

THE RIGHT TO CARE FOR EACH OTHER
and its silent erosion

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* Without Beulah MacNab, who criticised the content of a first English draft and painstakingly corrected its style, the non-dutch reader would have had to extract my argument from a continental blend of pidgin English.

Summary

Therapists of every persuasion present themselves as experts in the treatment of emotional and relational problems of living. An unintended by-effect of this is that other attempts to give essential help to a stricken friend, brother or neighbour are thus degraded to sheer dilettantism. This results in the erosion of one's confidence that experiential knowledge of behavioral, psychical and interactional problems can be gained without the benefit of schooling by psycho-experts. This article outlines a few conditions and arrangements under which caring for someone may develop into fundamental help. Given the current predominance of psycho-experts in this area, it becomes necessary to formulate a right to care for each other. Some practical consequences for one's daily work as a therapist and supervisor are briefly discussed.

The Problem

Some people are bookworms by inclination whereas others feel more at home working with their hands. Some are born listeners and comforters, and others are natural flirts. Most mortals are blessed with one or several such qualities and develop at least one without being impelled to do so.

An increasing number of professions emphatically proclaim themselves the only true custodians of a given proficiency. In a generation or two such assertions take on the appearance of self-evident truths. In due course these pretensions succeed in eroding the confidence of those who do not belong to the guild in regard to their ability to achieve a measure of competence in fields to which they may be naturally inclined. As the erosion increases, the idea that one might achieve the hard-won proficiency of guild members merely by practice becomes more and more absurd.

To give one example: parting from the dying or dead beloved. At least three professions have now more or less taken over this life-event: the mortuarial, the medical, and the mourning therapy professions. All three are apt illustrations of the varying degrees of dependence on a particular guild. The first, the mortuarial profession, has gained the legal 'radical monopoly' (Illich, 1976) over the simple, but inevitable activities pertaining to the disposal of the corpse; a monopoly that is reflected in the loss of simple words for these events (laying out the body; placing in the coffin; committing to the earth).

The second, the medical profession, in pretending to the power over life and death, has almost usurped one's privilege to die in peace by increasingly substituting a life-extension bed in hospital for a death-bed at home.

Less far along in the erosion of one's self-confidence, but rapidly gaining on the others, is the new branch of the psychotherapy trade devoted to the treatment of mourning one's death. More and more mourning therapists are persuading the public that only they have the scientific 'know-how' to handle grief: what is 'unresolved' grief and which techniques are most effective in reactivating and resolving 'inappropriate' or 'excessive' grief.

Despite their good intentions, these three professions either limit the actual possibility of dying in a familiar environment, or rob people of their confidence that they can part from their dead without such sustenance.

In a cockleshell on the psychotherapeutic sea*

In a comparable way the psychotherapist's guild is becoming a serious threat to any sort of care that goes beyond the usual help by friends or neighbours. The counter-current now rising in reaction to this development should not blind us to the fact that serious inroads have already been made on our daily and intimate relations. Inroads that reduce one to a paralytic state of dependence on professional psychotherapists.

This report, like the crackle of a rifle fading quickly in the wind, has as its main theme that the professionalizing of psychotherapy has led, as an unintended by-effect, to the erosion of people's confidence in their ability to provide one another with genuine help in dealing with relational and emotional problems. My caveat is not directed at every form of therapeutic professionalism, but only at the present dominant form of 'psycho-expertise' which belittles non-professional forms of such help as sheer dilettantism.

An illustration of this side-effect of professionalism is the case of someone who, stricken by his circumstances, is hospitably accommodated by his friends for an evening, a few weeks, or perhaps even months. As time passes and such meetings become a protracted affair, he receives the interrogative advice from many sides: "Shouldn't you think about going into therapy?".

* In Holland 'psychotherapy' has become the generic name for different species: behaviour therapy, psychoanalysis, client-centered therapy, gestalt-therapy, group-, family-, and conjoint therapy of any theoretical persuasion; etcetera. In the U.S.A. and in Great Britain 'psychotherapy' is often understood to focus on 'intrapsychic phenomena', and, as such, different from behaviour therapy with its focus on 'observable behaviour'; different too from family therapy which finds its inspiration in 'communication' theory. For my purpose I need a simple label for all kinds of predominantly verbal therapies for emotional and relational problems of living. For the time being I therefore propose to use the term 'psychotherapy' to cover the field, and to use exchangeably the terms 'psycho-expert' and 'psychotherapist' to indicate the practitioners.

This advice is at one and the same time a question and a partial rejection. What else can one conclude from it than that one's situation has grown worse, that one's friends have a pretty hopeless view of it. Hardly any choice remains but to go to a psycho-expert or therapeutic institute.

In case of a positive experience, he or she will in the future either refer anyone with comparable problems to the same professional service, or become a psychotherapist himself. But sooner or later when, as a therapist, he again reaches a deadlock in relational and emotional problems - a state of affairs well-known to many psychotherapists of my acquaintance - he will be told that this is because one's problems have not yet been thoroughly 'worked through'; or some such phrase, depending on the verbal subtlety of the therapeutic sect concerned.

In case of a negative experience, friends will express their concern by hectic efforts to find a 'better' therapist, or therapy within a rival therapeutic school. From the fact that both positive and negative experiences result in even more of the same -psychotherapy! - one might conclude that a prejudice is at work: the idea that a psycho-expert is more qualified to furnish help in problems of this kind than someone in one's own environment with whom a special, trustworthy relationship exists. Trusted neighbour, friend or brother, mother or lover, they all step diffidently back of their own accord, and with perfectly honourable intentions, whenever one has the courage to express more than occasional pain and sorrow. They retreat, as a matter of course, just as in times past the stage was cleared for the clergy whenever the Almighty became the subject of discussion. They step back and defer to the character who, over the past thirty years, with charming modesty and scientific aureole now holds centre stage whenever human misery is the subject of debate.

Of course the erosion of confidence in the possibility of gaining experiential knowledge without schooling by psycho-experts is, as yet, only visible among the higher social classes, the same classes who were the first to become 'plugged into' professional medical care. Once established, it seemed merely a matter of social justice to make this commodity of professional medical care available to all those living in a 'developed' country. A matter, however, with varied and unexpected side-effects (see Illich, 1975). An analogous far-reaching system of professional care for those with psychological problems is currently being devised by welfare strategists in Holland.

The poison in the healing cup

The prevailing belief in experts is paralysing to both theory and practice in the non-professional confrontation of all kinds of problems. The psycho-expert is a relatively insignificant newcomer to this development. As in the case of other professions, the erosion of (conditions for) the non-professional activity proceeds at first unnoticed. But though unobserved this erosion is hardly incidental. However much rival sects of the psychotherapy guild dispute among themselves, this should not obscure the fact that they have a mutual, financial stake in sustaining a trusting belief in their superiority. The solidity of the financial basis of all sects depends after all on their efficacy in persuading the community of their indispensability as experts. The hackneyed slogan that therapists hold up to their clients that their aim is "to make their help superfluous as quickly as possible", is puzzling in the face of the mushrooming army of professional helpers, equipped with ever newer techniques and increasing aims for catering to the welfare of the psycho-consumer. Consequently, any attempt to really think about, and act upon non-professional efforts at fundamental care for each other is met with derision: are we to return to the ages of repression by father confessors, or doomed to follow the utopian pursuit of romantics who would rather daydream about the care and concern that should prevail among friends? Therapeutic colleagues warn each other, but especially the novices among them, against treating their friends: 'the therapy will fail and the friendship break'. Instead of wondering whether such failure might not be due to a technical-professional stance that is quickly unmasked and rejected by the friend in the role of 'patient', failure is seen as confirmation of the claim that friends cannot help one another in relational and emotional problems. Thus is the monopoly upheld, and the confidence in intrinsic help in a framework of friendship once more undermined.

Nevertheless, only those who are susceptible will be affected by the poison in a profession. Irregardless of the interests of the psychotherapeutic guild, a profound susceptibility for the claims of psycho-experts seems to be present in modern man. To speculate on the historico-sociological origins underlying the current mushrooming of psychotherapies might lead us too far astray. Moreover, I am ill equipped to do more than circumscribe the problem, because of ignorance of this field of study. However, I must confess that I have yet to come across a satisfying analysis of these origins.

Perhaps a beginning of such an analysis is given by S.D. Frank (1975): "Psychotherapy can be viewed as a social institution created to fill the gap left by the decay of other institutions which gave meaning to life and a feeling of connectedness to others". An indispensable sequel is possibly given by De Swaan where he argues that "new social modes that people impose on each other in their changing societal relations also create new difficulties for many people which are experienced as psychical problems" (De Swaan, 1978b).*

Such statements do not provide us with an integrated view of the origin of a phenomenon that is as curious as it is ubiquitous: belief in the words of an expert, even against one's better judgement. Indeed, as the psycho-experts become more vociferous in their contradictions, and their advice leads less often to the desired effects, this belief in expertise will transfer to multidisciplinary teams ensconced in institutions, a course of affairs now in progress. Whether or not the historico-sociological roots are clear, in my capacity as a psychotherapist and supervisor-teacher, I shall have to take a stand now that the problem has arisen.

In search of a counter-current

There are a number of psychotherapists from different schools who have individually struggled to free themselves of professional pretensions. First, and most inspiring among these, is undoubtedly Carl Rogers who stressed the central importance of the art of listening. Others have yielded to the temptation to change 'listening' into a professional technique that has its proper place within a relationship with a professionally trained psychotherapist. An important possibility within an intimate relationship is thereby subverted, as one can see in cases where students catch themselves listening to a troubled friend in the way that has been taught during their training course. At once they feel liable to the reproach of having taken on a 'therapeutic' stance. This reproach expresses the general feeling that something is wrong with applying a technique to a personal friend in trouble. As a result, when a friend asks for help, they are reluctant to apply what they have learned. But because they have come to believe that listening as they were trained to do is 'better', and do not wish to withhold this benefit, they refer the personal friend to a professional trained in 'listening'.

This technocratic encapsulation of listening has evoked a reaction

* I must confess that I have some difficulty in understanding De Swaan's brief exposition on the relationship between 'changing societal relations' and 'psychical problems'. We will have to wait for his inaugural address in which he will attempt a further exploration of this relationship (personal communication).

under the banner of Re-evaluation Counseling, "a peer self-help psychotherapy" (Scheff, 1972). Unfortunately, the theory on re-evaluation counseling, as delineated by Scheff, gives the impression that this kind of reaction to technique and professionalism runs the risk of letting in through the backdoor the very same technical-therapeutic conceptual framework that it rejects at the front.

Among psychoanalysts, Peter Lomas is a white raven with the following theses:

- (1) "The skill required to help a troubled person is one that is primarily learned in the school of ordinary living. The most a psychotherapeutic training centre can hope to achieve is to attract those suited to the work, and increase their capacity to do it. ... It can help him avoid taking up the false roles, including that of a specialist, into which he might be attracted or seduced" (Lomas, 1973, p. 18).
- (2) An essential aspect of psychoanalysis is that the emotional reactions of the analyst are not perceptible to the patient. It is supposed that "the nearer the therapist approaches the identity of the blank screen, the more easily he will evoke the projection onto himself of undistorted images by the patient. But in personal relationships a 'blank screen' response carries with it a negative emotional charge which must of necessity affect the attitude of the patient. An apparent lack of emotional response by a therapist is more likely to evoke a standard set of reactions in most patients: hurt, anger, withdrawal, confusion, idealization and envy of a being who seems to be so free of the emotional disturbances which afflict him and the people he knows in his ordinary life. Such reactions are artifacts caused by the therapeutic setting, rather than pure manifestations of childhood experience" (op. cit. p. 138).
- (3) Working through the transference is, according to Lomas, not impeded by showing one's personal reactions to the patient: "Transference manifestations occur - as is well-known - in ordinary living and are not inhibited by spontaneous emotional responses in others: we all repeat, in a stereotyped manner, certain patterns from our past. These patterns will not be observed unless the people concerned are alerted to the possibility of their existence, but being alerted does not mean they have to suppress their emotional responses. Contrary to the classical view, it would seem that an ordinary, neutral attitude to the patients provides a setting in which inappropriate responses, caused by childhood traumas,

are more easily detectable" (op. cit. p. 140).

Transference manifestations occur in ordinary living.* Psychoanalysts claim that transference manifestations can only be worked through within the limitations of a therapeutic relationship. In contrast to this position, I agree with Lomas that it will be easier for the patient to reveal painful feelings related to the transference if he is able to perceive the real reactions of the therapist. Furthermore, I subscribe to his view that the therapist's response as a person may well carry more conviction than the technique of interpreting the patient's behaviour (op. cit. p. 140). Taken together this would suggest that it is at least a possibility worthy of serious consideration that the transference can be used and worked through within the context of an intimate relationship. The authority of psycho-experts is responsible for the fact that this possibility has never received any serious consideration. Neither has the abovementioned possibility that psychoanalysis, by the apparent lack of emotional response in the therapist, produces artifacts in the form of a standard set of reactions in many patients been taken seriously. This gives the impression that psychoanalysts measure with a double standard: on the one hand, a problematic aspect of the psychoanalytic setting is not scrutinized, on the other, the 'unmanageable' problems of psychological help of a restructuring nature within a personal relationship are inflated.

From a Gestalt therapeutic point of view Bruno de Roeck (1977) has put forward some playful comments with regard to the presumptions of the Therapist. But even more important than the individual attempts within different schools to extricate oneself from the webs of professional pretensions is the rising tide of what is called the self-help movement (Van Harberden and Lafaille, 1978). Curiously enough almost all the articles published in this field deal exclusively with selfhelp-in-groups. Stimulating as this literature is, in its exclusive concern for the care of others in group contexts, it offers no clues on how to fill in the remarkable gap that exists in regard to caring as an individual for someone who has reached a psychological impasse.

* See Sandler c.s. (1972) for a historical survey of the concept of transference. Some authors define transference in such a way that it is confined to the therapeutic situation. The possibility suggested below is, by definition, thereby ruled out.

The care for each other

This section sketches a few conditions and arrangements under which caring for someone who is troubled may develop into fundamental help. The seven points outlined below are intended as a very crude map for a voyage of discovery into the unknown. An unknown, because I do not share the illusion that in a past 'Golden Age', when life was supposedly different, and obviously better, many people cared for each other in the sense meant here. Words to describe this unknown are often as misleading as they are indispensable since they are grafted on established forms of social care. For example: 'helping in the context of a personal relationship' immediately evokes in dutch the association with 'social welfare', which in turn implies an organizational structure. Generally one associates the term 'organized help' with 'effectivity', and the next step is to inquire into its accessibility to scientific research. And so on. Such associations are not implicit in terms such as 'caring for a troubled friend'; terms which, in turn, often evoke blind irritation in many others because these seem to imply soft-headedness. Helping or caring for, clear- or soft-headedly, are words that recur again and again in this article and terms whose uses and values deteriorate in the measure to which these become petrified to technical jargon in the mouths of (anti-) professionals. But this bridge we will not cross before we come to it.

- 1) When I am down and out I look for help to someone with whom mutual sympathy exists; someone whom I trust and whom I know to be hardly or not at all involved in the confusion of or power struggle in the prevailing situation.
- 2) To care for a friend who has come "unstuck" needs no professional specialization. It is a relationship that is defined by a temporary dependence of one person on another who has, to a greater or lesser degree, developed his or her capacity for caring. Like parenthood, no certificate is, as yet, required. What is required is that the one who does the caring has available time and sufficient interest. Anyone who is prompted by aptitude and a natural concern to acquire experience in this kind of help will inevitably develop some sort of perspective on human misery. For instance, one might develop a view of human beings as persons who construct complicated patterns of interaction with others (including oneself), in order to mask highly personal sensibilities. Sooner or later such patterns may become so intricate that one loses one's way. Moments of insight into these entanglements may develop into

'experiential knowledge' as one comes to realize the ways in which one does this oneself. This can take time.

- 3) The concept of 'caring for' has, at least in the dutch language, the connotation of 'taking on responsibility'. This is not the connotation intended, since this is a caricature of what is meant. More similar to our meaning is what Lomas describes as 'holding' someone: "a milieu and medium is provided in which he can give up his pretences of functioning adequately and can explore, imagine and develop rather in the way in which a baby can grow in the presence of a mother who supports but does not unduly impinge" (1973, p. 142). Clearly, not many personal relationships meet such a requirement; but even when met, it does not guarantee that the relationship will turn out satisfactorily for both. The idea that this is more often the case in a psychotherapeutic relationship has withstood as much evidence to the contrary as the idea, self-evident in times past, that one becomes more often a devout person inside a monastery than outside.
- 4) A personal relationship in which one person 'holds' and the other is 'held', is by its very nature an asymmetrical relationship; and likewise in the case where a troubled person asks another for help. However, this asymmetry is, in principle, reversible since help is being asked from a trusted neighbour, friend or special relative. This reversibility gives such dependency a totally different colour from the kind involved in a professional, psychotherapeutic relationship. It is a totally different experience if one shows one's naked misery to someone who radiates a willingness to reciprocate with a similar confidence if need be. However, such reciprocation may never arise if only because in such a stricken condition one is "blocked-off" to the other's emotional state.
- 5) Work on fundamental problems within the context of a personal relationship often fails to 'get off the ground' because those involved underestimate the importance of regularity in the contact and one's undivided attention. Once the problems that led to the request for help have disappeared this attention need not be withdrawn. From my own experience I have found that a certain amount of persistence and regularity are essential in this kind of help. This regularity protects the caring person at the same time: it allows for an arrangement of togetherness during a restricted period of time and enables one to strike a balance between involvement and impartiality. If one is not to drown in the misery of the other such a balance must be maintained. Although disappointments are to be expected in a relationship of this kind, many of these stem from an underestimation of this

danger involved. Disenchanted and hurt, one dissociates oneself and takes care to avoid such grinding, knotted relationships in future.

- 6) The care of a troubled friend is not 'a job', in the sense that it is one's main source of income. But the fact that payment is not a basic feature of such a relationship, as it is in a professional set-up, does not preclude one or other form of remuneration. This is not as contradictory as it might seem at first glance. Think of the parent-child relationship: here too, remuneration does not play a comparable role to the one it has in a professional service. But the right of succession, for example, testifies to the importance of the financial aspects involved in the relation between parent and child.

In the context of a long-standing relationship of this kind the recipient of care may feel a strong wish to do something in return. In our society, in which any form of being in debt is immediately transposed into monetary terms, and from the first pocket-money on we have learned to live with the illusion that independence can be bought, it has become extremely difficult to think of doing or being something of value for another in other terms. Perhaps too difficult for someone who feels like a drag on everyone, quite unable to be of any significance to anyone. Maybe even too difficult for the one caring for the other, for who would not welcome some money in exchange for regular hours made available over a prolonged period of time ?

Still, an essential difference remains between payment of this kind and the fee of a professional. To my mind the reimbursement of an intimate friend for such care is acceptable if the person in need of help insists that, without such remuneration, the temporary asymmetry of the relationship will give rise to all sorts of problems, or even make it untenable. In such case I consider payment a transitional arrangement. The amount to be paid should be determined by the one who insists on payment. As this might lead to excessive sacrifice because of guilt feelings, my personal feelings are that the maximum to be paid should be no more than, for instance, a carpenter's fee.*

- 7) Caring for someone on the basis of these conditions and arrangements can develop into fundamental help, even in those cases generally designated

* In private practice some psychotherapists treat one or more lower-income patients (more or less) free of charge. The essential difference between this and the possible remuneration offered to an intimate friend lies in the fact that payment is initiated by the person who asks for help. This precludes the charitable aspect entailed in the former case, charity that does little to remove the irreversible asymmetry between psycho-expert and client.

by experts as 'severe neurotic problems'. As far as I can see now the only condition which might not be amenable to such care is the case of one suffering from a more or less permanent psychosis. In such case, the support of only one other may soon become too limited. But whether professional clinical care becomes necessary or not, or alternatively, sufficient support can be given by a group of devoted persons around the needy other, will depend on the concrete situation. That the boundary line is not a sharp one is illustrated in a recent publication by Van Heerlen ("A schizophrenic (?) evaluates his psychosis", 1977). Van Heerlen gives an impressive account of the radical difference to his case between the combination of support from a loving, intimate friend and an awakening religious awareness, and clinical-psychiatric treatment.

To prevent misunderstanding, let me emphasize the fact that the 'care of the other', as outlined above, is neither a substitute for, nor a competitor of help given by psychotherapists; if for no other reason than because of the lack of such support from trusted neighbour, friend or special relative in the lives of many people. It is simply something different. No doubt many will consider this sketch of non-professional, individual help to be unduly vague. However, I will not attempt to fill it in in more detail. As long as every form of non-professional care is hailed in advance by dubious expectations and is judged by standards that are set by the guild itself, initiators of self-help alternatives will do well to refrain from circumscribing the limits and filling in the details of such help, or allow themselves to be drawn into a discussion of these by psycho-experts. For in such a discussion, as the broad outlines of what is as yet unknown fade and are filled in with details from professional quarters, these initiatives will take on the appearance of being merely variations on familiar themes; and inevitably appear to be cheap imitations of professional psychotherapy.

There is yet another reason for not elaborating on the whys and wherefores of this difference. I think the talent of an artist is required to express the many-faceted entanglements and the radical restructuring that occurs in both the carer and the cared-for as the relationship develops. Nor is such care a form of play. As in the development of any other natural ability, it requires the full dedication of anyone who embarks on such an undertaking.

A Right?

In reaction to centuries of a one-sided emphasis on a duty-based ethic, I prefer to speak of a 'right to care for the other'. The indigestible fragments

of this indoctrination are a daily burden to many of us. Think, for example, of the injunction to 'love thy neighbour as thyself': an injunction that is so unrealistic for ordinary people that it can only lead to hypocrisy. As a reaction, the duty to love thy neighbour has now been supplanted by a 'social conscience'. A social conscience that, as de Swaan (1976) aptly characterizes, "differs from neighbourly love as industrial production differs from trade. Anyone who is confronted with a poor wretch no longer sees such a person as his personal obligation, but as a task for the community. Not he must care for the other but 'care must be provided'. Professionals in specialized institutes using public funds should care for this wretch, and for all others who disturb one's peace of mind. Nowadays, according to their social conscience, people need not themselves care for the needy; they should take care that those in need are cared for. This is effected, in a general and abstract way, by payment of one's taxes and premiums. A social conscience demands no more and no less. Thus, social conscience implies not love of one's neighbour; it is an opinion about one's fellow human beings in general" (op. cit. p.42).

To acknowledge the anonymous indifference that is the counterpart of this social conscience is not to belittle the social progress implicit in such a development. But when, anno 1979, 'professional help' has in common usage almost become synonymous with 'real, intrinsic help', and 'real help' thereby become automatically a scarce provision, then doubts arise about the wisdom of quietly floating in the mainstream of professionalism.

To swim against this current of social conscience that by now, in Holland, has overflowed its banks of efficiency does not imply a return to the obligatory ethic associated with neighbourly love. One can also try in juridical quarters to give shape to what I have provisionally described as a 'right to care for the other'. Whatever form this idea might take in the future, certainly it will not be the first (fundamental) right to be eroded even before it is formulated. As Leenen (1978) notes in a discussion on the right to health: "In a certain sense it is a paradox that, while more and more human rights are being proclaimed, the violation of human rights increases both in scale and intensity. Perhaps the explanation of this phenomenon is that the need to proclaim human rights increases, because these rights are so frequently violated" (op. cit. p.20).

At first glance it may seem somewhat strange to speak of 'a right' to fundamental care for each other, irrespective of the schemes and scope

of professional help: isn't everyone free to care or not to care for another person? Surely this is so. Why then does a fundamental 'right to life' need to be formulated? Yet the Universal Declaration of Human Rights (1948), art. 3 states: "Everyone has the right to life, liberty and the security of person". Or, alternatively, the International Covenant on Civil and Political Rights (1966), art. 6 states: "Every human being has the inherent right to live..... No one shall be arbitrarily deprived of his life". Apparently a state of affairs has come about in which human life is being threatened by human beings to such an extent that a 'right to life' has had to be proclaimed.

It is my impression that, in contrast to the apparent violation of this 'right to life', an unobserved and very subtle process of erosion is taking place in regard to 'the care for each other'. In this process at least one necessary condition for the kind of care meant here is being undermined: the confidence that through one's life experiences, one can develop a specific, natural gift and inclination to a degree of high competence. From the (hesitant beginnings of) environmental legislation we know that interference with a condition that is essential to a certain desirable development can have juridical consequences. Though (lack of) care for our natural environment is currently receiving some juridical attention, an analogous approach to our social environment is still lacking. The reason for this may lie, I hope, in the fact that the erosion of the conditions for real care in the context of personal relationships is not progressing at as fast a rate as I now think.

The 'care for the other' and psychotherapy are both concerned with the same field: emotional and relational problems of living. Fortunately, this does not mean that these activities are one and the same. As earlier stated, I do not wish to prematurely delineate the similarities and differences between the two. However, if the similarities should exceed the differences, one may suppose that, in due course, the profession would become superfluous. This need not, however, be the case. The fact that many housewives and husbands are able to cook delicious meals does not make the gastronomic guild superfluous. Whatever may be wrong with this simile, it does make one aspect of the question quite clear: that not each and every activity is undermined by a general tendency to lean on professionals, with the consequent effect of paralysing one's confidence in one's ability to develop a natural gift for a certain activity. Such a paralysis can only be the result of the combination of certain pretences of the guild on the one hand, and the relinquishing of initiatives by the layman on the other. The preparation of an exquisite meal is not the sole prerogative of graduates of a gastronomic school. Nor do the latter

need to fortify their position in society by belittling others with labels such as lay-cooks' (cf. 'lay-therapists'). They have their place alongside those who enjoy devoting much time to cooking and do not need to fasten suspicion on the results of gifted non-professionals by characterizing such products as 'bungling'. Psychotherapists appear to need this kind of derogatory statements. In accordance with this superior stance they tend to view what is put forward in this article as undermining their own position. But these ideas on the care for each other undermine their position only to the extent that they have let themselves be dragged into an expansionist policy.

My suggestions on a form for a right to care for another are a reaction to exactly such an expansionist policy, not to the psychotherapy trade as such. Whatever juridical form this kind of help may take, I suspect that, as has been the case in other areas, it will become prone to encapsulation within the established professional order, and thus be made its ward. This may well occur in the near future if welfare strategists of the Dutch Society for Ambulant Mental Health, who have a nose for the new winds blowing, establish sub-departments for 'lay therapy' within their own confines, and assume their supervision.

Finally, as is the case with every other fundamental right, many - and not a few of these qualified psychotherapists - will never feel the need to exercise this privilege to care for the other. This, too, is fortunate. For if everyone, everywhere should insist on exercising their fundamental rights, daily life would soon become more unbearable than it has been under the regime of a duty-based morality.

The credentials of the guild.

In principle then to care or not to care for the other should remain one's free choice. Unfortunately this 'free choice' becomes a somewhat problematic issue in view of the actual dependence of certain strata of society on psycho-experts. This dependence on psycho-experts has made such inroads on our thinking that 'real', 'effective', 'person formative' help now has the connotation (anno 1979) of 'help by a psycho-expert'. This extension of meaning testifies to a presumption of the psychotherapy guild, which invites a closer look at their credentials, touchy subject though it may be.

Strictly speaking this issue need not concern us in an article whose main theme is the unobserved side-effect of psychotherapeutic help. Though a point-by-point defence of their activities by these professionals may be sound, still one may object to these on other grounds.* Nevertheless the fact remains that, on this

* In the same way that, for example, one may demonstrate the effectivity of a given medication to certain ailments, yet reject its application on the basis of an undesirable side-effect. For a comparable example, see Chabot (1976) on sex-relation therapy.

issue, much confusion exists in the mind of the layman as well as the psycho-expert. The process of erosion of one's confidence in self-help is at least in part due to this confusion; for as long as one has no clear idea of the basic claims of this profession, no coherent judgment on the professed legitimacy of its claims can be formed. As a result modern man will automatically extend the benefit of the doubt to the profession: after all, haven't they been trained for it? That in doing so one needlessly manoeuvres oneself into the position of 'layman' is apparently overlooked.

The following comments are not essential to our main argument, and thus may be skipped. However the obscurity around the grounds for legitimacy is in itself a factor that substantially contributes to the erosion process. In clarifying four main grounds for legitimization of the psychotherapy profession, as recently stated by the sociologist de Swaan, I hope to reduce this obscurity.

"Psychotherapy may be described as the profession which states that (1) psychological problems are a distinct but not separate class of human problems, and (2) sets of techniques exist with which these problems can be effectively treated, and (3) these techniques can be learned, and (4) the learning and practice of which demand sufficient effort, skill, and dedication to justify a separate training and career". (de Swaan, 1978a, p. 69. italics of the author, numeration added by me).

Each of these grounds for legitimization will now be discussed. With the exception of the second, the effectivity problem, all have, until recently, been overlooked.

ad (1). From his 'rhetorical stance', the formulation of this sociologist is very modest: psychological problems form a distinguishable class of human problems. In the mind of a psycho-expert the picture looks quite different:

"The pretension of psychotherapy is not to make its explanatory system equivalent with explanations of the type: 'I am in the lord's bad books', or 'I am possessed by evil spirits'. Its pretension is that explanations of the type 'something has gone awry in my emotional or behavioral development' is a step nearer to the truth, and more realistic than explanations of a theological or magical kind. Psychotherapy is concerned with more exact formulations of the problem than, for example, religion; in other words, progress has been made (Van Dantzig, 1978b, p. 769).

Thus not only : a distinguishable class, but: a class that evokes explanations that are a step nearer to the truth. It will surprise no one to hear that Van Dantzig makes no attempt whatever to provide arguments to support his 'step nearer to the truth'.

One must understand that a psycho-expert experiences his view of life as 'nearer to the truth' and presents it accordingly. A pretension that is presumably in part a reaction to the overstepping of territorial limits by another camp in the past: "One should realize that only a few decades ago pastoral care rejected the idea of emotional suffering as an interactional problem between people, as a secularized problem, and viewed the problems that are now the domain of psychotherapy as religious issues for which theological, at least, moral-theological solutions had to be found". (Van Dantzig, 1978a, p. 411).

Only a generation ago then, were crusades from the pastoral camp the order of the day. But when one compares a recent contribution from the latter quarter, on the shared territorial frontier with psychotherapy (Van Kol, 1978), with the first cited statement (Van Dantzig, 1978b), the question that comes to mind is: who is presently guilty of overstepping territorial limits? Certainly many psychotherapists seem to have difficulty in accepting the fact that, for some people, a religious dimension exists that is not reducible to 'psychical problems'. A religious dimension in the broad sense of : experiences, as individual or group, that give meaning to existence through reference to a Creator, Nature, or the All. An even more difficult feat for psychotherapists is to entertain the possibility that people with serious relational and emotional problems may undergo personality change under the influence of religious experiences, which change cannot be adequately described in terms of "repression", or some such concept. To avoid misunderstanding: I myself have had no experience with such a religious dimension. But I do have some knowledge of it, thanks to the now classical contribution of William James. Around the turn of the century, and almost at the same time of the publication of Freud's "Traumdeutung", James gave a series of guest lectures entitled "The Varieties of Religious Experience" (1901-1902). In this report he tells of his attempts to discover something about this religious dimension without reducing it in advance to his own view of life or to stamp it as 'less true'. On reading this one is struck by the rather meagre phrases in which Van Dantzig summarizes distinctions in regard to human problems from a religious point of view, in terms of 'I am in the Lord's bad books'. Such offhandedness makes one suspicious of the openness of psycho-experts as a group towards approaches to relational and emotional problems from a perspective other than their own. Whether the perspective is a 'religious' one, or falls within the framework of intimacy, the newly minted profession will seek to confirm her claim that she alone is professionally competent to deal with problems of this kind, by extending the limits of her domain. Even though she camouflages this under the modest sounding statement: psychical problems form a distinct class of human problems. Psycho-professional modesty that turns into its opposite is, however, not a necessary part of the attempt to show that "individual feelings belong in fact to a reality dimension that has only recently taken form in the way we now know it" (Van Dantzig, 1978a). Although I have some doubts about the successfulness of this attempt, to go more fully into this subject would require a discussion of the sociological theory of Elias and the way in which Van Dantzig applies it - all of which would take us too far afield. I will suffice here with noting that only recently has the first ground for legitimization been questioned. Whoever allows himself to be convinced by Van Dantzig's argument will then have to search for arguments for the other three main assumptions, stated earlier in the quotation from De Swaan.

ad (2). Effective techniques exist for treating psychical problems.

In "Psychotherapy is a distinct profession" (Van Dantzig, 1978a) the reader will find no attempt to provide a basis for the other three pillars. Nor does it appear, in the discussion with De Swaan, that Van Dantzig supposes this to exist insofar as the claim for effectivity is concerned: "I find that, when one plays the political game fairly (i.e., in regard to the struggle for official recognition -BC), one has to admit that one's assumption that psychotherapy has a legitimate basis is founded on good faith, a faith that is shared by many others; that one regrets that as yet no hard evidence can be provided; that one assumes that such evidence will one day be available; and that, if it can be repeatedly shown that psychotherapy costs only a lot of money and has no effect, one can imagine that one will finally stop it. One continually shoulders the burden of the defect of the evaluation" (Van Dantzig and De Swaan, 1978b, p. 779).

Given that defect, what still remains is, according to Van Dantzig, "the credibility of the story and the story-tellers". And he concludes: "It is possible that the day will come when anyone who has a story to tell, and possesses an organization that meets certain societal criteria, will be eligible to help people in need" (op. cit. p. 779).

A clear standpoint. For those who are interested in the poor state of affairs as regards outcome research, a special issue on this subject has been published in the 'Tijdschrift voor Psychologie' (Schagen et al. 1979). On the basis of the literature cited in this issue, the reader may form his own opinion to what extent this poor state of affairs may be considered to be a temporary one, as Van Dantzig suggests ("that one regrets that as yet no hard evidence can be produced"); or whether (and this is a position to which I am more and more inclined) a structural incapacity exists to adequately apply a conceptual framework in terms of techniques and effectivity, with its implied empirical research methods, to changes in emotional problems. I have been influenced in these views by Bergin and Strupp's "Changing frontiers in the science of psychotherapy" (1972), though one should note that Bergin and Strupp do not draw the conclusion taken by me.

Also, I should like to point out that, in the political struggle for recognition the profession as a whole in telling her story seldom shows the honesty that Van Dantzig displays in the abovementioned conclusion. Usually these "story tellers" try to mask the defect in the evaluation. A characteristic way of distracting attention from that defect is seen in the statement that the general public is in danger of becoming the victim of festering dilettantism; and that the only way to protect the man in the street from this lies in official recognition of the profession by the government. What often surprises me is how this apparently humane argument effectively blinds even critical minds to the dangers of hasty professionalization. The same critics who are the vanguard in the hard attempt to staunch the arrogation and influence of the medical profession immediately seek protection within the fort of a brand-new profession, as soon as the spectre of psychotherapeutic dilettantism is evoked by guild spokesmen. Still, sociological analysis has made plausible that either the citizen makes no use at all of any kind of psychotherapeutic help because he has no idea about what a psychotherapist is or does or why one should seek his help, or he has more or less developed into a 'proto-professional' and is therefore not as defenceless as psycho-experts are accustomed to portray him (De Swaan, 1978b). Besides, one has learned from experience with the medical profession that governmental recognition does not restrain so-called 'dilettantism' in the slightest, as is shown by the problems which persuaded the former Minister to institute a State Commission for Alternative Medical Care. Finally, to my knowledge no scientific investigation has been made of the size or extent and pernicious effects of 'psychotherapeutic dilettantism'. If this development is such a striking one, would it be such a difficult thing to have the impressions of these pernicious effects systematically compiled by researchers who have been trained to curb their own prejudices? One might well ask.

ad (3). Techniques of treatment exist which can be learned.

To present arguments against the assumption, that psychotherapy is concerned with techniques which can be learned, would seem a mere sophism. It goes without saying that differences of opinion exist as to the relative importance of personality attributes or abilities on the one hand, and technical skills on the other. But that the latter can also be learned is usually above discussion. Two conditions contribute to this. Firstly, the term 'technique' implies by definition that one is concerned with learnable issues that are imparted by means of an explicit didactic process. Secondly, the regular association of teachers with pupils, in which the latter increasingly learn to speak the language of the former, give both the certainty that something is being learned.

The short-circuiting is evident: this 'something', that is unmistakably learned, is identified as the therapeutic techniques of treatment which the teachers state exist.

Not every training for a profession aims at teaching technical skills. For instance, no such aim is involved in the training to become a public notary. As to those issues which involve learning, such as memorizing (juridical) rule systems, learning to speak a certain professional jargon, or the practicing of certain forms of association with clients, for these terms such as 'techniques' or 'technical skills' are seldom employed. As opposed to this, other professions accord an important place to the learning of techniques. For example, in the training for the medical profession, diagnostic and therapeutic techniques form the nucleus. These refer to more or less standardized combinations of actions which are implemented with or without a specially devised instrument for the purpose (e.g., the indirect tapping of body spaces with the finger = 'percussion', as a diagnostic technique; the syringing of the external ear cavity, as a therapeutic technique). One speaks of technical skills too when years of regular and frequent practice are involved, as in training to become a musician. And here too a relatively high agreement exists under connoisseurs as regards the presence or absence of musical skill. Such agreement seems to be strikingly lacking among psycho-therapists with regard to psychotherapeutic techniques. Quite possibly, with Freud's use of the term, as an analogy of neurological and physiological techniques, 'technique' was introduced into the psycho-therapeutic profession. But what is in fact learned shows no or very limited similarity to neurological or physiological techniques and much more similarity to what is, for example, learned in the training to become a notary. Undoubtedly, the scientific connotations of the term have also played a role in this introduction.

In passing I'd like to mention two investigations that throw further doubt on the assumption that, in the training to become a psychotherapist, technical skills are indeed taught. Last and Vrouwe (1977) tried to ascertain what had been learned after one and after two years by those who followed an intensive training-course at an Institute for Multidisciplinary Psychotherapy. In view of the intensive nature of this training, which was given by highly qualified teachers to carefully selected candidates, the partly meagre, partly obscure training results give one pause. When the profession makes the pretension that technical skills are taught, how does one explain the lack of any clear demonstration that the trainee does possess these technical skills, after one or two years of intensive post-academic training? Or, inasfar as this is possible, the meagre results?

Van Vlijmen and Chabot (1975) carried out an investigation of three family therapists who said they had been influenced by Sal Minuchin in their training, and made use of his intervention techniques to a greater or lesser degree in their work. They tried to determine if a clear relation exists between what each therapist says about his way of practicing family therapy, and the actual therapeutic interventions carried out by him, on the evidence of a number of randomly selected taped sessions. The presence or absence of the supposed relation between theory of technique and practice could not be demonstrated. In order to explain this disappointing result, a further investigation was made to determine if the interventions of these therapists could be unambiguously described, in terms of Minuchin's intervention techniques, by three independent judges. This was possible for only a few types of intervention, and only to a limited degree. Another meagre result; this time in determining whether or not experienced family therapists do in fact apply certain intervention techniques. This result is the more alarming because of the fact that Minuchin is considered to be someone whose 'techniques' are fairly concretely described, at least as compared to those of other family therapists.

No doubt both these investigations can be justifiably criticized. In spite of this, the question of to what extent psychotherapy possesses 'techniques' - apart from a few highly structured, directive treatment programs - seems a legitimate one. To my mind, to speak in terms of 'technique' has, in the first place, been highly misleading for psychotherapists themselves. This could partly explain why, up to now, outcome studies have shown such poor or confusing results. The concept 'technique' does, after all, inevitably imply a concern with more or less unambiguous, demonstrable issues, and thus the demand that it should have effect, a reasonable and answerable one. From the fact that what therapists say they do or learn is neither easily nor unambiguously determinable, and the question of effect hardly answerable, one may conclude that much can be learned from other professional groups. Professional groups such as, for example, judges and notaries who do not describe their activities in terms of 'techniques' and are not so pursued by the question of effect.

ad (4). So much effort and dedication is involved in the learning and practice of psychotherapy that a separate training and a separate profession is justified.

To refer to the amount of effort and dedication needed to carry out a certain task as justification for a separate profession will satisfy few people. For in our society innumerable examples exist in the past in which the acquisition of knowledge or competence in a given area demanded enormous effort and dedication, yet no longer yields a liveable wage. This pillar, as the foundation for the profession of psychotherapy, is just as strong or as weak as the importance that is given to help in relational and emotional problems by psycho-experts in an actual societal context. And this importance is highly determined by the complicated interaction between demand and supply. Perhaps even more determined by this interaction than by answers to the preceding three grounds for legitimization. Historico-societal reflections offer some illumination of this interaction, but however tempting it is, I will not go into this here.

In rounding-off this bird's eye view of four grounds for legitimization one may say that the evaluation-defect as well as the obscurity around the concept 'treatment techniques' are remarkable lacunae in the presented credentials. The arguments for the other two assumptions of this new profession, inasfar as they exist, are opaque. Because of this, the pretension of the profession that, in matters of the reduction of emotional suffering, it has more to offer than an valuable straw to clutch at, must be considered to be exaggerated. It is valuable in the sense that a straw is sometimes the only essential difference between a little and no help at all, but expensive in comparison to what has been here described as 'care for the other'. To avoid too high expectation, it might make good sense to consider this care as a different kind of straw to clutch at in times of trouble, even though I am of the opinion that, through this, radical reform may be activated. Whatever the case may be, a better sense of the lacunae in their own credentials and the relatively high cost of their help might make psychotherapists more modest in regard to alternative possibilities for help. The professions credibility, that they too may sometimes have radical changes to offer in exchange for economic sacrifices from the community, would be greatly enhanced by a little more modesty.

Meaningful unemployment - as a psychotherapist.

Has all this about the profession of psychotherapist anything to do with the individual man or woman who, as a small cog in a team or self-employed, is daily confronted with the misery of other people?

The problem lies in the good intentions of the individual therapist which, seen in a wider context, can easily appear to turn into the contrary: it suddenly looks like presumptuous meddling. The psychotherapist's well-meaningness are to him so life-sized that these can nearly blind him. Perhaps some may obtain a wider perspective on their own daily work by plunging, as Verhey and Van Westerloo (1978) do, into the work of the White Father in dark Africa in days gone by: filled with compassion he gave sensible advice on agriculture or saved the lives of a number of blacks. But how does his work appear to us now? As mindless destruction of another cultural pattern by an efficient organization, bulging with pretensions which appeared self-evident. So simple and so matter-of-course as this appears to most of us now, just so incomprehensible does this insight appear to the in the meanwhile pensioned, graying father who, as an individual, staked his life on easing the suffering of others. I fear that what I have said in this paper on the paralyzing influence of the profession-as-a-whole will appear to be just as obscure to the psychotherapist who, after reading this, checks his agenda to see who will appeal to his help in the coming week. Possibly he is unaware of how much his daily struggle to help people to stand on their own feet contributes to making more and more of them dependent on his professional colleagues.

I sometimes wonder whether this is an inevitable development, because it is a process that takes place entirely according to an uncheckable pattern in innumerable areas. A pattern by which an increasing technical-organisational, and therefore to some extent steerable, solution is presented for each problem - from the organization of education to the provision of psychotherapy. Experts complete with all-in rates belong to this type of solution (cf. De Swaan, 1976). However much these well-meaning experts further try to help people to stand on their own feet, given this kind of 'tackling' (!) of human misery the elbow-room for people to learn to stand on their own feet is essentially reduced. And this applies as much to the client as to the professional supplier of services. Isn't it ironical that psychotherapists should themselves be among the greatest consumers of the product psychotherapy?

Inevitable or not, I am allowing myself to be carried with the current that has risen as a reaction to this development. The comments I received in an earlier draft of this article made me realize that the ideas on the subject of my future employment put forward in what follows are often wrongly understood by psychotherapy-colleagues to apply also to themselves. Therefore I should like to expressly state here that mine is a strictly personal choice. My intention is to show by concrete example in which way the foregoing may be effected in one's own work. It goes without saying that sometimes a certain amount of tension will arise between what one considers desirable and what

is practically possible.

In my reflections on the possibilities and limitations of help in intimate relationships what seems most striking is the lack of actual experience in this area. Perhaps it may be a subject of tabo, apart from references such as stereotyped disparagements of the kind 'chatting with friends', or intimidation: 'you lose friends that way'. Because I think this kind of experience is vitally needed, I am willing to spend considerable time and thought on it. Therefore, in regard to my job which consists of a four-day week in a university function and a one-day week in private practice, I have chosen to give up private practice and with it, the profession of 'psychotherapist' as a means of income. Because prior financial commitments prevent an abrupt relinquishing of this source of income, I shall gradually reduce it by half over a period of two to three years, and entirely within five years. The resulting, freely chosen 'unemployment' will give me room to explore what I probably cannot resist anyway: mixing with people who are in a jam.

One possible objection to this is: "In this way you remain a psychotherapist, although an unemployed one, and you make use of all that your training has equipped you to do. The so-called 'caring for' in which you hope to gain experience is in fact nothing but unpaid psychotherapeutic work". This I will not deny. But the little experience I have had of this in the past years has made me realize that much of what I acquired through my training will probably have to be unlearned; so much so, that it may be misleading to suggest that I will automatically make use of all kinds of skills which were then acquired. Another objection would be that I may be able to help others in this way exactly because of a long and intensive professional training, in which I learned the value of recognizing the limitations of such a relationship, e.g. limitations of time, temporary asymmetry, trying to avoid becoming involved in the power struggle going on, etcetera. I can only reply that, though this may be true in my case, I do question the implicit assumption that what I have learned can only and exclusively be obtained through such professional training. Imagine a housewife, academic or pubkeeper who has a natural gift for listening and who, for one reason or another, mixes with people sodden with misery year after year. Is it really inconceivable that they too can learn to cope with the limitations of such a relationship? What makes psychotherapists so sure that a professional training is the only way to learn this?

To prevent misunderstanding: I am not saying that everyone can become some sort of 'psychotherapist' (as Matarazzo (1979) suggests). As I have said before, 'caring for' is different from 'psychotherapy'. Of course, my description of this kind of restructuring help bears the stamp of my training as a psychotherapist. Nevertheless, the idea that such interactions can 'therefore' only be learned under the supervision of qualified therapists is due to skort-circuiting. Human relationships, intricate as they are and difficult to express with coherence, do not necessarily need the background of a trained person - the insights of a novelist or of Freud's attempt to capture the subtleties of 'transference' - to be responded to and understood by ordinary people in such relationships, helpful though such descriptive structuring may be.

If I were working full-time as a psychotherapist, I should find this profession, as a source of income, indispensable. But it might still be possible to devote at least part of one's time to gaining the kind of experience with which I am concerned here. In this context I should like to mention two publications of interest: 'Flüchten oder Standhalten' by the German psychoanalyst Horst Richter (1976), and 'Advocacy and corruption in the healing professions' by the American psychoanalyst Jay Lifton. Both argue that it is not only possible but also desirable for professional therapists themselves, to participate as volunteers in self-help groups on an equal basis with the other group members. As Lifton says on his experiences in 'rap groups' (organised by and for Vietnam-veterans): "Professionals had no special podium from which to avoid self-examination. We too could be challenged, questioned about anything - all of which seemed natural enough to the veterans but was somewhat more problematic for the professionals. As people used to interpreting others motivations, it was at first a bit jarring to be confronted with hard questions about our own, and with challenges about the way we lived. Not only was our willingness to share this kind of involvement crucial to the progress of the group, but in the end many of us among the professionals came to value and enjoy this kind of dialogue (Lifton 1976, p. 387). "The rap groups represented a struggle on the part of both veterans and psychological professionals to give form to what was in many ways a common survival, a survival for the veterans of a terrible death immersion and for the professionals of their own dislocations in relationship to the war and the society" (op. cit. p. 389).

In concluding this paper, I hope to have made the following plausible:

- (1) That active involvement in an intimate relationship is a possibility that has received too little attention; and that this kind of help can be given by someone who is psychotherapeutically trained, but equally well by a gifted listener who has some personal experience of suffering. For those who still have doubts about the feasibility of restructuring 'care' by a non-professional, I hope to have made clear that
- (2) the credentials of the guild contain such gaps that doubts may be cast on this profession-in-the-making. But even if we ignore the defective legitimization, the erosion of the self-confidence of gifted non-professionals remains a grave issue. An issue the more serious in view of the ubiquitous, increasing dependence on experts. Finally I hope to have directed attention to the fact that
- (3) a right to care for the other in relational and emotional problems will need to be defended, in case this new profession allows itself to be further propelled upon the waves of social developments, a propulsion that appears to be ending in the establishment of a Professional Order.

Training to become a psychotherapist?

My university appointment comprises three tasks: research, instruction in psychoanalytic theory, and supervision of student - novices in their first, 'time-limited' psychodynamic psychotherapy. In the light of the foregoing it will come as no surprise to read that I do not feel particularly called on to train students to become professionals. On the other hand I like to talk to people, such as these students who want to develop their natural abilities in understanding troubled people. So the question really is: supervising with what end in view? Given the prevailing scarcity of jobs for psychologists, and realising that in case of an application the amount of formal training in therapy often tips the balance in favour, it is not up to me to judge the purpose to which a student is going to use my supervision hours. Nevertheless, if in due course it turns out that these hours are always used as the first step in a career as a psycho-expert, then I shall have to think again. The least I can try to do is to make it clear that, as dutch psycho-experts in the eighties, they must take care not to further erode their own and everybody's imagination in 'caring for the other'. Not because the psychotherapy profession and non-professional help are fundamentally antagonistic; but because the present wave of professionalism puts the conceptual framework and methods of psycho-experts on a pedestal.

Through this, essentially different perspectives on the reduction of relational and emotional problems, one of which is the 'caring for' discussed in this paper, are lost to sight. And this by a professional guild that, in Holland, is on the verge of receiving governmental recognition as regards training and norms of quality. This recognition will automatically be followed by official grants for the recognized institutes only; inevitably followed by official exclusion of other forms of help (De Swaan, 1978a). Finally, if the financial resources permit, this will culminate in a separate university faculty of psychotherapy in Amsterdam.

In this way a guild comes into being which has acquired the hallmark of quality in radical care in relational and emotional problems, with the inevitable, unforeseen side-effects. Side-effects, such as those which came to light in the care for the dying and the dead by the medical guild and undertakers.

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