An Adlerian Evaluation of Methods and Techniques in Psychotherapy of Adults[1]

NITA ARNOLD, M.D., Ph.D., *Los Angeles, California*

The problem of psychotherapy stands in the foreground of today's social needs largely because of the disproportion between people in need of help and therapists able to render it.

This disproportion is due firstly to the increasing numbers of people who, as a result of lack of adaptive preparation to an ever increasingly complex existence, came to need psychotherapy. Secondly, there is a growing realization, inside and outside the medical profession, that a great percentage of suffering due to bodily pain and discomfort, previously treated with traditional medical means, may be helped by a procedure called "psychotherapy." The sufferers themselves, in growing numbers, came to realize that their psychological problems and mental distresses can be relieved in the procedure.

At the same time, the supply of psychiatrists has not kept pace with the ratio of increase in mental illness. Medical men, aware of the need, do not have sufficient training centers in which to receive understanding and proper evaluation. Therefore the teaching of psychotherapy and the publication of textbooks and papers on the subject are matters for consideration. The writer is inclined to believe that the confusion of ideas concerning psychotherapy is, due to a deluge of publications, perhaps increasing rather than diminishing. An attempt will be made to discuss some of the factors underlying this confusion.

What is psychotherapy? Is it a science? Is it an art? Opinions differ. Even among professionals it is not quite clear whether the word "psychotherapy" refers to the "psyche," the soul which is to be

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healed, or to the "psychological" methods to be used, which latter definition would be in analogy to physical therapy by physical means, such as instruments, water, heat, and so forth. *Webster's Unabridged* (20), 1953, gives the definition, "healing of mental disorders." But the *Encyclopedia Brittanica* (4), 1953, defines the word as "the *treatment* of illness by psychological means," and in this paper the latter definition will be adopted.

All therapies are applied sciences. Most medical therapies are based on pathology and its underlying science of physiology. Just as pathology cannot be understood without physiology, we cannot think of establishing a science of psychopathology without first establishing a science of psychology; and psychology is the science of human nature, the science of meaningful activity. Meaningful activity, however, has to be "understood." Human psychology thus becomes the science of understanding human nature.

We could, then, define psychopathology as the science of deviating behavior, resulting in an individual's suffering and unhappiness. We have to admit that this science is in its infancy, is controversial, and by many not recognized or accepted as a science. And as different schools of thought hold and believe in different theories and principles of psychopathology, so their principles and aims of psychotherapy will differ, too. But if it is to be established as a science, psychotherapy must be directed at some goal, some aim, that must be defined and agreed upon.

While in the literature on the subject therapeutic methods are described, it is not often that the goal or aim is clearly expressed, and when expressed, the references are highly diversified: "relief of patient's pain or physical sufferings" (if psychogenic); "relief from anxiety"; "self-realization"; "achievement of happiness"; "achievement of patient's practical goals"; "adjustment to reality"; "development to maturity"; "creativeness of patient"; "adjustment to society"; "getting along in job, family and marriage"; "conformity to therapist's standards"; or last but not least, the "achieving of the perfect orgasm!"

Psychotherapy will be evaluated by its results. And all schools claim results expressed in terms of "cures." But results may be not *"propter hoc"* but *"post hoc."*

A psychotherapeutic method may be successful even while the theories which the therapist had in mind may be wrong; or a therapist may successfully use a method of which he was not aware, and

ascribe the result to one he believed he had applied. In our quantity-minded culture statistics of "cures" have been published by research workers—Knight, Landis, Apple, and others—and therapeutic institutions such as veterans' hospitals, state hospitals, clinics, and therapists in private practice have issued their statistics. Other research workers, realizing the relatively small number of follow-up cases, have tried to remedy this statistical weakness by summarizing the data of many clinics, which did not make their results more "scientific," as no scientific standard of "cure" or "improvement" was established among the various institutions and clinics from which the total of data was derived. As long as the aim of psychotherapy is not agreed upon, we cannot hope for quantitative evaluations, except those based on superficial or practical considerations, such as "patient changed to a better ward," "patient left the hospital."

In a further evaluation of methods and techniques of psychotherapy in the literature, we encounter writers who do not distinguish between the theories of psychology and their application as psychotherapeutic methods. The psychoanalysis of Freud is interchangeably referred to as a technique and as pathological hypothesis or principle. Freud (6) himself says, "Psychoanalysis is a technique to treat nervous people." Later on he developed theories to explain his findings. In 1933 (7) he says, "Psychoanalysis originated as a therapeutic procedure; it has gone far beyond that." In 1940, in *Abriss der Psycho-analyse* (8), published in America in 1949 as *An Outline of Psychoanalysis*, Freud divides his work into three parts, two of which deal with his theories of human nature and only one with his technique of psychoanalysis.

From the beginning, Adler distinguishes between *The Practice and Theory of Individual Psychology*, which is the name he gave to one of his first publications, in 1920. Adler, unlike Freud, appears to have first made his general observations of human nature and formulations of his hypotheses, and later was more concerned in the development of methods to put his theories to practical uses. He says in *Understanding Human Nature* (1) ". . . from this . . . arises the problem and the necessity of finding a precise tactic and strategy and a technique in the application of our knowledge."

The interchange in the use of words, for *theory* and for *technique*, might serve to account for strange statements heard often even among professional men "I am an eclectic, I do not believe in any one school of thought, I take from Adler or Jung or others whatever I can use

for the case in question." We have to postulate that a *therapy* of human nature has validity for every case. Different *techniques*, however, may successfully be employed for different types of cases.

Freud exemplifies another difficulty in the evaluation of psychotherapeutic methods. From his earliest writings in 1893 until his death in 1939 his theories were considerably altered from time to time. Accordingly, the psychoanalytical procedure had to be altered or at least, the emphasis shifted. In order not to be confusing, one would have to refer to the Freud of 1893, the Freud of 1910, the Freud of 1939. His pupils, however, in their writings on psychoanalysis, do not always specify if their references are to his original or to his reformed theories of human nature and psychotherapy. One also meets with a problem of terminology, for terminology developed in one language can change in meaning when translated into another language, and hence give rise to additional misunderstanding.

The basic theoretical principles of Adler did not undergo change. His teachings at the time of his death, while expanded, were fundamentally the same as they were at the beginning of his career. The onward march of science did not force him to alter his viewpoints, although he always encouraged his pupils to search for new discoveries toward truth, and for new and wider applications for social uses. For this reason, the recent translation of Alfred Adler's early works does not present any special problem. In *Understanding Human Nature* issued by Permabooks in 1949 but written by him in 1927, Adler's views are identical to those he was known to have held at the time of his death.

In all cultures and in all times, the creation of disciples will take place, and has great value in the pioneer state of a developing science. However, this can lead in some aspects to the likeness of a secret society with "symbols" that cannot be deciphered by "outsiders." Like Freud, like Jung, Adler surrounded himself with disciples, created a school of thought, and imparted the best of his knowledge not only in the classroom but extending into the Vienna cafehouse. While this procedure was of enormous benefit to those pupils fortunate enough to be present in person, it proved a disadvantage to others who have to rely on published literature in order to become acquainted with his theories and their application.

The same frustrating problem is encountered when one considers Adolph Meyer and his school of Psychobiology (16). He was the

object of great admiration from his pupils, and many of them appear to work quite successfully with what they learned from him. But the writer was never able to find out exactly what constituted Meyer's theories on which his psychotherapy was built.

Freud first believed in the curative effect of cathartic abreaction during hypnosis. Moving later to the free association method, he still believed that it was abreaction which was therapeutically effective. Later, Freud came to realize that free association alone would not be sufficient, that the role of the therapist is more than that of a passive listener. He writes: ". . . the analytical physician and the weakened ego . . . form a pact with each other. The patient's sick ego promises us the most complete candor, promises to put at our disposal all of the material which his self perception provides; we, on the other hand, assure him of the strictest discretion and put at his service our experience in interpreting material that has been influenced by the unconscious. Our knowledge shall compensate for his ignorance and shall give his ego once more mastery over the lost provinces of his mental life. This pact constitutes the analytic situation."

Freud could never free himself from the influence of the mechanistic age. In his *Outline for Psychoanalysis* (11) he says, "The final outcome of the struggle which we have engaged in depends upon quantitative relations, upon the amount of energy which we can mobilize in the patient to our advantage, in comparison with the amount of energy of the forces working against us" and "The future may teach us how to exercise a direct influence by means of particular chemical substances upon the amounts of energy and their distribution in the apparatus of the mind." Thus, he believes in constitutional factors determining the strength of the *id* impulses in relation to the strength of the *ego* to deal with it.

Jung, to our knowledge has not systematized in writing the psychotherapeutic aspects of his teachings. He bases his psychoanalytic therapy on his typological findings: the extravert, the introvert, and the four basic ways of adaptation to life. He conceives successful living as the result of a balance in the basic ways of adaptation of which each individual is capable through his heritage. "Neurosis is an act of adaptation which has failed," quotes H. G. Baynes from Jung (15). Additionally, Jung himself writes, "Activity of the conscious is selective. Selection demands direction. But direction requires

the exclusion of everything irrelevant . . . the contents that are excluded and inhibited by the chosen direction sink into the unconscious, where by virtue of their effective existence they form a definite counterweight against the conscious orientation. . . . In the neurotic state the unconscious appears in such strong contrast to the conscious that compensation is disturbed. . . . The aim of analytical therapy, therefore, is to make the unconscious contents conscious in order that compensation may be reestablished . . . thus supplementing the conscious orientation."

One of Jung's chief criticisms of Freud is the latter's mechanistic approach. However, when Jung speaks of "the selective activity of the conscious which makes the excluded contents sink into the unconscious where they form a counterweight against conscious orientation," we cannot help but look around for a scale!

Does John B. Watson enter the field of psychotherapy? As a natural scientist he tried to establish an exact science of human psychology through observation and animal experiments—not through introspection. "Behaviorism is intensely interested in what the whole animal will do from morning to night, and from night to morning." Watson concludes that even in the human being, psychologically complex as he may appear to be, response can be predicted and through certain scientific procedures can be changed. He says, "Would you think it strange if I said that the behaviorist, by training him (the individual) in principles and in particular could almost remake this very intelligent individual in a few weeks time?"

(The writer gives an affirmative answer. She would think it very strange!)

Watson continues, "And how does the behaviorist do it? By analysis—I mean, studying the cross-section of personality in some such way as I have outlined it."

His outline consists in observation whereby "the real observer of personality tries to keep himself out of the picture and to observe the other individual in an objective way." This is done, according to Watson: (*a*) by studying the educational chart of the individual; (*b*) by studying the individual's achievement chart; (*c*) by using psychological tests; (*d*) by studying the spare time and recreation record of the individual; (*e*) by studying the emotional make-up of the individual under the practical situations of daily living. "This will be

the equivalent of diagnosis. Combined with this will go unconditioning and then conditioning. This will contribute the curative side. Analysis, as such, has no virtue, no curative value."

There is no exact contradiction here, between Adler's thinking and Watson's theory of "conditioning and unconditioning"; there is, however, a distinction, in that we condition a dog, but a human being, can condition himself by setting a goal. "A change of goal" in psychotherapy means nothing more than that a patient is prepared to uncondition himself and then again condition himself! However correct Watson's theories may be, it is difficult to visualize his psychotherapeutic procedure as practical, if for no other reason than—as stated by himself—that it is "an elaborate process that has no short cuts." In his book, *Behaviorism* (19), he states, "I venture to predict that twenty years from now an analyst using Freudian concepts and Freudian terminology will be placed upon the same plane as phrenologists."

Watson, however, did not count on the adaptive capacity of Freud's followers!

Andrew Salter, among others, has worked out procedures in line with Watson's theories. In Salter's cases (17), "cures" happen in the shortest time, even after one session. He reduces all life to the principle of excitation and inhibition. While we cannot find fault with this theory as far as it goes, it is not easy to understand its application as a therapeutic method.

Adolf Meyer (16), in his search for a multitude of facts and findings in each case, does not seem to have advanced any new theories on which to build his particular therapy. To the writer, his principles appear to coincide with those of Alfred Adler, save in one marked exception: a pluralism of findings in one individual does not necessarily bring about an understanding of that individual's behavior.

Frieda Fromm-Reichmann's *Intensive Psychotherapy* (14) is based on H. S. Sullivan's operational interpersonal conceptions. To quote Sullivan (18): "The full development of personality along the lines of security is chiefly founded on the infant's discovery of his powerlessness to achieve certain desired end-states with the tools, the instrumentalities which are at his disposal"; and further, "From the disappointments in the very early stages of life outside the womb—in which all things are given, comes the beginning of this vast development of actions, thoughts, foresights, and so on, which are calculated

to protect one from a feeling of insecurity and helplessness in the situation which confronts one."

We fully agree with the above and with many other principles set forth by H. S. Sullivan (18) in his skillful and adept rewording of Adler's own theories! And if Frieda Fromm-Reichmann's *Intensive Psychotherapy* (14) is indeed based on those concepts, we can understand her enthusiasm to find herself on the right road, and we can believe in her reported success even with psychotics.

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It is from the Adlerian point of view that we have attempted an evaluation of therapeutic methods. It is impossible, within the scope of this paper, to develop Adler's science of psychology and psychopathology, but in recounting his psychotherapy, mention will be made of his most important therapeutic principles. We shall not attempt to give a systematized description of his therapy, and we are conscious of the subjectiveness and limitation of the account.

Let us asume a patient suffering from obsessions and fears also comes for help. Not knowing anything more about him than that he has obsessions and fears, we *do* know that they were created by him for a purpose. His evaluation of his own capabilities and his environment which constituted his world made in his early childhood were naturally imperfect if not outright incorrect. If he now suffers from obsessions we know that misconceptions have woven themselves into the world picture upon which he created his pattern of action leading toward his unconscious goal—a goal that represents his own private concept of security. His symptoms, we know, are self-created to serve this goal. We know Adler's concept of "cure"—namely an attempt to lead the patient *away* from his misdirected life movement. In some way, the patient has severed himself from the group; the social feeling with which every human being is endowed was probably not sufficiently developed in his early childhood. But every human being's most important method for survival is the group, the unlimited society. Belonging to the group would constitute the "right" concept of security; hence it follows that social contribution should be considered the only valid standard of human values. Adler has affirmed and it can be proved empirically that the individual who has to the fullest degree developed his productivity in the direction of social contribution is the one who, observed objectively, will be considered

mentally healthy, and will experience himself as a satisfied, peaceful and relatively happy person.

We know that the patient's energies, due to the misconceptions of his early childhood, are misdirected. We do not have to find out what that childhood was like, but *how he experienced it*; we need to learn how he evaluated the world and himself, what specific methods he developed to compensate for his inferiority feelings, and what guiding lines to security he now holds. How do we establish this knowledge? The patient tells us his life story, past and present. Through questions, we then elicit certain material we consider pertinent to the detection of the life pattern. Therapist and patient cooperatively reconstruct the childhood, including physical conditions and early illnesses—as the body may be considered the most immediate environment. The patient will have varying degrees of awareness of the happenings of his past life, but all his experiences, present and past, in all the different phases of life, must fit, as do the pieces into a jig-saw puzzle, into the pattern for which we are searching. Guessing, and then verifying our guesses, is the "scientific" method used—and guesses not verifiable have to be changed.

Interpretation is elucidation, is making every phase of the patient's behavior meaningful in the light of his goal. By this light we shall find the meaning of his symptoms, his fears, his obsessions. Interpretation takes place not only on the verbal level, but non-verbal communications, too, are meaningful and may be interpreted—his actions and omissions, facial expressions, gestures, phantasies, and dreams. The range of methods used to elicit pertinent material is wide, but it includes no method which would violate the desired non-authoritarian therapist-patient relationship; it omits judging, scolding, bullying, it eliminates emotional concern, and appeal, and most particularly, avoids giving of advice. In short, nothing must be done to decrease the patient's feeling of responsibility for his own actions.

Behind the two words, "pertinent material," lies Adler's whole psychology. The "repressed unconscious material" for which Freud would search by "free association" represents something very different from pertinent material. Free association, the method of Freudian psychoanalysis, is used by Adlerians, too, at some times, in some cases. There are patients who would gladly "free associate" for hours and hours on end, in order to avoid betrayal of some other phases of their behavior which they cannot reconcile with the picture they have of

themselves. At such times, direct questioning about such a suspected phase may give the therapist a clue as to the nature of what is being avoided, and a friendly, encouraging insistence may bring to the foreground "material" which otherwise would have stayed in "the unconscious." If the patient, at that point, begins to talk about the matter previously avoided, we would probably allow him to ramble along freely, without interruption, the more so if we note that the related facts are accompanied by much emotion, because the therapist would be more interested in the attitude of the patient toward the related facts than in the facts themselves.

A willing ear at his disposal can always give a patient a satisfied and soothed feeling, as if mother is listening. Now, some person aside from himself is interested in him! And the non-judging attitude of the therapist may in itself give the patient relief from his feelings of guilt for having acted so "badly, wrongly, lowly, ridiculously," etc. Lifting his head, he sees the face is not scornful, the whip is not raised, the sword is not ready to fall. But looking at him in a manner friendly, humanely, dispassionately, is the therapist—representing to the patient the non-I, the group, the world!

In an analysis, you, the therapist, have gone all the way with him, you have seen with his eyes what he saw, you felt his sufferings, you followed his reasonings. That is what science calls "empathy." But while walking through the past and the present with this patient, unnoticed by him you made little landmarks at some cross-roads. If your patient had already reached the ultimate in isolation, you would not have had much chance of communion with him. Now, you point out with vivid word-colorings the places he had been headed for—the jungle, the desert, the loneliness, the inferno. Again, you allow him to reiterate his present pains and sufferings, his unhappiness, his desire to be relieved. And then you lead him *back* to those cross-roads where you made your landmarks, in order that you would not get lost yourself, and from which places the patient had taken the wrong paths leading to the heaven of the "absolute."

Those landmarks are the misconceptions, the misjudgments formed in early childhood and retained and adhered to throughout life up to the present time. You lead the patient back in order that he may reconsider, may view them in a different light. You give him that light—the intellectual information and understanding that he needs in order to be able to make a better choice in the direction of com-

munal living and cooperation. But you do not make that choice for him. Now, in the light of maturity of understanding, he himself is better equipped to cope with the facts with which he is confronted. Thus you, the therapist, complete what in some way or another had been omitted from his childhood experience and education.

However, intellectual knowledge and perception alone may not be enough to induce the patient to actually change his direction from what formerly had appeared to him as security and survival. In fact, at this point, it is possible that he may come to consider you his greatest enemy, even his murderer (and his dreams may verify that), who would have him move to his doom, be caught in the trap, fall over the cliff, starve, fade, die! Then, any and every psychological method which you, the therapist, can summon to your aid may be tried for his encouragement; he must be urged at least to *try* the new road leading toward the reality he has shunned. Between himself and reality, the patient had created a tremendous gap; in the past, that gap had been filled with fantasies and fears, with obsessions, illnesses, alcohol —with any symptoms that the text-books on abnormal psychology enumerate.

You do not promise what the outcome will be if he follows this new road; you assure him only that it will not mean the death and destruction he fears, and that in the long run he will encounter less suffering than now. You even prepare him for hurts and injuries—scars, as a part of life and living, but also you give to him some remedies for those possible injuries. While by this time he may not only have gained "insight" as to how and why he had chosen an early wrong road, but also may concede the new road to be preferable, still his emotions that consist of fears and apprehensions are unchanged. A repeated critical, analytical searching for stumbling blocks and a consistently encouraging "go back and try again" is one of the cornerstones of Adlerian psychotherapy.

Throughout all, the therapist will remain untouched by the emotional interplay between himself and the patient; often looked upon as a God, yet remaining aware of his human limitations, the therapist's task is to hold up to the patient a mirror in which he may see himself, a mirror that will help him recreate himself in accordance with his new desires. Encouragement is the important tool; with it, the therapist does everything possible to strengthen the patient's willingness to face and solve the problems of life in useful ways. To voice a

concept of which we hear so much today, the therapist does everything possible to add to the "ego-strengthening"; but for himself, the therapist must be satisfied that in the direction of social interest and contribution lies the solution.

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Throughout the present psychotherapeutical confusion and vagueness as to terminologies, underlying philosophies, and historical accurateness, ever and again emerges the fact that Alfred Adler's principles, on which his method of psychotherapy is based, are more and more coming to be considered THE basic principles of understanding human nature. This is evidenced by the adoption of his principles and techniques by nearly all of the workers in the field. However, this adoption is more or less unconscious, and is hardly ever made with reference to his name. But there is cause for hope that we are actually on the road to the establishment of a Science of Psychotherapy, that called by whatever name it may carry in the future, can be utilized to the advantage of all.

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"We cannot stress too much that in the neurotic there is a lack of interest in others, a lack of social interest. We must not be confused by the fact that some neurotics seem to be benevolent and wish to reform the whole world."

ALFRED ADLER, *Intern. Journ. Ind. Psych.*, Vol. I, No. 2, p. 8 (1935).