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The Dynamic Confrontation Model as an Integration of Psychotherapy

Milan Hausner

Charles University Medical School Hospital, Department of Psychiatry, Sadská near Prague

The basic problem in a complex psychiatric therapy based on somato-psycho-sociotherapy consists in changing the maladaptive behaviour of an individual, or of a group, which is due to a pathological programming during the course of ontogenesis and phylogenesis, by means of genetical, somatic, psychogenic and sociogenic factors. Each model behaves dysfunctionally under the influence of a pathological, archaic programming. The attitude towards a therapeutic change in this programming varies in accordance with the therapists' theoretical background and practical experience.

In the last 15 years, I and my co-workers have tried to combine the theory and practice of experimental neurosis, brainwashing and hypnosis, with experience made with the so-called psychodysleptic psychotherapy, i.e. psycholytic and psychedelic sessions by means of hallucinogens, Lysergamid (Spofa) in particular. About 3,000 LSD applications in about 350 patients with different kinds of diagnoses have been made during this period.

According to the above-mentioned experience we conceptualize the psychotherapy as a social learning process, mostly of a latent nature, developing under special conditions of a therapeutic model situation. The operational key in practically any kind of psychotherapy can be seen in the confrontative reexposition of the patient to his pathological past, present and future, under the more convenient conditions of the therapeutic relationship. The confrontation model represents an extension of *Alexander's* (1963) conception of a corrective experience and *Wolpe's* (1960) conception of the competitive inhibition of anxiety. It relates to five target areas: neurochemical, intrapsychic, interpersonal, psychosomatic and the valuation system area.

The application of hallucinogenic drugs in a psycholytic or psychedelic therapy enables the therapist to operate with these five target areas in an experi-

mental field. The psycholytic session represents a neurochemical, psychopathological, and phenomenological model of psychic disturbance (experimental model psychosis), an artificially induced model dream with intrapsychic psychopathology (experimental oneiroid), a model of a small group with interpersonal psychopathology or microsociopathology, a model of a psychosomatic disorder and a model of transcendence.

The hallucinogenic drugs produce a transitory model psychosis and enable also an experimental model of psychopharmacotherapy.

The dream-like state induced by means of hallucinogens with its symbolizing activity is very similar, or even identical with the natural dreaming in the REM sleep.

In Freud's lifetime there existed just a few simple possibilities to reach the unconscious – the slips, the dreams and the free associations. At present, we have the 'dream enhancing drugs' and EEG to study the REM time, and we also know more about the neurochemistry of consciousness (*Alnæs*, 1964). The ability of hallucinogens to create various mental and psychosomatic alterations under the patient's maintained awareness and self-observation has helped to confirm experimentally, the psychoanalytic and psychodynamic conceptions which used to be subjected to criticism, as they could not be tested exactly under controlled conditions. The psycholysis is really an experimental psycho-

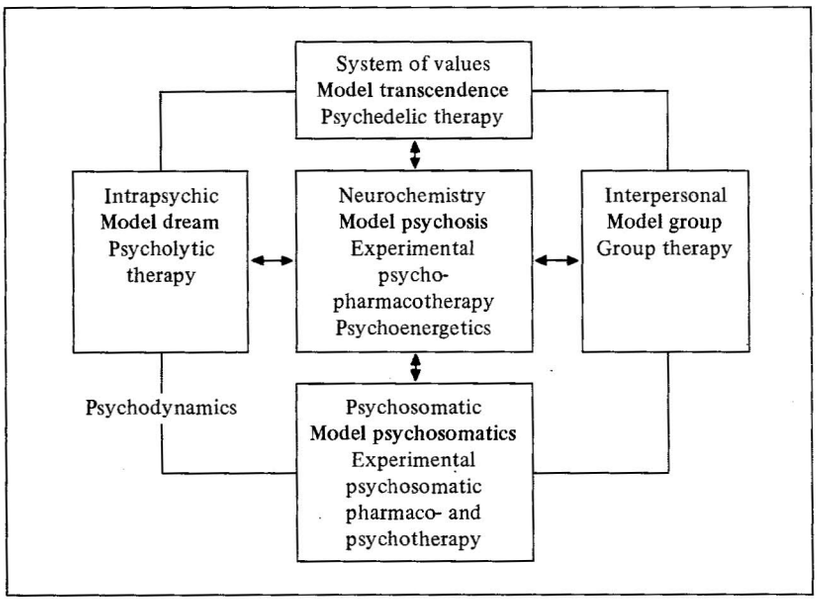

Fig. 1. The dynamic confrontation model as an integration of psychotherapy

analysis. The LSD session enables the therapist to observe directly in the experimental room, mental operations in *statu nascendi* (*Hausner,* 1970).

In Freud's lifetime there were only primitive measures available to study the interpersonal process: the transference, the counter-transference, the transference neurosis and the isolation of the couch. At the present time we have quite modern instruments, such as small social groups, the interactional or content analysis, psychodrama and sociometry. From this point of view the hallucinogenic session represents also an experimental model of interpersonal psychopathology. This applies to the transference as well as to group interactions.

The applications of hallucinogens in the sense of psychedelic chemotherapy or psychedelic peak therapy (*Kurland et al.,* 1971) support statements made in the field of existential and Jungian psychotherapy and oriental philosophy dealing with the meaning of a deep transcendental experience for mental health.

The confrontation model as outlined (fig. 1), seems to be applicable to every kind of integrative psychotherapy regardless of whether or not the means alterating the consciousness are used.

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Request reprints from: *M. Hausner,* Molákova 18, *Praha 8* (Czechoslovakia)