

Psychotherapy – nothing more than high-quality friendships?

By Prof Michael Fitzgerald

We have all become familiar with psychotherapists being dubbed ‘expensive friends’ and friends ‘inexpensive therapists’ in recent years. The suggestion that psychotherapy is nothing more than high-quality friendships often provokes heated debate. Does the debate contain a ring of truth or is it far more deep-seated? What exactly do high-quality friendship and therapy have in common? Quite simply, good communication.

Good communication makes for good relationships and is synonymous with high-quality friendship. The features of genuine friendship and therapy almost completely overlap. They include listening, empathising, sincere interest, respect, understanding, acceptance and a non-judgmental and non-critical attitude. In some respects, they sound like old-fashioned values and manners of a bygone age, which certainly can feel in short supply in the modern world. Images of friends offloading over hedges or half-doors in some rural idyll spring to mind. Old sayings abound with the benefits of friendship: ‘A shared joy is a double joy; a shared sorrow is half a sorrow.’ The rarity of genuine friendship was summed up by 18th-century English physician Thomas Fuller, ‘If you have one true friend you have more than your share’, and equally so by American writer Sarah Orne Jewett in the character of Mrs Todd from *The Country of the Pointed Firs*: ‘Yes’m old friends is always best, ‘less you can catch a new one that’s fit to make an old one out of.’

Therapy and friendship in effect build self-esteem, improve morale, give hope and leave people with the feeling that life is worth living. They help the person to think things through, engage in reality testing, to share pain and still be accepted. The sense of alienation and loneliness that is part of the human condition can be diminished. Therapy is crucially a human activity not a medical activity as such. Hence it has much in common with friendship. Medical psychotherapy does not exist; however, all medical treatment requires therapy in which a healing relationship prevails. In cases where severe mental illness is present, for example in schizophrenia, therapy alone is not enough, as indeed is friendship alone, but both are of critical importance.

The key to successful therapy is largely down to the quality of the relationship. Choice of a friend or choice of a therapist is critical, as there has to be a good enough fit. All therapy and high-quality friendship have a similar outcome. The improvement comes from the joint working relationship with both persons believing in the relationship. To quote EM Forster’s maxim in *Howards End*, ‘only connect’ is pretty apt. During the best of these relationships you feel at ‘one’ with the other person, and both persons benefit. Reciprocity is critical to the effectiveness of both relationships and provides the necessary structure. Both therapist and client need to feed back to each other what they are feeling about their state of mind. It allows them to reconnect in a new way and to recalibrate the relationship. You could say it’s a bit like taking the temperature of the relationship. The sharing of ideas is critical; collaboration is critical; it improves the key variable that is the human connection. Therefore for therapy to be successful, you have to be a good communicator.

Moreover, therapy is a fine art, inherently empathetic. Many such as Leo Tolstoy recognised that fact. In his 1898 essay ‘What is Art?’ he expressed it in the following way: ‘It is upon this capacity of man to receive another man’s expression of feeling and experience those feelings himself, that the activity of art is based.’ That empathic quality is essential when psychotherapists encounter the gamut of client emotions from sorrow and despondency to despair. Therapy in essence is a kind of mothering and fathering profession, a kind of nurturing. In the early days of the discipline, psychotherapy was

associated with the word consolation, as enunciated by Freud. Throughout history comforting was seen as a female or maternal function, from which the female counsellor or consolatrix emerged. Nevertheless, this has evolved and many males have taken on this role. Indeed you could say it started with Jesus Christ in his pastoral ministry and was practised by Freud, Jung, Carl Rogers, among many others. Freud's model is situated in the more male mechanistic tradition, admittedly, while Rogers focused more on the female relationship type of counselling with an emphasis on empathy. This is where much psychotherapy and counselling has returned to today and forms the basis of the theory of high-quality friendship.

Human relationships are fundamentally the result of thousands of years of evolution. Ongoing relationships, including therapy, create a space where two individuals can understand more about themselves and their identities, and is therefore healing, insofar as this is possible. Conversely, poor relationships are associated with poor therapy; damage is not rare in psychotherapy or indeed in poor quality friendships. The expectancy of having a good relationship is of critical importance, while its absence can doom the relationship to failure. Certainly, it takes courage and trust to enter any kind of relationship and a clear, powerful placebo element is present too.

For all their convergences, therapy and friendship have distinct differences as well. One such difference is that the bonds forged by therapist and client can sometimes be problematic. It can seem and feel like a genuine friendship, especially when both persons have much in common and feel connected. The good relationship can feel constrained by professional boundaries. Indeed the word 'professional' can sometimes be a barrier to good social interaction. The wish or desire to develop the relationship further, going for coffee or dinner, can sometimes exist. The client can even entertain fantasies of a much deeper relationship. However, this goes against professional conduct and ethical guidelines. So what may seem and feel like a real friendship can in fact be artificial in that sense.

The most telling difference of course is that you, or a third party, pay for the interaction, whereas a high-quality friendship does not require financial payment at all. This reflects not only the status of the profession but also the evolving nature of society. Unfortunately, high-quality friendship is not that easy to find and therefore the need for paid counsellors continues, whether psychotherapists, psychoanalysts, etc. The friendship deficit is largely a product of modern society. In recent decades society has become increasingly more fractured and individualistic, characterised by a breakdown in community in many places. The quality of friendship has deteriorated as a consequence; many people find their friends do not wish to be burdened by their problems or do not reciprocate the 'service'; a sympathy deficit or compassion fatigue can also enter the equation. When you factor in short attention spans, increasing demands on time, and the fast pace of life, the act of unloading or dumping pain and unhappiness on friends can feel like an inconvenience and nuisance.

You could say that therapy has entered the breach. Given that problems generally do not resolve after one session with a client, the nature of the profession can come under scrutiny. In this case George Bernard Shaw's observation that all professions are a conspiracy against the laity comes to mind. The obvious argument is that clients are kept in long-term therapy to fund the therapist's salary. In private therapy clearly the financial profit motive is often uppermost and can interfere with the possibility of an honest and completely open interpersonal relationship. Professional therapists guard the fee structure with huge vigour, unifying them in the process. As Aldous Huxley rightly points out 'the facts do not cease to exist because they are ignored'.

Like in all disciplines there is a battle for dominance. All the therapy schools have claimed superiority and continue to do so. Indeed André Gide urged us to believe in those who are seeking the truth and doubt those who find it. In psychotherapy theory, most therapists believe their theory is superior to others. This is false. The theory debate within the profession highlights its efforts at validation. Many

argue that psychotherapy is incompatible with the medical model (i.e. diagnosis, treatment plans, specific treatment ingredients, empirically validated treatments, etc.), while others argue that it is best conceptualised as a medical treatment. The latter is fundamentally wrong. Psychotherapy is not a specific medical treatment; however, all medical treatments involve psychotherapeutic components. The contextual model advocated by Bruce Wampold places greater emphasis on patient attitudes, values, culture and world view. This contextual model stipulates that the efficacy of a treatment depends on the therapist and client believing that treatment is intended to be therapeutic. For the therapy to succeed, there must be positive expectations of help, a warm alliance with the therapist, a credible theory (which need not be true), and efforts to counter demoralisation.

The therapy theory wars are effectively futile, as the dominant therapy theory changes all the time. Hence there is more than a grain of truth in Ecclesiastes 1:9: 'What has been will be again, what has been done will be done again; there is nothing new under the sun.' Therapy in this context has roots in shamanism and religious pastoral counselling to the more formal psychoanalysis, behavioural therapy and cognitive therapy of today. These interactions have little specific 'magic' ingredients or magic bullets. For this reason I support the dodo bird verdict of uniform efficacy, put forward by Rosenzweig in 1936. The dodo bird in *Alice in Wonderland*, when adjudicating the caucus race, gave us the immortal lines: 'Everybody has won, and all must have prizes.' All the therapies are equally effective and certainly better than no treatment. However, we cannot forget that about 8 per cent of people who attend therapy deteriorate and this is most likely due to poor quality relationships. Of course anyone involved in a relationship, the least bit toxic, will experience negative effects.

There are dangers associated with too much introspection. Contrary to Greek philosophers such as Socrates and Plato decrying an unexamined life, too much scrutiny of it can do psychological damage. The father of modern psychiatry, Philippe Pinel, did understand the dangers of too much introspection. Generally it is only necessary to examine one's life in great detail if there is psychic pain.

Essentially, it is false to assume one therapy is superior over another. The central issue is that therapy is a multibillion dollar industry. Vast sums are being spent on what is basically high-quality friendship in all of the affluent countries of the world. The theory of therapy of any kind really does not matter very much; it's the quality of the relationship that is critical. Needless to say, therapy will not work unless both participants believe in it. High-quality therapy, including high-quality friendship, is not related to having a PhD or an MD. Many unpaid voluntary therapists, counsellors or medical students can do just about as good work as paid therapists or counsellors. Brilliant therapists exist and have throughout the ages. The example of Father Zossima in *The Brothers Karamazov* is one drawn from Dostoyevsky's life. The philosopher Wittgenstein concurred: 'Yes, there are really people like that, who can see directly into the souls of other people, and advise them.' However, exceptional therapists are outliers in research.

In conclusion, therapy is for the most part high-quality friendship and the maintaining of it. There is a role, however, for highly experienced therapists treating a minority of patients with severe psychiatric problems. For the vast majority, therapy is generally more effective than no treatment but the critical ingredient is the humanistic and not mechanical theoretical element. Although you pay for it, it may not always be of high quality. It's the therapist that counts, not the therapy.

Biography

Michael Fitzgerald is Henry Marsh Professor of Child and Adolescent Psychiatry at Trinity College, Dublin. He was the first Professor of Child Psychiatry in Ireland and has extensive clinical experience in ADHD and autism spectrum disorders. He has written 18 books on such topics as autism, Asperger's syndrome, ADHD, and creativity.

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