

PSYCHOTHERAPY BY PSYCHOLOGISTS IN CANADA *

Robert M. Martin and Eric H. Ellis
University of Manitoba
Canada

Looking at psychotherapy done by psychologists in Canada as part of a larger consideration of psychotherapy by psychologists in the Americas results in attention to those forces (i.e., legislative, economic, political, and cultural) which are likely to play an influential role on a national scale. Such a focus is timely since psychologists have been increasingly aware of the impact of these macrocosmic processes on the microcosm of the psychotherapeutic relationship. These social forces at times are decisive in determining aspects of psychotherapeutic practice; indeed, they make the influence of research, clinical competence and education seem relatively puny by comparison. In this paper we will address ourselves to the questions put to the contributors by the editor, and give our perceptions of how these forces affect psychotherapy in Canada. We are eager to learn which concerns are peculiar to Canada and which are shared by other psychologists in the Western Hemisphere.

Some of the difficulties we encountered in attempting to find answers for the questions posed by this project revealed important features about the status of psychotherapy by psychologists in Canada: there is no organization of Canadian psychologists interested in psychotherapy; there is no registry devoted to psychologists doing psychotherapy; and the channels of communication about psychotherapy are informal and non-institutionalized. Clearly there is no group of Canadian psychologists which explicitly defines its interests as primarily psychotherapy, and thus there is no representative body which can speak with authority.

The absence of a national organization is apparent when one raises the question of the legal status of psychotherapy in Canada. Canada is made up of federated provinces each with a considerable degree of autonomy. Regional factors tend to be strongly emphasized and often override national policies more than they might in other countries. Insofar as he defines himself relative to a professional psychological group, the psychotherapist is like to do so using provincial groups rather than national groups as his reference point. Although there is some communication between provincial psychological associations concerning general professional matters, especially through the mechanism of the Advisory Council of Provincial Associations of Psychologists, the legal status of psychology in the provinces has evolved more or less independently.

Thus, the legal status of psychologists engaged in the independent practice of psychotherapy is highly variable. The highest level of professional regulation in Canada is registration, the legal protection of the use of the title psychologist. Most major provinces have such legislation, although one major province and several small ones have yet to pass such legislation. One effect of this legislation has been to exclude master's level psychologists from the provincial level professional associations of psychologists, even though many of these master's level psychologists share many interests with their Ph.D. level colleagues. Currently, there is interest in establishing multilevel registration acts to give master's level psychologists a voice in the affairs of provincial professional associations.

A psychologist who is involved largely in psychotherapy is apt to identify himself as "a psychologist" rather than as a "clinical psychologist." The rather frequent practice of a few years ago for the clinical psychologist to stress the "clinical" part of his title, in an attempt to distinguish himself from his academic colleagues, seems to have been outgrown. The general public rarely makes the distinction between the clinical psychologist and academic psychologist, anyway.

It is extraordinarily difficult to generalize about the relationship between psychiatrists and psychologists in Canada since this varies so much from region to region. Some psychologists feel dominated by psychiatrists while others feel they are in a peer relationship with psychiatrists, especially in the matter of psychotherapy. Many psychiatrists in influential positions recognize that psychiatry's future does not depend upon psychiatrists holding exclusive rights to psychotherapy and that the psychologist is often as well, if not better, prepared to do psychotherapy than the psychiatrist. While there may be areas of difficulty between the two professions, it seems unlikely that the practice of psychotherapy will remain for long an area for rivalry. The growing acceptance of the interdisciplinary approach has helped to foster a more productive relationship between the professions. In the practice of psychotherapy, the boundaries between certain professions are being erased. While this leads to some identity confusion, there is a recognition that no profession can define its role without looking at its interaction with other allied professionals.

As John Goodman's (1969) valuable article in the *Ontario Psychiatrist* indicated, psychologists have been ineffective in the past in informing the public of what psychology has to offer. The average citizen seems more concerned with the efficacy of psychotherapy than with how psychotherapy might differ between professions. With the growing trend of the popular press to give wide coverage to things psychological, there has been an improvement in public in-

formation that has resulted in the increasing recognition that those seeking psychotherapy should be better informed about psychotherapy in general and about the different professionals who offer psychotherapy.

There are no major centres devoted primarily to training psychotherapists in Canada. Training in psychotherapy for psychologists takes place for the most part in universities and follows closely the pattern typical in the United States, a doctoral degree, practical experience and a year's internship at some independent agency such as a hospital, clinic, or community health centre. Some psychologists with a master's degree do psychotherapy but are more the exception than the rule. Intensive workshops, usually held at a university or at a major clinical institution, provide training in newer therapy techniques and the continuing professional education of the psychotherapist. They are typically focused on one particular approach or technique such as gestalt therapy, family therapy, or behaviour modification. Psychologists are active in psychoanalytic institutes in Canada and there are presently some involved in psychoanalytic training. The lack of the development of the specialized training centres in psychotherapy reflects the relatively recent growth of popularity in psychotherapy in Canada and the relatively recent involvement in psychotherapy by non-medical professions.

Psychotherapists who engage in psychotherapy as their major professional activity mostly practice psychotherapy as part of their work in clinics, hospitals and university settings rather than in independent practice. While universal medicare in Canada covers psychotherapy when offered by medical practitioners, it does not cover psychotherapy offered by other mental health professionals. Since the full-time independent practice of psychotherapy by psychologists is in general not economically feasible, most psychologists work in institutional settings. They engage in independent practice of psychotherapy only part-time. Among those who do engage in some independent practice there is a greater economic demand for psychological testing than for psychotherapy. There is also a greater economic demand for specific psychotherapeutic services from psychologists which are not generally offered by medical practitioners such as therapy for sexual dysfunction, relaxation techniques, and bio-feedback control of various physiological functions.

Disputes centered on psychotherapeutic theory have a different character than they did some years ago. There is a decrease in the intensity with which psychotherapists stress loyalty to different schools of thought. In fact schools of therapy such as Freudian, Neo-Freudian, Rogerian, et cetera have never been distinguished from one another with as much fervor in Canada as in many other countries. Behavioural approaches, and learning theory in general,

have been a potent force in the practice of psychotherapy, as has been the humanistic movement. These approaches have tended to be assimilated as techniques rather than leading to the formation of separate groups.

Overriding the importance of theoretical issues on the practice of psychotherapy, has been the increasing importance of other, more external forces that define the stance and rationale of the psychotherapist. In Canada, currently, the theoretical stance and the rationale for the practice of psychotherapy are being examined within the framework of health delivery systems in general and mental health delivery systems in particular. This scrutinizing of psychotherapy as an activity is motivated both by the need to examine the financing of health care and its escalating costs, and by a need to rationalize health delivery systems. The government, because of its involvement in the financing of health care, is the impetus for this examination. This includes a demand for justification of the expense of mental health services. The rising costs of mental health services has led some people with considerable influence to assert that psychotherapy is an indefensibly expensive and ineffective activity. This examination has for the most part been aimed at psychiatric services since the government finances medicare. However, the attempt to discredit psychotherapy as a legitimate endeavour affects all psychotherapists whether or not they are covered by medicare.

In speaking to people about the forces that affect the practice of psychotherapy, we often encountered the general opinion that the cultural and social character of the country does not play a strong or distinct role in this matter. We question this. Actually, it is a question that is seldom seriously considered by psychotherapists who, attentive as they are to individual interactions, may underestimate the impact of social factors on their profession, and even their choice of the profession. The more one considers this issue the more one becomes aware that there are a number of cultural factors of considerable magnitude influencing psychotherapy. One factor that has been neglected is the issue of the cultural position of the psychotherapist whose importance Henry demonstrates in his book, *The Fifth Profession*.

Henry and his associates found that psychotherapists, especially those who identify themselves most strongly as psychotherapists, "come from a highly circumscribed sector of the social world, representing a social marginality in ethnic, religious, and political terms" (Henry, 1971, p. XI). The term marginality describes the unique social position of many psychotherapists whose origins are frequently from a culture different from the one in which they practice. (This study was done with psychotherapists in the United States, but it

has implications for psychotherapists in other countries.) National differences in patterns of cultural assimilation make for differences in social marginality and bicultural familiarity, both of which are prominent in the background of those who become psychotherapists. For example, Canada, with its "mosaic of cultures" rather than "melting pot," may not create the same strain of identity and value systems that is associated with persons seeking to become psychotherapists in the United States.

Another of Henry's findings is that cultural marginality is associated with a nonconformist religious and political position in most psychotherapists. Although most professions increase diversity and broaden the base of their recruiting, cultural marginality and interdisciplinary training foster a situation in which psychotherapists seem to be moving in the opposite direction toward a narrow band of representation among the politically liberal of the political spectrum. This narrowing of representativeness will likely foster a certain amount of tension between psychotherapists and the usual institutions of society. This has serious implications considering the increased propensity of government to assume a planning role in the mental health services that psychotherapists provide. For example, a particular government's sentiments about issues of conformity and of individuality are very likely to have impact on the practice of psychotherapy. It would seem most unlikely that a repressive, authoritarian government would support expressive forms of psychotherapy, while such a government would be much less likely to oppose a technique that would deal with symptoms that interfered with a goal such as industrial productivity.

Another important conclusion that arises out of Henry's work is that while different paths of professional training for psychotherapy are often seen to produce distinguishable specialists, they nonetheless produce a common professional product. Henry found that the aspects of training in psychotherapy which were most valued and most crucial were the same for the psychotherapists, regardless of the particular discipline from which they came. This finding reinforces the desirability of interdisciplinary training for psychotherapists. Such training would make maximum use of direct, personal clinical experience rather than didactic experience. The supervisory relationship should be increasingly recognized as the most important aspect of the training.

A rapidly emerging trend is the focus on psychotherapy for specific, specialized problems. An excellent example of this has been the success of therapy for sexual dysfunction. Until the advent of the sex therapy techniques people with sexual dysfunction, if treated at all, usually received psychotherapy, often with relatively little success. The success of sex therapy has indicated that a focused ap-

proach to the interaction between the partners, defined clearly as to content and goals and handled with clinical skill, can be successful, without the prolonged and extensive involvement of transference and interpretation. The success of therapeutic techniques for such focused problems as sexual dysfunction suggests a trend away from the generalist in psychotherapy toward the specialist in focused, target problems.

There is fairly widespread agreement that we are entering an era when there will be more concern with social planning at all levels of social organization. Such a trend will likely be accompanied by a decreased emphasis on individualism. Forms of psychotherapy which have focused narrowly on intrapsychic functioning may find less support when compared to those psychotherapies focused on social interactions and the functioning of the individual in the group. This trend reflects external influences, particularly the effect of social and political changes, rather than a development within psychotherapy representing advances in theory or skills. One such influence is a reaction against some psychotherapists who made irresponsible and extravagant claims about the efficacy of individual psychotherapies for the cure of political and social problems. This move away from individualism may also reflect fundamental social and political changes throughout North America and a greater commitment in Canada toward the preservation of the cultural mosaic.

That the practice of psychotherapy seems so easily swayed by ideology and political climate highlights a lack of clear theoretical articulation by the practitioners of psychotherapy particularly in developing a comprehensive framework which takes into account the interaction between personal and situational variables. Lacking this theoretical framework, those interested in fostering modification of behaviour or growth of individuals choose either internal or external determinants on essentially ideological or temperamental grounds, or on the basis of accidents of education. Those who feel uncomfortable with taking sides on this issue merely assert that both variables are important. In practice, however, they seem to lean to one or the other explanation on the basis of convenience and opportunism rather than on the basis of any systematic consideration of the issues. As long as psychotherapy fails to develop a systematic theory that takes into account the major relevant variables, this confusion and arbitrary choice of techniques will continue, with the result that the practice of psychotherapy will be increasingly vulnerable to caprice and external pressure.

While much of psychotherapy is likely to be open to change in the future, the core of formal, individual psychotherapy between the patient wanting fundamental changes in his life style and the thoroughly trained professional psychotherapist will continue unchanged

as it has existed through many periods of social change and many fads of new therapeutic techniques. Its continued existence will be based on two factors. One of these factors will be the continued demand for this intense experience by those who seek individual psychotherapy as a source of self-actualization or personal growth. A further factor is the formative role intense individual psychotherapy and psychoanalysis have played as a source of further understanding of the individual and of the therapeutic process. Knowledge of intense individual psychotherapy has often formed the basis upon which newer theory and technique have evolved regardless of the extent of the departure from traditional individual psychotherapeutic techniques.

The psychotherapist long ago discovered that blindness to his own motives and character could limit his ability to understand and to help his patients, but that becoming aware of, and coping with, these same problems gave the psychotherapist, through his personal acquaintance with psychological conflict, an enhanced ability for empathetic understanding of his patient. Ways to increase self-knowledge, along with theoretical understanding, are integral parts of many training programs in psychotherapy. This challenge and obligation for the psychotherapist to understand himself is now being extended to include the social and cultural influences on the psychological life of the psychotherapist, the patient, and the relationship between them. In Canada we see psychotherapy broadening its experiential and conceptual base, striving to understand its relation to other disciplines, and to social changes while retaining its traditional and central concern for the patient's psychological well-being.

REFERENCES

- Goodman, John T. Professional psychology: The public view. *Ontario Psychologist*, 169, I, 159-187.
 Henry, William E., Sims, John H. & Spray, S. Lee. *The Fifth Profession*. San Francisco: Jossey-Bass Inc., 1971.

FOOTNOTE

*In the preparation of this paper, psychologists prominent in the practice of psychotherapy or in the training of psychotherapists in professional psychology throughout Canada were invited to contribute their ideas about psychotherapy in this country. We are particularly indebted to the help we received from Ray Berry, John Goodman, Alvin Mahrer, Harley Wideman, Robert Wilson, and Morgan Wright.