

Editorial Commentary

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The history of Short-term Psychotherapy and its relation to psychoanalysis is a strange one. In the earliest days, all psychoanalysis was short-term and there were high hopes of it as a therapeutic method. By the mid 1920s, however, there had developed considerable pessimism about its steadily increasing length and apparently diminishing therapeutic effectiveness. The obvious response might have been a major re-examination of technique with the aim of identifying deficiencies and introducing modifications or additions to achieve greater effectiveness in a shorter time. As we know, this is not what happened. Such attempts at re-examination met with hostility from the mainstream of psychoanalysis—even Freud himself in the case of Ferenczi. The hostility reached its peak with the reception given to the work of Alexander and French, which was largely disregarded for many years. Over the years the great length of psychoanalysis and of therapeutic methods based on it has been generally accepted as inevitable.

Besides the obvious practical disadvantage of long-term methods (i.e., that only a few privileged patients can be helped), there are also major theoretical disadvantages. The available material becomes unmanageable and research becomes almost impossible. No one can demonstrate which are the correct theoretical aspects or essential therapeutic factors. Ironically, while traditional therapists have cold-shouldered attempts to develop short-term therapy, they themselves have been under siege from the world outside and have become increasingly isolated.

Anyone who works in a busy psychotherapeutic clinic is forced to consider methods by which therapy can be shortened. The traditional view is that these methods are always second best. This is what we may call the hypothesis of superficiality. This hypothesis holds that the technique of short-term therapy is necessarily superficial, the therapeutic results are superficial, and the only suitable patients are those who are superficially ill. It is still widely believed today.

In the 1950s a number of workers refused to accept this point of view and decided to investigate the whole question from first principles. The situation was such that most of this work was carried out in isolation. Like the fauna of oceanic islands, it showed the phenomenon of divergent evolution. A number of quite separate systems developed, each differing from the others in technique and selection criteria, and no doubt also in therapeutic effectiveness. Lack of communication was compounded by language difficulties. Much work was carried out in the English-speaking world; however, there was also important work in Europe and Latin America. Finally, the general isolation was perpetuated by the absence of a single journal in which all this work could be brought together.

Many systems of Short-term Psychotherapy were developing in isolation well in the 1960s and even in the 1970s. Together they were providing powerful convergent evidence towards a single conclusion, namely that the hypothesis of superficiality

was incorrect in every aspect. The last 20 years have shown that: (1) the technique can use all the basic principles of psychoanalysis, (2) the patients can suffer from chronic and deep-seated problems, and (3) the therapeutic results can be profound and enduring. This has important implications.

It is now clear that Short-term Psychotherapy can be highly effective and that there are certain patients for whom it is the treatment of choice. Moreover, with Short-term Psychotherapy the material of therapy becomes manageable for research purposes, so that now it is possible to obtain evidence about specific factors leading to improvement. The crucial observation is that these factors are identical with some of the fundamental ingredients of psychoanalysis.

Yet there remained serious limitations. Most of the Short-term Psychotherapies were still not powerful enough to serve more than a small proportion of the psychotherapeutic population. In addition, the evidence and results that they provided were still not direct enough to allow psychodynamic theory to be universally recognized as a proper scientific discipline.

What has always been needed is a technique of far greater power. Quantitatively it needs to be applicable to a high proportion of those seeking help. Qualitatively it needs to show clearly defined interventions leading rapidly to the unmistakable emergence into consciousness of long-buried conflicts, followed immediately by therapeutic effects. When disturbances of many years' duration show major improvements within a few weeks, even the hardest sceptic will be convinced. Recent developments show this is actually happening.

We are pleased that there is now one journal in which work on Short-term Psychotherapy can be published. It is our hope that the *International Journal of Short-Term Psychotherapy* will provide a forum in which researchers and practitioners can share theories, insights, and results.

The *International Journal of Short-Term Psychotherapy* is dedicated to providing both researcher and practitioner access to ongoing systematic research and developments in the whole spectrum of short-term psychotherapy and a wide range of other short-term techniques in the effective treatment of emotional disorders. The *International Journal of Short-Term Psychotherapy* encourages the exchange of ideas and the integration of approaches among psychotherapists, psychiatrists, medical practitioners, and researchers. Each issue will contain original articles and reviews, reports on theory and practice, reviews of recent literature, theoretical discussions, and occasional brief reports.

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A Case of Brief Dynamic Family Therapy

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A clinical example of a dynamic brief family therapy is presented in order to illustrate technique that draws upon psychoanalytic constructs as well as upon family systems theory and technique. Emphasis is upon the unfolding clinical experience with a middle-class family consisting of parents and three sons, 14, 12, and 9 years of age. Concepts of family development, adolescent individuation, and corrective emotional experience are offered as bases for understanding the clinical process.

An article about family therapy in a journal devoted to brief dynamic analytically-based psychotherapy requires some preliminary comments. Those knowledgeable about family therapy are aware of the great emphasis placed by many writers in that field upon communications and systems theory. The central emphasis upon interpersonal phenomena, and the accompanying language that describes those phenomena tend to bypass traditional formulations about intrapsychic dynamics. Describing the sequence of events between persons in a family and their connection to pathologic behavior in the individual members requires terms such as feedback mechanisms, schisms, alliances, homeostatic mechanisms, symmetrical versus complementary versus reciprocal relating, enmeshment, double bind, parental coalition, scapegoating, positive connotation, reframing, paradoxical injunction, and a number of others (Hoffman, 1981). These terms are far away from the lexicon of the unconscious dynamics of the ego—viz. splitting, denial projection, projective identification, substitution, isolation, fantasy, etc. Also, they seem far away from the newer lexicon of Self Psychology although perhaps not so far from the concepts of Self Psychology. Moreover, they seem to have very little connection to one of the core instruments of brief dynamic psychotherapy, namely transference (Davanloo, 1980).

Is there a way to bridge this conceptual gap in a way that those working with the psychoanalytic model can find useful? One way is to proceed to a clinical case in spite of the problems in doing so. The great advance in family therapy over the last two decades has been closely connected to the availability of video tapes of, as well as direct observation of interviews which allow for collegial discussions of what each observer believes occurred in a session. A written description of a family therapy tests both the reader's patience and the writer's narrative abilities severely since several persons must be characterized and kept in mind. The reader not only must be willing to take the time to read such a complex description but also trust that what has been selected for description is valid. The "Rashomon" principle shadows every effort to describe a family interview.

Before proceeding to the clinical case, reference to a conceptual framework that has some common ground in both modalities may be helpful. This is the developmental one, formulated, however, in terms of the developmental tasks of a family in contrast to the developmental stages of a single person (Brown, 1980a).