On the History of Supportive Therapy

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A short history of supportive therapy is delineated by the quadruple division in prehistory, definition, establishment and the phase of integration. Glimpses of the history of the development of the supportive concept are given. It is pointed out that the concept of supportive therapy is stemming from the awkward dichotomy from the ego-psychological paradigm in the psychoanalytic tradition: insight therapy on one side and supportive therapy on the other. However the development of object relation theories and the relational turn in psychoanalysis have assimilated the concept of supportive therapy, and recent development, from an integrative point of view, has found different use of the concept supportive therapy as an ingredient in some integrative forms of psychotherapy.

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According to some authors of psychotherapy, supportive therapy is a technique often used in psychotherapy practice in psychiatric clinics (Bodlund, 1995). However, it is often unclear how supportive therapy is to be defined. Some claim that supportive therapy is the “supportive contacts” performed by psychotherapeutically uneducated psychiatric workers (Winston, Rosenthal & Pinsker, 2004) while others say it is a more complicated and elaborated form of psychotherapy. Kernberg (1984) maintain that supportive therapy is more difficult to perform than psychoanalysis and therefore demands a psychoanalytically oriented psychotherapist or psychoanalyst.

Supportive therapy evolved within the ego-psychological paradigm during the Fifties, as part of an arbitrary dichotomy of insight on one side and support on the other. The question is, if this old-fashioned ego-psychological concept can still be used, since this dichotomy is no longer viable.

In the history of psychotherapy the concept of supportive therapy is described in various ways: as therapy used in a control group (Deckersbach et al, 2006), as a kind of practical therapy used by social workers (Billings, 1939), as psychodynamic psychotherapy when it was differentiated from psychoanalysis (Eissler, 1953) and as a form of supportive therapy contrasted to psychoanalytically oriented psychotherapy (Dewald, 1964). To describe the term one can thus lineate a great number of definitions and discussions. I have chosen to envisage
supportive therapy from a historical point of view. In that way it will be obvious that the meaning of the concept has shifted radically from the meaning it had in the Fifties (Eissler, 1953), up to today's application of the term.

The aim of this paper is thus not to define the techniques of supportive therapy, but to give a short historical survey of the concept and, in doing so, show how it has developed over time. Ever since its introduction a century ago as a therapy of suggestion, over its definition and evolvement in the paradigm of ego-psychology and further replacement by the relational turn, it seems to have ended up as a kind of integrative psychotherapy. In that perspective the following question might be relevant: should it still be called supportive therapy?

The historical overview in this paper has been divided into four periods of time: the first one about the prehistory of the concept, the second one about definition, the third one dealing with establishment and, finally, the fourth one about integration.

Furthermore I want to point out, that the term supportive therapy in this paper is also used to denote the concept of supportive psychotherapy.

Prehistory: 1900-1950. Supportive therapy as suggestion

Even though the concept of supportive therapy was invented in the Fifties, the term suggestion was used in a way similar to the later use of the concept of supportive therapy. It is therefore worth looking at the prehistory of the supportive concept.

In the beginning of the epoch of psychoanalysis there was a striving from the analysts' point of view to regard psychoanalysis as an accepted method of cure. Other competitors in the psychotherapy field strove to devaluate psychoanalysis, by comparing it with the current popular supportive methods of suggestion. Because of these accusations analysts went to great length in their efforts to distinguish psychoanalysis from supportive treatment methods.

Some analytic writers also applied psychoanalytic knowledge to the understanding of the ways supportive treatment was supposed to achieve its effects. Ernest Jones (1910) argued that the strong transference to the healer explained the curative effects in such treatments. He also pointed out that it was only in psychoanalysis that this transference was interpreted and thus making it possible to terminate the treatment.

Karl Abraham (1926) argued, that the popular form of therapy of that time, called auto-suggestion, could be explained as a kind of compulsion neurosis that was created when the patients used the daily mantra. The cure worked when the patient used the defence mechanism of displacement, leading to a more socially accepted manner than the former ailment.

Glower (1931) explained why psychotherapy performed by an inexperienced therapist was effective. He showed that, even when a psychoanalytic interpretation was inexact, it was able to give the patient a rationale that was accepted by the conscious, while the core conflict was displaced and therefore kept anxiety at a low level.

Phase of definition: 1950-1960

According to PsycINFO the first indexed work bearing the term “supportive therapy” appeared in a paper by Billings in 1939. However, at that time the meaning of the concept referred more to the work of a social worker than to that of a psychotherapist. Robert Knight (1949) was the first one to use the concept of supportive treatment in a psychoanalytic frame of reference.

In the Fifties, the psychoanalytic movement was at its height in the USA, where it held an almost hegemonic position (Wallenstein, 1989). By the paradigm of Ego psychology with its focus on the conscious, ego functions, operations of defence and adaptation it was possible to transform psychoanalytic techniques into psychodynamic psychotherapy and thus make Freud's vision of a psychoanalysis for everybody come true, where “...the pure gold of psychoanalysis should be mixed up with the copper of direct suggestion” (Freud, 1919 [2002:221]); a psychotherapy appropriate for ordinary people seeking help at psychiatric clinics.

With the paper, The effect of the structure of the ego on psychoanalytic technique Kurt Eissler (1953) instigated a debate in psychoanalytic circles, which culminated in the second volume of Journal of the American Psychoanalytic Association in 1954. Relating to a commentary by Freud (1910) on the future development of psychoanalysis including supportive parameters, Eissler (1953) argued for the inclusion of temporary supportive parameters into 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 develop even further in techniques towards a more supportive stance and thus include supportive technology (Alexander, 1954). Rangell (1954) argued for maintaining the differences between the two modes of therapy. As a result of these debates, there was a greater acceptance for supportive techniques amongst psychoanalysts.

In short, there was a division in psychoanalytic insight (expressive psychotherapy) on one side and supportive therapy on the other (Dewald, 1964).

Wallenstein & Robbins (1956) went a step further and constructed a tripartite scheme with supportive psychotherapy at one end, psychoanalytically oriented
psychotherapy in the middle and psychoanalysis proper at the other end; the last mentioned representing the most full-blown form of psychotherapy. It is a scheme that reverberates in current classifications (e.g. Kernberg, 1999).

Phase of establishment: 1960-1990

If psychoanalysis had its hegemonic stance in the Fifties, psychoanalytic oriented psychotherapy became its successor in the Sixties and onward, with supportive therapy as an accepted member of the psychodynamic family. But the concept of supportive therapy was discussed by various psychotherapists at great length and new meanings of the concept became apparent.

By pointing out common factors as explanations for the workings of psychotherapy, Jerome Frank (1961) showed that other rationales could explain the effects of psychotherapeutic practice. Rogers (1961) claimed, in sharp contrast to the earlier rule of strict abstinence, that therapy did have positive effects when the therapist was enthusiastic, open and showed genuine regard. Empirical verification later showed that supportive psychotherapy was in fact as effective as psychoanalysis, surprisingly sometimes even better (Wallerstein, 1986).

By pointing out the importance of reality, stability and continuity of the relationship, Tarachow (1962) shifted the focus from the analyst as an object of transference. Herbert Schlesinger (1969) emphasized the difficulty in categorizing psychotherapy in supportive and expressive modes; is it possible at all, to find criteria which was clearly to tell when the psychotherapist is being supportive or expressive? This question was later elaborated by the supportive-expressive manual based psychotherapy created by Lester Luborsky (1984).

Schlesinger (1969) asked the question: What should be supported? He argued that the support had to be adjusted to the personality of the patient. In one case it could be the ability to be helped to withstand pressure without breaking down, in another the ability to regress in the service of the ego.

Ira Miller (1969) made a point of showing that the psychoanalytic interpretation can be supportive, too; a remark made by Langs (1973) as well. Miller also asked if it was possible to conceptualize a therapy that was not supportive: aren’t all therapies supportive?

Fred Pine (1984) described how the use of four types of modifiers of an interpretation can be used as supportive measures. Amongst the best known is the technique of “strike when the iron is cold”, i.e. discuss heated matters when the therapeutic temperature is low.

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, Rojciewicz and Peele (1993). Supportive psychotherapy had at last become an accepted part in the world of psychotherapy.

It is important to mention the development during this period of time toward object-relational theories in psychoanalysis (Kernberg, 1976) and Heinz Kohuts (1977) self-psychology, where at least the latter put great emphasis on the support of the self; developments which pointed forward to the now widely discussed relational turn in psychoanalysis (Mitchell, 1988).

The integrative phase: 1990-2007

From the supportive therapy point of view, the last decade before the millennium shift was marked by intensive work toward integration of traditions of psychotherapy even outside psychoanalysis. The researchers at Beth Israel Medical Centre in New York made great efforts to transform supportive psychotherapy into a frontline therapy, with elements from cognitive behavioural therapy – goal setting, use of diary and agenda – integrated with the supportive therapy from the psychoanalytic tradition (Pinsker, Rosenthal & McCullough, 1991). Hellerstein, Pinsky & Rosenthal (1994) claimed that supportive therapy should be a kind of Basic psychotherapy; the first choice when people ask for psychotherapy. Due to the focus on the real relationship, supportive psychotherapy is, according to Pinsky & Rosenthal (1994), a better first choice than the more expressive forms of psychotherapy.

The work of integration went even further with the development of truly integrative variants of psychotherapy, where supportive therapy clearly has assimilated concepts from both systemic and cognitive-behavioural methods (Misch, 2000). Supportive therapy today can hardly be said to stem only from the psychoanalytic orientated tradition. By changing the concept of ego functions to the more contemporary concept psychological functions, supportive therapy was further differentiated from the ego psychological tradition (Winston et al, 2004).

Conclusions

In the beginning of the psychotherapeutic era, supportive therapy from the orthodox psychoanalytical point of view was considered to be a kind of suggestion therapy. But in the ego-psychological era of the Fifties, supportive therapy – which at that time got its name – became an established method in the psychoanalytic world. In due course, the object-relationally and relational turn took over as the ruling paradigm from the ego-psychology, and the differentiation in insight orientated and supportive therapy was no longer needed; the supportive stance became implemented in those later techniques in the psychoanalytic tradition. Within
relational psychoanalysis, supportive therapy was throughout assimilated since nearly almost all of its techniques seem supportive (Fairfield, Layton and Stack, 2002). The term supportive therapy as a distinct form of psychotherapy seems also adopted by different integrative stances, as it became a form of psychotherapy with integrative parts, including elements even of systemic and cognitive behavioural traditions of psychotherapy (Van Marle & Holmes, 2002). According to this, the term supportive therapy or supportive psychotherapy may not seem to be the most appropriate term for this practice today. Perhaps integrative psychotherapy would be a more relevant term?

REFERENCES


