak.

The problem for researchers remains how to possibly study a relationship as intimate as the psychotherapeutic one in a way that does justice to the complicated interpersonal dance that is therapy.

Of course, some orientations make matters worse by explicitly or implicitly arguing that good outcomes are not even their primary goal. Psychoanalysis has fallen prey to this anti-therapeutic bias. Freud, after all, saw himself as a scientist and a healer. In his scientist role, he was more interested in studying how people changed, not in his therapeutic commitment to making that change happen. Psychoanalysts since then have wrestled with this tension. In my experience of my own psychoanalytic training, too often analysts are more concerned with the nuances of technique than with outcome. And so, for example, I had to listen, in case conference after case conference, to elaborate discussions of the subtlest vicissitudes of the psychoanalytic process and never once did the analyst think to mention whether or not the patient got better.

The change process IS complicated. And it is, at times, subtle. However, in my view, there is no justification for neglecting the question of outcome. Patients come to us for

help with their suffering, and if, over time, this suffering doesn't improve, then there's something wrong with our approach—then our "technique" –if you will --is failing. Outcome, in my view, is the only thing that matters. I believe we are and should be healers above all else.

This is why I advise people who are uncertain about their therapy to ask themselves if anything in their lives has changed for the better since they began. I ask them whether or not they leave therapy feeling not only understood, but also, more often than not, relieved. I tell them that if they don't and aren't, then they should confront their therapists about it. If the therapist gets defensive in any way, or, worse, tries to blame the patient, then I suggest that the therapy may well be at an impasse. It's not that the psychology of the patient isn't—of course—a prime contributor to a therapy that isn't working, but that the therapist is ultimately the one responsible for getting it back on track.

And when I supervise therapists, I am usually quite focused on helping them notice when their interventions lead to discernible improvements and when they don't. I tell them that there is no "correct technique" or "rule" apart from what works to help the patient feel and get better. Technique is

entirely patient-specific. Universal rules of technique are very rare. Generalizations about technique usually have too many exceptions to be useful. One patient improves when the therapist is directive and gives advice; another one improves only when the therapist is quiet and neutral. One patient benefits from the therapist revealing details of his or her own private life; another one stalls or gets worse in response to such disclosures. One patient improves if the therapist talks about the patient's experience of the therapist in the here and now—what we call the "transference"-- while another patient gets more confused and anxious when this occurs. One patient benefits from reconstructions of childhood experiences, while another only improves in response to problem – solving in the present.

The question arises: Can the therapist really reliably decide if the patient is getting better. So, for example, sometimes a patient is getting better but, for some reason idiosyncratic to the patient, needs to deny it. Sometimes, "getting better" might even involve the emergence of more overt forms of suffering. For example, the sign that a patient unable to mourn losses is getting better in therapy might be when the patient starts crying a lot. Or a patient afflicted with

a fear of conflict might begin arguing with the therapist in more heated ways. For these patients, their manifest suffering actually represents a step forward.

So, deciding about the degree to which a patient is getting better—and, therefore, whether or not one is on the "right track"-- is not always easy.

Joseph Weiss and the control-mastery group in San Francisco have an interesting take on this problem. They argue that patients test their therapists in various ways. When a therapist passes a test, the patient usually gets less anxious and/or is able to take a developmental step forward—in other words, gets better. If the therapist understands the patient's testing, he or she can tell whether or not the test is passed or failed by closely observing the patient's responses. Does the patient have more access to new feelings? Can the patient retrieve more memories? Can the patient do something that he or she was formerly afraid of doing? Can the patient move forward toward his or her main goals in life? By a ruthless attention to these markers of progress, the therapist in Weiss's model puts therapeutic outcome squarely in the cross – hairs.

I can't imagine what would lead someone to become a psychotherapist other than the wish to help and heal others.

And I can't imagine a patient paying good money to a therapist whose primary aim was something other than outcome. The rest is just commentary.