CLINICAL NOTES

(E. Berne)

"IN TREATMENT"

There comes a time in the course of psychotherapy when the patient's attitude changes so that the therapist feels he is now "really" in treatment. From one point of view it may be said, in the language of Starrels (*1), that the patient has made a commitment to therapy. It is evidently of some importance to try to understand the dynamics of this change. One interesting phenomenon is that a patient who has previously been in thearpy with another therapist will make his commitment to a new therapist more quickly than a fresh patient. The preliminary process also has a different quality. The fresh patient seems to be assessing both the therapeutic approach and the therapist himself. The referred patient may take the approach for granted and has only, it appears, to assess the new therapist. He is already committed to the external structure of the therapeutic hour: the rigid schedule, the therapist's taciturnity, and the couch, for example. These and other observations made through the years come together in the following preliminary statement(*2) of the structural analysis of the state of being "in treatment."

A patient is in treatment when his Child accepts the Adult of the therapist as a substitute for his own Parent. His Child abdicates his previous adaptations, in effect divorcing his Parent, and re-adapts himself to the therapist as perceived. In this phase he first perceives the therapist as a new, usually more permissive Parent, but one who can offer him the same magical protection as his own inner Parent, and that is the condition for the divorce. At this point he is "in therapy," which means operationally that he will play it the therapist's way (up to a point) rather than using the adaptations he learned as a child in relation to his actual parents. This permits him to talk more freely, for example: what is vulgarly known as "opening up." At this point he is already to a certain extent "better," and the improvement corresponds in a general way to the psychoanalytic "transference improvement."

"Real" improvement comes about when the patient's Child perceives that what he mistook in the therapist for a Parent is really an Adult, an objective data-processer. When he discovers that he himself has an independent data-processing capacity which he never learned to use properly, he begins to exercise it. At a certain point the patient's Child concedes that the therapist is no longer necessary, since the patient has his own built in Adult, and can now do for himself what the therapist has been doing.

Thus treatment proceeds in three stages for the patient:

(1) Child assesses therapist as potential Parent; this is an unstable phase; (2) Child divorces Parent, accepts therapist's Adult as substitute; this is commitment to therapy, and patient is "in treatment;" (3) Child accepts own Adult as substitute for therapist's Adult, formerly misperceived as a Parent; this is dynamic change. This whole process of therapy can then be summarized as follows: using the therapist as an intermediary, the patient's Child shifts his allegiance from his inner Parent to his own Adult. For a large percentage of cases, this is a sufficient therapeutic goal in itself. If desirable and practical, further psychoanalytic deconfusion of the Child can be advantageously undertaken under these improved dynamic conditions.

(*1) Starrels, R. J. Am. J. Psychother. XIV: 719-727, 1960.

(*2) The decisive material for this outline was presented by D. Kupfer.