

## Rules for Lay Therapists by Dr Margaret Lowenfeld



Difficulties with lay therapists of whatever kind they are, always tend to rise at the same point, and from the same course as follows:

All lay therapists, whether psycho-therapists, osteopaths or dieticians, tend to believe that their treatment can cure all human disease. They are therefore on the whole, willing to take on almost every type of human complaint. On the other hand, as they are untrained in general medicine, it is not within their power to make accurate diagnoses. This to them is not important, as all three types of therapists believe that illness arises from the same type of cause, and therefore apply the same treatment to each patient whatever the complaint.

Physicians and surgeons find it difficult to work with lay therapists not usually because of disagreements in treatment, but because they notice more often and more forcibly, treatment which has done positive harm owing to the lack of diagnosis in one of two ways.

- a. The form of treatment has been definitely harmful to the actual condition. Two common examples here are osteopathy, and tubercular joints, whether the osteopathic manipulation of a joint which should be still spreads the disease or the psycho-analysis of a schizo-phrenia which has exactly the same effect. Analysis of a schizo-phrenic condition tends to increase the disorder.
- b. Through use of the lay form of therapy rather than immediate reference to a physician or surgeon, delay is caused which becomes ultimately fatal. A common example of this fault occurs in cases of cancer, when often the moment is missed, owing to the attempt "to cure" the condition, which surgical treatment could have removed the primary focus, and have saved the patient's life. Another example of the same error is when dietetics and other treatments are used for some condition without the drugs which a physician would use to spare the heart. As a result death occurs through over-action of a diseased heart.

In order therefore to be sure that no dangers of this kind are encountered, every lay therapist should make it a rule only to accept cases under the following conditions:

1. Patients who are followers of the same form of belief, for example the Christian Science patient would rather die of cancer according to his own belief, for a good Christian Scientist would not have an operation that would prolong life. Neither the patient nor the patient's relatives in this case, would grumble at the non-success of the treatment.
2. Cases sent by a Doctor, when the Doctor is prepared to take full responsibility of the case throughout.

3. Cases sent or brought by medical men or women, after all ordinary examinations have been made, and medical science has confessed itself (preferably in writing) baffled.
4. Wild cases of an appropriate kind, where no questions of serious disorder can arise

Lay therapists should treat cases only and always with the following precautions.

1. To make sure that the patient has considered the risks involved, and that both you and the patient agree as to which of the categories above the patient comes into.
2. That if any chronic condition exists of any kind no case should be accepted until the lay therapist has a record of the description of the chronic complaint.  
Illustrations - in a case of anaemia, a record of the history of the blood and an account of the blood picture present at the beginning of the treatment, made by a reputable pathologist.
3. In cases involving mental symptoms, a statement by a competent psychiatrist of the condition in technical, psychiatric terms.
4. In kidney or any other organic disorders, the account of the condition of the urine, as reported by a competent pathologist.
5. In bone or joint lesions, an X-ray of the affected part, together with the radiographer's report in the X-ray.

On beginning treatment, the lay therapist should make it his or her business to make a very careful description of the whole condition of the patient, in the best terms that she can, (in your case, I think as I said in September, this should involve examination by M. K. before beginning treatment.

#### During the course of treatment

If during the course of treatment either the original symptom should persist, deteriorate, or new symptoms arise, which might be of an organic nature, then for the protection of the therapist, the patient or patient's friends should be asked for a second opinion to be called in.

Arrangements for this second opinion should be made by the lay therapist and a full report both of the original condition and the nature of the treatment, and reasons which have led the lay therapist to ask for a second opinion, should be supplied to the physician or surgeon who is consulted. Very careful records should be kept of this consultant's opinion, and copies should be asked for of any reports. If no physician or surgeon is available, who is familiar with the treatment, it is wiser to ask for a "consultation" in London. The whole system of "Consultation" has been invented to meet this exact need which arises also in ordinary medicine. A consultant does not undertake treatment, but gives an opinion and refers the case back to whoever has sent

the case. This applies to my own type of work as well as other forms of medicine. For example, states of excitement can suddenly arise in ordinary psycho-therapeutic treatment - in that case, unless the preceding outline above is undertaken and very carefully adhered to, that which has happened in the case of Mrs. Benson always occurs, that is if the therapist, for example, Miss Lowson or Miss Trall allows the patient's family to choose the psychiatrist whom the child will see, the psychiatrist will practically without failing, insist on the case coming over to him, and stopping the psycho-therapy. The situation is therefore in no way peculiar to you, but is the same for all forms of lay therapy. Perhaps these definitive rules will make it clearer.

It is often wise at the end of the treatment, to suggest that the patient be seen by a Doctor, and that a report be written (this need not be formal), saying in what condition the practitioner has found the patient. This is useful as a safeguard, for what often happens is that if the patient suffers a relapse, he will deny that he has suffered any benefit from the treatment.