

TOWARDS A SOCIOLOGY OF PSYCHOTHERAPY

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Abstract

There are many forms of research into psychotherapy which attempt to formulate what is effective between clients and therapists. These fall into the two broad groups of process and outcome research. Process research is where the overall set of discussions and events within and between successive sessions are studied. Outcome research investigates what has happened after therapy, by comparing how clients fared before therapy commenced. Literally, sociology means the study of companionship. A sociology of psychotherapy researches the processes inside of the consulting room and places them in the context of society in general. The sociology of psychotherapy is a new approach that stands back a little further, yet also tries to unravel the processes that make up therapy sessions.

Introduction

Psychotherapy is difficult to define because many activities could be therapeutic and there are a mass of activities that have claimed to be so. In the main, psychotherapy is a talking cure whereby clients gain relief by talking about their most intimate on-going problems to therapists in confidence, goes further than this. One researcher counted over 460 types of therapy, some of which can be practised with one or more therapists and one or more clients (Goleman 1986). Many of these activities are radically different when they are compared to each other.

The sociology of psychotherapy is a form of research which looks at the meetings of clients and therapists in the wider context of the collusions and conflicts of society. It uses the viewpoints of sociology to structure its view of what therapy is and does. It sees therapy as the nullification of deviance that is not tolerable the individual and those about him or her. The

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psychiatrist Roland Littlewood has taken this view to explain the systemic relation of the healing profession and those who seek its help (Littlewood 1986). Littlewood sees a general principle at work in all therapeutic practices. A person becomes deviant by breaking normative rules, values and symbolism. Therapists help this person recombine with their home folk in some new way by applying a form of symbolic behaviour that is of a different order.

The social existence of therapy

A hypothesis originally stated by Karl Marx in 1904 is that "social existence determines consciousness". This has been accepted into sociology as a principle that the social events around a person shape their thoughts and actions. In the application of researching psychotherapy, the relation between the lived experience of becoming "ill" and then "healed" is of central importance, particularly in relation to how these events are born in the matrix of the human relations of society.

The sociology of psychotherapy views the following contexts as being of fundamental significance in understanding how healing occurs. 1 A major focus is the place of meaning and the process of interpretation. 2 The interpretation of speech and gestures is paramount because the ways in which people negotiate what a specific item means is the core of all communication. 3 Language plays an important part within the role of a specific culture as it shows the researcher the symbolic processes at the heart of these human interactions.

An example will make these themes clearer. A client feels he is inappropriately anxious and decides to enter psychotherapy. In the first session the therapist inquires what, specifically, is it that the client suffers when he is anxious. The reply is that he hears his heart pounding in his ears, he sweats, and his abdomen becomes as tight as a drum. He thinks "oh no not again". One way of looking at this interpretation of his psychological state is to compare it with a feeling of euphoria. It might well be that the physiological reaction of anxiety may be very similar to that of euphoria, but the interpretation of the bodily event is entirely different.

It occurs to me that in general, therapists have a major choice. Either to accept clients interpretations of events - or to challenge, benignly criticize, or otherwise reject them with the intention of supplanting them with more effective and less distressing interpretations. If they accept clients views this may support or reinforce the cycle of anxiety; but allow clients to feel

understood and accepted, and so may help them to be self-accepting. If clients descriptions are criticised or rejected, it may help clients break out of a self-defeating and repetitious pattern of events; but it may also be hurtful for clients to have their point of view overturned. There is no right or wrong answer in this situation, only an ethical dilemma. Whichever choice is taken will have consequences for both parties.

Right ways of living

All forms of psychotherapy imply that there are right and wrong ways of living because each has an agenda concerning what it seeks rectify, what it discourages and permits. Also, the personal conflicts that afflict clients are part of society at large. It could be that the core conflicts and ambiguous values become contradictions which we have to live with. For instance, many people of both sexes are expected to be thin, yet food is consumed in large quantities, usually at set times, for pleasure and social reasons, and not just for sustenance. Those who develop anorexia or bulimia seem not to be able to negotiate these differences, and it is usually women who develop these conditions. Often the women feel that the only thing they can control in their life is their body and food intake, and this becomes the sole focus of their actions and thought.

The sociology of psychotherapy takes its cue from two closely related disciplines, the anthropology of medicine and the sociology of medicine. Both of these disciplines seek to analyze suffering, well-being and therapeutic processes within the contexts in which they occur. The sociology of medicine covers a large number of different facets in and around medicine. Since its inception in the 1950s it has become a standard part of the training of doctors. The anthropology of medicine has its major focus on comparing the therapeutic practices of different nations and cultures. When a cross-cultural view of medicine is taken all manner of contrasts and similarities are seen. This method is repeated for therapy.

Cross-cultural perspective

The American psychiatrist Fuller Torrey in his *Witchdoctors and psychiatrists* made a comparison between his American colleagues and the healers of third world countries whom he studied (Torrey, 1986). He posited direct parallels between the two. This view comes to life

when the principles behind the academic tradition that we trust, is equated with the oral traditions, sacred teachings of shamen, and the indigenous healers of other countries. Western psychotherapists are in some ways similar to shamen or non-western healers. They both have a reputation sufficient to raise clients expectations of successful outcomes. Both are able to name what is wrong. Both are admitted to their professional body by an examination, be it intellectual or practical.

Three major terms in the sociology of psychotherapy are specialised uses of *illness*, *healing* and *disease*. Illness becomes the term for lay persons' subjective responses to suffering. It includes such aspects as how clients learn to respond appropriately to their particular kind of suffering. This entails knowing how to behave with others, knowing the meaning of their suffering, and how others might perceive them and behave towards them. Types of suffering also imply specific types of relief for them.

The word disease is also given a new meaning. It describes how professionals view clients' suffering. Diseases are often clearly differentiated, pathological entities, or regarded as thing-like, disease processes. These "things" are defined as having a specific identity and characteristics in textbooks. Often the professionals' concomitant reaction to a certain clinical picture is to provide a specific remedy.

The word healing is also used in a generalised sense to refer to all the types of therapeutic practice that exist. Healing is used to replace "psychotherapy", because it is without the assumptions that the western word carries. Healing also includes the dimension of faith healing that may occur in all types of therapeutic intervention (Shapiro 1971).

In a case recorded by reputable hospital staff in America, a man lay dying from inoperable cancer (Klopfer, 1957). He was given an injection of a trial drug, against the doctors' better judgement as they thought he was near death. Miraculously, within a few days the growth went into remission and disappeared. The man was discharged from hospital and it was not until he read a newspaper report that doubted the drug's efficacy that he was readmitted with cancer again. This time a doctor told him that he was going to give him a double strength injection of the same drug. Again, his cancer went into remission very rapidly and soon he was well enough to be discharged. Finally a report appeared which stated that the drug was entirely useless in the treatment of cancer and when he learned of this he reentered the hospital and died shortly after. In cases of voodoo death where the belief in the power of a curse is sufficient to produce such a

high state of terror that the believer ages and dies in a few days (Canon, 1963).

Processes of three therapies

James Dow, a professor of anthropology, developed a general model for the symbolic and semantic analysis of healing rituals of all kinds (Dow, 1986). Three types of therapy are compared below via his method to show their contrasting approaches and assumptions. Dow's model assumes that all healing practices deal with the meaning of illness and disease. All healing "reframes" or provides new meanings in its process of reinterpretation.

Dow's viewpoint can initiate an analysis of relationships that can concentrate on the meanings that certain phrases and movements may have. Dow proposes a theory about how meaning-laden symbols, words or events are transacted between client and therapist in all forms of healing. He suggests that healing reframes are created in either of two forms. Either therapists directly manipulate client's symbols and so creates new meaning and combinations. Or, therapists attaches their own symbols to client's symbols in order to create a healing experience. Such a view may lead to further insights into the process of therapy sessions.

1. Freudian psychoanalysis in its purest form consists of free associating on the analyst's couch for 50 minutes, five times a week, for at least six years. A core part of the healing process is the analyst naming the analysand's problems. After a long period of silent listening the analyst interprets the analysand in terms of the structuring principles of analytic ideology and changes the analysand's meanings and symbols. Main process of reframing: therapist redefines clients' reality in slow stages.
2. Transactional Analysis (TA) teaches a vocabulary of phrases about emotions and relationships to clients so they know how to make sense of their predicament by the interpretative schema of TA. This approach takes away much of the vocabulary of clients so only the symbols and meanings of TA remain. Main process of reframing: therapist teaches a new way of interpreting the world.
3. Cognitive-behavioural therapy is a major force within the NHS as waiting lists are long,

with a high demand for services and many needy people to be seen. Cognitive-behavioural therapy works by directly seeking to provide new interpretations of distressing events. It also tries to stop maladjustive behaviours by teaching new ones. Like examples 1 and 2 above, therapists seek to alter the original network of meanings and symbols of clients. New symbolic processes are constructed in which clients may participate in daily living and attempt to create more effective thoughts and behaviours to replace the previous ineffective ones. Main process of reframing: therapist teaches new interpretations and behaviours.

Conclusion

The sociology of psychotherapy aims to analyze specific events within and outside therapy sessions. Therapy is compared to the background of core conflicts, imperatives, meanings and values of the culture in which it takes place. The discipline aims to look at both the psychopathology of everyday life and any implied ways of right living. It aims to study the implicit and covert agendas that each therapeutic ideology has, and relates those directly to the ways of interpreting and relating in which they occur. If some beginning can be made to describe how people feel they ought to live, and by whose rules they should follow, then healing and suffering is seen in a wider context.

References

CANON, W. (1963) **The Wisdom of the Body**.(2nd ed) Norton.

DOW, J. (1986) Universal aspects of symbolic healing. **American Anthropologist**, **88**, 56 - 69.

GOLEMAN, D. (1986) Psychiatry: the first guide to therapy is fiercely opposed. **New York Times**, September 23, p. C1.

KLOPFER, B. (1957) Psychological variables in human cancer. **Journal of Projective**

Techniques, 21, 331 - 340.

LITTLEWOOD, R. (1987) The butterfly and the serpent. **Culture, Medicine and Psychiatry** **11**, 289 - 335.

SHAPIRO, A. (1971) Placebo effects in medicine, psychotherapy and psychoanalysis. In A. Bergin & S. Garfield (Eds) **Handbook of psychotherapy and behavior change**. Wiley.

TORREY, E. F. (1986) **Witch doctors and psychiatrists**. Jason Aronson.