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About psychotherapy science

O psihoterapevtski znanosti

Abstract

This paper introduces ideas on the nature of and concept for Psychotherapy Science. A distinction is made between Science and Profession. The results of psychotherapy research suggest that the social sciences should impact more strongly on Psychotherapy Science. A formal institutional approach is proposed for the establishment and development of a Psychotherapy Science – in due recognition of the plurality of psychotherapy.

Key words

profession, science, social sciences, psychotherapy methods, health, mental illness

Povzetek

V članku predstavim koncept psihoterapevtske znanosti in ideje o njegovi naravi. Opišem razliko med psihoterapijo kot znanostjo in stroko. Ugotovitve raziskav o psihoterapiji kažejo, da bi morale imeti družbene vede večji vpliv na psihoterapevtsko znanost kot doslej. Predlagam formalni institucionalni pristop za osnivanje in razvijanje psihoterapevtske znanosti. Ob tem upoštevam pluralnost psihoterapije.

Ključne besede

stroka, znanost, družbene vede, psihoterapevtske metode, zdravje, duševne motnje

Introduction

An internationally renowned psychotherapy researcher, D. Orlinsky, relates a joke told in research circles in the past: “A joke circulated among insiders some years ago about psychotherapy being a field of applied science for which the science that was applied had not yet been developed.” (Orlinsky, 2010)

It is a peculiar phenomenon: Few disciplines have been researched as extensively as psychotherapy in the past three decades. Dozens of meta-analysis studies have established that psychotherapy is effective to highly effective. On the other hand, there are few disciplines which have for so long been the subject of intensive debate about their scientific or non-scientific nature.

The concept of Psychotherapy Science was coined during the past decade. A “Section for the Promotion of Psychotherapy Science” (APA, 2011) was created under the American Psychological Association. Germany has an “Association for Psychotherapy Science” (Gesellschaft für Psychotherapiewissenschaft; DGPTW, 2011). At the outset, this group produced a book in 2011 with the objective of establishing “Psychotherapiewissenschaft. Einführung in eine neue humanwissenschaftliche Disziplin” [Psychotherapy Science. Introduction to a new ‘Science of Humanities’ discipline] (Fischer, 2011).

An Inter-University Centre for Psychotherapy Science was founded in Austria (IZP, 2011). The Sigmund Freud Private University offers “Psychotherapy Science” studies in Vienna, Paris and Ljubljana (SFU, 2011).

This paper discusses some thoughts on Psychotherapy Science. This concept is not the same as similar-sounding concepts such as “scientific psychotherapy” or “scientifically based psychotherapy”.

These reflections are based on the following observations and assumptions:

- Psychotherapy as it is practiced today is effective and supportive to clients. A by now significant number of meta-analyses demonstrate effect sizes between 0.5 and 0.8. This score is deemed effective to highly effective. (Lambert & Ogles, 2004)
- Psychotherapy is a profession with science at its side. Profession and science have a non-hierarchical relationship. (Buchholz, 2004)
- There is no concept at present of one science to represent all the forms of psychotherapy.
- Efforts to develop a Psychotherapy Science should be based on the demands made on psychotherapy, as represented by present client requirements.
- Services in a dynamic-capitalist society - including medical and psycho-social services are continuously under pressure to develop and increase productivity.

Profession and Science

“Understanding the nature of psychotherapy is a daunting task.” This is how Wampold (2001) introduces his major study on the status of present-day psychotherapy research. “There are over 250 distinct psychotherapeutic approaches, which are described, in one way or another, in over 10 000 books. Moreover, tens of thousands of books, book chapters and journal articles have reported research conducted to understand psychotherapy and to test whether it works. It is no wonder that, faced with the literature on psychotherapy, confusion reigns, controversy flourishes, converging evidence is sparse, and recognition of psychotherapy as a science is tenuous.”

This diversity is hard to comprehend, yet also fertile. If psychotherapy constitutes the treatment of experience-related disorders or illnesses, then such diversity would also appear reasonable, considering the diversity of human experiences and suffering in a pluralistic world.

“This plurality of our approach to the world is also reflected in the sciences: not only in the diversity of the disciplines but also in our preference for certain perspectives, questions, approaches, priorities etc. within a discipline. ...but psychotherapy is also integrated in the plurality of these approaches to the world more closely than any other science or professional activity. Psychotherapy influences the structure of the interpretation of meaning more than other interventionist activities (such as technical changes, biological interventions, even approaches in the field of somatic medicine).” (Kriz, 2003)

Understanding psychotherapy in this way simultaneously appears appropriate and exposed. Exposed, because this may also be seen as a boundary to that which is hard to grasp scientifically. A sociological perspective may be useful, given such an exposed position. With this approach, the scientific character primarily has the function of providing interdisciplinary communication platforms via which the experiences of the psychotherapy system may be presented to other sciences in condensed form. Other sciences may then learn from psychotherapy, quasi second-hand, without the need to gain insights into psychotherapy by way of complicated applied research. (Luhmann, 1999)

Psychotherapy primarily is not, however, scientific in its actions and reasoning, but rather professional. Science should support such professional reasoning and actions. It does not rank above the profession but has a non-hierarchical supportive role (Buchholz, 2004).

The fundamental and significant character of this distinction between profession and science is evident from the situation when we face a client in a professional situation when we have to – for good reason – pretend we know everything necessary to handle the situation and we need to exercise our competence-based authority. In the scientific situation, we need to – for good reasons – pretend we do not know much.

With reference to the conceptual differentiation between scientific basis and practical action, as evident in other professions (e.g. doctor and medicine, attorney and law, teacher and education), Kriz (2005) writes: “Psychotherapy has no such relationship. Although the “Psychotherapy Science” concept is indeed under debate, it has not yet succeeded in asserting itself – neither in name nor conceptually, certainly not institutionally. In reverse perspective, linking psychotherapy to a basic science is thus uncertain.”

The social sciences impact

With the regard to the role of science in psychotherapy it is generally assumed that what happens in therapeutic practice is based on proven scientific knowledge. Psychotherapy is not a process applied by relevantly talented people who follow their intuition based exclusively on special abilities of empathy, communication or suggestion. Therapeutic practice is, in fact, reasoned and justified and based on teachable and learnable knowledge about the origin and course of mental illnesses and their treatment.

This, approximately, is how science in psychotherapy is generally understood. Discussions about Psychotherapy Science do not repudiate this, but adopt a slightly different or even wider perspective. An article by Fürstenau in 1972 demonstrates this. His remarkably farsighted article

deserves some elaboration, since it deals with the core of the matter.

“Socio-scientific analysis in this way lends Psychotherapy Science impulses and freedom for further technical development. The dynamics of late capitalist societies support such socio-scientific analyses by creating tensions towards the “implicitness” of past practice and theory by changing the social constellation, thereby enforcing socio-scientific reflections as described. Such changes capable of triggering reflection might include: changes in the personality structure of humans and their “illnesses”, changes in the orientation of next generation therapists, changes in psychotherapy working conditions, or changes in the interest of the state or major industries in psychotherapy.“ (Fürstenau, 1972/1992)

It is remarkable how he expanded his vision to include a socio-scientific perspective. This thought pattern originated from understanding psychotherapy as a special kind of social interaction in a specific and concrete social environment.

Let us use an example to illustrate the importance of such a perspective. Argelander, in his well-known paper on the Initial Interview in Psychotherapy, writes:

“A new discussion around defining the concept of mental illness followed when insurance companies started covering the cost of psychotherapy. With our patient, illness and personal fate are hard to separate. ... Drawing the line here between illness and personal fate is a decision subject to opinion or definition. This decision is influenced by cultural norms, the state of knowledge and awareness and, last not least, by the money which an individual or society is willing and able to pay for treatment of the illness“ (Argelander, 1970).

This discussion has indeed arrived and continues to this day.

The purely professional psychotherapeutic perspective is not an adequate approach to problems of this kind. The call is for an approach distanced from, yet cognisant of the therapeutic situation. An approach side by side with the profession, not simply providing its justification.

Ongoing development of psychotherapeutic concepts

One of the considerations and reasons for developing a Psychotherapy Science – however embryonic that science may be – is that individual psychotherapy methods – such as Psychoanalysis, Cognitive Behavioural Therapy, Gestalt Therapy, etc. – are scientifically founded. The scientific efforts and research within these individual methods represent only part of the scope of work within the psychotherapy field of science today. Endeavours to create new major modalities with the approximate status of present-day psychoanalysis, CBT, Gestalt Therapy etc. represent phenomena on the margins of the current scientific field of psychotherapy.

“We do not foresee any major new theoretical developments along the line of global, comprehensive theories that attempt to explain all aspects of personality, psychopathology and psychotherapy, as we have in the past. It is more likely that the trend toward mini theories centered on specific problem domains and empirical evaluations will continue.” (Lambert, Garfield & Bergin, 2004)

Further development of traditional therapy schools into sufficiently differentiated flexible

treatment concepts, which are applicable to diverse client constellations and client situations, i.e. having a wide range of applications, would be only one model for the successful further development of psychotherapy in our society. A second model would be specialisation through integration of discipline-spanning methods. In the stationary field as in specialised clinics, discipline-spanning combinations of different approaches to treatment methods have and still are increasingly driving clinic specialisation. A third model constitutes methods offering only one specific creative method or a specific therapeutic medium for mobilisation of clients and which largely dispenses with differentiated treatment concepts and a scientific basis for their practice. With these offers and insofar as these methods are available on the free market, the responsibility for evaluating as to whether and to what extent these offers are appropriate is up to the client (Fürstenau, 2007). Examples of this third model may include: trauma-therapy techniques, family constellations, body-therapy approaches, art therapy, therapeutic work using creative media.

Establishment of a Psychotherapy Science

It is widely agreed today that neither medicine nor psychology constitute a guiding science for modern psychotherapy. Psychotherapy has differentiated itself too far as a social interaction of a special kind, as a conscious exercise of influencing human experience and behaviour within the framework of an artificially intimate working relationship between a therapist (or therapeutic system) and a client (or client system).

The field of psychotherapy displays all the typical characteristics of scientific activity. Its content is taught at universities in one form or another, global research activities exist within and external to universities, a comprehensive publication system, organised along conventional scientific standards exists and congresses are organised as is typical for the exchange of scientific results.

From this perspective, psychotherapy can be said to be another science among many.

This formal institutional perspective refers to the following definition of Science:

“Anything represented by at least one chair and taught within the framework of this chair at present and past universities may be called ‘Science’” (Weingartner, 1978)

In view of this, it may be stated that Psychotherapy Science has already cautiously established itself, since regular Psychotherapy Science study courses are offered at universities and since institutes and chairs for Psychotherapy Science are found in Vienna and Paris and soon in Ljubljana as well.

Such a formal institutional approach to the development of a Science of Psychotherapy may be preferable, due to the fact that psychotherapy, for good reasons, is a multi-faceted and varied field. Furthermore, in the present and foreseeable future, scientific and research efforts are still lagging far behind the accumulated knowledge in the profession. It may, for this reason, be foreseen that it would hardly be possible to define a closed Psychotherapy Science concept which would not be reductionist in respect of the know-how of the profession. And ultimately, the position of the profession and the globally exercised and proven efficacy in practice suggests that the sociological function of science mentioned above should rather be a model. Science is a platform which, in its specific form, projects, explains and invites for external discussion that which is observed and experienced in internal practice.

Fürstenau, in a study on the “glitzy-awkward socio-cultural psychotherapy phenomenon”, writes that “Structural changes in our society demand the continuous generation of novelty. Progress is compulsory in this respect, whether psychotherapists like it or not. But development of the new is only possible if and where experimental processes are allowed” (Fürstenau, 2007)

Universities are one of the places where experimental processes are possible. In this respect, to cite a relevant example, psychoanalysts at the University of Frankfurt in the seventies were already experimenting with psycho-analytical self-awareness and supervision within the framework of study courses (Kutter & Roth 1981), subject to all the restrictions of traditional university activities. Today, decades later, the establishment of private universities is opening up more options for experimentation.

Without a doubt, the governing paradigm at our universities today is that which Wampold (2001) analysed in detail under the title of “medical model”, finding it to be unsuitable for psychotherapy. As an alternative, he developed a “contextual model” as a conceptual approach and framework for psychotherapy. The essential point of departure for this concept is based on the results of psychotherapy research, which do not allow application of the medical dose-effect principle, i.e. the isolation of specific ingredients as the active factors. The process is rather a complex process of interaction.

Although this concept has not found much resonance in the established systems of health authorities or university mainstream, the “paradoxes of capitalist modernisation”, as named by Honneth (2010), are evident with for instance the emergence of parallel structures and designs, as found in the establishment of private universities which enable teaching and research along the lines of “contextual models”.

Potential challenges today

The political and social framework within which we are contemplating the development of Psychotherapy Science today was aptly described by Fürstenau (2006) as follows:

“The state, through its policies, has the responsibility of modernising the health systems under constraint of transparent and fair optimisation of resource allocation and utilisation. Even the Department of Health is subject to economic principles: Traditional structures and economic methodology, legacy privileges and lack of transparency must be justified. Economic optimisation, however, is only possible in association with technical revision and ongoing development. The scope of this discussion includes economic and technical points of view and has now also reached psychotherapy, which over the past century has developed rather unstructured and now needs to debate economic and technical concerns more in public than it was necessary in the past. The political demand for proof of sustainable quality shows the way in which economic and technical aspects may logically interrelate.”

An extremely comprehensive and multi-faceted experiential knowledge, proven in many different contexts, has accumulated in professional practice. Research must now investigate for instance the problem posed by Albany and Geyer (2006) who wrote: “We have as yet no answer to the problem of the effectiveness of psychotherapy as a function of the duration and intensity

of a therapy... More in depth research will in future be required into the differential indicators in respect of therapeutic methods and also into the relative effectiveness of psychotherapy, using different therapy durations and intensities, including the economic aspects of health. This should take place in RCT studies, but especially also in the course of research into psychotherapeutic/ psychosomatic care, such as exists in rudimentary form only today.”

In such research two aspects appear to deserve special attention. First, the fact that the personality of the therapist, in the broadest sense, decisively influences the ultimate success of the therapy. Secondly, the question of how to get the patient to a suitable therapist for the suitable treatment at the right time.

The therapeutic repertoire is extensive. How to utilise this to offer realistic treatment in terms of resources of time, money and personal effort, to people who in each case are socially and culturally different and who have different sets of values. This can be the context for future research into training which would also include acquiring competencies and research into care. These are important contemporary challenges in Psychotherapy Science.

For example: Based on the information available today, we estimate that roughly 20 to 30 percent of everyday treatment does not produce satisfactory results in one way or another. How can we determine at an early stage that treatment will have little or no chance of success? And how to do this without simply retaining only the early responders in treatment. Questions such as these should be as pressing to us as they are to the patients and the providers.

Conclusions

In recognition of the significant distinctions between profession and science, it is proposed to develop and establish Psychotherapy Science by way of formal institutional processes. This would comprise the implementation of study courses, chairs and Psychotherapy Science institutes at universities. Realistically this would be primarily on private universities. It is not significant in terms of the study courses whether these offer full qualification as psychotherapists or not. Both options make sense and could exist in parallel. Traditional training within a framework of training institutes other than universities should likewise continue.

Psychotherapy Science has relevance to the profession in more than one respect. First, by researching applied practice and possible future methodologies, with the intention of making these available for consideration and debate. And to present the inner workings of the profession to other social subsystems – especially Science and Health. Secondly, research into the prerequisites for productive psychotherapeutic services. This includes framework conditions for the profession and the autonomous and independent organisation of psychotherapy care, and, ultimately, the other social, economic and cultural influences on the psychotherapy field of work.

In view of the present and likely future situation of our dynamic and late capitalist societies, we consider one maxim as particularly inspirational - both for our science and our profession: To strengthen our confidence in our ability to help our clients, given limited means.

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