Chapter 1

Fools Rush in Where Angels Fear to Tread:
Stabilization and Psychotherapy

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ABSTRACT

This chapter builds on others and proposes that stabilization ought to be the first imperative in psychotherapy and a primary focus of all encounters with mental health services. Readers are invited to reframe treatment resistance, treatment failure, and 'dropouts' from therapeutic programmes as largely a failure achieve stabilization prior to or in the early phases of psychotherapy. This entails the provision of basic human needs, safety, and facilitating a sense of safety within the psychotherapeutic relationship.

INTRODUCTION

Psychotherapy was once the main treatment for almost all mental health problems. However, in many Western countries, psychotherapy is rarely provided by public mental health services Where it is, there has been a relentless drive to offer the briefest and arguably most efficient psychotherapeutic interventions. Australia is a case in point in which subsidized brief psychological interventions are offered in primary care (10 sessions provided by a GP or allied health professional with often minimal training). Since this scheme was introduced in 2006, rates of mental health presentations to emergency departments, completed suicides, coercive hospitalization

and prescription of psychotropic medications have grown substantially (Lakeman et al., 2022). The population is apparently getting treatment in record numbers, but that treatment is rarely the right dose of the right psychotherapeutic approach, by the right person at the right time (Campbell & Lakeman, 2021). It is in this context, and in relation to the relentless drive to rapidly label and 'treat' problems that "Fools rush in where angels fear to tread" is offered as an aphorism to first consider stabilization before treatment, particularly if that treatment is some form of psychotherapy. It will be argued that 'talking treatment' is so rarely the 'talking cure' in the messy world of clinical practice because sufficient time is not generally afforded to address basic human needs, build strong therapeutic alliances, and construct a stable and safe base from which therapy might proceed.

BACKGROUND

Two issues need to be discussed before proceeding, the first being what is meant by psychotherapy versus other forms of helping and the second is what is meant by stabilizing in this context. For the purposes of this discussion, psychotherapy will be considered broadly as the provision of primarily psychological strategies to alleviate distress or treat illness. The notion of 'talk therapy' is too simplistic as psychotherapy can incorporate, rituals, art, and behavioral or somatic practices all geared towards building understanding, acceptance and meaning. This text has already introduced several schools of psychotherapy such as Cognitive Behavior Therapy (CBT) and Eye Movement Desensitization and Reprocessing (EMDR). Schools of psychotherapy are distinguished by how problems are formulated, and specific techniques, and they are often manualized to enable evaluation and teaching. A rather consistent finding over many years of research is that the alliance which is built between therapist and client is the most important predictor of outcome regardless of the school of psychotherapy or indeed problem being treated (Flückiger et al., 2018). Building alliances will be discussed as a stabilization strategy.

This broad and loose definition of psychotherapy may not please purists who may distinguish psychotherapy from counselling by the training of the psychotherapist, number of supervised hours of practice, number of sessions or depth of the process. However, as noted in many places there is a drive toward the briefest of interventions in which stabilization is an especially pertinent consideration. It is also the case that there are often extremely well-trained psychotherapists who cannot practice their craft in an ideal way but who nevertheless work psychotherapeutically with people in crisis, emergency departments, primary care, or in mental health services (Lakeman, 2021; Lakeman et al., 2020). These brief encounters can and ought to be psychotherapeutic. Indeed, what often makes them therapeutic is that through that

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