

# Individual Psychology And Brief Therapy

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Alfred Adler's psychology reflects a concern with how the individual creates his or her needs, values and beliefs. Similarly, the Brief Therapy of Watzlawick, Weakland and Fisch (1974) has utilized this philosophy in developing strategies for problem resolution. As in a manuscript by Kern and Wheeler (1977), this article will compare similarities in approach, indicating ways in which Brief Therapy principles can benefit practicing Adlerians.

## **Brief Therapy**

Though many theorists, including Adler, have emphasized the short duration of treatment (Ansbacher, 1972b), Brief Therapy is a special reference to an approach developed at the Mental Research Institute (MRI) in Palo Alto, California. Their present work has been influenced by a number of persons, including Gregory Bateson, Milton Erickson and Don Jackson. One of Bateson's important contributions is his "double-bind" theory of schizophrenia, which stresses the understanding of schizophrenia in an interpersonal situation, "a situation in which no matter what a person does, he 'can't win'" (Bateson, Jackson, Haley and Weakland, 1956, p. 254). Don Jackson, impressed by the work of Harry Stack Sullivan, utilized this "interactional" perspective in family therapy and noted the therapeutic value of the double-bind or paradox (Watzlawick, Beavin and Jackson, 1967), much like Frankl's "paradoxical intention" (1960).

The Brief Therapy adherents state that they are "especially indebted to the hypnotic work of Milton Erickson" (Weakland, Fisch, Watzlawick and Bodin, 1974, p. 145). This seems particularly true in two areas: the use of "reframing" a problem in order to change the existing patterns of behavior, and the use of client "resistance" in facilitating change. What seems to be most original about Erickson (and Brief Therapy) is a flexibility and willingness to orient the therapeutic approach to the specific problem that is presented (Haley, 1969, p. 530).

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There are number of critical assumptions described in the writings of the Brief Therapy group:

1. The approach is symptom-oriented and focused on operations, not a comprehensive theory. Detailed formulations of child development, personality and psychopathology are not provided.

2. All problems are understood in an interpersonal context.

3. "Problems" are viewed as resulting from the mishandling of everyday "difficulties." Problems most often occur at times of transition—the courtship period, the births of additional children into a family, and during the shift from adolescence to adulthood.

4. Problems are maintained by attempted solutions. A common example of this is the attempt to cheer up a depressed person, which is often met by an increasingly depressed attitude and behavior.

5. Many of the techniques used can be described as illogical or paradoxical. For example, one might respond to the depressed person, saying that it is understandable that he is depressed, and that it is surprising that he is not more depressed.

6. In Brief Therapy, the therapist utilizes the client's resistance in precipitating change. Jay Haley describes this as "accepting the patient's way" while "directing the patient in new directions" (1969, p. 536). The Brief Therapy group say that they "speak the client's language" to facilitate change, in terms of a client's brief system (Fisch, Weakland, Watzlawick, Segal, Hoebel and Deardorff, 1975, pp. 20-23). An example of this method might be the use of Biblical references such as "the Lord takes care of those who take care of themselves" to encourage parents who value religious references to refrain from pampering their misbehaving child (Fisch and Weakland, 1979).

7. Change is most often facilitated by focusing on reasonably small goals for progress.

8. Insight into the genesis of a problem is not necessary for change, and can in fact be counterproductive to change (Watzlawick, et al, 1974; Weakland, et al, 1974; Fisch, et al, 1975; Fisch and Weakland, 1979).

The basic therapeutic procedures focus on problem-solving. The essential information for therapy is discerned in three questions posed to the client:

What is the problem that brings you here at this point in time? How have you (or others) been attempting to solve this problem? What are your goals for treatment? These questions will yield such information as the immediacy of the problem, the persons most concerned, specific interventions attempted and the client's conception of progress (Fisch, et al, 1975, pp. 15-17).

The second question is particularly crucial, as the task of the therapist is to develop a strategy for altering the characteristic response to the problem. The techniques employed are numerous, and include such interventions as paradox, linguistic devices (puns, metaphors, allusions), illusion of alternatives ("would you like to change now, or later?"), and symptom prescription. Very often these strategies are 180 degrees from the present attempted "solutions" which are maintaining the problem (Fisch and Weakland, 1979).

### **Brief Therapy and Adlerian Tradition**

In 1972, the Fourth Brief Psychotherapy Conference was devoted to the contributions of Adler's psychology. Undoubtedly this was due to the "tradition" of brief treatment in Adlerian psychotherapy (Ansbacher, 1972b, p. 137; Barten, 1972; Marmor, 1972). Interestingly, neither the Brief Therapy group nor Ansbacher focus on the short duration of treatment, Ansbacher in fact stating that, "Adlerian treatment is then most often of brief duration, but there is no commitment to brevity," (Ansbacher, 1972a, p. 122). Though Brief Therapy is only one approach in the emerging field of brief psychotherapy, there are a number of curious similarities between Adlerian psychology and Brief Therapy in philosophy and practice.

Adler's theory is often characterized as being of the neo-Freudian, psychoanalytic school (Ryckman, 1978, p. 23). This appears to be a serious misunderstanding, particularly in noting the interpersonal bias of Adlerian theory and practice, and the de-emphasis, like Brief Therapy, on static formulations of psychopathology. Ansbacher (1972) cited this in writing that: "Adler developed a conception of man which uses only such constructs as are therapeutically valuable . . . a pragmatic emphasis" (p. 150). Adlerians might also embrace the Brief Therapy perspective on problem development and maintenance. In assessing lifestyle information, Adlerians critically examine patient reactions to new births, parental separation, and other times of transition. In family counseling, emphasis is placed on parent values and how a parent is responding to the misbehavior of a child. The lifestyle and client values are the obvious filters through which the problem is viewed by the individual. The skillful Adlerian practitioner uses the client constructs in help-

ing the client to change, just as the Brief Therapists use the "gentle art of reframing" (1974, pp. 92-109).

Kurt Adler provides a good example of understanding patient beliefs and utilizing the reframing of resistance. An engaged woman had developed symptoms which seriously interrupted her everyday life and prevented her from being at her own wedding. Adler (1972) reframed her quandry, noting that:

. . . she was told that her symptoms had really been a lucky thing for her, because without them she might have rushed into a marriage without being really prepared for it. (p. 167)

This suggestion facilitated her desire to withdraw from the relationship, while also allowing her to relinquish her debilitating symptoms. This can be seen in Dreikurs' use of the "could it be" question and Shulman's (1972) reference to "soft confrontation" (p. 172). In each case the therapist is encouraging a change in behavior through reinterpretation and purposeful avoidance of criticism.

There are a multitude of strategies and techniques which Adlerian and Brief Therapy students share in common. Paradox was often seen in Dreikurs' work ("anti-suggestion") and Coequyt (1979) recently analyzed the paradoxical strategies employed in Oscar Christensen's Adlerian family counseling, in light of Bateson's double-bind theory (i.e., encouraging resistance, only offering two therapeutic alternatives, etc). Symptom prescription has been described by two respected Adlerian marital therapists, Mim and Wilmer Pew. Prescribing specific homework tasks (often used in Brief therapy), they suggest that it is effective to:

. . . suggest to the couple that each continue doing exactly what the other is complaining most about, and do it on schedule, deliberately . . . in this way couples quickly realize the absurdity of their particular conflict (Pew and Pew, 1972, p. 197).

Undoubtedly there are differences in approach, particularly in the Adlerian emphasis on the therapeutic relationship and the value of insight. Brief Therapy proponents do not believe in the necessity of a warm, empathic relationship (Fisch and Weakland, 1979), while Adlerians generally report that such a relationship is integral to treatment (Ansbacher, 1972, pp. 141-142).

Insight, as generally understood, is not critical to Weakland, et al (1974, p. 150), unless it is utilized in reframing a problem. The patient is, in effect, encouraged to focus on limited changes in behavior, rather than a more

nebulous reference to underlying dynamics. Adlerians often do emphasize insight as a precedent to change, but not in all circumstances. The term itself suggests problems in definition and whether or not insight for one is insight for another. However, an Adlerian would be more apt to interpret lifestyle data and share this with the client in an attempt to facilitate awareness and change.

### **Utility for Adlerians**

One of the persistent criticisms of Brief Therapy is its dependence on a seemingly manipulative philosophy. The Brief Therapists' response essentially emphasizes the manipulative characteristics of all successful psychotherapy, including the mistitled "nondirective" approach (Fisch and Weakland, 1979). Interestingly, Kal (1972) questioned a number of Adlerian practitioners and found that they very often described themselves as "manipulative" (p. 266).

In addition to creativity in technique, Brief Therapy suggests possibilities for reframing the work of Adlerians. For example, encouragement may work because it supports a person's desire for growth. It may also work because it is simply the opposite of what every other significant person may have attempted. And it may work because the language used is both understandable and relevant to the purposes of the client.

As suggested in Coequyt's paper (1973), there is an opportunity for a dialogue of Adlerians with an exciting and relevant force in contemporary psychotherapy represented by the Brief Therapist: Pew and Pew (1972) pointed to this when they noted:

. . . our basic theoretical framework is Adlerian, but we have borrowed from communication theory, family therapy approaches (especially the Palo Alto group) . . . and probably many other sources of which we are not consciously aware. We aim for flexibility and creativity, not following any rigid pattern. . . . (p. 192).

Pew and Pew (1972) suggest, as does this author, that Adlerian psychotherapy represented by the Brief Therapist. Pew and Pew (1972) interface that encourages exchange in theory and technique and inevitably promotes the validity of Adlerian psychology.

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*Necessity is not a fact, but merely an interpretation.*

— Frederick Nietzsche

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