

THE FUTURE OF PSYCHOTHERAPY: IS THERE A CRISIS OF THE PARADIGM ?

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INTRODUCTION

It is understandable that changing socio-cultural trends can profoundly affect an applied science such as psychotherapy, primarily via their modulating influences on socially desirable behavior, opinions, attitudes, and values. Until the end of the last millen-

Summary

As an applied science and clinical practice, psychotherapy is significantly defined by socio-cultural trends. These trends, more or less directly, modulate psychological problems and needs of the clients and influence the definition, methods, and objectives of psychotherapy. Recent dramatic advances in information technology, health care, communication, and mass media are creating a set of qualitatively new adaptive tasks before modern humans. These include not only new types of external challenges, but also rapidly changing internal needs (goals) and the ways to fulfill them. Such altered existential milieu is causing a change in the dominant paradigm of contemporary psychotherapy, affecting its discourse and ethics as well as the societal expectations about its outcomes. We believe that there is no real crisis of the paradigm in psychotherapy: ongoing changes in its discourse, goals, and expectations reflect the reality of the moment in the evolution of the society. As the society continues to evolve, we expect it to facilitate integration of all paradigms and discourses in psychotherapy (“transparadigm”) in order to meet the ever diversifying needs of modern human beings. The identity of future psychotherapists will increasingly lean to transmodality, just as the theories of personality and the psychotherapeutic process will become transtheoretical.

Key words: psychotherapy, paradigm, postmodern, discourse

nium, the influence was locally specific. In contrast, reflecting economic and cultural globalization in the 21st century, everyday behavior and criteria of mental health are becoming similar world-wide (“behavior stereotypization”). The latter is an obvious consequence of the rapidly developing infor-

mation technology, which has become a major part of culture even in remote corners of the world. Although the digital mass info-education has had positive effects on millions of people at the personal level, the rapidly and radically changing image of the world has posted new demands before modern humans, which they are struggling to meet or sometimes just to understand.

In this article we first discuss the socio-cultural and technological phenomena driving the ongoing changes in the global psychological climate. Then, we analyze their impact on changing adaptive priorities placed before the individual, patients and psychotherapists alike. We also analyze the emerging new circumstances under which the process of psychotherapy takes place. In addition to the changes in its methods and modalities (which have usually reflected the dominant theory of mind at the time) changing socio-cultural expectations from psychotherapy are affecting its ethics and “philosophy”. Currently, psychotherapy is facing an identity crisis created not only by the outdated of previous concepts of psychological health and illness during the postmodern era (“postmodern fragmented self”), but also by the fact that its discourse is becoming less exclusive and more integrating. The postmodern relativization of values and diagnosis may jeopardize further development of the positivistic science of psychotherapy, especially if the differences between psychotherapeutic methods (modalities, techniques) and the process are disregarded solely for the sake of a desirable, “politically correct” discourse.

CONTEMPORARY SOCIO-CULTURAL AND TECHNOLOGICAL TRENDS WITH MAJOR IMPACT ON MENTAL AND SOCIAL LIFE

Two pivotal questions raised in this article are: How do current societal changes affect mental life in general and adaptive strategies, social values, lifestyles, cognition, and emotions, in particular? How do these socio-cultural changes affect psychotherapy and its future?

At the global level, modern society is going through changes so unexpected and immense that they have drastically changed the existential milieu of modern humans. These changes are not forcefully superimposed upon the society, but rather reflect its natural evolution. For example, digital technology represents progress, integrating high-tech tools into professional and personal life and making both more efficient. Current socio-cultural and technological changes are not inherently negative or positive, but rather a natural result of the digital revolution in the ongoing evolution of human society – preceded by agricultural and technological revolutions. However, as with prior periods, the current digital revolution is significantly changing the way we live, work, study, shop, date, communicate, get news, etc. In other words, current socio-cultural and technological trends are having a profound effect on human behavior and mental life, consequently affecting the theory and practice of psychotherapy as well. We summarize below the most significant of these changes. The list does not purport to be exhaustive.

1) *Informatics and communication*: mobile telephony, internet, global media, increased speed of communication and information sharing (with internet access on cellular phones, modern humans literally have “the world on the palm of their hand”)

2) *Economy*: globalization, global corporate capitalism, enrichment of few, pauperization of many, major ongoing shifts in economic powers, emerging and dying markets.

3) *Ecology and environment*: depleting resources, excessive pollution, global climate changes, mega disasters (“insecure” planet), extinction of species, nuclear pollution, volcano dust...) make living conditions completely different compared to the society of just two or three decades ago.

4) *Politics*: militarism, terrorism, religious fundamentalism, “limited”, “surgically precise wars”, “preemptive” wars, polarization along religious lines, biased news (disappearance of independent balanced reporting).

5) *Medicine*: prolonged life expectancy, prolonged “youth” (epidemics of cosmetic surgeries), prolonged fertility, fast spreading pandemics (recent swine flu scare), new resistant strains of viruses and bacteria, cloning and tissue production, more efficient treatments and prevention, pharmacological treatment of natural reactions and life phases – e.g., relationship break-ups, poor attention, lack of interest, lack of libido (“medicalization of life”).

6) *Ethical standards*: ethical conservatism of 1900’s, characterized by strict social rules and codes, replaced by ethical pluralism of 2000’s (diversified, more liberal social rules/codes). With respect to the latter, modern generations

have redefined social norms and adaptive tasks, especially in the area of sexuality (many different forms of which are socially accepted today) and aggression (many forms of aggression are finding their way out through the façade of “individualism”, “assertiveness”, “competitiveness”, “smart” business practices, “pragmatism”, etc).

INFORMATION AGE, DIGITAL WORLD, INSTANT SOCIETY, AND MODERN HUMANS

With the introduction of high-tech, high-speed, multi-media digital devices, the world has become borderless with an unprecedented ability to interchange culture, business, science, crime control, etc. The power of self-organizing has increased via internet. On the positive side, “global society” means, among other things, ability to take collective action, e.g., as seen in handling emergencies (natural disasters, travel accidents, financial meltdowns, health emergencies, etc). Similarly, internet has provided a mean to fund political campaigns through small donations by ordinary people, and make elections somewhat independent of powerful and rich lobbying groups (“digital democracy”). Internet provides a chance to “find people like us” in the world (similar interests, hobbies, preferences, illnesses...) which helps the sense of isolation and a scary feeling of uniqueness (“I am not alone... there are others like me”). On the negative side, the anonymity of internet has provided a safe haven for all kinds of physical and psychological outliers to organize.

Modern humans are faced with an emerging need to develop new sensitivities for a range of novel challenges (e.g.,

sorting out information overflow), concepts (virtual reality of cyber-space) and threats (cyber-crime, for instance). They urgently need to increase the level of awareness or, as it were, the resolution and the sharpness of their minds, in order to be able to recognize and react to Nature's warnings, instead of passively ignoring the consequences of their own everyday activities (e.g., global warming). Indeed, it seems as if the "man has lost contact with what can be crucial to his survival" [1].

Are we living in a civilization where there is more and more information and less and less meaning? Does information, as Baudrillard claims, directly destroy and neutralize senses and meaning? [2]. On one hand, the virtual digital world brings individual citizens into the epicenter of events across the globe, but on the other, it deprives them of personal contacts, real time impressions, and full-fledged subjective experience. Moreover, digital communication redefines the traditional concept of sociability. Social contacts are occurring without personal presence, in the cyber space, with reduced sensory information and self-controlled level of exposure. Computer-based communication enables social escapism and experimentation with one's identity, with a possibility of discovering and exploring uncharted facets of oneself. However, the cyber space is no longer only representing reality, it is also creating it. This is causing additional insecurity and anxiety around the definition of "reality" and "truth". Here we have a paradox where more information means less truth! [3].

New digital technologies are beginning to expand not only human per-

ception, but human consciousness as well (e.g. "Avatar" 3D)! The Information Age is introducing changes at such a fast rate that the "generation gap" has doubled, so that current parents are generationally as distant from their children as grandparents were to their grandchildren in the previous generation.

Digital technology has created a platform for quasi activities (e.g. video games), information overload (confusion and indecision about choices), quasi interactions (interaction with cyber people - neglect of the real world), depersonalized socialization (internet anonymity), addiction (compulsive internet use), etc. The imperative for authenticity forces people into all kinds of pseudoidentities. Unfortunately, internet-created, virtual identities are rarely functional in the real world, thus creating problems in adaptation.

As already noted, dramatic social and lifestyle changes driven by the digital revolution have changed the way we communicate, work, study, follow news, shop, date, etc. Digital media dominate our free time and define topics constitutive for building personal identity. The media's production of "governing paradigms" creates hubs (nodules) around which social communication is organized. Pseudoscience transforms once sacred knowledge into digital bites of user friendly information, as a precedent that "legalizes" banalization of almost everything [4].

The contemporary human social milieu is largely influenced by major corporations through the media (consumption as the *modus operandi*, easy living *modus vivendi*, objects as the measure of power and value, imperati-

ve to have and to have it fast). Accumulated confusion (stress) leads to the search of shortcuts to get fast “relief” (drugs, alcohol, “dangerous” activities in sport, sex, consuming of any kind), or to a sense of isolation (loneliness of the alienated in “developed” countries and loneliness in the crowd in “developing” countries). The medicalization of life (treating normal emotional reactions or normal phases of life) and a general feeling of inadequacy (we are never “sufficiently” pretty, sexy, thin, rich, etc) undermine self-esteem and reduces reliance of own resources to resolve everyday problems / obstacles.

It should be noted that the so called eastern (or southern) regions of the globe may be characterized by a slightly different socio-cultural and existential milieu. There, people are still trying to preserve their authenticity, although that has become increasingly difficult due to seemingly unstoppable penetration of modern technology. There may exist elements of envy of the “developed” towards the “primitive” and “undeveloped”, in the sense that they can still walk slowly, do little or nothing, have the minimum, and still survive and even be happy. The latter, of course, is the ultimate goal of all humans. Only a selected minority get there in the developed societies. Paradoxically, the happiest population segment in the western world are elderly people, as we discuss later. Nevertheless, modern technology is too penetrant and seductive to be ignored, especially by young people, who traditionally tend to consume/try everything that is new. People from undeveloped countries now look at their future as “developed” and more and more don’t like what they see.

This is very different from just one decade ago. It may be true that in the future these humans will find their optimal milieu at the margins of developed digital societies, but not in the epicenter, as the latter may be too robotized to fit the human soul.

NEW ADAPTIVE TASKS IN MODERN SOCIETY

There are several important phenomena that have emerged in modern society influencing one’s adaptation as well as the societal understanding of psychotherapeutic objectives.

1) 20th to 21st century: From “how to fit” to “what to choose?”

As noted, there has been a major shift in adaptive tasks from the 20th century, when people were facing the problem of “*how to fit*” their needs (e.g., their aggression, unacceptable sexual orientation) to the strict social rules, to adaptive priorities of the 21st century, when the main adaptive task is to find one’s optimal direction within a wide selection of alternatives (“*what to choose*”). In other words, modern adaptive challenges are centered on meaning, identity, direction, and choice. The paradox is that modern humans have many choices, which is exactly what makes choosing more difficult. We seem to be incessantly falling into the logical error of “if something is good, then more of it is better”. “Uneasiness in culture” today emanates from the abundant offer, selection, alternatives, and possibilities while individuals are under commercial pressure to continuously “produce” wishes and needs. However, the incessant showering with

novelties narrows the space for wishing and challenges our striving for in depth specific knowledge and reaches excellence and expertise [5].

2) Instant and fast as imperatives

Fast and instant have become synonymous with success, based on the misconception that our need for information, adventure, experience... must be fulfilled without delay or otherwise it is obsolete. Instant society means *instant news* (Internet, Twitter, blogs), *instant contact* (Facebook, MySpace, Skype), *instant cure* (no time to talk with patients, more medication), *instant emotions* (soap operas, resurgence of *kitsch*, reality shows). In 2005, for example, sales of antidepressant sertraline exceeded sales of the Tide detergent in the US. The culture industry has given in to the rule of speed, transient trends, and rate of consumption. All this has created an absurd psychological maze – “I want to have, but what I have means nothing to me and cannot bring me excitement anymore”! In the extreme, modern man has created “the paradox of Midas”: greedy king Midas wished for another gift from Gods, and was given the power to turn everything he touched into gold – the result was petrification of life!

3) Lonely planet: How to feel connected?

Paradoxically, despite high inter (net) connectedness, people are increasingly lonely. Internet socialization is characterized by reduced-cues exposure (limited by the visual field of LCD monitors), chosen degree of identifiability to others, and chosen facets of self to express (real

or imagined). Internet communication with reduced cues and self-controlled exposure limits natural progression of a relationship and challenges the traditional concept of “sociability”. Here we have a paradox that social networks increasing in size but close relationships are decreasing in size (“lonely in the crowd”) [5].

4) New cognitive styles: deduction and exploratory approach (“sniffing for info”)

There is suggestive evidence that digital technology has affected human cognitive styles [6]. In general, modern humans have reduced the need to *memorize*, as facts and data are readily accessible on line, hard disks, palm organizers, etc. Instead, there is an increased need to *organize* info and data into concepts and models. Consequently, there is more need for fast cognitive processing (multitasking, hyper vigilance, fast attention-shifting, etc). Multidisciplinary deductive model building has replaced visionary inductive thinking and synthesis. The last truly visionary model in psychology, using induction and intuition, was Cloninger’s model of temperament traits associated with individual neural circuits in the brain, a prediction that has largely proven correct. Today, theories and scientific models are built piece by piece, by sorting out abundant information while relying on input from multiple and diverse sources. “Compressed” internet and SMS language (less description, no adjectives, phonetic spelling, letter-number combinations), are used to maximize speed and efficacy of communication. All this appears to be an attempt of the otherwise “lazy” human brain (brain works in shortcuts and assumptions of

outcomes) to handle the info overflow more efficiently by using simplified communication. Digital messaging devices are used even in places where people are expected to experience personal contact, such as crowded, loud clubs for young people where there is no possibility of verbal communication.

In summary, the prevailing cognitive trends in modern humans are super-fast attention shifting, attending multiple sources of information simultaneously, exploratory approach to factual data (“sniffing for information”), compressed language.... Taken together, all this sounds less like a description of a human being and more like a commercial for Intel processor!

5) The changing face of happiness: from proactive to protective lifestyles

People are living longer, people are getting healthier, but only some are living happier! Surprisingly, elderly are the happiest age group, at least in the Western World [7]. Why the elderly? In Western societies most elderly people experience relief from both internal and external stress. This, on one hand, corresponds to Erikson’s stage of integration (“I have nothing to prove anymore”), with satisfied ambition, reduced self-doubts, and increased self-acceptance. However, the elderly also experience relief from external stress, as many are financially stable and have access to reliable health care, etc. So, in some parts of the world life is easier when one is old. The phrase “changing face of happiness” is intended to highlight that only half a century ago the shared American dream was to the opportunity to get in the race and create (make) happiness. Youth,

energy, progress, success, ownership and achievement were the desirable attributes synonymous with happiness. Today, as we noted, that the happiest age group are the elderly, at least in part, because they have found a shelter from daily stress and experience happiness as the consequence (freedom!). In support of the changing concept of happiness as “life with no stress”, numerous surveys are showing that people from Scandinavian countries (Denmark, Norway, Sweden...) are the happiest on the planet, presumably because of the strong social programs and sense of social security these countries provide for their citizens. However, two points need to be made here. First, elderly people were (are) happier in some Eastern societies based on Hindu religion where they used to retreat into ashrams - spiritual places, after their children grew up. Second, in poor, developing countries elderly people are often facing loss of dignity and increased deprivation and loneliness and we suspect are not particularly happy in those circumstances.

CHALLENGES OF THE CONTEMPORARY PSYCHOTHERAPEUTIC PRACTICE

A brief history and a potential future of psychotherapy

Within the context of changed socio-cultural conditions, the following questions are raised: have the policy, philosophy and ethics of today’s psychotherapy changed? If yes, in what way? What are the dominant paradigms and discourses of psychotherapy today? What about the profession of a psychothera-

pist? What are today's societal and patient's expectations from psychotherapy?

The prediction of trends in psychotherapy at the beginning of the XXI century (the Delphi poll) by Norcross et al. [8] demonstrated that experts anticipated survival of brief, cognitive and problem-oriented psychotherapies and the group format. Interestingly, the evolution of psychotherapy could be viewed in the framework of dominant cultural movements through history. If "Classical" is the period before Freud, "Modernism" the period starting with the outset of psychoanalysis and in-depth analysis paradigms, the "Neomodernism" began with the humanistic-existential paradigm, and "Postmodernism" with the beginnings of social constructionism. Today, we propose that psychotherapy is entering the "Neoclassical" period. The term "neoclassical" is intended to highlight its focus on handling alternative realities and information overflow by returning to naturalistic methods (narrative, common sense, good old conversa-

tion, consultation, talk...). This is summarized in Table 1.

A brief look at Table 1 instantly raises the question: are we idling in circles? We strongly believe the answer is NO. Psychotherapy, like people, develops in a widening spiral fashion: it readdresses old topics with new knowledge, wisdom, strengths, and perspectives developed over time. For example, the issue of trust has a very different personal and practical meaning in childhood, adolescence, and adulthood. In other words, we see psychotherapy spiraling up, with the widening radius and accumulated understanding, not circling around in a stagnating fashion!

Ethics of modern psychotherapy

The modernists established comprehensive scientific theories and rules (ideals of mental health), which were expected to be applied in all cases, from "top to bottom". In other words, apply the recommendation and don't

Table 1. Evolution of Society, Culture, and Psychotherapy: an evolving and widening spiral

Problem/Need	Paucity of knowledge, uncertainties of life, advise seeking	Suppressed urges	Need for self-actualization and individuation	Search for meaning	Information overflow, uncertainty about choices, advise seeking
Period	Pre-therapy Classical	1900-1950 Modernism	1950-1980 Neomodernism	1980-2000 Postmodernism	2000-... Neoclassical
Therapy	Common sense & prophecies	Psychoanalysis & psychodynamic therapies	Humanistic therapies	Constructivism, Systemic therapies	Cognitive therapy, Narrative, Common. sense

think! The therapist was the standard of things and “above” the patient. The humanists (rebelliously!) proclaimed the new idea of “equality”, but in such a way that the truth (standard, ideal) usually had to be just the opposite of the existing truth (standard, ideal). This included negation of psychoanalysis and personal “history” in general, return to the “here and now” from past repressed memories. The humanist’s rebellion also included the dethroning of the Godly therapist to an equal position with the patient. The postmodernists proposed that there are no all-embracing rules and truths, rather there are different and opposite perspectives! Search and see what you will find! (“from bottom to top”. The therapist was further dethroned, now even “below” the patient. Minuchin, 1991, rightly raised the question if the social-constructionist ethics implied that all “stories” were equally good? [9]. We advocate that not all stories are equally good (for example, schizophrenic or paranoid experiences may not be functional at all), but each story has to be heard and acknowledged.

During the modernism era, in the 1990’s, the principle of autonomy and treatment decisions *for* the patient about his/her course and goals of therapy were dominant ethical principles. The postmodern ethics recognized that moral perspectives of the dominant culture can be problematic for co-existing smaller (“marginal”) cultures (for example, the Navajo culture, or in some parts of the Balkans – where informing about serious diagnosis is equal to invoking death!!) [10]. Hence, postmodernism made it mandatory to

include values of marginalized groups, frequently ignored by the dominant discourse. We advocate here that therapists should present clearly their opinions but tailored for the individual patient, so the clients can understand their context (the imperative of transparency) but not be offended and/or scared.

Postmodern personality diagnostics has also been transformed. In the modernism era, diagnosis relied on traits (dimensions) of personality through quantification techniques and therapy was defined as interaction between an “expert” and a “client”. In postmodern diagnostics, personality does not exist as a separate entity but as a phenomenon that creates itself continuously in relations with others, so psychodiagnostics occurs spontaneously within the realm of the therapist/patient interaction (so called psychotherapeutic diagnostics) [11].

Modern expectations from therapists no longer include only understanding, explaining and helping the patient change, but self-reflectiveness as well: therapist should pose questions to him/herself to avoid the (undesirable) imposition on the client (meta position). One’s “professionalism” is now defined not how the therapist presents him/herself to the colleagues, but to the person seeking help. In practice, neoclassical ethics of psychotherapy outlines the therapist’s position as one of “ignorance” and transparency. Therapists are “flawed” and not “experts”. Instead of interpreting, the discourse is listening and asking questions (entering the client’s world, as client’s preferences and views are important). Therapist’s privileged position is

avoided. Client's challenging the therapist's assumptions is encouraged. The strategy is to externalize the disorder (client is to be strictly separated from his/her problem) with genuine respect for the client's position. The desired relationship with the client is the one that diminishes the hierarchy of their positions and psychotherapy becomes a joint exploration. The effects their relationship and patient's stories have on the therapist are expected to be openly acknowledged. In summary, the dominant milieu is that it is a privilege to be a part of a client's life and a partner in his/her struggle [12].

Paradoxical demands on contemporary psychotherapy

Modern day pressure for super-experts, fast help or cure, and for positivistic scientific knowledge lead to increasingly paradoxical demands placed before psychotherapists today, as we see it:

- 1) Transparency and "democracy" vs. being in charge of the healing process (imperative of exploring the efficacy of therapeutic procedures);
- 2) Abandonment of evaluation ("judgment") and "only one truth" diagnosis vs. responsibility for identifying real diagnosis (problems) and help;
- 3) Minimum influence ("imposition") vs. maximum efficacy;
- 4) Respecting the patient's right to be different vs. expecting a "socially desirable outcome";
- 5) Return to natural treatments, common sense, "storytelling" vs. super-specialization;

6) Great expectations vs. negating the therapist's "power";

The question is whether dominant discourse in psychotherapy today interferes with the healing power of psychotherapy and psychotherapist? By dominant discourse we mean culture-sensitive therapies, recognition of marginalized groups, control of abuse of power, therapist's position of "ignorance", horizontal instead of vertical relations with the client, meta position in therapy with the therapist continuously asking him/her self "what am I doing?", etc. These trends could become an extreme such is the case with the question: "who is supposed to be paying to whom?"! Similarly, the "wisdom" of the client who is going through a pathological experience is considered equal if not more important than the "wisdom" of the therapist who has the "knowledge". In the extreme, one could even ask: Do we need scientific data / knowledge in psychotherapy any more? Our answer is YES, the therapist still needs to know *why* he/she is doing something in therapy and *when* he/she will do *what*, as psychotherapeutic PROCESS is independent of socio-cultural trends.

CONCLUSION

The ongoing socio-cultural and technological changes affect individual lifestyles and adaptive tasks which, in turn, affect different aspects of psychotherapy. The psychotherapeutic process remains the same: there must be a beginning of the process and an establishment of trust, followed by working through unconscious mechanisms via transference, personal

growth through corrective emotional experiences, development of decision making capacities (executive functions), practicing and acquisition of new behaviors, working on separation, etc. This process is sometimes faster, sometimes slower, sometimes continuous, sometimes intermittent, sometimes complete, sometimes not, but the essence of psychotherapeutic process remains the same, regardless of the theoretical context, method of choice, discourse, paradigm, or historical moment.

Major changes have occurred and are expected to continue to occur in psychotherapeutic context, paralleling the evolving socio-cultural environment in the modern world. This has caused changes in the content and goals of psychotherapy, subsequently leading to changes in its dominant method and format [13]. As a part of the modern socio-cultural scene, psychotherapy has accepted the societal demand for “political correctness” and “human rights”, essentially meaning that the distribution of “power” within the therapeutic relationship is expected to swing in the direction of the patient. It is of critical importance to make a clear distinction between authoritarianism (which should certainly be abandoned), and strength (“power”), without which it would be difficult for us to help anyone make a change or be well. Clearly, a psychotherapist without the power of knowledge has no power to “abandon the knowledge”!

Another area of psychotherapy that has sustained major changes is psychotherapeutic goals, i.e. the definition of efficacy and desired outco-

mes. Specifically, psychotherapeutic goals “to fit in and to function better” have been redefined, so that now the patient should come to terms with being different (“everything is normal”). Although this is what the society explicitly proclaims, it implicitly expects from psychotherapy to provide socially desirable outcomes and maintain “social sanity” and “social order”. Psychotherapists are first called when something unusual, weird, or extreme happens in the society, not only to explain but to define what is normal and what is not! The goals of psychotherapy are, by definition, both socially and personally defined, because “no man is an island” and cannot avoid living under expectations, even if only his/her own. Psychotherapy of the future shall have to find a balance by labeling some goals (violence, psychosis) as both personally and socially undesirable.

As far as the method of discovering (as opposed to guiding and controlling) is concerned, another paradoxical trend is observable: less guiding (in order to respect individual differences) is being replaced by more consulting, advise, and direction (all reflect the practical, operational nature of new trends in psychotherapeutic help) [5].

Finally, we believe that just as the psychotherapeutic process has remained the same throughout history of psychotherapy, so has the psychotherapeutic method. What have changed are the techniques and “philosophies” underlying different schools of psychotherapy. Still, the main methodological issue has always been how to address the “bad solutions” (symptoms) and all methods through history

were designed to answer this question. Whether one begins with observing and interpretation of behavior (CBT, TA), emotions (Psychoanalysis, Gestalt) or cognition (REBT, BT, existential therapy), it doesn't make much difference, because one has to get to all three of them eventually in order for a genuine psychotherapeutic process to develop and operate. In other words, it is important to remove obstacles of a personality development, and how one does it is less important. An efficient therapy is always a creative therapy, even if it is created for one patient alone. The identity of future psychotherapists will increasingly lean to transmodality, just as the theories of personality and the psychotherapeutic process will become transtheoretical.

We believe that psychotherapy is the profession of the future and that instead of super specialization and division into modalities it shall expand and blend with other professions (which is already happening). As a result, in the future we may have pharmacopsychologists, psychosociologists, psychophilosophers, psychoeconomists, psychoecologists or ecopsychologists, psychoarchitects, psychoartists, etc.

At the beginning of this paper we ask the question whether this is a time of crisis of the paradigm in psychotherapy. We believe that there is no crisis of the paradigm, but the call for real integration of various discourses: the "crisis of the paradigm" is in fact the "transparadigm" reflecting the reality of the moment in the evolution of the society. We expect from the science of psychotherapy to provide a platform for meaningful integration of all discourses in order to meet the needs of modern human beings and the needs of modern scientific approach to help people. For example, in treating OCD, or depression, integration of biological and other paradigmas is a common place, nowadays.

The trend of more natural "common sense" in psychotherapy does not mean less education, or specialisation, on the contrary: one needs to be very well informed, in order to "let go" of information (theory) and to approach every individual at the place he/she is, but not pulling them to fit into a theory. The point is that as psychotherapists in the post-postmodern era, we need to use our knowledge in a different way in order to be leaders without authority, making an impact instead of controlling.

BUDUĆNOST PSIHOTERAPIJE: POSTOJI LI KRIZA PARADIGME?

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Kratak sadržaj

Kao primenjena nauka i praksa, psihoterapija je u velikoj meri definisana dominantnim društvenim trendovima i zavisna od aktuelnih potreba ljudi, njenih korisnika. Ovi trendovi utiču na evoluciju psiholoških problema i potreba klijenata, pa tako i na odredjenje, metode i ciljeve psihoterapije. Dramatična unapredjenja informatičke tehnologije, komunikacije i masovnih medija, kao i brzina promena u geopolitickoj sferi uzrokuju promene dominirajućih potreba savremenog čoveka i načina njihovog zadovoljenja i postavljaju pred njega nove adaptivne zadatke. Ovako izmenjen egzistencijalni milje redefiniše dominirajuću paradigmu savremene psihoterapije, menjajući dominantni diskurs, etiku i socijalna očekivanja u odnosu na njene ishode i ciljeve. Autori u radu istražuju kako se tehnološka revolucija i revolucija vremena odražavaju na evoluciju post-postmoderne paradigme u psihoterapiji. Mi verujemo da se ne dešava kriza paradigme, već da zapažene promene diskursa, ciljeva i očekivanja od psihoterapije reflektuju realnost trenutka u evoluciji društva. Može se očekivati da će doći do stvarne integracije svih relevantnih paradigmi i diskursa u psihoterapiji („transparadigma“) u cilju susretanja potreba modernog čoveka. Identitet budućih psihoterapeuta će se sve više oslanjati na transmodalitet, kao što će teorije ličnosti i psihoterapijski proces postati transteorijske.

Ključne reči: psihoterapija, paradigma, postmoderna, razgovor

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