

## Thoughts and recollections of a former president of the International Federation for Medical Psychotherapy (IFMP)

“I could have called this book **False Memories**. Not because consciously I want to tell a lie but because the act of writing proves that there is no deepfreeze in the brain where memories are stored intact. On the contrary, the brain seems to hold a reservoir of fragmentary signals that have neither colour, sound, or taste, waiting for the power of imagination to bring them to life. In a way, this is a blessing.”

Peter BROOK, “Threads of Time”, London, Methuen Drama, 1998  
(Translated into French as “Oublier le Temps”, Paris, Le Seuil, 2003)

When Professor Médard Boss, the renowned Zurich existential analyst, urged me to stand for the presidency of the federation to follow him, it was as if a thunderbolt had struck me. I possessed none of the qualities that, at the time, I considered indispensable for the president of an international medical federation. Nonetheless, I did agree to take on this function for two reasons and I derived great pleasure from it.

The first of these reasons is associated with the medical aspect of psychotherapy, which ought, as a matter of principle, to be exercised by doctors of medicine attending patients suffering from problems with their health, especially their mental health, as a result of which they also cause suffering to those closest to them and sometimes even to society at large. It seems to me that a broader medical training is indispensable for the medical psychotherapist, who, in the course of time, is called on to diagnose organic complaints (brain tumours, dementias and all the organic diseases that are caused by mental syndromes close to those of neuroses or psychoses).

It may well be that psychologists, members of the clergy, philosophers, anthropologists, hairdressers and virtually anyone else makes use of psychological methods, which may or may not be close to those of the medical psychotherapist. They use them to make their clientele feel happy, to help them make a profit on the securities exchange or to try and get them to stop smoking. And I don't see the slightest drawback to that, unless they start calling it psychotherapy. When, some time after my presidency (and possibly with a view to giving me a rap over the knuckles), the federation decided to remove the term “medical” from its name, I lost any drive to take further interest in its fate thereafter.

The second reason that led me to accept the presidency was that, if he wanted to, the president could make known his theoretical preferences (which, in my case, were psychoanalytical) in the discussions with the national and local committees organising international congresses. In reality, however, the president of the federation is a person who stays out of the limelight and sees to it that the administrative work gets done. That is his primary function – a pretty modest one, but an essential one. Once that had been properly taken care of, he could, in my time, if he really wanted to, but was not forced to, show his theoretical preferences, try to get them recognised and then attempt to exert some influence on the structure of the congresses, which, in my time, were the only organised events in the federation's diary.

The vast majority of the congresses I attended presented a real wealth of psychotherapeutic techniques in the face of the many different disorders to be treated and the varying clinical situations. But if we scrutinise the theories underlying the techniques, we find out that there are not all that many of them and that they can be summarily grouped together in just a few major classes, of which the most important ones are as follows. Firstly, the very long-standing, classical attitude of doctors providing their patients with support; this appears in numerous techniques, yet more often than not is not named as such, but it does appear very openly in psychotherapy or support therapy, and it is still very much present in the world of medicine and especially the world of psychiatry. Secondly, there is the theory based on the subconscious and subconsciously transfer; this is the central domain of psychoanalytical techniques, no matter what school may be invoked. Finally, there are the behavioural techniques, which set out to move close to the foundations of the precise sciences. Each congress gave me the opportunity of pigeonholing the techniques expounded by my professional colleagues into one of these major theoretical classes, and I would go so far as to claim that they cover the whole domain of psychotherapy.

Let us move on from these simple theoretical precepts, which naturally ought to be developed further, studied in depth and, above all, analysed with a critical mind, and let us return to what I experienced whilst preparing and holding the congresses. It was not long until I felt dazzled by the privilege I had of making contact with professional colleagues from other countries and, in the majority of cases, being swayed by the richness of their characters. Doors were opening for the little French-speaker from Switzerland and I benefited by drawing sustenance from the sources proffered to me.

The federation's board actually only had a small number of members, and there I made the acquaintance of some remarkable personalities, whom I much admired. First of all, there was the immediate past-president, Médard Boss, who gave me support during the first years of my presidency, which began in 1969 and ended in 1979. I feel I must also mention Doctor Finn Magnussen, the federation's extremely efficient secretary, who succeeded me as president in 1973. It is thanks to his excellently balanced judgement that I avoided several potential pitfalls, and he possessed a markedly Norwegian clinical sense, which was most useful to me in various circumstances.

So much for the board. In my capacity as president of the federation, I had the duty – but it was a privilege at the same time – to deal with leading figures from other countries, who were in the process of organising our congresses on their home territory. With very few exceptions, our discussions were always to the point and these revealed to me the great worth of my counterparts, from whom I learned a lot, not only in the field of medical psychotherapy, but also in ways of remaining in charge and steering through conflict-laden situations. I shall mention but one of these by name, someone who sadly died a few years ago, but who in my eyes remains the perfect example of a professor of psychiatry, of a psychoanalyst and of a psychotherapist refusing to be overwhelmed by professional theory. I am referring, of course, to the late David Zimmermann of Porto Alegre (Brazil), and it is thanks to our federation that I had the honour of knowing him.

There certainly were situations of conflict, but they never deteriorated into disasters. The least pleasant predicament I experienced was the pressure our board had exerted on it by the societies of non-medical psychotherapists to abandon both the medical aspect and our concept of psychotherapy. We refused to budge, but our successors did not hold the same view of our calling. I believe that the fact that medical people abandoned the medical aspect of psychotherapy was a mistake and will turn out to be a source of pointless conflicts, wasting massive amounts of valuable time.

But I am very happy to see that the current board has clearly made up its mind to breathe new life into the federation. I wish its members all the best, and may it be plain sailing for them.

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President of IFP 1969-1979 (the Federation was then named International Federation for Medical Psychotherapy IFMP)