My Philosophy of Psychotherapy

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THE BASIS FOR MY philosophy of psychotherapy was established over forty years ago when, as a graduate student of psychology, I worked for two years with the psychologist Kurt Lewin. His view that a person's behavior is determined by his contemporary life space, his interest in the level of aspiration, which formed the topic of my Ph.D. thesis, as well as his reserved attitude toward psychoanalysis, all were ingrained in my thinking long before I became a psychotherapist. A therapeutic analysis, a training analysis and two years as a candidate in a psychoanalytic institute, where I came under the spell of Harry Stack Sullivan, gave me a more rounded picture of the determinants of human feelings and behavior. The experiences with analysis, however, although helpful, left me convinced that the relationship with the therapist was much more important than his theory or technique, especially since the second therapist, who was highly unconventional, helped me more than the first, who used a traditional approach.

Two other great teachers had considerable influence. One was Adolf Meyer, who conceptualized mental illness as failures of adaptation resulting from faulty habit patterns, and emphasized keeping in focus what works in the patient's life, rather than what has failed. The other, his successor as Professor of Psychiatry at Johns Hopkins, John C. Whitehorn, served as a model of the good psychotherapist. I have always tried to emulate his ability to grasp the import of a patient's statements and communicate his understanding to the patient.

While enjoying psychotherapy, and apparently reasonably successful at it, my primary orientation is that of a researcher and teacher,
which has fostered an attitude of curiosity and detachment, rather than emotional commitment to one therapeutic approach.

Under the influence of analytic training, my therapy at first stressed uncovering pathogenic experiences in the past and relating them to the patient’s current problems. Over the years, as the Lewinian orientation reasserted itself, I placed increasing stress on how interactions with the patient’s current social network maintain or reinforce his symptoms or problems, to help him discover alternative ways of behaving that might help him to move forward. This orientation implies a predilection for group or marital therapy as economical ways of exposing and correcting distortions of perception and behavior. It should also have led me into family therapy but, oddly, it has not, probably for fortuitous reasons.

Understanding Patient Communications

In the therapeutic session my aim is to try to show the patient that his communications, both direct and indirect, are understood, while simultaneously emphasizing his assets rather than his liabilities, and fostering experiences of success, both inside and outside of therapy, as the chief means of restoring his damaged self-esteem. I also feel free to offer direct suggestions as to how he might change his behavior. By emphasizing the here-and-now and calling attention to how behavior is maintained by its consequences, this approach can be viewed as a kind of free-wheeling behavior therapy, if one includes thoughts, dreams and feelings as behaviors.

When I entered the field, the only available medications were sedatives, which I shunned as interfering with psychotherapy by dulling the patient’s mind. However, I never accepted the argument that by diminishing his distress they would reduce his motivation to “work” at the psychotherapeutic task. Therefore, I have no problem in using as therapeutic adjuncts recently developed agents that help a patient to think more clearly, counteract depression and diminish anxiety without sedating him. By combatting internal states that impede the psychotherapeutic relationship and hamper coping capacity, I believe these agents enhance the patient’s ability to profit from therapy.

Several decades of observation and reflection, based on our own research and that of others, have led to certain hypotheses about the effectiveness of psychotherapy and its active ingredients, which follow. For reasons of space, they are stated without the necessary qualifications. As to efficacy, although psychotherapy helps many people to overcome distress, gains in terms of personality change or reconstruction are ordinarily modest, and whether the gains are maintained depends primarily on the support the patient receives from those important to him. To the extent that changes in his behavior lead others to modify their behaviors toward him, he has some control over his own progress, but it is far from complete. Far-reaching personality changes, relatively