Archives of Psychiatry and Psychotherapy
Volume 5, Issue 1, March 2003
pages 59–68

What psychotherapy is and is not: an essay on redefining of the term

Jerzy Aleksandrowicz

Department of Psychotherapy
Jagiellonian University Medical College, Kraków, Poland
Head: Professor Jerzy Aleksandrowicz, M.D., Ph.D.

Abstract

***Aim**: The primary intent of this paper is to discuss the concept of "psychotherapy" and to suggest an adequate definition in the reference to social phenomena of healing, helping, psychosocial influences on an individual's mind and interhuman relationship.*

The definition proposed in this text reduces the concept of psychotherapy to the process of treatment based on psychosocial influences aimed at correcting disturbed psychic and subsequently behavioral and somatic functions. As with treatment, psychotherapy targets only patients – individuals who have been definitively diagnosed with a specific disease or disorder and should be indicated exclusively in accordance with the current knowledge of psychopathology designating the goal of change.

Psychotherapy may be conducted by physicians as well as by other medical practitioners, such as clinical psychologists, social workers, nurses, but under the condition of particular supplementary education.

The term "psychotherapy" is often used to describe various procedures of helping healthy individuals through psychosocial stressors, which can include emotional support, multi aspects of personal development, and improvement of social skills not withstanding. This differs from psychotherapy's basic goal, as well as the quality of influences and relationship. To describe these procedures, the term "psychosocial help" is proposed.

***Conclusion**: The true notion of psychotherapy involves much more of a medical perspective and knowledge of treatment. It also entails a complex process that differentiates it from the concept of "psychosocial help."*

Key words: psychotherapy, psychosocial help, psychosocial influence, relationship

Introduction

For decades, a concerted effort has been made to introduce some order into the definition of psychotherapy. Unfortunately, however, these efforts have not always proven to be so fruitful. It even seems, at times, as though no one cares to establish a reliable definition of psychotherapy or a singular coherent theory. Perhaps, neither the

current state of knowledge or psychotherapists themselves are prepared to undertake such a monumental feat, particularly since many who are practitioners of psychotherapy are too occupied with their clinical endeavors to reflect on the essence of their practice or results of contemporary research[1, 2]. The current development of psychobiology, however, makes this challenge more important than in the past century.

Contemporary state of art

Presently, as a result of the equivocal concepts basic to psychotherapy, the term is perceived by many in the field to include anything that is performed by psychotherapists to various groups of consumers on practically any matter that exists in society. Relatively few such "psychotherapies" truly involve the treatment of definitive disorders. A number of them involve activities aimed only (and somewhat modestly) at improving the quality of life (e.g., as in the case of schizophrenia) [3, 4, 5].

Most of them have no direct connection with specific illnesses or their treatment. In fact, many psychotherapists even refer to the recipients of treatment as "clients" as opposed to "patients." This is obviously the result of an "antypsychiatric" phase of social development that occurred in the 20th century. This also leads to a reduction in the medical stigma that is typically attached to those diagnosed with an "illness." As a result, however, psychotherapy is commonly perceived as paramedical treatment or an intervention that is completely independent from the medical profession.

Such activities refer to different objectives, as the improvement of social skills or self-awareness, the reinforcement of self-esteem or assertiveness, the development of individual's freedom or emotional expression, etc. [4, 5]. Such an intervention responds to the client's needs, sometimes according to society's rules and demands. At times, those "psychotherapies" may even be dangerous to the individual's health, by neglecting the existence of an illness, leading to the reinforcement of narcissistic self-concentration and to feelings of grandiosity, etc. Frequently they legitimize antisocial behavior, histrionic, uncontrolled expressions of the individual or other dysfunctional dynamics. So, such procedures do not truly possess a medical dimension to them.

Nevertheless, this form of "psychotherapy" is the most commonly witnessed in our society and is frequently presented as a non-medical alternative to "medical treatment." A number of individuals undergo such psychotherapy for social reasons or due to the particular traits of their psychopathology, though they do not consider themselves to be disturbed. They often do not actively seek treatment per se on a frequent basis; even perhaps the majority of those "clients" are truly in need of treatment.

The concept of such psychotherapies are grounded in the different psychological and anthropological theories and value systems – ideologically designating what is "good" and "natural" for human beings – and not rooted in the knowledge of pathology. Those psychotherapies require knowledge of philosophy, concepts, and theories concerning human nature or the essence of happiness, more so than with the principles of medicine. They are supported by uncertainty regarding the concepts of "health" and "illness" and the contemporary concept of "health" reducing it to a general sense of "well-being".

It is evident to many in the field, however, that health is only one of the many conditions of well-being. Hence, any improvement in one's mental and physical health involves an improved quality of life, although the reverse is not always the case. It is also evident that problems in achieving high social and economic status, lack of happiness or self-satisfaction, as well as other reasons for human distress, do not necessarily imply the presence of a medical disorder.

Thus, there exists a gap between disorders requiring medical treatment – psychotherapy and those cases of general dissatisfaction or unhappiness, requiring non-medical treatment.

Some of the causes of disagreement regarding "what psychotherapy truly is" entails more socio-economic principles than those related to medical and the common sense proponents mentioned above. Individuals of different educational backgrounds, skills, and competencies who are engaged in the practice of psychotherapy compete in a contemporary society in which health services are subordinated to the economy and free market.

In some countries, physicians (especially psychiatrists) have an advantage over psychologists, even if they do not possess sufficient knowledge of psychotherapy. This is simply due to the fact that medical training provides an advantage legally over non-physicians. Anyone less than a physician is treated as a "non-professional" or, in some cases, a paraprofessional. In the majority of the European countries, as well as in the United States and Canada, psychologists are clearly credential by the state to practice psychotherapy independently, even without supplementary medical training and appropriate knowledge of pathology [5]. In some countries, social workers and nurses also acquire advanced education and training in psychotherapy, being allowed to treat along with the privilege of prescribing medication.

It is also common, that some individuals seek acceptance of their professional "psychotherapeutic" competency based solely upon their experience of having been the client of some prominent psychotherapist or psychoanalyst, be it clergy, pastoral counselors or charismatic leaders, native healers and so on. This is even more prominent in underdeveloped nations in which the population is desperately in need of mental health professionals

Therefore, there are often extremely disparate groups of "psychotherapists" who possess various non-medical or non-psychological education, offering their services to the society. As a result, the armamentaria of psychotherapy are constituted by both well-trained professionals and non-professionals. This is observed mainly, but not exclusively in regions where there are no licensing or certification laws to govern the practice of psychotherapy.

Generally, the market is composed of at least two different forms of helping "professionals" via psychosocial means. Both of these professionals refer to themselves in the generic sense as "psychotherapists." Each of these groups need to legitimise their existence in correspondence with the definition of the term psychotherapy, which is compatible with their practice and the aforementioned socio-economic conditions. Therefore, currently we have two dominant trends in the understanding and description of psychotherapy.

How psychotherapy is conceptualised

Psychotherapists who are devoid of training in the medical sciences prefer to define psychotherapy in more psychological or interpersonal terms. They offer the experience of being together in a warm, cohesive relationship with plenty of verbal affirmation, empathy, and positive regard. Some of those definitions also encompass the concept of achieving a more enriched lifestyle.

For instance, they might depict psychotherapy as a discipline that seeks to alleviate internally generated or sustained problems in living. It may also be viewed as a interaction that aims to heighten self-esteem, increase coping skills, improve constructive cooperation with one another and so on.

Such understanding of psychotherapy targets different individuals seeking help because they consider themselves unhappy or discontent with their lives. Other individuals may be considered (or considering themselves) as "immature" or being in a moment of specific crisis (e.g. adolescence, unemployment, senility, etc.) and all other conditions which are not related to any definite disorder. The theoretical basis of such psychotherapies involves mainly humanistic and psychoanalytical approaches [4, 6].

Such psychotherapy could also be helpful to some extent in the case of evident illness. Certain individuals diagnosed with an illness could achieve different important benefits (or even recovery in the case of acute stress reactions), especially if contacts with a therapist offers them psychosocial support and activation of unspecific treating factors [7]. However, a significant number of individuals could attain stable improvement or even recovery, though only by means of the psychotherapy using specific procedures. Therefore, the treating value of "non-medical" forms of psychotherapy is disputable.

Another concept of psychotherapy is that which is related to the medical perspective [8]. It understands psychotherapy as a remedy for someone who is ill and situated in a social position of a "patient." The process concentrates exclusively on influencing evident disturbances and conditions of suffering by psychological means. Theoretical references are addressed rather to cognitive-behavioral or integrative [9, 10] approaches, and are dependent on diagnosis. E.g. in the case of affective disorders a cognitive approach [11] is usually indicated. With neurotic disorders, this typically involves insight and corrective experience oriented psychotherapy than supporting is promoted. Similarly, in problems with social contacts rather group [12] than individual psychotherapy should be proposed.

The medical definition of psychotherapy portrays it more as a treatment procedure intended for individuals diagnosed with a definable disorder that is indicated according to contemporary knowledge of psychopathology. This may include most of the disorders described in Chapter V (F) of ICD-10 (and respective Axis I and Axis II disorders under DSM-IV). After a careful medical diagnosis, the decision to undertake psychotherapy occurs subsequent to a consideration that is psychosocial and not, for instance, biologically caused illness. Consequently, it is the treatment of choice.

Therefore, the goal of such psychotherapy consists of evoking or facilitating a very different type of corrective change in the patient's disturbed psychic processes.

For this reason, only highly individualised interventions – customised to the specific nature of the individual's disturbance is required.

One of the reasons for the coexistence different concepts of psychotherapy (and also a result of this) is a lack of comprehensive theory.

In spite of a plethora of literature concerning different approaches pretending to be its theoretic background, there is to date no true theory of psychotherapy. Seminal chapters on psychoanalysis or learning theory offer an explanation of the formation of various disorders, being important more for psychopathology than psychotherapy however. Only some of the elements of those theories, such as the concept of insight, or the process of working-through, or corrective experiences, which alter cognitive schemas and the concept of reconditions, could be considered as a part of a further theory for provoking curative changes.

Even though there is an abundance of empirical outcome literature on the efficacy of psychotherapeutic treatments, concerning therapeutic techniques and procedures, various psychological concepts related to psychotherapy, there is no body of knowledge pertaining to the actual process of such therapy. This also explains the ambiguous nature of the concept of psychotherapy, and this is one of the primary reasons for the dispute involving the scientific aspects of this treatment.

A lack of a reliable theory of change does not neglect, however, that psychotherapy in its medical meaning fulfills Kuhn's criteria of science [13]. It is not a case of psychosocial help, having strong ideological background in spiritual, psychological, anthropological and other concepts. Its effectiveness must not be confirmed by research. Therefore, it can be considered more an art, than a skill.

It seems that the difference between the aforementioned meanings of psychotherapy refers primarily to the respect of psychosocial influence, help and relationship concepts._

Psychosocial influences

Psychosocial influences involve a phenomena that is present in different inter-human relations and involve many different influences exerted by an individual (or group). They constitute factors forming the human psyche and the specificity of mankind.

Some of them, such as education, propaganda, or promotion of a new product, have nothing directly to do with either rectifying personal problems or with the overall healing process. Some of those psychosocial influences might even be pathogenic in nature. The creation of faulty cognitive schemas, the acceptance of antisocial behaviors by a social environment, rejection by social groups, as well as temporal "de-moralisation" due to stressful events in social life are only a few of a sundry of such influences which can be harmful to the human psyche.

Only a few of those psychosocial influences possess a helping quality. And only some of those helping psychosocial influences are – like psychotherapy – medical procedures.

Psychosocial influences that are beneficial for the patient and his or her health are, among others, different forms of psychosocial support. Its role is unquestionable

in the healing process, just like the role of all unspecified therapeutic factors such as the encouragement of hope, the growth of mobilisation etc. They may even have an important, however nonspecific impact on the neurobiological and immunological process of the human body.

Psychosocial helping influences involve e.g. psychoeducation in certain social skills – such as affective listening or training in communication skills. This could encompass the creation of social settings by which insight could be gained into psychic processes and motivations – as in the example of psychoanalysis. Another mode may involve more personal than social influences – e.g. advice on how to proceed in life, or counseling on how to enhance personal development.

All of these procedures could be very effective in a temporary situation of symptomatic improvement and an improved quality of life. However, this does not necessarily lead to the total health of the individual involved. Only those psychosocial influences, which are specifically aimed at correcting individually disturbed psychic and subsequently behavioural and somatic functions, influences based on the knowledge of medicine (mainly psychophysiology and pathology) are the armament of psychotherapy. All of the forms of helping people by psychosocial influences aiming other goals are different forms of psychosocial help than psychotherapy.

Help

Generally speaking, the act of "helping" consists of a joint cooperation of several individuals engaged in an activity, which is almost impossible for the individual to perform alone.

In some cases, this may involve the simple act of making something available when it is needed, such as a supportive hand offered to the person falling on the street, a financial loan to a friend, or protection and support to someone terrified of danger. Yet, such help offered may also consist of succor and support in the search for employment, or inexpensive living quarters, as social workers often seek to obtain for clients.

Some forms of helping consist of psychosocial influence on people – like in the case of emotional support. One of the forms of this type of help involves counselling – legal as well as psychological – as with business, management or other difficult situations calling for the advice and assistance of an expert. Such a form of assistance is limited to the "entrance on the new path," creating opportunities for a future life without such aid.

Helping activities commonly aid individuals in eliminating the immediate causes of incompetence or anxiety, but do not free them from the causes of his or her inability to cope with a given problem. It is an immediate, emergency action, which usually leaves the subject unchanged, though able to fulfill his or her actual goals. Some helping psychosocial influences have long-term effects however – e.g. "psychoeducation" involves the acquisition of new skills.

Some of the helping activities based on psychosocial influences consist of helping support – individual, such as in emotional crisis or in group – as with the cases of Alcoholics Anonymous and other peer support groups, or merely the presence of

a supportive social system. Obviously not every form of helping as mentioned above is connected with health problems, however every therapy is in essence a form of helping.

The direction taken by each and every helping activity deeply depends upon personal values, experience, knowledge, or beliefs in some theories or ideological concepts of helping our fellow man. Therefore, help – especially psychosocial – in this respect involves more psychological and philosophical aspects requiring adequate education. This is one of the important, general differences between "offering help" and conducting "therapy".

Relationship

Psychosocial influences differ not only in their general aims, but also in the form and content of the relationship. For example, education requires a particular "diagonal" relationship between the master "knowing something" and the pupil "who wishes to know", while in co-operation between staff members relations of equality and partnership are expected.

In psychotherapy, as with every medical treatment and in every helping activity, the relationships are task-oriented. In contrast with partnership relationships, they are "diagonal" since one individual is the provider of help or treatment and the other is the beneficiary. While one's need is the center of attention, it is inappropriate and, considered by many, unprofessional for the other (helping person) to introduce his or her needs into the relationship. Consequently, it is not mutual, but a directional exchange.

There is, nevertheless, a difference between the treatment and the helping relationships. They differ in types of tasks, and with regard to the competence of the individual who is assisting or providing treatment.

Psychotherapy necessitates an emphasis on directiveness and competency, especially medical – referring to knowledge about diseases. It also necessitates an emphasis on a patient's own activity. By not having any direct access to the disturbance (in opposition to e.g. surgeon), a psychotherapist cannot fulfill his/her tasks without intensive and active co-operation from the patient. Tasks of this relationship must be determined and decided upon by the psychotherapist.

It is not the same as with the case of the helping relationship where the tasks should follow the aims and wishes of the client. The general personal experience, resources and altruism of a provider and not some particular scientific knowledge could be sufficient to the individual requiring help.

Psychotherapy and psychosocial help

Despite the similarity of the settings and techniques, there exists a fundamental difference in the format of psychosocial influence, help and relationship in both forms of care. This is the primary reason for proposing different names.

The first form of influence exerted by professionals of different (mostly psycho-

logical) backgrounds, addresses different clients – those who are obviously pretending to be not inflicted with an illness. It offers them (or to whole families) help, support and counselling, being important psychosocial help. For the second form of influence, addressed to patients, the more appropriate term is "psychotherapy."

"Therapy" essentially means that the use of different specific procedures has to cure or at least ameliorate an illness. This is at the heart of using different procedures for influencing people psychosocially in ameliorating psychic dysfunction, especially those whose problems are rooted in personality disturbance The goals and forms of this activity depend upon the specificity of the individual psychopathology and of specific events within the therapeutic framework.

Such therapy cannot comprise the elimination of every trait considered by the psychotherapist as a deficiency in an individual's psyche and in his or her social functioning. Psychotherapy must be limited to those cognitions and/or personality disturbances, which spawn the occurrence of disease. Anything over and above this must be considered a form of abuse of human rights, surpassing the justifiable limits of the therapist. In this sense then, e.g. the psychoanalytical or existential processes oriented on general development and global insight (in opposition to psychoanalytical psychotherapy being "focal" in its essence) cannot be considered "therapy".

Of course, positive side effects of psychotherapy in some marginal manner to the disease treatment could possibly be expected. It is common to observe some personality development, a new organisation of experience, improvement of emotional expression, and personal interaction as well as other secondary gains. Such secondary gains of psychotherapy frequently involve the primary aims of psychosocial help.

These side effects are very often reasons for a subjective feeling of improvement, despite being more an illusion than anything else. At the same time, it would be an illusion to consider such an improvement in the quality of life as an improvement with the state of one's mental health.

Psychosocial help does have a place in the field of medicine, however it is not only limited to this field. Illness is only one condition that causes suffering and, hence, beckons a search for help. Activities constituting psychosocial help are not consciously and specifically aimed at the individual's particular cause of disorder, being founded on the human help-supportive relationship. They could reinforce the subject's motivation to undertake efforts leading to health, but they are not directly a form of healing. Moreover, they follow the patient's consciously expressed wishes, even if they are contrary to the restoration of health.

In the case of helping psychosocially an individual afflicted with a particular disorder, the procedure must begin with an understanding of the nature of the claim, not necessarily from the reasons and circumstances of disorder – as with the case of psychotherapy. The goal of the helping person is to diminish the suffering expressed in such claims, despite its cause. Often, this entails providing an opportunity to vent and to express emotions in a safe and secure setting. This may often comprise a "pure relationship," offering the temporary presence of a healing partnership.

This might entail offering social support, reinforcing "morale" and hope, or emphasising "unspecific treating factors." This could also comprise a reduction of the suffering brought on by pain, change, and anxiety, although with no effort to cure the

disease or its symptoms (e.g. in terminal states). Less complicated aid through relaxation, massage, catharsis, and so on, constitute direct responses to a patient's complaints. Such examples involve assisting in recovery efforts where individuals suffer from post-traumatic stress disorder or circumstances that require crisis management.

While this all may be a very important part of the complex, global process of healing, it pales in comparison to the delivery of a viable course of psychotherapeutic treatment.

An alternative form of help offers the opportunity to cope in life with illness or invalidity. This is, in essence, the concept of psycho-rehabilitation. Increase in quality of life for an individual with chronic illness may be justified and is an important aspect of the rehabilitation process, another important part of the medicine. Hence, there exists some overlap. "Rehabilitation" does not have the possibility of restoring health, striving only toward an optimal quality of life with illness or invalidity and coming to accept life's difficulties.

Final remarks

In general, to refer to some forms of influence on individuals suffering from an illness as "psychosocial help" and others as "psychotherapy" does not necessarily at all imply the deprecation of the former. Psychosocial help is widely applicable in medicine – more so than psychotherapy. Every physician within the process of each and every treatment regime should offer some form of psychosocial help. Nevertheless, only psychotherapy constitutes a medical treatment in the full sense of the term. The possibility of meeting the rational expectations of patients adequate to the nature of each procedure is essential. Therefore the only term used in this case should be that of psychotherapy.

Treatment, although essentially based in medicine, cannot, however, be reserved solely for physicians alone. A clinical psychologist or well-trained nurse may be just as effective in psychotherapy as any practitioner who possesses a medical degree. Furthermore, this does not mean that every physician is sufficiently trained to conduct psychotherapy as well. Even psychiatrists require supplementary education in the psychosocial aspects of psychodynamic diagnosis and skills of provoking corrective changes in mental disturbance via psychosocial procedures and psychosocial influences. Psychotherapy as a special form of interpersonal communication between individuals or within a group context, using corrective psychosocial influences, it requires psychology and sociology, as well as medical knowledge.

To reiterate and emphasise this point, psychotherapy is possible only when taking into consideration the therapist's appropriate qualifications and competencies. These competencies include, among other elements, medical knowledge, mainly in general pathology and psychopathology, and knowledge of clinical psychology, especially the various aspects of dynamics in psychic and social functioning. It also includes certain elements of sociology and anthropology. But the most important is the specific knowledge and skills required to establish a particular relationship and to influence the individuals by psychosocial means.

Such a complementary perspective offers each of the two forms of influencing people seeking help their proper place in the set of healing procedures.

Bibliography

1. Garfield SL. Bergin AE. *Handbook of Psychotherapy and Behavior Change.* (4th ed.). New York: Wiley; 1994
2. Luborsky L, Crits-Christoph P, Mintz J, Auerbach A. *Who Will Benefit from Psychotherapy?* New York: Basic Books; 1988.
3. Schneider PB. *Propedeutique d'une psychotherapie.* Paris: Payot; 1976.
4. Kratochvil S. *Psychoterapia*. Warszawa: PWN; 1974.
5. Pritz A. *Globalized Psychotherapy.* Vienna: Facultas Universitatsverlag; 2002.
6. Thoma H, Kahele H. *Psychoanalytic Practice.* Berlin: Springer; 1991.
7. Frank DF., Frank JB. *Persuasion and Healing.* (3d ed.) Baltimore: The John Hopkins University Press;1991.
8. Brahler E., Geyer M., Kabanow M.M. *Psychotherapie in der Medizin*. Opladen: Westdeutscher Verlag,; 1991.
9. Ryle A. *Cognitive Analytic Therapy.* Chichester, New York, Brisbane, Toronto, Singapore: Wiley & Sons; 1995.
10. Prochaska JO. *Systems of Psychotherapy.* Chicago: The Dorsey Press; 1984.
11. Beck AT. *Cognitive Therapy and the Emotional Disorders*. (2 ed.). New York: New American Library; 1979.
12. Yalom ID. *The Theory and Practice of Group Psychotherapy.* (2d ed.) New York: Basic Books; 1975.
13. Aleksandrowicz JW, Sikora G. *Psychotherapy as a science.* Dynamic Psychiatry 1997, 1–4.

Author's address: