

# Psychotherapy Training: Considerations beyond Techniques

## Abstract

This article examines the elements of psychotherapy training that go beyond technique to the heart of where science and art blend adding to the evolution of a novice psychotherapist into a seasoned professional. It draw on over 40 years of experience by a seasoned psychotherapist trained in the traditional manner.

I would like to dedicate this article to Zerka Tolman Moreno, a pioneer in psychodrama, sociometry and group psychotherapy, and one of my teachers. She passed away on September 19, 2016.

## The Commitment

When I began my training as a psychologist and psychotherapist, in the 1970's, traditional psychotherapy training programs were still holding to the old standard of training:

For each form of psychotherapy it required a minimum of two years of study, training, supervised practice, and personal therapy to achieve minimal competence [1].

Since then, the standard has been, at least in part, ignored. As a result, new generations of psychotherapists have emerged with varying levels of preparedness. The requirement of two years of personal therapy has become more of a recommendation than a requirement. Although there are individuals who are "natural healers", the change in standard has resulted in psychotherapeutic technicians who may not appreciate the science and art of the field. Over the scope of a career, many psychotherapists do evolve into competent practitioners. The potential damage that can be done, and the lost opportunities for patients to heal, remains in the absence of adequate training and preparation.

Clinical supervision as a psychologist or a psychiatrist may also not be adequate as it does not focus primarily on honing skills in specific forms of psychotherapy, under the tutelage of an experienced psychotherapeutic practitioner.

Frequently, the limited skill of a practitioner limits the depth that psychotherapy can reach, and blindly employing some techniques can result in issues being brought to the surface which neither the patient, nor the psychotherapist, is prepared to address. For this reason, I have decided to share some essential elements which the evolving psychotherapist needs to consider and address. It is the onus of every professional, who is going to provide psychotherapy, to make sure that they are properly prepared for the job and to continue to improve their skills and readiness.

At times in a psychotherapist's life, they will find that their own personal mental health on either specific issues or in general is impaired preventing them from being able to perform their job safely. At those times, we must take ourselves "off line" and depend on fellow psychotherapists to fulfill the role.



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## A Metaphor

One metaphor that was shared with me by Zerka T. Moreno, a pioneer in psychodrama and group psychotherapy and wife to Dr. Jacob Levy Moreno, during my early years of training was the comparison of a psychodrama session (or therapy session) to surgery [1]. During a therapy session, the emotional "guts" of the patient are opened up, the work done, and then closure must be performed to make sure that the patient does not leave with their "emotional guts" hanging out. The average length of time that the psychodrama sessions lasted was three hours. Depending on the extent of the "psychotherapeutic surgery", this process would require various amounts of time and work to develop closure. It is essential that a psychotherapist have mastered not only the techniques but also the intuitive skills, needed to assure that closure can be achieved in the length of time available. For some issues, extended sessions are needed.

Not all forms of psychotherapy can reach the same depth, but specific forms such as clinical hypnosis, psychodrama, body-mind therapies, and others can easily go to this point. Within milder forms of psychotherapy there is always the potential that a session will slip deeper than the patient and/or the therapist intends. The level of expertise of the therapist must be able to cope with this possibility.

## Caring, Empathy, Tele & Intuition

There are four element of psychotherapy that is essential for a therapist to provide the best care to the patient. The first is that the therapist cares about the well being of the patient. Feigning this is more than obvious to the patient and will make the therapeutic relationship a lie. The second and third are very similar. To empathize is for the therapist to place themselves in the place of the patient. Tele is the mutual "feeling into the other" between the therapist and the patient where they are experiencing the process of therapy as one. Although psychotherapy is made up of therapeutic techniques and timing, they cannot be used without being able to "feel the dance" of emotions, willingness and judgment of both the patient and the therapist to move deeper into the psychic pain that exists. This is

where the art and spirit of psychotherapy exists. As therapists, we must honor the choices of the patient, have the humility of accepting our own limitations, and respect the trust that the patient has placed in us. Without tele, harm to the patient can easily be done.

The fourth element is intuition. Intuition is the ability to feel that a direction or an action is best without conscious reasoning. This is described by some as a “gut feeling”. When I was studying Zen, I read a short book called *Zen and the Art of Archery* [2]. Imagine being the one with everything around you, that all time (past, present, future) is one present at that timeless moment, bringing all actions to completion as a non-linear whole. In that “no mind” state of total existence, we feel the next point in the tapestry. If one can achieve this no mind state, we have tapped into the flow; the place where intuition resides. This is not scientific, but it is real. In this state, the tele between the patient and the therapist can feel which way to go.

### Foundation Knowledge

Of all the master therapists I have known, each has a strong foundation of knowledge in varying personality theories, schools of psychotherapy, and an appreciation for the scope and depth of psychology and the bio-psycho-social-spiritual interplay. Although my personal preferences are related to my training in: Adlerian psychology, Montessorian theory and pedagogy, the work of J.L. Moreno, various Cognitive-Behavioral schools, social learning theory, body-mind methods, Zen psychology, and a mix of medical sciences, history, art, spiritual practices and culture. I also am versed in the other areas of study. I cannot think of any learning or experience that I have had during the last 63 years that I do not value and use in my preparation as a psychotherapist. Each event in my life has contributed to my knowledge. Listening to the stories of others has contributed to my knowledge. From the studies of the literary classics to the ebb and flow of history, I have become a better therapist. I remember being at a dinner meeting here in Malaysia and saying, “we don’t know what we don’t know.” One of the junior psychiatrists scoffed at this. I thought to myself that if she only knew what she will know when she gets to be my age, she would not have responded in that manner. When we are young, we tend to minimize the value of experience in defense of our own place in the professional world, but this only robs us of the opportunity to learn from those who have much to teach us.

### Style, Skill, Respect, Humility & Caution

Each of us carries with us a uniqueness which result in our development of our own style of doing psychotherapy. We are drawn to specific modalities of psychotherapy. From this point, we develop skill with these methods. If we are honest with ourselves, we need to realize our limitations. This means respecting those limits, the patient’s choices, and the factors which we cannot know. Hopefully, this leads to humility and caution.

### Purpose of Pathology

I remember a story that was told in 12 Step recovery circles about a person who had a horrible day where twenty things went wrong. That person told their sponsor in the recovery program about their day. The sponsor told the person, “it sounds like you had twenty opportunities to grow and you blew everyone them” [3]. Our struggles and problems are what give us the opportunities to grow and the motivation to change. In therapy, we try to help create the

conditions for function to improve by helping the patient make changes in their attitudes and actions. To create these conditions, several issues have to be addressed. In some cases, the biology and biochemistry of an individual may be preventing them from making changes that are lasting. Medications and various techniques can be used to create a balance which gives the patient the choice to make a change. For example, for the person suffering from obsessive compulsive disorder, the use of some anti-obsessional can give the patient the ability to alter behaviors and responses to be free of the intense obsessive and compulsive drives. Through psychotherapy, we provide the patient the opportunity to see and experience alternatives to the current perspective and way of functioning. It is the patient’s choice as to whether they wish to make these changes.

There is also the present of balance that exists in dysfunction. I remember watching an episode of *The Simpsons* where one of the characters is being confronted with having “Three Stooges Syndrome” [4].

If you have ever had an old car that is working relatively well, but you repair one part and find that two or three other parts then give out, you will understand that when we change the current level of function for an individual, we invite the discovery of additional problems. We need to remember this when talking to the patient about the risk of therapy.

We also need to accept that dysfunction is a survival state which allows the individual to continue to exist within their current life situation. I had a patient who suffered from long term Dissociative Identity Disorder. She did not wish to integrate the personalities with good reason. The alter who was the high function wage earner was functioning well in her job, while the alters had made a life on her off time with a husband who understood and accepted them. At this point in time, integration would have disrupted this balance. We need to honor the wishes of our patients even if we have a different opinion of what is best for them. They are the ones who have to live their lives.

### Individual Choice: The Patient’s Rights

Each patient has the right to choose if they want to address the issues that they have. The duty of the psychotherapist is to present the benefits, the risks, and the most likely path of looking at the issue within the therapeutic milieu.

### Conclusion

I hope I have shared thoughts that are of value to you who are evolving into psychotherapists and those who are training them. There is work that we each can do along the path of this evolution if we accept our limitations and are willing to learn from those who have gone before us.

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