

# Involvement as Leitmotif of a Psychotherapeutic Practice

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“The only individuals who can really meet and master the problems of life, however, are those who show in their striving a tendency to enrich all others, who go ahead in such a way that others benefit also (Adler, 1958).”

Failures in life have not learned to behave in a way that others profit from their behavior. They have not learned because they are preoccupied with building distance between themselves and their fellowmen to protect their prestige. The aim of psychotherapy is to help a person to change from the useless to the useful side of life. This is done first by gaining insight and second, by learning neglected skills of *involvement* and cooperation with others.

Many schools of psychotherapy today, even if they practice “Understanding Psychology”, still neglect the second part of teaching skills in social involvement and contribution.

There is a suspicion that even Adlerian psychotherapists are somewhat negligent in this area, as demonstrated in a recent study by Edmund Kal (1972) in which he states that group therapy—one of the vehicles of involvement—is used for no more than about 21% of the patients, while 73% are seen individually only. The remaining 6%, he says, are seen concurrently both individually and in a group. It is the low 6% which are unexpected and should create some concern within a school of psychology which is as socially oriented as Individual Psychology claims to be. Insight and understanding can be gained both in individual and group therapy sessions while the group is irreplaceable as a protective microcosm and training ground for emerging attempts at social interaction and involvement directed toward the growth of social interest and community compassion.

## **Existing Therapeutic Models**

The traditional form of psychotherapy and especially of early psychoanalysis is the diad model. About 20 years ago, the group psychotherapy model developed with group marathons as one of its aspects. Only occasionally did, or do, the two function in combination. In child guidance group work, Adler, of course, had pioneered 50 years ago while in 1938 Dreikurs (1959) started his family education centers in this country. At the Western Institute for Research and Training in Humanics, we developed, during the past 12 years, Multi-Dimensional Counseling (MDC) techniques (Ackerknecht, 1972) intimately related to the former two group methods. All three are models stressing individual counseling in the group situation with group participation. A further, more recent, psychotherapy model is the therapeutic community of patients, therapists, and general hospital staff, occasionally combined with expatients social groups.

## Combination of Existing Therapeutic Models as Gateway to Outside Social Involvement

### School Psychological Practice

When, in 1959, I first started working as a school psychologist in Hayward, California, it was obvious from the start that I could not fulfill expectations of most teachers and principals, who assumed that, by my testing a child and talking to him once, I could solve his behavior and learning problems in the classroom. Any kind of even short-term therapy within the school system was not only frowned upon by the administration but also impractical because of lack of time. *Involvement* was the magic concept helpful in the given situation. Teachers and administrators had to become helpers in bringing about the desired change. A brief life style analysis, combined with the Wechsler Intelligence Test for Children and my own diagnostic drawing device, brought about a quick understanding of the child's unconscious goals and mistaken behavioral methods of reaching them. This insight was shared with teachers and principals. Their cooperation was thus solicited and won in understanding the youngster, and in remaining involved in helping him to function on the more useful side of life.

The second aspect of involvement was the family. As I explained in some detail in "Die Rolle der Eltern in der Erziehungsberatung" (The role of the parents in child guidance) (Ackerknecht, 1968), if parents and preferably the whole family are at all willing to be involved in helping the problem child, they should be. Consequently, whenever there was time, I would have a conference with as many members of the family as possible, explain psychological processes involved, later call teachers and principals into the conference, and often the child. This whole group then would come to certain agreements as to positive behavior patterns that should be encouraged as well as negative behavior patterns that should be eliminated with the help of encouragement, extrication from the proper struggle of the adults involved, and the employment of natural and logical consequences as disciplinary agents. Results were satisfactory, and school personnel was soon won over from the ineffectual reward and punishment system to the much more successful natural consequence method which meant disinvolvement from negative interaction with the problem child and the fostering of positive involvement between all concerned.

The positive involvement had to be spread between the identified child and his classmates and between him and neighborhood children. The teachers and parents could follow this up by gently guiding the youngster into fostering friendship at home and in school and in his joining outside groups such as Scouts and other organizations.

One further step of involvement was pursued by sending the disturbed youngster for short periods of time into a lower grade as a teacher's helper or tutor. This involvement with younger children helped increase the self-worth feeling of the young patient and his social interest.

Parents and educators became increasingly interested in our socio-teleological methods and asked for further instruction. Thus, our first Multi-Dimensional Counseling center was born. This involved regular weekly meetings in which—as described above—individual cases were discussed in the group situation with

group participation. Through these well attended group meetings the sphere of involvements still grew and reached its ultimate effectiveness in the school psychological framework.

### **Individual Private and Group Practice**

After retirement from school psychological services, I established an individual private practice. I also did occasional summer school and extension teaching and held regular teaching appointments at the California College of Arts & Crafts and later at John F. Kennedy University. The MDC center meanwhile had attracted interested persons outside of the school system and was organized as *The Northern California Institute for Individual and Group Psychology*. It continued its existence after I had terminated my school psychological practice and later was incorporated as the *Western Institute for Research and Training in Humanics*. The MDC counseling sessions at the Institute now served as a laboratory for training in social feeling and social interest. I referred my private patients to Institute group activities as soon as I assumed they could function and get involved in the group situation. They interacted here with University students and other members, in their mutual involvement learning from each other.

To illustrate, I will briefly sketch the case of Mrs. P., a private patient of mine, coming from the background of a schizophrenic family. She was married and had two children. Over a period of years, Mrs. P. had withdrawn deeper and deeper into incapacitating phobias. She no longer could leave her house, sign checks, or socialize with anybody. She would overprotect her children and not allow the younger one to play outside of the house. The children becomes uncontrollable. Mr. P. did the grocery shopping, ran errands, and kept the family going after a fashion after work. Mrs. P. could hardly manage to come to the individual sessions, and group work was impossible. Individual work soon led to considerable improvement in the mother-child relationship, some insights concerning her psychological life style, and some increases in self-respect. At this point, Mrs. P. was invited to the counseling center. She reported after her first meeting that she sat there in complete terror and could not remember a single event of this group meeting. However, she was motivated to overcome her fears, and returned. In her continuing individual sessions she prepared herself emotionally for a future job. Her general mental health improved, but she was still far from being able to look for a job. After a number of MDC meetings, where she attended as a silent participant, a psychodrama session, dealing with job applications, was implemented. After several group members role-played the job situation, Mrs. P. was urged and encouraged by the group to participate. She was extremely hesitant and one woman, new to the group, suggested that she had a similar problem and would like to play the psychodrama role together with Mrs. P. We shall call her Mrs. N. The whole situation received a realistic touch since one of my participating University students, a State Employment Counselor, had brought her supervisor to the session as a guest. This supervisor was willing to play her real role in the group. Mrs. P. initiated the telephone call to the supervisor who asked when she could come in for an appointment. This caused Mrs. P. to freeze into complete paralysis again, but Mrs. N., standing next to her, urged her: "Say Monday", and repeated this until Mrs. P. could bring

herself to consent to a Monday appointment. This, along with the appointment dialogue, was played through several times. The group involvement and the assistance of Mrs. N., who could never have made it to the employment office alone, helped both of them to actually show up for an appointment. They had coffee afterwards and Mrs. P. told Mrs. N. on this occasion that this was the first time in four years that she felt able to go into a coffee shop. It still took weeks of individual therapy and weeks of involvement before Mrs. P. actually was able to get a job. She is still working for the same firm, several years later, and has become a responsible and trustworthy officer of a charitable organization.

Within the last few years, we have established within the Western Institute for Research and Training in Humanics a systematic training program in theory and practice of socio-teleological psychology, leading to diplomas in Adlerian therapy, counseling, and family education for professionals and lay-people. This additional involvement of patients and others in systematic study has led to faster improvement of patients and enrichment of everyone's life.

Besides the continuous involvement practiced in MDC groups, we have conducted small therapy group sessions, but soon abandoned them in favor of all-day group psychotherapy Marathon sessions (Ackerknecht, 1971). I first used this Marathon framework in Germany several years ago as a training device for German Adlerian psychotherapists and counselors and found it useful and expedient for didactic therapy as well as for teaching life style analysis and other diagnostic and therapeutic techniques. Even in Germany, Adlerian trainees would bring patients to the Marathon group meetings which never exceed 15 participants. Through this involvement of patients and trainees, intensive work could be done successfully.

### **Termination of Therapy**

Through early involvement in group and institute work, most individual therapies can be terminated much sooner than they could otherwise. Individual therapy ends but positive involvement with fellowman hopefully never does. Some of the former patients remain involved in, and committed to, Institute work. Professional Institute trainees return to their former institutions such as psychiatric hospitals, probation departments, county (marriage) conciliation courts, schools, convalescent homes, and other State agencies, etc. Some remain in contact with the Western Institute, others practice the newly acquired involvement attitudes, based on increased social interest, in their respective environment. The same kind of involvement continues for our trained lay-people who often become a blessing to their family members and fellow workers and now and then start parent education and teen discussion groups on their own in connection with the Institute. Some advance a step further and get involved in large social issues as for instance working with private organizations of the handicapped, working poverty programs, inner city problems, drug abuse, and others.

Thus, my private practice and teaching, centering on involvements of individuals in larger groups, may hopefully lead to increased community compassion in all.

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