

"CONTEMPORARY PSYCHOTHERAPISTS EXAMINE THEMSELVES"

A SPECIAL REVIEW¹

ROWENA R. ANSBACHER

Burlington, Vermont

Werner Wolff's book reports an inquiry conducted among psychotherapists regarding their techniques and the concepts underlying them. In this undertaking Wolff has enhanced the intrinsic interest of the problem both by the method of his approach and by the choice of the significant psychotherapists whom he interviewed. The book is not only fascinating reading, but is bound to be the starting point for much thought and, hopefully, further study.

Wolff used a questionnaire of 28 items as a basic guide in personal interviews which permitted further soliciting of opinions where these seemed pertinent and important. His sample was made up of 43 practitioners, "a predetermined number of representatives of different schools." The book presents twenty-two interviews in their entirety and quotes additional items from the remaining protocols. The questions referred to criticism, technique, effectiveness, and personality factors. Listing some of the specific items will give the reader an idea of the kind of data obtained. Under criticism, the psychotherapists were asked which type of psychotherapy they thought the best, the limitations of their own and other types; under technique, to what extent their therapy is directive or nondirective, about dreams, free association, diagnosis, resistance, and transference; under effectiveness, about the length of treatment, and about success in relation to areas of disturbance, to age, and to sex; under personality factors, what personality changes are most frequently found after psychotherapy, what the goals of psychotherapy are, and how the personality and values of the therapist interact with those of the patient.

The significance of interview results obviously depends upon the nature of the questions and of the sample. Wolff's items were nicely chosen and well worded. The nature of his sample, however, is not entirely clear, for he does not give the basis for his selection beyond saying that it includes "different schools" and is limited to New York City. He divides the fully reported interviews into the following

¹Wolff, Werner. *Contemporary Psychotherapists Examine Themselves*. Springfield, Ill.: Charles C. Thomas, 1956. Pp. xvii + 299.

eleven categories with two representatives in each category: psychoanalysis, Sandor Rado and René A. Spitz; neo-Freudian therapy, Clarence P. Oberndorf and Frederic Wertham; brief therapy, Emil Gutheil and Sandor Lorand; Adlerian therapy, Alexandra Adler and Danica Deutsch; Jungian therapy, Werner Engel and Beatrice Hinkle; therapy of interpersonal relationships, Karen Horney and Clara Thompson; hypnotherapy, Jerome M. Schneck and Lewis R. Wolberg; group therapy, Wilfred C. Hulse and J. L. Moreno; psychotherapy in hospitals, Nolan D. C. Lewis and Howard Potter; child psychotherapy, Laretta Bender and Otto Spranger; expression therapy, Emery I. Gondor and Molly Harrower. Since Wolff did not employ any random sampling technique, one does not know how to generalize from his findings. Thus we must accept Wolff's group for what it is, a wide assortment of distinguished therapists, whose interviews are valuable in their own right. These interviews represent two-thirds of the book.

The remaining third of the book consists of a summarization and interpretation of the findings.

Wolff is well qualified for the work he has undertaken both in view of his scholarship and of his experience in psychotherapy: he is professor of psychology at Bard College, the author of many books and contributions in the field of personality and psychotherapy, and was trained in the Psychoanalytic Institute of Berlin.

GENERAL TREND

In spite of the planned heterogeneity of his group, Wolff was able to discern a common trend in the replies to many of the questions, and the reader will arrive at a similar impression. This trend clearly takes the direction toward the Adlerian position. It is revealed particularly in the items calling for the respondents' criticism of their own and other schools. We quote from Wolff's summary:

A great change in attitude is taking place within psychoanalytic circles. Even orthodox psychoanalysts voice some criticism of aspects of the Freudian system. Taking our interviewed group as a whole, the main criticism is the sectarian character of psychoanalysis. . . . For others, Freud was too mechanistic and too deterministic or too passive . . . Psychoanalysis deals too much with words and too little with action, delving too much into the past and thus devaluating present activities and hopes for the future . . . Some criticized the overemphasis on instinctual patterns and on the libido theory, claiming that there is not enough emphasis on ego-psychology, on a person's self-evaluation, on his total personality.

The interviews indicate further that, on the whole, the estimation of Adler's system is rising while that of Jung's is on the decline. Adler for a time was almost forgotten, but his emphasis on the role of the ego and on social factors now has a new appeal . . . His directive method, which is in essential opposition to the ortho-

dox nondirective method of Freud, has been integrated into other systems. Adler's emphasis on man's aggressive tendencies has been revived in more simplified form in theories of the necessary relationship between frustration and aggression and his concept of the 'language of the organs', i.e., that psychological factors are involved in any form of normal or abnormal organic behavior, has been reformulated in the concept of psychosomatic medicine (pp. 210-212).

There is, according to Wolff, no longer any question in scientific circles of rejecting or accepting Freud, but only the question of how he should be transformed (p. 210). Indeed, the book could have been entitled "The Transformation of Freudian Psychoanalysis." (Wolff's title, "Contemporary Psychotherapists Examine Themselves," is actually misleading; ". . . Examine their Practices" would have been more accurate.")

SPECIFIC POINTS OF AGREEMENT

How is the above general statement by Wolff supported by his data? In answer to this question we shall present various of his other conclusions followed by selections from the interviews.

1. *Flexibility of method.* Perhaps the greatest area of agreement in Wolff's material is on the point that "therapy must be adequately adapted to the individual" (Oberndorf, p. 24). There was no specific question directed to this point, but the interviewees brought it up spontaneously in various connections. "As an old analyst, who has seen many patients, I have arrived at the conclusion that techniques must be modified according to the type of patient." This statement by Spitz (p. 19) was echoed over and over again. The thought was also expressed the other way around, as: the best therapy is the one which suits the patient the best.

2. *Dynamic diagnosis.* A second point on which there seemed to be marked agreement is with regard to the question of diagnosis. Here, according to Wolff, "Modern psychotherapy has brought diagnosis from the descriptive to the dynamic level . . . All psychotherapists interviewed refrain from the classical pattern of nosology; for those who use diagnosis, it is not a labeling of the patient, but merely a guide to an understanding of the case" (p. 225-226).

Hinkle puts it nicely when she says, "Many people cannot be diagnosed . . . , they have difficulties, human problems" (p. 80). While some therapists maintain that descriptive diagnosis is needed to determine the therapy, others tend to agree with Alexandra Adler that the therapy is very often the same regardless of the descriptive diagnosis. Thus the concepts of the nature of diagnosis seem to be ap-

proaching a common point in which diagnosis amounts to an understanding of the patient's whole dynamic picture and an estimate of the degree of his difficulties. For example, Horney likes "to have a picture of probable difficulties and chances" (p. 86). Clara Thompson says, "It is important to estimate the seriousness of the illness" (p. 93). And Harrower says, "A classical, clinic diagnosis is less important than an appraisal of the patient's assets and liabilities" (p. 187).

3. *The importance of the personality of the therapist*, independent of his type of approach, is another outstanding point of agreement. Wolff estimated that 60% of the interviewees stated that the therapist is an important factor in therapy. Wolberg says, "Specific techniques or theories are not nearly as important in therapy as the individual who administers treatment. Psychotherapy consists of an interpersonal relationship, and emotional growth proceeds in the medium of this relationship. The therapist who has a genuine respect for his patient, who empathizes with him, and who understands how to manipulate an interpersonal relationship toward therapeutic objectives usually succeeds irrespective of the specific label attached to his therapy" (pp. 109-110). Lewis says, "All schools obtain some good results; the type of therapist and patient is of the greatest importance" (p. 145). In a similar vein, Laretta Bender says, "Effectiveness depends more on the personality of the therapist than on any training program" (p. 167). Gondor sums up these aspects and those of transference, although in another connection, in this way: "The actual help to the child comes from the interpersonal relationship between him and the therapist. This relationship must offer the child a new and acceptable picture of the outside world, which perhaps he has never before been able to grasp" (p. 181).

4. *Transference as interpersonal relationship*. The term transference, however differently applied, concerns the heart of the therapist-patient relationship. It uncovered great areas of agreement beneath the differences in usage, as did resistance.

According to Freudian theory, resistance and transference are the two pillars the psychoanalytic edifice is built upon . . . Some modern psychotherapists put less emphasis on both resistance and transference, or modify the concept of either or both . . . (These) terms are, in common with most psychoanalytic terms, too broad, too ambiguous and too flexible . . . For many, transference has become merely the tool of cooperation between patient and therapist, the basis of interpersonal relationships which are enlarged from the therapeutic situation to the patient's relationship with his environment and with the world at large (pp. 231-234).

Wertham says, "Transference is probably one of the most important aspects of all forms of therapy. I don't mean transference strictly in the Freudian sense but in the sense of dynamic relationships with the patient, without necessarily implying infantile projections" (p. 37). Horney says, "I speak of analytical relationships, not transference in the Freudian sense of infantile projections. The doctor-patient relationship is of crucial importance" (p. 86). And Engel says that transference becomes more a "form of interpersonal relationship of a special character" (p. 74).

5. *Directiveness*. Closely related to the foregoing conceptually is the question of directive vs. nondirective therapy. Here we should like to point out that Wolff, although he investigated this problem, did not include in his group any representative of the outstanding contemporary nondirective orientation, namely, that of Carl Rogers, nor did he give any explanation for not having done so. Possibly no Rogerian is engaged in actual psychotherapy in New York, but this is not made explicit. None of Wolff's group could be called nondirective in the Rogerian sense where no interpretation is given to the client and where his feelings alone are reflected, for even orthodox psychoanalysis gives interpretations. What we find, then, are only degrees of directiveness. When Wolff speaks of nondirectiveness, he means the relative kind of Freud and not the absolute kind of Rogers. In his summary, Wolff says:

The interviews yielded surprising information on how far orthodox Freudian psychotherapy has grown away from this postulate of nondirectiveness . . . On the whole, the trend of modern psychotherapy, as indicated by the interviews, is to be guided less by the concept of nondirectiveness, which originally developed from the concepts of catharsis and liberation. A medical concept of tension discharge has been replaced by a social concept of guidance, linking psychotherapy with education and stressing the social aspect of the therapeutic approach (pp. 219-220).

The reader of the interviews will note considerable differences in the therapists' location on the directiveness-nondirectiveness continuum. He will, however, find a common tendency to use either approach, as needed by the case. Wertham finds "a great deal of confusion concerning this question. The classical psychoanalytic concept according to which no direction whatsoever is given exists only on paper. Even Freud didn't achieve it" (p. 36). Moreno makes the following contribution: "Nondirective is a misnomer. What it should really be called is 'self-directive'. Any method that is able to warm up the protagonist to a productive spontaneity to the psychodramatic production of his own world, is permitted. It may be over-directive, as

in the treatment of some catatonic patients, submissive or passive, as in the treatment of some people who suffer from ideas of persecution" (p. 135). Potter says, "Directive and nondirective attitudes should vary in one and the same case. The therapist should control his approach by the reactions of the patient. The therapist can tell from the patient's response whether he is too active" (p. 153). Alexandra Adler points out that "by definition, a psychiatric patient would not be a patient if he reacted readily to direction" (p. 58).

Wolff sees directiveness closely related to the therapists' use of the couch. About one third make strict use of the couch, one third do not use it, and one third vary their procedure depending on the case. "When the couch is used, the therapist is passive, the patient, in a trance-like state, floats in the stream of consciousness and unconsciousness; the door to the unconscious is kept open. The chair, with the face-to-face position of the patient and therapist, is adapted to a more directive approach" (p. 230). We should like to add to this summary Moreno's statement that "the couch will become a museum piece" (p. 143), and the quotation from an unknown source given by Danica Deutsch, that "it is easier to lie on a couch and discuss the past than to sit in a chair and face the future" (p. 71).

6. *Shorter therapy.* One item which admits of genuine quantitative evaluation is the length of the therapy and the number of hours per week. The figures are clear in indicating shorter duration and fewer sessions per week. They also imply something about the reasons for these changes and about the corresponding changes in the therapy itself. Wolff says:

For Freud, interested as he was in developing new concepts of psychotherapy, the time his patients had to invest was not of prime concern. But psychotherapists have become more and more aware of the fact that the duration and intensity of psychotherapy should be controlled . . . 1) there are not enough psychotherapists . . . 2) fewer people can afford prolonged treatment; 3) as little time as possible should be taken out of the life of a patient, and the time of therapy should be shortened as much as possible so that the patient does not become addicted to it. . . . It is agreed that the duration of therapy depends largely upon the severity of the patient's illness. But there is no agreement whether the depth of penetration bears a positive relation to the degree of permanence of cure (pp. 246-247).

The following selections from the interviews fill in this statement. Oberndorf says, "When I saw most patients five times a week, I got the impression that it was a waste of time so far as hastening improvement . . . On the contrary, constant probing often tends to keep the conflict alive and allows no opportunity for integration" (p. 31). Wertham says, "In patients with minor troubles a long drawn-out

procedure is not beneficial for the patient" (p. 34). And Bender says, "A therapeutic procedure should be shortened by any means. Time is the most important thing, especially with children, because they mature rapidly . . . For adults, also, long therapies can be shortened" (p. 162).

7. *Goals of therapy.* The final point of agreement we should like to report is that found in the formulations of the goals of therapy. Wolff's summary contains the following:

One group of psychotherapists, including the Freudians, seem to have grown away from the former orthodox emphasis upon the sexual factor and are focusing more intensively upon the development of the ego. The modern trend is concentration more upon an ego psychology than upon a psychology of drives and instincts. Also the social factor, as emphasized by Adler and Sullivan, has come to the foreground, while philosophical issues, the factors of reality and values, stressed by Jung, are rather neglected. . . . For many . . . the question about the most frequent personality changes in their patients and about therapeutic goals were interrelated . . . The betterment of interpersonal relations, adaptation to the environment and an increase in the patient's happiness were stressed (pp. 252-253). The goals of psychotherapy, according to our inquiry, seem to be more practical and empirical than they were at the time of the founding of the various systems (p. 256).

Combining the answers to the questions relating to the goal and to the most frequent personality changes after psychotherapy, and using the replies given in this one case for 36 therapists, we find that improved social relationships is a goal mentioned by 22, or 61%, and that greater productivity, or improved relationship to work, is a goal mentioned by 19, or 53%. There seems to be even greater agreement in regard to those goals which are defined less specifically, as, utilizing one's own capacities to the fullest, greater enjoyment of life, accepting one's own limitations, etc. Only one interviewee mentioned sexuality as such, and one, an active sex life, although several mentioned better relations with the spouse and a better marriage.

The following statements of the goals of psychotherapy are taken pretty much at random. Schneck: "Relief from neurotic anxiety and guilt. Elimination of symptoms. Increased flexibility. Improved relationships with other people based on self-understanding and understanding of others" (p. 106). Hulse: "A readjustment to life, more satisfactory living and more happiness, better functioning and a greater social contribution" (p. 128). Spranger: "A growth in courage and mastery, a greater effectiveness in work, better success in interpersonal relationships" (p. 173). And Joseph Wortis: "The goals of therapy are a realistic understanding of oneself in social contact, successful social integration, and a socially useful life" (p. 256).

CONCLUSION

The main contribution of Wolff's work, it appears to us, is that it brought out clearly the uselessness of the label in psychotherapeutic theory and practice, and that it showed the presence of a considerably greater body of agreement than divergent labels would indicate.

Although Wolff's approach was essentially school-centered, and he started from "the need for information on the basic differences, goals and successes of the various schools of therapy" (p. vii), his data led him to conclude that there was little consistency between an interviewee's theoretical allegiance and his practice, that some members of different schools had similar goals, whereas members of the same school differed among themselves. Labeling of psychotherapists seems as useless as applying descriptive diagnosis to patients, —and this holds equally true for self-labeling. The appellation, psychoanalyst, is stretched beyond clarity, even as the psychoanalytic terms discussed by the interviewees. Just as in the case of these terms the only way to get at the meaning behind them was to examine the practice without the label, so the only way to assess truly the agreement between therapists is to examine their practices regardless of the school with which they consider themselves affiliated. In this way "the theoretical synthesis of the various concepts and the various systems" (pp. 7-8) which Wolff, along with most of the rest of us, would like to see, could be achieved. It would not, however, be achieved by reconciling conflicting theories, but by arriving at one common theory through deduction from what is found to be common in practice.

Our quotations from Wolff's interpretations and the interview material will have indicated that the trend in the practice of psychotherapy is in the direction of Adler all along the line. This is rendered more striking, —and the point regarding labeling is additionally supported—when we consider that 14 out of the 22 therapists whose interviews were fully recorded, or 64%, expressed their preference for Freud or psychoanalysis, and can be classed as psychoanalysts or psychoanalytically oriented, and that Wolff, too, has a background of psychoanalytic training and practice.

The points of common practice which we selected to include in our review—individual adaptation of therapy, dynamic rather than descriptive diagnosis, the importance of the psychotherapist's personality, the social aspects of transference, more directiveness, shorter duration of therapy, and the emphasis on social factors and life problems in the goals of therapy—all are marked characteristics of Ad-

lerian practice. Taking the points of common practice without a label, they spell out definite implications for a common theory. These are, respectively, greater emphasis on the idiographic approach, a more unified dynamics of the neuroses, the postulate that every patient is suffering from some inadequacy in interpersonal relationships and that every therapy needs encouraging cooperative behavior on the part of the therapist, the directive and educational approach to restyling the patient's personality, and the defining of personality in terms of the way in which the individual responds to his life problems. All of these aspects are of the essence of Adler's theory.

Wolff's book should receive wide study and appreciation as a real step toward clarification of the difficult areas of psychotherapeutic practice and theory.