

My Acrimonious Dispute (MAD) with the Three Letter Acronym (TLA)

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It was with some combination of horror and humor that I reacted to reading the National Institute of Mental Health (NIMH) website regarding the treatment of depression. The section describing non-medication related treatment interventions begins with a list of FIVE approaches, all neatly packaged into Three Letter Acronyms (TLAs), which as we all know is a category ingeniously represented by its own three letter acronym, TLA. The five TLAs consist of Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), Interpersonal Therapy (IPT), Family Focused Therapy (FFT), and Emotionally Focused Therapy (EFT). This is the order in which they are listed, and they are then described, adequately enough, but in the tone one might use to describe a list of the five antibiotics best used to kill the spirochete organism known as Syphilis.

After these five TLAs have been listed and described, a section of prose is rationed out to those therapies that sadly lack reduction into TLA categories. These include, also in order, psychodynamic psychotherapy, art or expressive psychotherapy, therapy involving animals, and light therapy. There was a footnote after psychodynamic psychotherapy that I turned to with trepidation. To my surprise, the authors note that the psychodynamic psychotherapies – those that most overtly emphasize the centrality of human relationship to the treatment process – have been shown to be as effective as any of the TLA therapies. I thought I detected a regretful tone in the footnote, however, almost as if the writer were ashamed that a TLA-less treatment modality could be effective at all.

If you read the way psychotherapy is described, particularly in any medical or health-related setting, you will envision armies of diseased faceless humans being subjected to rote interventions in an impersonal fashion. This parallels changes in the medical profession that emphasize diseases over patients, the so-called industrialization of medicine. In a similar fashion, clinical psychology is increasingly being reduced to a set of “procedures” intended to be applied to “patients” to cure or alleviate the effects of certain definable “diseases.” Such depersonalization is disastrous, even tragic, given the crucial importance of the establishment of a basic interpersonal relationship to the success of any healing process.

The establishment of a working interpersonal relationship is critical in any psychotherapy, even the most TLAish of them. The reductionist trend to cram the complexity of any of the psychotherapies into TLAs marginalizes the importance of the intricate interpersonal relationship that forms the core of any psychological treatment process. The same is true in medicine, of course, but whereas in medicine interventions are procedural and standardized, the interpersonal relationship is actually the fundamental component of any psychotherapeutic process.

Establishing the core competencies required of practicing psychotherapy proves rather difficult. Because of the ambiguous nature of human personality, they could never be completely operationalized, as could, for example, the competencies required to be an automobile mechanic. In psychotherapy, practitioners should be able to have insight, to be interested in human subjectivity, to be intelligent, to have tolerance

and flexibility in their thinking, to be empathic, and to have a caring desire to be helpful. Notice how every one of these competencies relates to an interpersonal process.

And what is most sadly ironic about this trend is this: Individuals experiencing depression almost inevitably feel lonely, despair, a lack of interest in activities, and a loss of motivation or direction. They feel unworthy and unloved. The last thing such persons need is to view themselves as just another cog in a machine, soon to be exposed to CBT, DBT, IPT, FFT, or EFT to help them. (And yet – isn't it interesting that some patients DO seem to find comfort in TLAs, and in the general idea that they are, to use an analogy, a machine in need of a tune-up rather than a human being with complex and ambiguous pains.) These TLAs all sound so similar; one wonders if the suffering patient might fear exposure to DDT, or evaluation by the FBI, CIA, or NSA.

In the final analysis, regardless of the "mode" of intervention, we psychotherapists must never lose sight that our interventions are offered in a context of interpersonal connection, and that this relationship in fact forms the absolute foundation of our work.