

Understanding the Other: Four Elemental Questions for Therapeutic Psychology

A personal view

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Psychology in healthcare faces a conundrum. By entering an arena dominated by the Medical Model it adopts particular types of language, theories and schemata. This it does to be able to 'trade' within the dominant medical 'currency'. Yet such attempts to designate and objectify often displace views and contacts that are more personal, naturalistic, holistic and effective. Thus, the overly academic and technical will frequently miss *this* person and situation. The following, written by a veteran frontline NHS doctor, offers a brief introductory analysis and restitution.

For more than forty years I have had long and short-term responsibilities for myriad forms of human distress presenting to the NHS: as a psychiatrist, psychotherapist and General Practitioner. Throughout this time there has been no shortage of schemata – analytical or interventive – to explain, designate, guide, sometimes enforce. These have changed with the era and the healthcare sector. At times I have wished to pursue and explore these; at other times I have been instructed or commanded, a reluctant recipient. All the mental health schemata have had partial and conditional truth: such fragile connections with human complexity may offer help in attunement, but folly (or worse) when ill-judged. How, then, do we decide? Again, there is no shortage of experts offering more schemes, to direct our decisions. Superficially, this may seem reassuring. Yet I do not think our best judgements readily emerge from such ‘authoritative’ attempts to objectify and systematise. Our creative discretion is often better served by other perspectives: those that are both more holistic and – simultaneously and subtly – more flexibly personal, more imaginatively bespoke.

What are these perspectives, and how to they escape subsumption to pre-packaged, designatory psychologies? What else can guide our understanding of others and their distress? In my working lifetime I have found the following four questionsⁱ primal to any likely successful engagement:

1. What is it like to be this other person, to have lived their life?
2. What is the meaning and experience, for them, of this story and this distress?
3. What is the meaning and experience, for them, of me, now?
4. What do I need to understand of their needs that they possibly cannot yet express, or even think about?

These questions lie behind and beyond all systematic therapeutic psychologies. They are more fundamental: if a scheme or intervention cannot answer these questions, my engagement is unlikely to be therapeutic, though – paradoxically – it may bring me consonance and belonging among my colleagues. Conversely, sometimes schematic and systematic psychologies can help answer the four questions, though not schematically!

The four questions are 'naïve': unlike our schematic or designatory psychologies, they assume little. Because of this they are more likely to lead to personal understanding that has vernacular qualities, rather than the generic and abstracted nature of more conventional, objectifying psychologies:

'T has never recovered from the childhood terror and sorrow of his experience of father's raging cruelty, brutality, then final desertion. T's life has been spent yearning for, but mistrusting, male support, esteem, affection and affiliation. My lateness for his appointment seems to stir in him intolerable ancient residues of vulnerability, uncertainty and abandonment. His response to my greeting is staccato, flushed and tense: he seems angry and afraid. I sense a conflation of fight and flight and I think, again, of his wounded early childhood.'

Contrast this with:

'T has a long history of recurrent agitated depressive illnesses with anxiety/panic reactions. He had a poor record of maintaining work and long-term relationships. He also has problems with anger management: this was evident to the Clinic Staff when I was unavoidably delayed. This inconvenience was clearly explained to T, who nevertheless was unacceptably angry and rude to the staff in response. It is thus likely that T also has a Personality Disorder.'

The first account is guided by the Four Elemental Questions, the latter by currently conventional designatory notions. Both have their strengths and uses. Optimal practice often comes from a skilful blend. Throughout my decades of practice, though, I have usually found the former to be the more illuminating and helpful. Disturbingly, the necessary engendering ethos – of evocative personal understanding – is now increasingly imperilled: our excessive attempts to standardise and industrialise NHS healthcare have led to a culture where the designatory will thrive and the resonant will perish.

More than a century ago, well before we had become so lost in our forests of systemised abstractions, here is Mark Twain: 'One learns peoples through the heart, not the eyes or the intellect.'ⁱⁱ Evidently this is only partially true and

from another age, but there is pithy wisdom here that is probably more urgently relevant to our times than his. The message in this ancient and folksy voice could help us reclaim our collective sense.

Mental healthcare is a humanity (sometimes) guided by science.

References

ⁱ Zigmond, D (2012), 'Five Executive Follies: How commodification imperils compassion in personal healthcare.' *Journal of Holistic Healthcare* Vol 8, Issue 3, December

ⁱⁱ Twain, Mark (1895), 'What Paul Bourget Thinks of Us.' *North American Review*, January

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