LETTER · 1997

Collective Mothering and the Medical Model

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A letter written in 1997 exploring the tension between two implicit models of care which underlie the psychotherapy profession: the 'medical model' (expert treating patient) and what the author calls 'collective mothering' — a model of care rooted in the human experience of being held, soothed and responded to by another person.

KEY THEMES

— Medical model versus collective mothering as models of care

— What the medical model fails to provide

— Embodied care as the foundation of psychological healing

— The politics of recognition in the helping professions

— The professional and the personal in therapeutic care

Two Models of Care

At the heart of the psychotherapy profession lies a tension between two implicit models of care. The first is the medical model: the therapist as expert who assesses, diagnoses, and treats; the client as patient who presents symptoms and submits to treatment. This model has clear virtues — it provides structure, accountability, and a framework for thinking about what is being done and why. But it also carries a particular way of relating which is fundamentally objectifying: the patient is the object of the expert's knowledge and technique.

The second model is what I am calling 'collective mothering'. This is not a term from any clinical tradition — it is my attempt to capture something which I believe is actually at the heart of what makes therapy therapeutic, and which the medical model systematically fails to theorise. It is the experience of being held, soothed, attuned to, responded to by another person — of having one's experience witnessed and made real by a fellow human being.

These two models are not simply different therapeutic techniques; they are different paradigms of what human care is and what it is for.

What the Medical Model Misses

The medical model, applied to psychotherapy, has consistent difficulties with certain aspects of the therapeutic endeavour. Most notably, it struggles to theorise the significance of what cannot be measured or operationalised: the quality of the therapist's presence, the genuine human contact which makes the technical work meaningful, the experience of being truly met and understood.

When a client makes progress in therapy, the medical model tends to attribute this to the specific interventions applied — the particular technique, the accurate interpretation, the correct procedure. But clinical experience consistently suggests that what clients experience as most helpful is not primarily the technique but the relationship: feeling genuinely cared about, experienced as a person rather than a patient, met by someone whose own humanity is genuinely present.

The 'collective mothering' model attempts to theorise this — to take seriously the care dimension of therapy, not as a warm background to the real clinical work, but as itself the primary therapeutic vehicle.

The Politics of Recognition

There is a politics to this question which should not be ignored. The medical model has historically aligned with male-coded expertise, objectivity, and professional distance. The 'collective mothering' model aligns with female-coded care, attunement, and relational presence. That one has been theorised extensively while the other has been largely taken for granted and undervalued is not coincidental.

The psychotherapy profession's ambivalence about the caring dimension of its work — its tendency to talk about 'interventions' rather than 'care', to emphasise evidence-based techniques rather than relational quality — reflects a broader cultural devaluation of care work and its predominantly female practitioners.

To theorise collective mothering as a legitimate and primary model of therapeutic action is therefore also a political act — a refusal to accept the terms under which the profession has largely accepted the medical model's authority, and an insistence that what happens in the therapeutic relationship has its own irreducible value which cannot be captured by the language of treatment and outcome.

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