

*A Study of  
Brief Psychotherapy*

# A Study of Brief Psychotherapy

D. H. MALAN

*Tavistock Clinic, London*

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## Summary

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The original aim of the present work, which was initiated by Dr. Michael Balint, was to explore Brief Psychotherapy carried out by psycho-analysts who are relatively skilled and experienced. To this has been added an attempt to reconcile the 'clinical' and 'objective' approaches to psychodynamic material, by treating clinical judgements exactly as rigorously as is appropriate, no more and no less.

A review of previous work leads to little definite conclusion. A complete spectrum of views can be found, from the most 'conservative' (e.g. brief psychotherapy is only effective in the mildest and most recent illnesses; the technique used should be superficial—any attempt to go 'deeper' will lead to long-term therapy; and the results are only palliative) to the most 'radical' (seriously ill patients can be extensively helped by a technique containing most of the essential elements of long-term methods such as psycho-analysis).

The present work is based essentially on the therapies of nineteen patients, treated by a team of therapists under the leadership of Dr. Balint. The study is largely retrospective, but it is designed to fill some of the important gaps to be found in the literature:

1. Detailed case histories are given of all patients treated;
2. Particular attention is paid to long follow-up;
3. A method of assessing therapeutic results has been developed which is regarded as psychodynamically valid and is based on published evidence;
4. The relation is examined between outcome and
  - (a) the characteristics of patients,
  - (b) the characteristics of technique.

The methods used are clinical or statistical, where appropriate, and for (b) include a quantitative analysis of the case records, which were dictated from memory. It is shown that clinical judgement and quantitative analysis often support each other.

## *Summary*

The results are as follows:

1. The widely held conservative view that it is the 'mild' illnesses of recent onset that are the most suitable for brief psychotherapy is not supported.
2. On the contrary, there is strong evidence that other factors are more important, and that quite far-reaching and lasting improvements can be obtained in relatively severe and long-standing illnesses.
3. The cumulative evidence is very strong that (a) interpretation of the transference in general, and (b) interpretation of the link between transference feelings and the relation to parents in particular, not only carried few dangers in these therapies, but also played a very important part in leading to a favourable outcome.

In short, the results of our work consistently support the radical rather than the conservative view.

It is finally shown that, in almost all the hypotheses reached, a single unifying factor can be found. It is suggested that this may be one of the important 'non-specific' factors common to many forms of psychotherapy.

The reader is referred particularly to Chapter 12, pp. 268–72, for a critical discussion of the quality of the evidence.

To Dr. Michael Balint  
Mentor, and opponent in many controversies

Mrs. Enid Balint  
and all members of the Workshop, especially the final members  
and all most closely involved in the work reported here:

Mr. J. L. Boreham  
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