

**THE NONMEDICAL PSYCHOTHERAPIST: A CRITIQUE AND A PROGRAM**

By Benjamin Brody and Alan L. Grey  
University of Chicago

99

.....  
...They involve such crucial issues as professional training,  
legal regulations, fees, preparation for research, and,  
above all, service and responsibility to the public. . . .

Psychotherapy and Psychiatry

Psychiatry has moved a long way from its historic view of mental disease as due to minimal changes in brain structure with accompanying reverberations in behavior and personality. Historically, there has been steady progress from a preoccupation with the genetic, physiological factors in etiology and therapy to an appreciation of the importance of psychological and environmental factors. Today, we regard both the abnormal and normal personality as the complex result of physiological, cultural, genetic, and emotional determinants; a comprehensive personality theory must integrate all these factors in a meaningful gestalt. Accordingly, the rational therapy of personality has largely shifted from being exclusively custodial, medicative, and brass instrument, to a dynamic consideration of environmental manipulation and motivation.

This Protean nature of psychotherapy has resulted in a unique set of circumstances whose implications we are only beginning to understand. In medicine, for example, there



has been growing realization of the inadequacy of orthodox medical training for psychotherapy. Many psychiatrists, turning toward the mental sciences, have become relatively isolated from organic medicine as they realized the insufficiency of the organic approach toward understanding and helping people; on the other hand, medicine often seems to have regarded psychiatry as an upstart, threatening its most cherished mechanistic traditions. Research has suffered from an organic bias, lack of appreciation of cultural factors, and the use of an inappropriate biological methodology in what is very largely a social science. . . . Generally, it might be said that the tradition of healing as belonging to medicine relates more to the organic and the individual than to the psychological and cultural.

The contributions of "lay" workers, regardless of their professional labels, are too well known to need extensive documentation. We might mention, however, Rogers, Towle, and Moore in therapy; Taft, Klein, and Anna Freud in the treatment of children; Rank, Sachs, Reik, and Fromm in psychoanalysis; and Maier, Benedict, Mead, and Lewin in research and theory. . . . Thus, Freud has said (Freud, S. The problem of lay analysis. NY. Brentano's, 1927);

It may develop that in connection with psychoanalysis, people in need of treatment are not sick people, in the broad meaning of the term; laymen not always to be considered laymen, nor physicians what physicians are generally supposed to be.

Elsewhere, he remarks (Freud, S. An autobiographical study. N.Y. Brentano's, 1927):

In fact, a physician who has not been through a special training is, in spite of his diploma, a layman in analysis, and a non-physician who has been suitably trained can, with occasional reference to a physician even carry out the analytic treatment of the neuroses.

. . . .

. . . . Clinicians like Fromm and Morney are beginning to regard society as an important factor in mental health. Social insurance workers, adult educators, social hygienists, economists, the entire welfare and planning field are undertaking psychotherapeutic objectives of fundamental significance although distinctly outside the medical field. The organization of prisons, schools, housing projects, and hospitals along broadly psychotherapeutic principles is already an actuality, and one to which psychoclinicians can be expected to contribute increasingly. It is not difficult to visualize the time when application of personality science will be as important to political science as is statistics. (H.D.Lasswell, Psychopathology and Politics. Chicago: University of Chicago Press, 1930)

. . . . A growing group of sociologists, parole workers, and penologists, such as Shaw, Lindner, and Glueck, have done pioneer clinical work with little psychiatric supervision in what is increasingly regarded as a vital therapeutic field. Criminologists and psychiatrists have much to gain from an exchange of skills and training. Industry realized the

XXXXXXXXXX

Propriety of the Erich Fromm Document Center. For personal use only. Citation or publication of material prohibited without express written permission of the copyright holder.  
Eigentum des Erich Fromm Dokumentationszentrums. Nutzung nur für persönliche Zwecke.  
Veröffentlichungen - auch von Teilen - bedürfen der schriftlichen Erlaubnis des Rechteinhabers.



relation of mental health to productivity and plant morale shortly after World War I. With and without psychiatric assistance, nonmedical workers have made extremely important contributions. Commenting on the work of Roethlisberger and Dixon at the Hawthornden Plant of the Western Electric corporation, Dr. Thomas Rennie et al (Rennie, T.A.G. Swackhamer, G.A Woodward, L.S.; Toward industrial mental health; an historical review. Ment. Hyg., 1947, 31, 66-88) of the National Committee for Mental Hygiene say:

The contribution of this group to mental hygiene has won the praise of psychiatrists who recommend their findings as required reading for personnel managers and for members of their own profession who are practicing in industry.

• • •

Lay Analysis

In 1938, after a period of heated discussion, American psychoanalytical institutes ended the training of lay analysts. What Ferenczi (Ferenczi, S.; Report of instructional work in psychoanalysis in America in 1926-27. In. M. Eitingon Ed., Bulletin of the internatl. Psychoanalytical Association. Intl. J. Psycho-Anal., 1927, 8, 558-559) called the exaggerated fears and suspicions of the medical profession seems to have been unique to this country; on the continent and in England candidates continue to be accepted on the basis of aptitude and personality for analytic work rather than facility in neurology and physical diagnosis. Perhaps it might be well to let acknowledged authorities speak for themselves. Freud seems to have seen important advantages

Propriety of the Erich Fromm Document Center. For personal use only. Citation or publication of material prohibited without express written permission of the copyright holder.  
 Eigentum des Erich Fromm Dokumentationszentrums. Nutzung nur für persönliche Zwecke.  
 Veröffentlichungen - auch von Teilen - bedürfen der schriftlichen Erlaubnis des Rechteinhabers.



in non-medical people and accepted them as analysts from a very early period. His book, The Problem of Lay Analysis, is a classic statement of the psychoclinician's position and the handicaps under which the physician comes to psychoanalytic training.

#### The nonmedical analyst

is able to treat neurotic disturbances, and will . . . be able to achieve all that may be expected of this therapy . . . It does not matter whether the patient be analyzed by a physician or a layman. . . It is much more important for the patient that the analyst possess those personal qualities which invite full confidence, and that he has that knowledge and experience which alone qualify him to apply psychoanalysis.

The problem of differential diagnosis is solved by a physician's screening of every patient for the possibility of organic disease.

As soon as the physician has ascertained this he may safely leave the treatment to the lay analyst. . . Thanks to this close cooperation between the medically trained and non-trained members errors almost never occur.

This is essentially the same procedure followed by medical analysts.

There is a rule that even a medically trained analyst, running across such dubious symptoms in the course of the treatment, is not to depend on his own judgment, but to consult some colleague, preferably a specialist of internal diseases.

. . . . As Freud says,

Most of the subjects, however, belonging to medical training will not be of any use to him, and although all this knowledge is highly valuable for those who need it, it would not assist the analyst to understand a neurotic condition nor to alleviate it.



Similarly, Herman Nunberg (Nunberg, H. Discussion on Lay Analysis. Int. J. Psycho-Anal., 1937, 8, 247-248) an experienced medical analyst, said:

The modern physician, engrossed with an infinity of technical remedies at the sick bed, has no comprehension of the mental life of his patients. Similarly the medical psychoanalyst has little idea how to set about dealing with the organic troubles of patients. If a person with organic trouble wanders accidentally into my consulting room I feel myself embarrassed and seek to get rid of him as soon as possible.

. . .

#### The Clinical Team.

The clinical team approach was attempted to utilize the psychologist and social worker under the aegis of the psychiatrist by the itemization of specific duties for each team member. In spite of widespread lip service to the team idea and semi-official status, it has been honored more in the breach than in the observance. The rigid organization of the psychiatric clinic into the team hierarchy has meant only avoidance of the real therapeutic issue by an apparently logical compartmentalization and division of labor. Practically, it has been abandoned simply because it has not worked. As early as 1939 Dr. Lawson Lowrey (Trends in Therapy. Amer.J.Orthopsychiat. 1939, 9, 669-722) for example, noted that the trend in therapy was for each member of the threefold team to utilize methods of the others.

. . . The American Journal of Orthopsychiatry (1944, 14, 752-753) says editorially for example:

. . . . And no one who has worked in clinics can possibly deny that the non-medical members . . . make expert





psychotherapists. In fact it must be admitted that the usual formal training of the psychiatrist does not equip him to do psychotherapy.

. . .

### Social Work

. . . In terms of intensive supervision, varied contact with many types of people, and organization of a professional curriculum, it can provide important lessons for psychiatry itself. Generally, it has progressed from an exclusive concern with environmental manipulation to inclusion of a direct therapeutic role. . . .

. . .

Social work's historical development is probably largely responsible for this state of affairs (confusion in job definition). Evolving from handmaidenship to the physician and analogous to nursing, it has been unable to formulate either an independent professional role or its basis in an independent research area. Training consists of a potpourri of material from other fields, budgets, administrative details, and the like, and eventually watered-down adaptations of psychiatric methods. Even experienced psychiatric social workers spend a great deal of time, in peripheral duties such as record keeping or the performance of other semi-clerical work. . . .

. . .

### Clinical Psychology

. . . The Veterans Administration and United States Public Health Service have embarked on important programs financially

Propriety of the Erich Fromm Document Center. For personal use only. Citation or publication of material prohibited without express written permission of the copyright holder.  
Eigentum des Erich Fromm Dokumentationszentrums. Nutzung nur für persönliche Zwecke.  
Veröffentlichungen - auch von Teilen - bedürfen der schriftlichen Erlaubnis des Rechteinhabers.



supporting the training of hundreds of psychologists in both diagnosis and therapy. Impressed by their abilities during the war, leaders in psychiatry and medicine have gained a new respect for the services of the psychologist. Psychologists are escaping from the narrow confines of the psychometric technician to recognition as full-fledged clinicians and therapists.

. . . Academic psychological departments are far behind the other clinical professions in the preparation of their clinical students; at the moment some even seem to resent the progress of clinical psychology as unscientific or unduly remunerative. Too often clinical work has been a three-or four-course adjunct to the usual academic training in learning theory or statistical method; much of the course work itself has little or no relevancy to dealing with people. . . . There has been more work on, say, maze behavior in rats than emotional problems in men. Actual clinical experience and formal training and supervision in interpersonal relationships have hardly existed outside the mechanics of psychometric testing. . . . We must conclude that academic psychology characteristically has utilised careful scientific procedures for picayune problems. Clinical psychology must either reconstruct the present academic setup or build an entirely new one.

. . .

### The Need For Psychotherapy

To these ideological-historical reasons for the





creation of a nonmedical psycho-therapeutic profession we must add psychiatry's patent failure to meet the demand for therapeutic help. The shortage of psychiatric personnel on even a custodial, not to say therapeutic, level has been too well advertised in the Sunday supplements to need extensive documentation. Citing the United State Public Health Service figures, Dr. Allan Gregg (What is psychiatry? Brit. Med.J., 1944, I, 550-553) of the Rockefeller Foundation touches on the magnitude of the problem when he says:

One child in every 20 in the United States will at some time of his life be in hospital for mental disease, and another child in the same 20 will at some time be psychiatrically disabled but not hospitalized. There are probably 8,000,000 feeble-minded persons of all grades in the United States, 80-95% at large in the population, 100,000 alcoholics and drug addicts, between 800,000 and a million mentally diseased, and 400,000 epileptics.

To these must be added the thousands of delinquents and criminals, and the millions of discontented workers, unhappy husbands and wives, and confused young people who offer the best prognosis for therapy and yet have the poorest treatment resources. It is doubtful whether 2 per cent are actually receiving professional help of any kind. The State Charities Aid Association (J. Clin. Psych. 1945, I, 163-165) of New York - a city with outstanding therapeutic facilities - estimates that only 5 per cent of the veterans needing treatment were actually getting it.

Medicine itself can offer no more than a token solution. "The total membership of the American Psychiatric Association in 1945 is 3387 of which only 2919 are active

Propriety of the Erich Fromm Document Center. For personal use only. Citation or publication of material prohibited without express written permission of the copyright holder.  
 Eigentum des Erich Fromm Dokumentationszentrums. Nutzung nur für persönliche Zwecke.  
 Veröffentlichungen - auch von Teilen - bedürfen der schriftlichen Erlaubnis des Rechteinhabers.



members and fellows". Nor can we realistically anticipate an adequate increase in the number of psychiatrists. Dr. Lawrence Kubie, elements in the medical curriculum which are essential in the training for psychotherapy. In Harrower, M. Training in Clinical Psychology. N.Y.; Josiah Macy, Jr. Foundation, 1947, pp.46-54) makes the following appraisal of the situation:

We also know that the entire American organization for medical education, that is training both for general physicians and for specialists, turns out about 75 psychiatrists a year, which is just about enough to take care of the annual retirement of psychiatrists from practice because of illness, old age, and death. Thus it is true that we are barely keeping up with ourselves. . . .

Dr. Thomas Rennie (National Planning for Psychiatric Education. Ment. Hyg. 1946, 30, 186-198) somewhat optimistically estimates that ideally 10,000 well trained psychiatrists can be prepared in the next decade. . . . The Hershey Conference on Psychiatric Rehabilitation (Medicine and Neuroses. Report of the H. Conference on psychiatric rehab. N.Y. Natl. Com. for Mental Hygiene, 1945) points out that the need for psychological help is at least as great as the need for medical help. There are 185,000 physicians practicing in this country. Dismissing the fact that psychological treatment usually requires more time than organic, there is thus every indication that the need for psychotherapy is far beyond what 10,000 psychiatrist could provide. It would be foolhardy to estimate the exact requirements but there is no question that medicine itself cannot meet the psychotherapeutic demand.



. . . The Hershey Conference says,

While to qualify as a psychiatrist under the requirements of the American Board of Psychiatry and Neurology a man must spend at least three years in exposing himself to psychiatric experience in any one of 103 approved hospitals, there is in fact, no standardized course of training and much of what passes for training is educationally inadequate.

. . . Without a doubt the majority of psychiatrists are primarily custodial doctors, administrators, and neurologists.

Dr. Roy Grinker (Grinker, R.R.: Freud and Psychiatry. Address delivered at the University of Chicago, April 14, 1947) has estimated that there are actually only from 400 to 500 competent psychotherapists in the country; more optimistically Dr. Rennie estimates that of the 3000 psychiatrists in the armed forces "not over 1/3 can be considered competently trained..."

. . . The widespread belief that any physician can assume a psychotherapeutic load after a few weeks orientation seems to be based on a halo effect overestimation of the average doctor's preparation and a depreciation of the difficulties of the field itself. At the Hershey Conference Dr. Rennie said in this connection:

You would be surprised how many doctors and even psychiatrists, feel that a social worker is a lady bountiful who carries around with her a basket of food for the poor; indeed they can't know what their local agencies have for them ... in the way of help... Let us bear in mind that the average doctor knows nothing about our highly technical language, that he is scared of it, that it means nothing to him, and that we must translate our technical terms into language that is literally everyday language in order to reach the average doctor.

. . . Psychotherapy cannot be practiced, ethically and professionally, via a short course any more than can surgery.



. . . The public cannot be expected to wait indefinitely before turning to quacks. The future demands the new psycho-clinical profession.

### A Psychoclinical Training Program

. . .  
. . . The course material should include laboratory experiments pertinent to the field; word association, hypnosis, frustration, the systematic study of therapy records, autobiographies, anthropological observations, opinion polls and psychometric tests. It would involve the learning of statistical and other techniques, insofar as they are appropriate to such data. . . .

In the clinic the student should have opportunity to understand the normal as well as the abnormal. He needs to follow cases over a period of time and to get a thorough familiarity with their behavior in diagnosis, therapy, and outside the clinic. In addition, he should be impressed with the idea - which psychoclinicians have been known to forget - that patients are people and cannot be abused for the personal curiosity or satisfaction of the clinician.

. . . There is every indication that diagnostic and therapeutic competence calls for familiarity with both psychological and organic factors. . . . Often it is forgotten that the argument is a two-edged sword. There is as much danger when a psychiatrically naive physician deals with psychopathological problems without supervision as when the psychoclinician is faced with an organic case. Ironically, the former is legally sanctioned,



whereas the latter has been used as a basis for discouraging the psychoclinician. As has been indicated, to keep him from professional practice as a therapist would mean forcing patients to go without qualified help.

. . . To practice medicine one must attend medical school. However, the psychoclinician should have a general background in physiology, with emphasis on those aspects most relevant to psychological behavior. He needs general familiarity with medical terminology and the leading characteristics of disease entities so that communication with medical people is possible. He should have enough understanding of the difference between organic and psychological signs so that he avoids gross errors, and refers medical problems to appropriate specialists. . . .

Along these lines, Dr. Lawrence Kubie quotes a suggestion made to him by Dr. Cal Singer, to the effect that

. . . there should be a new doctorate in psychotherapy or in medical psychology; and that those who held this doctorate would be in two groups: 1) those with an M.D. and 2) those without an M.D. but who had been through a partial medical curriculum in medical schools and teaching hospitals to give them those elements of the medical curriculum which are essential for psychotherapy.

. . .

The issue today is not whether we are to have a psycho-clinical profession. Nonmedical people are performing such a function now, and will continue to do so in greater numbers as the ~~demand~~ demand from them grows. The real issue is whether to continue to recruit and train the psychoclinician in an outmoded fashion or to recognize the reality situation and take steps to educate genuinely professional people.

