

ADLERIAN PSYCHOTHERAPY AND RECENT TRENDS

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The theory of Individual Psychology has changed relatively little since its principles were laid down by Alfred Adler (2, 4, 12). The purpose of this paper is to show how the practice of Individual Psychology has met a number of significant developments in the field of psychotherapy.

THE PSYCHOSES AND MODERN DRUG TREATMENT

From the beginning, Adlerian psychotherapists have been more inclined to accept schizophrenic patients on an ambulatory basis than therapists of other schools. The fact that Adlerians appreciate the necessity of making the patient realize he has a friend in the therapist and the constant need for a maximal effort at socialization of the patient, makes Adlerian psychotherapy especially well suited for the treatment of the schizophrenic. With the patient's tendency to isolate himself and to indulge in unrealistic thinking, a technique which does not abstain from dealing with his everyday activities would seem preferable. Several reports on this subject have been published (7, 9, 10).

One result of the use of chemotherapy with the new antipsychotic drugs within the last few years is that it has enabled more psychiatrists to work on an out-patient basis with psychotics who otherwise would have to be confined in mental hospitals. Thus Adlerians are in an advantageous position to employ their techniques with growing numbers of schizophrenic patients, and other psychotherapists are coming closer to these techniques as the situation demands them.

The dissatisfaction and unhappiness so often expressed by schizophrenic patients when, as a result of treatment, usually with one of the phenothiazine compounds, they have acquired new insight into their psychiatric disabilities, has been described (4, 5). Prior to modern drug treatment, such patients often had considered themselves sane and had even felt superior, and often contemptuous, of their environment. Realizing now that their previous way of thinking was based on fantasy, they often comment that fantasy was more pleasant than their present insight into their shortcomings which fills them with an all-pervasive feeling of inadequacy. The treatment of

the schizophrenic, perhaps even more than that of other mental patients, demands a holistic approach on the part of the therapist. He has to share the patient's various interests in an effort to guide his activities into constructive channels. Both the present and the future of the schizophrenic patient have to be taken into consideration, rather than his past, whereas in the neuroses, as is well known, a scrutiny of the past often provides helpful insight during psychotherapy. Of special interest in this connection is the change in the character of the patient's dreams while he is under drug treatment. Perhaps as a result of the release of tension and reduction of constructive planning on the part of the patient, his dreams are often akin to those experienced in a toxic delirium, full of terrifying creatures unknown to the patient. It is frequently difficult to relate these dreams to specific events in the patient's past since they chiefly symbolize the anxiety and confusion present in all schizophrenics. The need for giving the patient courage to face his present problems and to plan for the future has always been emphasized by Individual Psychologists. This is also the rationale for the new "total push" programs.

NOSOLOGY AND PSYCHOTHERAPY OF THE NEUROSES

Since the end of the First World War, there has been a gradual but marked change in the diagnostic categories of patient material. The classical type of hysteria has almost disappeared, and the obsessive-compulsive neuroses are abating both in number and severity. Reasons for this change point to the interaction between symptom formation and environmental conditions. Evidently, knowledge about the psychodynamics of hysteria has reached the general population. Symptoms such as wild convulsions, which formerly were regarded as indication of a grave condition, are now, even by the professionally untrained, dismissed as "only mental."

It is more difficult to explain the decrease in the number and severity of cases of obsessive-compulsive neurosis. Could it be that a greater awareness of the need of psychotherapy and, consequently, an earlier beginning of treatment tends to prevent a tragic development of incapacitating syndromes?

Fundamentally, the procedure in Adlerian psychotherapy is the same, regardless of the diagnostic category of the mental affliction. In each instance the symptom is regarded as a screen behind which the patient is hiding in an unconscious effort to avoid possible defeat. The

symptom has to be effective in protecting the patient from the ever-present danger of failure; otherwise it is discarded by him. This teleologic concept, basic to Individual Psychology, helps to explain the change of symptomatology, in particular why in recent years so many neurotic afflictions have gone "underground," so to say. These now confront the therapist with the difficult task of unraveling the various components of psychosomatic diseases and with the exceedingly complicated disorders of the autonomic nervous system.

PERSONALITY DISORDERS

The difficulties which are encountered during the treatment of severe personality disorders, in particular those of the criminal, are well known. The disadvantages of the out-patient treatment of such cases spring chiefly from the unwillingness of the offender to continue treatment; those of the in-patient treatment, from the impact of his imprisonment and consequent inability to practice newly gained insights in freedom (3). And yet the trend is toward ever more psychotherapeutic care for criminals, juvenile delinquents, addicts of all sorts, etc. Individual Psychology is well suited to being applied institutionally as milieu therapy because of its postulate that beneath the attitudes of the individual with a personality disorder there is a rudiment of social interest which has to be strengthened through interpersonal relations during psychotherapy. At the same time, his need to be liked and respected has to be channeled into constructive social concern. These principles have been applied to institutions for juvenile offenders in the United States (21), Austria (27, 28), and Holland (31); they have been combined in a recent study of the nature of the drug addict (19).

GROUP THERAPY AND CHILD GUIDANCE

The type of psychotherapy practiced is usually an image of the personality pattern of the therapist. Consequently, even within the same school of thought, group therapy, which by now has been accepted by all major schools of psychotherapy, will be practiced by some, while others adhere to individual therapy. The procedures in group therapy are fundamentally akin to the basic tenets of the philosophy of Individual Psychology.

Group therapy techniques were demonstrated as early as 1918 by Alfred Adler (1) in his child guidance clinics in Vienna, in which not only the child, but his family and teachers participated in the treat-

ment, witnessed by a professional audience. These techniques made the child realize that his problems had an impact on the community, that he was not alone in his dilemma, that others had known and solved similar problems, and that they were interested in him and in helping him. This basic approach is today used in group therapy as practiced by all the major schools of psychotherapy (8).

Many Individual Psychologists now conduct therapy groups for adults (6, 15, 18, 22, 26). The underlying rationale of group therapy in general, of building up the individual's social interest (his feeling of belonging and his ability to cooperate), enhancing his self-esteem, affording opportunities for re-education through experiencing positive relationships not only with the therapist but also with members of the group, is identical with the basic tenets of Individual Psychology which we have already mentioned.

Group therapy in many forms is also utilized more than ever in Adlerian child guidance: play groups and art therapy groups are available in the mental hygiene clinics (17); counseling is given in family groups (8, 16); group techniques have been developed for classroom use (29); in some cases mothers' groups are conducted for the mothers of the children in therapy (14).

One kind of group therapy elaborated by Individual Psychologists is the so-called "social club," conceived as part of the treatment of patients and former patients. One of the first of these clubs was formed in London (13), but others now exist in New York and elsewhere (20). The members gather for discussion, music and art therapy, dancing and other activities. Their ages range from eighteen to thirty-five, and the diagnostic categories include ambulatory schizophrenia. These patients repeatedly comment that, through their club, they finally have a place where they can go when they feel lonely and lost.

EXISTENTIALIST AND RELIGIOUS PSYCHOTHERAPY

One of the most significant new trends in psychotherapy is that known as existentialism. There is a great deal of agreement between its position and that of Adler, since both deviate from the mechanistic, reductionistic, and historical views, in the direction of greater emphasis on the individual's uniqueness and responsibility, and place a higher stress on value systems as a basis for psychotherapy (23, 24, 30, 32).

Religious activities have much in common with psychotherapy, and the points of similarity between pastoral counseling and psycho-

therapy are receiving more and more attention. Adler was always aware of the many areas in which his work paralleled certain teachings and practices of religion: the striving toward a goal or ideal, the feeling of brotherhood, the transcendence of the self, the support to be derived through fellowship, etc. (12). In the opinion of most of us, whether, and how, religious concepts are employed again depends upon the personality pattern of the therapist (11, 25). Furthermore, the patient often makes better and faster progress if he feels akin to his therapist's concept of values.

SUMMARY

We have considered Individual Psychology in relation to recent trends in the use of drugs in the psychoses, changing patterns of neurotic symptoms, greater emphasis on treatment of personality disorders, the use of group therapy, and the rise of existentialism and the role of religion in mental health. It was shown that, in so far as these trends involve psychotherapy, they have either largely followed along the lines of the principles laid down by Alfred Adler, or have been readily incorporated into Adlerian practice.

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