

## Psychotherapy 1964

The Sixth International Congress of Psychotherapy which met in London last August was remarkable in many respects. It was the first time that the Royal Medico-Psychological Association had officially sponsored and organized an international congress. The R.M.P.A. has sometimes been regarded as lukewarm or even hostile to psychotherapy; whatever basis this impression may have had in the past, it has no justification today. To many participants of the Congress and even to quite a few members of the R.M.P.A. it must have come as a surprise to learn from the programme that the membership of the Psychotherapy and Social Psychiatry Section of the Association is over 1,000, only a minority of whom are attached to one of the schools of psychotherapy. The Organizing Committee of the Congress consisted largely of members of this Section and there was general agreement that they discharged their difficult task successfully.

The International Federation for Medical Psychotherapy (I.F.M.P.) has been little known in this country until now. This is all the more surprising as the first post-war International Congress of Psychotherapy took place in London in 1948 and interest in psychotherapy has probably been greater among British than among other European psychiatrists. Perhaps this was one of the reasons why the need for an international forum for psychotherapy has been less strongly felt in this country than elsewhere. Also, psychotherapists of different schools have had the opportunity of meeting in the Medical Section of the British Psychological Society and more recently in the R.M.P.A. This Congress has demonstrated the advantage of an international meeting ground. Interest in the I.F.M.P. is likely to grow among British psychiatrists as the result, especially if future conferences should have as wide a scope as the recent London Congress, which reflected on an

international scale the fields of study covered by the Psychotherapy and Social Psychiatry Section of the R.M.P.A.

The place of psychotherapy within psychiatry is still difficult to define. To the outsider it sometimes appears as if psychiatrists could be divided into those who are for and those who are against psychotherapy. In fact, there is no psychiatrist, whatever his main theoretical orientation, who does not spend part of his working time doing psychotherapy of some kind. Psychotherapy is the only treatment peculiar to psychiatry. Without psychotherapy, i.e. without planned endeavour to modify mental disorder by psychological methods, including the use of social factors, psychiatry would have no strong claim to a special status outside internal medicine. There was a time not so long ago when some organically and genetically orientated psychiatrists dismissed psychotherapy as irrelevant in most mental disorders. Today the multifactorial approach rules out purely organic or genetic aetiology. The recognition of the role of environmental factors in all types of mental illness imposes some psychotherapeutic orientation on every psychiatrist, little though he may be able to develop it owing to lack of time and skill.

The general recognition that psychotherapy is of the essence of psychiatry was reflected by the membership of the Congress. Clinical psychiatrists of all orientations contributed papers and acted as chairmen. They clearly demonstrated that no psychiatrist can afford to ignore psychotherapy today. But what kind of psychotherapy can be practised under present conditions? This must have been one of the main questions in the minds of the numerous young psychiatrists who attended the Congress. There are many more psychiatrists today than there were before the war. Most of the younger generation are ideologically uncommitted. Like the post-war generation as a whole, to which

they belong, they are only mildly interested in the battles of yesteryear. They do not take anything for granted and are sceptical of the convictions of their elders, especially in this country where rigid schools of thought have never flourished and where empiricism is the guiding principle in the practice of psychiatry. These younger psychiatrists are unlikely to have been disappointed by this Congress, which catered for all interests and did not evade any of the problems facing psychotherapy today. They also had the opportunity of listening to many leading authorities in the theory and practice of psychotherapy.

The short speech of welcome by the President of the R.M.P.A. seemed to set the tone for the whole Congress, which was one of friendliness and sincerity throughout. The opening paper was given by Dr. Main of the Cassel Hospital, who presented a thoughtful review of the present state of psychotherapy, with special consideration of its philosophical and methodological relationship to the physical sciences. He warned against the temptation of devising problems to suit available methods rather than methods to suit the problems. The work of the Congress, which extended over four full days, was divided into plenary sessions in the morning and a large variety of concurrent activities in the afternoon. The first morning session was devoted to recent advances in the psychology and psychotherapy of infants, children and adolescents. The wide range of the papers and the variety of the approaches presented was very impressive. It was interesting to learn that Dr. Anna Freud and her associates are working on a classification of behaviour disorders in childhood based on developmental and psychodynamic principles. The other plenary meetings dealt in succession with individual psychotherapy, with group therapy and with the therapeutic role of the hospital community. It was gratifying to realize the importance of British contributions in these fields and to listen to their chief exponents. One of the most remarkable developments has been the close liaison and cross-fertilization between medical psychology and sociology. Among the main speakers at the plenary sessions were Professor Boss of Zurich, the President of the I.F.M.P., and such well-

known names from abroad as Anthony, Benedetti, de Wilmars, Dunham, Lindemann, Moreno, Ruesch, Stanton and Zetzel.

The plenary sessions presented a spectrum of current developments in the main fields of psychological treatment, but there was no room for free discussion. This was provided for in the so-called workshops, which were specially designed to continue the discussion on the psychotherapy of adolescence and of the psychoses. There was also no lack of spontaneous exchange of views in the numerous symposia which took place concurrently in the afternoons. Considering that most members of the Congress were interested in most of the subjects of the symposia, the feeling of *embarras de richesses* inevitably associated with big and successful international congresses was even greater than usual.

Some of the symposia served the further elaboration of the topics opened up in the morning sessions, but most of them were given to other problems. Behaviour therapy based on learning theory, and its relationship to psychotherapy derived from psychoanalysis, were discussed through a whole afternoon. Each of the two parts of the symposium was opened by a clinical psychologist. The majority of the speakers did not regard the two approaches as incompatible and were of the opinion that personal interaction between patient and therapist played a part in the results of the treatment. One of the speakers suggested the term re-educative psychotherapy in preference to behaviour therapy. The symposium clarified areas of disagreement and was free from the acrimony which had marred previous discussions. There was a marked willingness on the part of psychiatrists to learn from the learning theorists. If this willingness should be reciprocated, psychotherapy might benefit greatly.

The combination of psychotherapy with drug treatment was also fully discussed. Other symposia dealt with the suicide problem in psychotherapy, with the treatment of psychosomatic diseases, with delinquency, family therapy, sexual deviation, research methods, hypnosis, art in psychotherapy, anthropological aspects, etc. There was, in fact, no topic of interest to psychotherapists which was not

discussed. There was even a symposium on tensions between psychotherapists, very suitably on the last day of the Congress and under the chairmanship of the President of the I.F.M.P. As no special report about this meeting was received, it can be assumed that it was free from unhealthy tensions.

The problem of evaluation of psychotherapy was discussed in many contexts. Psychotherapists have often been accused of avoiding this issue. Nobody who has attended this Congress will subscribe to this criticism. There was a general awareness of the complexity of the task because of the nature and the large number of variables to be controlled. The requirements of comparability are more difficult to fulfil for psychotherapy than for other treatments. And too little is known about other than symptomatic changes, especially those in social behaviour. As yet, no satisfactory instruments for measuring the effects of psychotherapy have been developed, but many psychotherapists are grappling with this problem. They will also have to explore what it is that psychotherapy offers even if it fails to cure. It is held by many that its most effective agent is the doctor-patient relationship. Should this by itself be worth a great deal to the patient? At any rate, the evaluation of psychotherapy raises some questions which do not arise to the same degree in the treatment of physical illness.

The two symposia on training were concerned chiefly with the introduction of medical students and practitioners into the principles of psychotherapy. There were several papers on training in groups, and students of a London teaching hospital co-operated in a demonstration of this

technique which is likely to play an important part in the training of psychiatrists, too.

Training of psychiatrists in psychotherapy is the one major subject which at this Congress did not receive quite the attention it merits. It is to be hoped that it will be one of the chief topics of the next congress of the I.F.M.P. in spite of, or rather because of its complexity. Psychiatrists keep on asking for training in psychotherapy, but only few can get it because there are not enough teachers. What ought to be their qualifications? Is it essential for them to have received a full training in an institute of psychoanalysis or analytical psychology? At present such institutes do not cater for psychiatrists who do not wish to specialize in those methods. It is true that these specialists have proved very successful in instructing psychiatrists in the use of brief methods of psychotherapy outside their institutes. But there are too few such teachers available and their number is unlikely to increase. In this country there are hardly any outside London and the position elsewhere is similar or even worse. The use of the group setting for the purpose of training may reduce the difficulties, but where are the expert group leaders to come from? One can well understand why the specialized institutes hesitate to establish training facilities for non-specialists, but there is a pressing need for such facilities. No individual or institution concerned with psychotherapy on any level can be indifferent to this problem. The spirit of informed realism which pervaded the Sixth International Congress for Psychotherapy justifies the confidence that this challenge will be taken up.