

1978 PLEASE NOTE FOR THE SPRING TERM 1978

Feb. 8th One-day workshop - "Practical behavioural psychotherapy" *To be held at North Wales Hospital, Denbigh*. Dr. Vic. Meyer, Middlesex Hospital, London, (Founder President of B.A.B.P.)

March 8th Seminar arranged by Institute of Mental Subnormality.

WEST SCOTLAND

Oct. 29th One day advanced workshop - "Treatment of Sexual Dysfunction"
Dr. John Bancroft

Nov. 30th (7.30 p.m.) "Behavioural approaches in social work" Mr. Howard Lomas

OXFORD

The Oxford Branch have organised a one day workshop for nurses in the region on behavioural treatments in acute psychiatric problems. This was held last May. A further workshop is planned for November on long stay problems/token economy and subnormality.

Correspondence

Dear Sir,

In his recent article, Fraser Watts criticised the assumption that imaginal events are internal representations of external stimuli.

His statement "I had imagined that the philosophical assumptions of radical behaviourism had long ago been shown to be untenable" lends strong support to his argument since it provides clear evidence that imaginal events need bear no relationship to external reality!

Yours sincerely, P.D. Taylor, Senior Clinical Psychologist, Lea Castle Hospital,
Wolverley, Worcs.

Dear Sir,

During the past few years, some attempts have been made to bridge the gap between behaviour therapy and dynamic psychotherapy (Wachtel, 1977; Marmor, 1971; Kraft, 1969a). Although it would appear that behaviour therapy involves merely removing symptoms, detailed case studies have shown that a great deal more takes place at a deeper level, which can be shown both clinically (Kraft, 1969b) and on psychometric testing (Al-Issa and Kraft, 1967). The question arises as to the precise nature of the therapeutic process in behaviour therapy, and I certainly do not believe that it is a simple process of symptom-removal, as it has often claimed to be in the past (Eysenck, 1960).

In the behavioural literature, there is very little mention of transference phenomena, but this may simply be due to the fact that behaviour therapists are not trained to look for such manifestations. It is quite possible that transference is just as important in behavioural therapies as in all other forms of psycho-therapy (Kraft, 1969c).

While there are important differences in approach between dynamically-oriented therapists and behaviour therapists, in that psychoanalysts are primarily concerned with understanding their patients, whereas behaviour therapists aim to change present-day

behaviours, this is not strictly true. The behaviour therapist often makes interpretative comments (Marmor, 1975), and the psychoanalyst certainly does not limit his activities to understanding his patient, and often makes direct suggestions about altering present-day behaviours, if he regards these as being mere repetitions of earlier maladaptive behaviour patterns. It is important to examine the actual practice of any particular form of therapy rather than to rely on the literature, because one often finds that there are large discrepancies between what the therapist claims to do and what he actually does in practice.

In an attempt to investigate connecting links between present-day phobic manifestations and underlying problems, a detailed case study was undertaken of a phobic shop steward (Kraft, 1975). During the course of his treatment, it could be shown that after each session of in vivo desensitization, in which the patient was taken on journeys through London when accompanied by his therapist, this had the effect of mobilising all sorts of very unpleasant memories from his childhood days. It has been my experience that in vivo desensitization always has this effect, and it is for this reason that I now combine behaviour therapy with psychoanalytically-oriented psychotherapy. First the patient is taken on a journey, and then we examine all the material which has been mobilised as a result of this treatment manoeuvre. This is in keeping with Wachtel's view that behaviour therapy is an excellent way of facilitating psychoanalytic exploration (Wachtel, 1975). I hope that a time will come when patients will be given the opportunity of receiving the benefits of both psychoanalytic psychotherapy as well as behaviour therapy, either given concurrently by two different therapists (Segraves and Smith, 1976), or preferably by the same therapist.

REFERENCES

- AL-ISSA, I. and KRAFT, T. (1976) The Personality factors in behaviour therapy. *Canad. Psychol.*, 8a, 218-222.
- EYSENCK, H.J. (1960) *Behaviour Therapy and the Neuroses*. Oxford, Pergamon.
- KRAFT, T. (1969a) Psychoanalysis and behaviourism: a false antithesis. *Amer. J. Psychother.*, 23, 482-487.
- KRAFT, T. (1969b) Behaviour therapy and target symptoms. *J. Clin. Psychol.* 25, 105-109.
- KRAFT, T. (1969c) Erotisierte Ubertragung in der Verhaltenstherapie. *Z. fur Psychosom.*, 26, 126-130.
- KRAFT, T. (1975) In vivo desensitization of a phobic shop steward. *Psychother. Psychosom.*, 26, 294-302.
- MARMOR, J. (1971) Dynamic psychotherapy and behavior therapy. Are they irreconcilable? *Arch. Gen. Psychiat.*, 24, 22-28.
- MARMOR, J. (1975) The nature of the psychotherapeutic process revisited. *Canad. Psychiat. Assoc. J.*, 20, 557-565.
- SEGRAVES, RT. and SMITH, RC. (1976) Concurrent psychotherapy and behavior therapy. *Arch. Gen. Psychiat.*, 33, 756-763.
- WACHTEL, P.L. (1975) Behavior therapy and the facilitation of psychoanalytic exploration. *Psychotherapy: Theory, Research and Practice*, 12, 68-72.
- WACHTEL, P.L. (1977) *Psychoanalysis & Behavior Therapy*. New York. Basic Books.

Announcements

CONFERENCES

Biofeedback and Behavioural Medicine: Current Applications and Prospects.
October 15th and 16th. Montreal.

Pain: Clinical Evaluation and Management Technique. November 5th & 6th. San Francisco.
Contact Robert Matloff, BMA, 270 Madison Avenue, New York, NY 10016.