# PERSONAL PHILOSOPHIES IN PSYCHOTHERAPY

DAVID B. LYNN
*University of Colorado School of Medicine*

The position taken in this paper is that the psychotherapist has the legitimate function to help his patient develop an adequate philosophy of life. The paper is a developmental step from an earlier one (12) in which the theoretical position, in accordance with that of other authors (11, 14), was briefly as follows:

> The human being is a manufacturer of theories; he is perpetually developing and testing hypotheses. The main difference between the ordinary man in his daily behavior and the scientist is that in pursuing science, as in no other activity, man is more conscious of the methods used, is more careful to verify his hypotheses, and is more critical of the validating evidence. Despite this difference, man in his everyday activities lives by developing theories about himself and his world, testing hypotheses, and discarding those which he does not consider to meet his criteria of validity.

The step taken in the present paper is to point out that these theories about ourselves and the outside world, which all of us carry with us, form the basis for a sort of personal philosophy of living. The personal philosophy of the individual in therapy may be defective in a number of ways. The goal of therapy is to help him reformulate it to make it more functional. This might be done by focusing, through various means, on the damaging implications of unrealistic postulates and also on the possible rewards afforded in substituting new ones. Or, if a personal philosophy does not work adequately primarily because the concepts are ill-defined and the relationship among its parts unclear, the therapy would emphasize definitions and clarifications, at least until the personal philosophy became explicit enough to be testable. Many individuals who come to us for help may very well have been too preoccupied with fighting psychic battles to have developed even minimally adequate philosophies through the ordinary course of living. A more adequate, ethical, socially oriented personal philosophy for living will offer the individual the means to cope with his problems.

The development of an adequate philosophy of life gives to therapy a goal beyond the limited purpose of simply freeing the individual of immature conflicts or of relieving him of symptoms. It adds the goal of achieving a richer, more deeply satisfying, more socially useful, more valid existence.

The writer claims no originality for advocating this role in psychotherapy. Most, if not all, of the ideas presented here were anticipated

by Adler (1, 2, 3), although this was not known to the writer at the time that he was formulating his own thoughts. Personal philosophy, in the present use of the term, is contained in Adler's concept of the individual's meaning of life. Postulates, as herein described, are what Adler emphasized as the individual's opinion of himself and the world (4).

The writer was introduced to the specific importance of personal philosophy for psychotherapy by Edith Weisskopf-Joelson who, however, uses the term philosophy in the more technical sense to include ultimate questions, such as the ultimate purpose of life (17). Others have also advocated the development of philosophies of life in psychotherapy, among these Ellis (8) and Frankl (9).

## POSTULATES FOR MODEL PERSONAL PHILOSOPHIES

In view of the above, psychotherapists themselves should develop very broad and general postulates for model philosophies of life. This does not mean that they should be philosophers in the technical sense. However, they should consider man in a framework broader than the confines of strict scientific theory and have some acquaintance with philosophic thought, past and present.

The very broad and general postulates for model philosophies of life, to be developed by psychotherapists, might be constructed from philosophic thought, past and present, and scientific knowledge of man. A previous paper (13) reviewed such descriptions as presented by Combs and Snygg (5), Rogers and Skinner (15), and Shoben (16).

Ellis (6, 8) who has presented an explicit philosophy of life for psychotherapy, developed it by determining the main irrational ideas of his clients, such as: one must be loved by almost everyone; one should be thoroughly competent, adequate, talented; one should punish oneself for one's errors; etc. To replace these, he developed maxims which he calls "more rational philosophies of living" (8, p. 39). They may be paraphrased as follows:

1. Concentrate on your own self-respect, not on other people's approval.
2. Virtually all human unhappiness is caused or sustained by the view one takes of things rather than the things themselves.
3. Acts should not be looked upon as wrong, wicked, or bad, but rather as inappropriate or antisocial, and the people who perform them as invariably deficient, ignorant, or psychologically disturbed.
4. It is too bad when things are not the way one would like them to be, and one should try to change or control them. But if this is impossible, one had better become resigned to their existence and stop telling oneself how awful they are.

5. If something is or may be dangerous or fearsome, one should frankly face it and try to render it non-dangerous. When that is impossible, one should think of other things and stop telling oneself what a terrible situation one is or may be in.

6. The so-called easy way is invariably the much harder way in the long run. The only way to solve difficult problems is to face them squarely.

7. It is usually best to stand on one's own feet and gain faith in oneself and one's ability to meet difficult circumstances of living.

8. One should *do* rather than always trying to do *well*. One should accept oneself as imperfect, with general human limitations and specific fallibilities.

9. One should learn from one's past experiences but not be overly attached to or prejudiced by them.

10. Other people's deficiencies are largely *their* problems; putting pressure on them to change is usually least likely to help them do so.

11. Humans tend to be happiest when they are actively and vitally absorbed in creative pursuits, or when they are devoting themselves to people or projects outside themselves.

12. One has enormous control over one's emotions if one chooses to work at controlling them.

Shoben (16), without explicitly attempting to develop a philosophy of life, presented ideas appropriate to one. He takes as his fundamental contention the position that behavior is "positive" or "integrative" to the extent that it reflects the unique attributes of the human animal. Some of his points are:

1. In many situations one's greatest satisfaction is gained by foregoing immediate gratification.

2. Either conform to the standards of your group because their acceptance leads to the most rewarding long-range consequences, or rebel against group authority on *considered grounds*.

3. Each individual owes his essential humanity to the group which enabled him to survive his helpless infancy. Therefore, a kind of moral obligation is formed for the person to be an asset rather than a burden to society.

The present writer is in general agreement with most of the above views. He would like to add these additional propositions:

1. It is better to center one's interests outside oneself than to be self-centered (Adler's "social interest"). In this way one's personal philosophy becomes more meaningful because it is meaningful not only to oneself but also to others. Consequently such a philosophy corresponds better to objective reality; it brings subjectivity as much in line with objective reality as possible. In this sense such a philosophy is rational.

2. One should fully recognize that life is finite, and that life here on earth is of utmost importance.

3. One can, to a large extent, determine one's own destiny. This proposition is likely to generate much opposition. Therapists widely agree that behavior is psychologically determined, i.e., follows psychological laws even though these are often unknown. However, whatever one's position regarding determinism, it is

a fact, as Hobbs pointed out, "that people are going to behave as though they have freedom of choice" (10, p. 223), which is of utmost importance to the therapist.

4. Knowledge is always approximate. One tries, without losing one's stability, to revise one's thinking in line with the amazing rapidity of the growth of knowledge. This can be done by pursuing one's hypotheses, even though aware of their tentative nature, until the hypotheses seem clearly untenable. The individual need not be "wishy washy" to be flexible.

5. Many areas of life, such as matters of taste, do not require rigorous thought, whereas others do. Life is more satisfying if one shifts easily and appropriately between thought and feeling.

6. One should neither be autocratic oneself nor cling blindly to authority or dogma.

7. It is good to contemplate and appraise one's life, trace its course, and use this appraisal to guide one's future.

8. It is best to be essentially honest with oneself and others.

The above efforts toward developing model philosophic postulates are obviously crude. However, developed in more detail and with greater sophistication, they should serve to give the therapist a frame of reference for helping the patient develop his own personal philosophy, tailor-made to fit his own very specific problems and life pattern. They should also help the therapist judge whether a patient's current philosophy of life is at the best possible stage of development considering his strengths and liabilities. Often the therapist would make no effort to establish a "high level" philosophy because of the patient's limitations, intellectual and otherwise. However, by having model philosophies in mind, the therapist will at least be aware of falling short of the mark when he does so.

Such models might also help the therapist become more explicit concerning his own philosophy of life, particularly his very subjective, poorly founded biases. As long as the therapist is not explicit with himself concerning his own biases, he is quite prone to impose them unconsciously on his patients.

## THERAPEUTIC TECHNIQUE

In addition to the general problem of fashioning model philosophies of life, there are many technical problems involved in helping the patient to develop his own adequate life philosophy. Again, the position taken by Ellis (7) has many similarities to that of this writer, although independently arrived at; and both have many similarities to that of Adler (4, ch. 13).

Ellis, believing that internal sentences or verbalizations sustain the disturbed condition, suggests focusing primarily on these, disclos-

ing them to the patient, and helping him to build more "rational philosophies of living" and to apply these to his everyday problems.

In this framework, the events in one's life are not considered to cause psychological disturbances in and of themselves. Rather it is the postulates one formulates about oneself and one's world (though often unconscious postulates), in connection with the events, which cause disturbances. One then develops sustaining mechanisms which turn temporary experiences into psychological disturbances.

In this approach to psychotherapy, one does not neglect early "causal" experiences, but one does not dwell on them. When therapy emphasizes memories of past events too strongly, the patient becomes increasingly convinced that he is bound by these past events rather than that he can transcend them.

This therapist emphasizes the following four aspects in psychotherapy, all of which are usually in process simultaneously.

1. Establishing and maintaining the therapeutic relationship.
2. The therapist tries to uncover and to map out, for his own understanding, the patient's basic postulates. He also tries to discover how the postulates were developed, and how they are sustained.
3. The patient gains insight into his basic postulates, how he came to develop them, and how he now sustains them.
4. The patient develops a more functional personal philosophy.

A detailed understanding of the patient's basic postulates is essential in order to help him make more meaningful and lasting reformulations. The therapist looks for meaningful, pervasive, inclusive postulates which explain a great deal of the patient's behavior, fantasies, associations, actions in and out of therapy, transference material, etc., i.e., which explain the patient's style of life. He maps out what *must* be the patient's basic postulates about himself and his world. For example, "I am so bad that I must destroy myself by being self-defeating and self-destructive in everything I do." The therapist, through induction, thus formulates these postulates using the material the patient brings into therapy; and, conversely, the therapist should be able to deduce reasonably accurate predictions about the patient from his formulation of the patient's basic postulates. The therapist focuses his interpretations on demonstrating the way in which the non-functional postulates are currently being sustained.

In helping the patient reformulate his personal philosophy, the therapist encourages him to think of other postulates that he could substitute for his unfunctional ones, and to discover new ways of thinking and acting to sustain his new, more functional philosophy. This must grow out of his own unique personality and experiences

rather than being imposed upon him by the therapist. If the patient cannot be encouraged to take the lead in reformulating his personal philosophy, the therapist makes suggestions, but keeps these to the minimum necessary to stimulate the patient. Patients are more likely to adopt philosophies, if they develop them largely for themselves.

The therapist sees to it that the patient establishes his reformulated philosophy in a "down to earth" way, rather than letting the new philosophy be a detached and intellectual abstraction. The patient is encouraged to live and think his new philosophy in all of his daily affairs so that it becomes an automatic part of him.

An example, although taken out of context, may help to demonstrate this approach. To the patient, mentioned earlier, who seemed to have as one basic postulate the formulation: "I am so bad that I must destroy myself by being self-defeating and self-destructive in everything I do," the therapist commented:

"You must think that you have to fail in everything you do. You must believe you literally have to destroy yourself. I guess you think you're pretty bad . . . Look at the way you first approached therapy (examples) . . . . Now, take the way you handled that job (example) . . . . Well, your marriage shows it too (example) . . . . Why do you suppose it is that you believe it necessary to fail? (Patient presents a number of plausible suggestions). You know, you don't have to believe that you must fail and that you're no good. You can look at things differently now. What might be a better way of thinking about your marriage, for instance?" (The patient made suggestions regarding a new personal philosophy concerning marriage. Instead of seeking self-defeat, he could seek to give and take satisfactions. He recognized that the present status of his marriage was poor, largely through his self-defeating approach to it. However, he felt that he and his wife could make a go of it, and that he could do a good deal toward this end. The patient made similar suggestions concerning his approach to his vocation.)

When the therapist's model philosophy of life is grossly violated by a patient who seems capable of something better, the therapist does not hesitate to intervene.

An example of such an intervention is: The patient was on the engineering faculty of a large university. His work, which he enjoyed, was excellent and exceptionally creative, but his salary was moderate, although adequate. He was offered an industrial position at a much higher salary, but which required his being away from home for long periods of time and would not utilize his creative powers. He did not believe the industrial position would be as personally satisfying to him. His wife clearly favored the industrial position. After considerable vacillation and inner turmoil the patient reported that he had begun to favor the industrial position. The therapist, through a series of questions, took a position in opposition to the patient's personal philosophy implied in this decision without actually offering a recommendation. The therapist asked the patient whether his decision implied that he felt monetary gain was of more importance to his family than his daily presence in the family. The patient countered that his wife was in favor of his taking the position. The therapist asked whether he should depend on someone

else for such a decision, even his wife; and then, whether this decision implied that he felt no moral obligation to give society (which, after all, made him a human being) the benefit of his unique creative contributions. The therapist reminded the patient that he would probably not achieve as much personal satisfaction from the industrial position as he did in the academic setting, that the satisfaction one gains during most of one's waking hours is of utmost importance, and that it is quite unlikely that the increase in salary could substitute for the loss in personal satisfaction.

## SUMMARY

We assume that everyone fashions some theory of himself and the world, a kind of personal philosophy, and that this is defective in the case of the individual seeking psychotherapy. It is the legitimate function of the therapist to help his patient develop an ethical, socially useful, enlightened, rational, relatively conscious philosophy of life. This would not only speed the therapeutic process, but help prevent the recurrence of the psychological disturbance, and result in a more satisfying and useful existence. We propose that the therapist develop broad and general postulates for model philosophies to use as frames of reference in helping patients reformulate their own personal philosophies. A number of such propositions are given, as is a brief account of the therapist's practical approach. A general similarity with Adler and with Ellis is acknowledged.

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