

Psychotherapy Guidebook

SUPPORTIVE PSYCHOTHERAPY

David Stafford-Clark

The Psychotherapy Guidebook

Easy to Understand Descriptions of 255 Different Therapies

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Supportive Psychotherapy

David Stafford-Clark

Supportive Psychotherapy is not a scientific subject, at least at present. It is an art with a technique, a procedure with various rules that can be learned and which, indeed, can in some degree be passed on, and this must be the object of this contribution. But no work that has as yet been published gives a scientific basis either for its administration or indications; for the selection of any particular technique through which it is given; nor for the results when compared with any other therapeutic technique, by any scientific assessment that can be made.

This is not to say that attempts have not been made, and will not again be made, to fit a procedure that is ultimately so dependent upon individual human relationships into the objective mold of inanimate or predictable living responses. Nevertheless, it is essential to be clear from the outset that in my (David Stafford-Clark) opinion such attempts as have been made have been entirely irrelevant to the practice of the subject. The purpose of this article will therefore be simply to record a report on experience of a little over a quarter of a century; during which time I have practiced this technique through trial and error — error in particular. Supportive Psychotherapy is never easy.

In the final analysis the merits or demerits of psychotherapy, while arguable in terms of results, remain, at least so far, impervious to scientific enquiry. You cannot calibrate the burden of a desolate heart, count the loss of a broken spirit, nor reckon the cost in time and energy of their repair or restoration: yet such are the raw materials of Supportive Psychotherapy.

DEFINITION

Supportive Psychotherapy may be defined as the creation of an effective bridge of communication and therapeutic relationship with people too distressed to achieve this for themselves. The pragmatic justification of Supportive Psychotherapy is simply that it works, and thereby fulfills a function indispensable to, although still far too often totally neglected by, the proper practice of medicine as a whole.

HISTORY

It has existed as a need since medicine began; but has been conceived as a practical technique only during the last fifty years.

Function and Practice. Psychotherapy is in essence the treatment of the human mind. As a term for a form of activity directed toward that end, it covers all forms of communication between the professional therapist and the patient, including exchange of ideas, discussion, reasoning, and emotion. It

represents the effort to reach out into the mind and world of a sick person and, by comprehending it, to make it comprehensible to him: even to enable him to see it in a different way, and to modify his behavior along lines governed by a deeper and wider understanding and by an increased confidence.

The contribution of psychiatry to a fuller understanding of the principles and practice of medicine must ultimately be to underline a single fundamental truth: the essential wholeness and dignity of man. For although the technique of psychiatry as part of the training of a medical student is of great importance throughout the entire complicated field of human relationship, and of mental health and sickness, it is in this bridge between what are commonly regarded as essentially medical, surgical, pediatric, gynecological, or obstetric disorders and their emotional aspects and manifestations that the whole truth of medicine begins best to be understood.

Confronted by any sick, frightened, disturbed, or unhappy person, the doctor can always remember this simple precept: "Attention must be paid to such a person..." Once a patient realizes that you care about how he feels, then you have given him a bridge that he can cross to meet you and that you can cross to meet him. Good doctors have always recognized the necessity for such a bridge and the best have discovered something of the way to build it for themselves and their patients. In this sense the better the doctor, the fuller

will be his recognition of his own need for psychiatric knowledge and skill; and the more complete his attainment of these objectives, the better doctor will he yet become.

No good doctor can afford to be totally ignorant of Supportive Psychotherapy. Many good doctors believe that they practice it, but lack perhaps a precision in recognizing its indications and a clear grasp of some of those techniques upon which it rests; whole basic principles are now considered.

TECHNIQUE

The essence of Supportive Psychotherapy can in practice be summarized under four headings:

1. Unreserved and unconditional acceptance of the patient as a separate and equally human being in his own right
2. Sensitive elucidation of the patient's world view and experiences in the light of his disability
3. Deliberate but unobtrusive construction of a flexible bridge between the patient and the rest of the world (including the therapist), which the patient can then cross to meet it, and which the therapist can cross to meet the patient
4. Use of this bridge to enable the patient to make what changes are

possible in his personality, and to accept what changes the patient may recognize as wise (and practical) in his environment.

APPLICATIONS

These four principles are the key to Supportive Psychotherapy and its applications. Apart from the first interview, which may require an hour to an hour and a half to establish rapport, subsequent interviews should require no more than forty-five minutes, at an initial frequency of one a week, declining to twice a month, and eventually monthly, every third month and finally, twice a year, as progress is made — and maintained.

It is advisable when closing treatment to make an open offer to return if and when necessary, as judged by the patient. It is unusual for patients to abuse this privilege.

In conclusion, Supportive Psychotherapy is not the same thing as brief psychotherapy, counseling, behavior or group therapy. It is essentially individual, skilled, and flexible. More detailed accounts are contained in the bibliography. But its final essential indication is for the patient for whom no one else will or can do anything.

