Trainees' Forum

Experiences and Viewpoints of Psychotherapy Trainees*

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Psychotherapy is unpopular in Hong Kong for various reasons. There is a gross deficiency of psychiatrists in our population of five million, and individual psychotherapy, being time-consuming, is regarded as a luxurious treatment to be chosen as a last resort. Moreover, there seems to be some reluctance among psychiatrists to accept psychoanalytic theory as relevant to Chinese culture. Although experience in psychotherapy is regarded as essential in training,[1] it has been difficult to learn psychotherapy in Hong Kong because good training programmes are impossible without the availability of qualified supervisors. In the past year, we have gone through a training programme in dynamic psychotherapy involving a series of seminars, individual supervisions and Balint groups. The programme was made possible by the joint efforts of the three senior lecturers in our Department, who all came from abroad and were experienced in teaching psychotherapy. We would like to report our experience of the training and give our viewpoints as trainees. It will be helpful to describe the training in stages which bear striking similarities to the actual psychotherapeutic processes of our patients.

The programme began with a series of seminars progressing from elementary psychodynamic principles to detailed examination of psychotherapeutic skills. The early seminars became a forum for debate and there were doubts among trainees. Arguments centred around the applicability of psychoanalytic theories to the Chinese and the efficacy of psychotherapy as a form of treatment. Interestingly, as we later found, these doubts were often expressed by our patients when they were offered psychotherapy as treatment. Our doubts were actually made worse by a recent attack on psychotherapy as ineffective and harmful.[2] Our arguments and doubts would perhaps have continued indefinitely, had not someone pointed out during one of these seminars, that an ancient Chinese philosopher had said "To enjoy food and sex is nature",[3] which is quite similar to the Freudian concept of instinct. The effect was dramatic, and we started to view psychoanalytic theories as less alien to our culture. We also stopped arguing about the therapeutic efficacy of psychotherapy and decided to find the answer ourselves by trying it out. So at the end of this early stage, doubts were cast away and training in psychotherapy accepted; it is not unlike our patients finally deciding to accept therapy.

The second stage was characterised by enthusiasm. We started looking for patients suitable for dynamic psychotherapy and there was a line-up of cases to be presented in our weekly Balint group. This period is very similar to what Klagsburn[4] described as a struggle for a professional identity. As we realised later, we had been too eager to be liked by our patients and to make authoritative interpretations, which are common mistakes in psychotherapy.[5] Indeed, most of us reported positive transference in group meetings, and our optimism was reinforced by the initial dramatic improvement of our patients. Malan[6] has commented repeatedly about this phenomenon and called it the 'honeymoon period' of a therapy. Of course, what he meant was that disharmony was yet to come.

The third stage coincided with the middle phase of therapy of our patients. As Malan has pointed out, problems of patients inevitably reappeared after initial improvement. We experienced the more difficult issues of therapy including resistance and negative transference. The mood among us was one of despair and we became less sure of ourselves. As observed by Lieberman,[7] some trainees became reluctant to present cases in group meetings which at one time were monopolised by others who were more confident and assertive. Moreover, we found it initially very difficult to reveal our own feelings towards our patients. Once, when a case was discussed in a group meeting with a lot of self reflection involved, there was considerable embarrassment. Most of us found it easier to examine our own feelings in the therapy and related personal problems during individual supervision which now centred mainly on negative transference and countertransference. Looking back, we realise that a great deal of learning was achieved at this stage, as we stopped striving for a therapeutic identity[8] and became less obsessed with good results. Indeed, a therapist has to fail in order to succeed.[9]

In the final stage, we gained insight and self-understanding, as did our patients. We now have a more realistic appraisal of psychotherapy. We feel that psychotherapy as

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a form of treatment is not impossible but by no means easy. It requires certain potentials in the therapist, together with acquired skills and experiences. It is also more difficult to learn than physical methods of treatment which involve fewer variables and have principles easier to follow. We did not obtain proof from our training that psychotherapy is effective, but from our experiences in training we did get to know why the controversy exists. Trainees are like novice drugs tested in a laboratory. If our results are included in the evaluation of psychotherapy, it will certainly lower its efficacy. We therefore agree with Hadley and Strupp[10] that a negative outcome of psychotherapy can be explained by incompetent therapists and deficiencies in their training. Whereas unsuccessful drugs never get into clinical use and thus lower the overall effectiveness of drug treatment, no adequate control can be applied to the prescription of psychotherapy. Although the Royal College of Psychiatrists recommends that one of the objectives of training is to help psychiatrists acquire the necessary skills to conduct simpler forms of psychotherapy, we propose that an additional objective should be to help psychiatrists realise their own potential as psychotherapists and how far they can go with this form of treatment. On the other hand, we appreciate the other objectives in psychotherapy training recommended by the Royal College of Psychiatrists regarding the importance of acquiring certain psychotherapeutic skills, although with the understanding that not many trainee psychiatrists will become psychotherapists in future. We do learn to become sensitive to the meaning of our patients' communications and behaviour, and the conscious and unconscious processes governing interpersonal and social interactions and personality development. We are now able to recognise the complexities of the doctor–patient relationships, particularly our own reactions in interviews. The above skills are not only important in psychotherapy, they also improve the quality of treatment we now give to our patients. After all a psychiatrist is unique because of the breadth of his training, which among other things should include the acquisition of psychotherapeutic skills, and he should be able to conceptualise about the interfaces between biology, pathology, psychology and social and cultural issues, and use this synthesised framework to deal with his patients.[11]

To conclude, psychotherapy training has much to recommend it and is a valuable experience which will certainly continue to benefit us in our practice of psychiatry in the years to come.

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Sir Martin Roth

A day meeting will be held in Newcastle on 19 June 1987 to celebrate the 70th birthday of Professor Sir Martin Roth. The scientific programme will be followed by a dinner in the evening. Colleagues, past and present, are warmly invited to write to Dr K. Davison, Newcastle General Hospital, Newcastle upon Tyne NE4 6BE for further details.

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