On the notion of supportive psychotherapy

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In order to sharpen the notion of supportive psychotherapy and check if it still belongs to the psychodynamic tradition of psychotherapy, its history has been fractionalized in the four phases of prehistory, definition, establishment and fragmentation. It is claimed that supportive psychotherapy was equivalent with the once used notion of suggestion, was the vehicle for a split in the practice of psychoanalysis that resulted in the popular practice of psychodynamic psychotherapy, and that when the psychoanalytic paradigm of ego psychology so did supportive therapy. It is further claimed that contemporary integrative form of supportive therapy has cut its etymological roots and made the term obsolete.

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Supportive psychotherapy has often been viewed as a lesser kind of psychotherapy, or the Cinderella of psychotherapies as Sullivan (1953) put it. Evolved from the psychodynamic tradition, it seems though that supportive therapy and its vicissitudes made up a substantial part of the practice of psychiatry and psychotherapy (Bodlund, 1995). However, we run into a problem when we talk about supportive psychotherapy. Do we mean the form of “treatment” called “supportive contacts”
(Winston, Rosenthal & Pinsker, 2004) which can be used by the psychotherapeutically uneducated or do we mean supportive psychotherapy in the Kernberg (1984) sense: more difficult to manage than psychoanalysis proper?

Another problem of the notion of supportive psychotherapy is that it has changed its meaning drastically throughout the hundred years of the history of psychotherapy. One will not talk about the same thing when discussing supportive psychotherapy from 1960 as forty years later. In contemporary theorising with its focus on integration of techniques from different traditions of psychotherapy it is also difficult to pinpoint exactly to what tradition of therapy that supportive psychotherapy belongs. One thus has to ask the critical question: does supportive psychotherapy still belong to the psychodynamic tradition?

In order to contribute to making the notion of supportive psychotherapy more clear I have tried to envisage the etymological development by segmenting it into the classical quadruple of prehistory, definition, establishment and the phase of fragmentation. In this very short description of the history of supportive therapy, I have mainly focused on the descriptions of the development in the United States, well aware that the evolvement looks a bit different in the European countries.

Objectives

The purpose of this presentation of the development of the notion of supportive psychotherapy is to test if it is possible to envisage the development in the mentioned sequencing and try to find out if it is possible to claim its psychodynamic heritage in
its contemporary use. In addition, I have tried to answer the question: Should it still be called supportive psychotherapy?

Prehistory: 1900-50

Even thought the notion of supportive psychotherapy was invented in the fifties it is possible to trace its heritage to at least the start of the era of psychotherapy, beginning with Sigmund Freud’s Psychoanalysis. Of course, one can go even further back in history and trace phenomenon of psychotherapy in prehistoric shamanism and the priesthood of the antique, but one cannot talk about a scientifically based psychotherapy before Freud. In the next I will give, a few glimpses were it is possible to discern a supportive stance.

At the beginning of Psychoanalysis, it was important to differentiate it from other forms of method of treatments that was in vogue at that time. Other methods, like suggestion therapy, where interpreted in terms of the theory of psychoanalysis. For example, in 1910 the psychoanalyst Ernst Jones published a paper where he described how suggestion works. From a Psychoanalytic frame of reference, he meant that it was the strong positive transference to the healer or method that made patients get well. He also pointed out that it was only in Psychoanalysis that the transference was interpreted and thus made it possible to terminate the treatment. Treatments by suggestion only, thus run the risk of therapy interminatus.

Viewed from distance one can see that many elements from suggestion therapy work in the same way as the later developed supportive psychotherapy; the positive relationship between patient and therapist, the believe in the cure, enthusiasm from
the therapist and so on. Elements that later became implemented as contextual factors in psychotherapy and medicine (e.g. Frank, 1961; Ekeland, 1999; Wampold 2001). Thus one can say that suggestion therapy was the supportive therapy used hundred years ago.

In an important work at that time Karl Abraham (1926) explained that the popular form of therapy called auto-suggestion was working as a kind of compulsion neurosis that was created when the patient was making the prescribed daily mantra of “Day by day, I will become better and better”. In terms of Psychoanalysis, the cure was that the patient had used the defence mechanism of displacement from the ailment to a controllable and more socially acceptable mantra.

In one of the most cited works in this area, Edward Glover (1931) gave an explanation why psychotherapy that was not psychoanalysis or was managed by inexperienced analysts often had effects. Glower meant that even when a psychoanalytic interpretation is wrong it works, sometimes even better than when core conflicts in the patients psyche is correctly interpreted. The inexact interpretation gave the patient a rationale that was acceptable for the consciousness, while core conflict was displaced.

In an interesting work well ahead of its time Melitta Schmideberg (1935) gave a description of a kind of Psychoanalysis more resembling supportive psychotherapy. Yet even Freud made a remark in one of his few papers on technique where he foresaw the coming of the supportive psychotherapy: “…the pure gold of
psychoanalysis, should be mixed up with the copper of direct suggestion” (Freud, 1919 [2002:221]).

**Definition: 1950-60**

According to PSYCH INFO the first indexed work, bearing the term supportive therapy is from a paper by Billings in 1939. However, at that time its meaning was referring more to the work of the social worker than to the psychotherapist. In my opinion, it was with a paper by the psychoanalyst Robert Knight in 1949 that the notion supportive psychotherapy did get the meaning it came to have for the next forty years. One can thus state that Knight invented the notion of supportive psychotherapy.

In the fifties the psychoanalytic movement was on its height in USA, where it held an almost hegemonic stand (Wallerstein, 1989). Due to its popularity, there were pressures to make psychoanalysis more applicable for people seeking help at psychiatric clinics. The paradigm of Ego psychology with its focus on the conscious, ego functions, operations of defence and adaptation, seemed to be the vehicle where psychoanalysis could transform from its exclusive use to a method for the masses.

With the paper *The effect of the structure of the ego on psychoanalytic technique* Kurt Eissler (1953) instigated a debate in the psychoanalytic circles which culminated in the second volume of *Journal of the American Psychoanalytic Association* in 1954. Related to a commentary by Freud (1910) on the future development of psychoanalysis coupled with parameters, Eissler (1953) argued for inclusion of temporary supportive parameters to the psychoanalytic method. Some analysts felt
this change in methodology was a threat to analysis (Stone, 1954), while others meant this broadening was a way for psychoanalysis to developed even further in technique towards a more supportive stance and thus include even other forms of treatment (Alexander, 1954). Rangell (1954) argued for withholding the differences between the two modes of therapy. Because of those debates, there was a greater acceptance for supportive techniques amongst psychoanalysts.

In these debates there was a dichotomy of psychoanalysis at one side and psychotherapy at the other, were supportive psychotherapy seems to be equivalent with the latter. In other words the differentiation was in expressive (insight) or supportive therapy. According to my opinion it was with Wallerstein & Robbins (1956) classification that it was for the first time possible to sort out a tripartite schema with supportive psychotherapy as a variant of therapy amongst psychoanalysis proper and psychodynamic psychotherapy. It’s a scheme that reverberates in current classifications (e.g. Kernberg, 1999).

**Establishment: 1960-90**

If psychoanalysis had its hegemonic stance in the fifties, dynamic psychotherapy became its successor. In addition, since supportive psychotherapy had become a sibling in the dynamic family: supportive therapy in this period became an established practice. Nevertheless, as everything has an end: dynamic therapy had already started its journey away from the mainstream to give place to other forms of therapeutic practice.
By pointing to common factors as explanations behind the workings of psychotherapy, Jerome Frank (1961) showed that other rationale could explain the effects of psychotherapeutic practice. A rationale more in harmony with Occam’s razor than the early mentioned explanations by Glovers: Therapy did not only work in the neutral *absentia* stance. Instead, it became clear that even when the therapist was enthusiastic, open and showing genuine positive regard did therapy have positive effects. Empirical verification also came later which showed that supportive psychotherapy was in fact as good as psychoanalysis, sometimes even better (Wallerstein, 1986).

Tarachow (1962) pointed away from the earlier reliance on the therapist as object of transference: it was the realness of the relationship that was important. Moreover, it was the stability and continuity of the therapist as object that was important.

Herbert Schlesinger (1969) questioned the categorizations of the psychotherapies and the impossibility in praxis to differentiate between them. How will one in praxis make an appropriate mix of supportive and expressive techniques? A question that later was answered by the manual based psychotherapy by Lester Luborsky (1984). Schlesinger also put the important question of what should be supported? The patient’s ability to withstand pressure without breaking down or the ability to regress in the service of the ego?

Ira Miller (1969) made a point in showing that the interpretation also can be supportive. A remark also made by Langs (1973). Miller even asked if it was
possible to conceptualize a therapy that was not supportive: Aren’t all therapies supportive?

In an interesting work by Fred Pine (1984) is described how the use of four types of modifiers of an interpretation can be used as supportive measures. Amongst the most known is the technique of “strike when the iron is cold”, i.e. discuss heating matters when the therapeutic temperature is low. However, it should be noted that Rudolf Lowenstein (1957) already had pointed out the supportive technique of making psychoanalytic interpretations closer to the consciousness and therefore easier for the mind to accept.

The first book dealing exclusively with supportive psychotherapy, The practice of supportive psychotherapy, was published by the psychiatrist David Werman in 1984, followed by books by Rockland (1989) and Novalis, Rojewicz and Peele (1993). Supportive psychotherapy had at last an accepted part of the plethora in the world of psychotherapy. However, its death was soon to be awaited behind the corner of the millennium. Annexed and swamped up by aggressive competitors on the market of therapy.

**Fragmentation: 1990 and beyond**

Some would say that supportive therapy today is stronger than ever, while I would say that it had dissolved to an almost extinct practice. The process of extinction is coupled with the integration of the psychotherapies (Holmes & Bateman, 2002).
The choice of 1990 as the watershed for this process of fragmentation could arbitrarily be said to begin with the work at Beth Israel Medical Centre in New York and its efforts to make supportive psychotherapy a frontline therapy, where elements from cognitive behaviour therapy was integrated with the supportive therapy from the psychodynamic tradition (Pinsker, Rosenthal & McCullough, 1991).

Parallel with this development it is important to note that as supportive psychotherapy can be said to be a product of the arbitrary ego psychological differentiation in explorative (insight) and supportive psychotherapy, the latter had to die when the vogue in psychotherapy and psychoanalysis shifted from ego psychology to the theories of object relation. In the latter the differentiation was no longer needed; supportive measures is already included in the object relation stance (c.f. Killingmo, 1995).

One could then ask if the transmution in the last minute by the Integrators at Beth Medical Centre really was a save. Maybe it was the definite burial. Van Marle & Holmes (2002:190) however put forward the thought that Supportive psychotherapy already is integrative “…supportive therapy is truly eclectic, drawing on a mixture of common sense, Rogerian counselling, cognitive-behavioral strategies, systemic approaches, and psychoanalysis”.

Hellerstein, Pinsker & Rosenthal (1994) claimed that supportive therapy should be a kind of Basic psychotherapy and the first choice when people ask for psychotherapy. They made the unjustified claim that due to the focus of the supportive psychotherapy on the real relationship instead on interpretation of transference, supportive therapy
was safer. In the nineties with its concentration on empirically verified psychotherapy there were a lot of claims of the impossibility of empirically differentiating amongst the effects of different kinds of therapy (Winston, Rosenthal & Pinsker, 2004). So why bother with a complicated therapy than the safer supportive posture?

The close relationship between techniques in supportive therapy and the notion of attachment was pointed out by Weyeneth, Ambresin, Yolanda, Contesse, Crivii, Clauser, de la Vega, Matthey, & Bryois (2004), as also was made with the concept of alliance and supportive therapy (Barber, Stratt, Halperin & Connolly (2001).

**Conclusion**

I believe that this construction of the rise and fall of supportive psychotherapy has made the notion more amenable for analysis. Talking about supportive therapy in the sixties and today is quite different kind of business. The notion of supportive psychotherapy has changed radically from its use as a [slasktratt] in its likeness to the concept of suggestion, over the debates of demarcation in the fifties, its establishment in the sixties and toward its conceptual postmodern fragmentation today, where there is almost impossible to discern its roots from the psychoanalytic past. Even the term “ego functions” has changed to “psychological functions” to fit the mainstream psychotherapies (Winston, Rosenthal & Pinsker, 2004). In other words, one can say that at last the circle is closed: supportive psychotherapy is as long from psychoanalysis as it was in the beginning. Glanz & Hamreby (1996) has proposed that a better name for supportive psychotherapy could be cognitive psychotherapy. Or its more eclectic sibling cognitive behavioural therapy. A fact that was empirically verified in investigations where it was impossible to differentiate the perceptions of
support given by cognitive behavioural psychotherapists from the support given by psychodynamic therapists (Barber, Stratt, Halperin & Connolly, 2001).
References


