"SUPPORTIVE" PSYCHOTHERAPY:
A CONTEMPORARY VIEW

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ABSTRACT: In this paper, a brief review of social work literature regarding the technique of psychotherapy serves as a bridge to introduce the way in which self-psychology and the systematic use of empathy as a mode of listening and responding, had effected the conduct of psychoanalytic psychotherapy. A clinical sample, taken from the treatment of a patient who was diagnosed as having a Borderline Condition, is being used to demonstrate that feeling understood firms up the self in a way that enhances introspection and permits the use of interpretations as the therapist's primary mode of communication. The clinical example also demonstrates that when the therapist maintains an empathic position, the patient, even in one weekly therapy, is likely to develop one of the selfobject transferences. Further, that when empathic interpretations are used as the therapist's primary interventions, structural changes are likely to occur in such a way that treatment results in "true healing" rather than in the fostering of a life-long dependency on the therapist. Only a brief reference is made to the usefulness of self-psychology to the treatment of patients with "higher level" psychic organization and the important part that anger plays in the process of psychoanalytic psychotherapy.

A cursory review of the social work literature on "supportive psychotherapy" reveals that this form of treatment lacks conceptual clarity to an even greater extent than do other forms, such as treatment that has as its aim "insight" or where the therapeutic benefit is to be derived from the "relationship" between therapist and client. This paper represents an effort to provide such a conceptual framework by utilizing the clinical-theoretical findings of Self-psychology.

In a short but well-reasoned paper "The Supportive Approach to Treatment" (this journal), Shirley Greenberg raised some cogent questions related to this form of treatment. For one, she asked why this form of treatment is being viewed as preceeding analytical therapy, as some-
thing of a lesser order, something that possesses lesser therapeutic impact and importance than other—primarily investigative—approaches to psychotherapy. She asked: “Is (supportive therapy) a propping up of a wall, to hold up something, to take the weight off? If so, wouldn’t the wall collapse once the support, for whatever reason, is removed?” This, Greenberg thought, could be potentially more destructive than not to offer help at all. Instead, she suggested that supportive therapy be thought of as a form of healing; a kind of healing that results in a person’s ego strength. The essence of her communication was that supportive treatment, when properly conducted, should result in the patient’s capacity to become independent of the therapist.

I believe this expectation means that we need a theory of technique where “the strengthening of the ego”, is not an accidental by-product of the treatment process but the very essence of it.

But what is meant by “ego-strength” and “ego-weakness?” Greenberg suggested the examination of various “indicators” of the state of the ego, such as judgment, reality testing, affect regulation, flexibility of defenses and object relationships. The assessment of these ego functions was important because they meant to her that “with severely impaired, very sick patients, attention must always be paid to the needs of the ego above all considerations”.

I agree with this statement and would put it into the language of self-psychology and say that attention must always be paid to the state of the self above all considerations. My translating the ego here into the concept of the self is not a matter of semantics; the ego belongs to the tripartate (mental apparatus) model of the mind and the self—in its contemporary usage—is considered to be supraordinate to a model of the mind in which the psyche is conceptualized as a mental apparatus (with three agencies: id, ego and superego)(Kohut, 1977). In this contemporary usage, I would maintain that the concern with the state of the self ought not be restricted to the treatment of “the severely impaired and sick patients” but that it be considered as primary in the treatment of all patients, regardless of the nature of their psychopathology. Further, regarding the technical principles in psychoanalytic psychotherapy, I would also maintain that when the state of the self is given primary consideration, the optimal therapeutic response ought to be empathic interpretations irrespective of the nature of the psychopathology and irrespective of the form of treatment, whether it is psychotherapy or psychoanalysis.

This may be considered by many as an overstatement and will definitely be questioned by those whose therapeutic response is determined by the diagnosis of the level of ego organization that the patient had achieved: ego supportive measures (suggestion, reassurance, advice, “narcissistic gratification”) for the lower level ego organization and interpretations for those only with higher level of ego organization.