

A THEORY AND PRACTICE OF HUMANISTIC PSYCHOTHERAPY

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A most significant outcome of Adlerian psychology has been to bring to our awareness the fundamental inconsistencies that exist between the theory and practice of classical Freudian psychoanalytic doctrine. More recently other writers have made similar allegations (5, 7). These inconsistencies center about a mechanistic deterministic theory of human conduct on one hand, and on the other hand a technique and practice that ostensibly places its emphasis on patient responsibility, volition, and spontaneity.

The former is based essentially on a conceptualization of the symptom as a product of mechanistic instinctual causes. This notion has ironically lent a strong impetus to prevailing psychiatric practice of the day, utilizing to a large extent mechanistic techniques such as drugs, behavioral conditioning, and shock treatment. These techniques in their turn reflect the underlying assumption of the user that patient conduct is an outcome of internal causes beyond his control and responsibility. The patient engaged in these treatment modalities becomes an object of manipulation in which the question of responsibility and subjectivity is subordinated to the more immediate goal of achieving a "cure" by means of active physical intervention.

In spite of the implications of its theory, the practice of psychoanalysis (as well as psychotherapy in general) is at least implicitly concerned with the freedom, spontaneity, and responsibility of the patient. This is made manifest by the tendency to emphasize patient responsibility in regard to such matters as financial obligation for missed sessions, discouragement of collateral involvement, mutuality in regard to termination, free association, and so forth.

The purpose of this paper is to suggest a format by which the humanistic dimension may be established as central rather than merely incidental to *both* theory and practice of psychotherapy. The ceaseless task of unfolding issues of freedom, choice, and meaning is essential to the notion of humanism. This has been a cornerstone of Adlerian psychology.

THEORY OF NEUROSES

With this in mind, in the first part of this paper I will attempt to sketch a theory of neuroses translated from the mechanistic metaphor of cause and happening to one of purpose and meaning, in the hope that it will fulfill the criteria of a humanistic framework.

Neurotic Suprastructure: Narrowed Existence

It must be quite clear to all who are witness to neurotic conduct that it most obviously narrows the scope of the patient's existence (4, pp. 277-279). This central fact is evident and observable prior to any further or more intensive analysis of the patient's symptoms, or neurotic suprastructure. Neurotic symptoms, from this perspective, simply exclude the patient from the possibility of participating in broader and more meaningful spheres of life. The question that poses itself at this point for the humanistic therapist is crucial: Is the neurotic symptom a natural phenomenon, merely accidental to the human situation, a product of causes? Or, is neurotic conduct a purposeful, meaningful reply to a crisis situation?

I shall obviously attempt to support the latter contention, and attempt to illuminate it by way of contrasting a Freudian and an Adlerian view of the neurotic symptom. If Freud views man as a biological instinctual animal, Adler to the contrary insists on his being basically a socio-political creature. As such, for Adler the neurotic is defined as one who loses himself in other than the socio-political arenas of life. He is one who withdraws from a spirit of cooperation in which man strives for the betterment of humanity. In this regard the symptom is the means by which the neurotic believes it necessary to accommodate himself, not to his instinctual make-up, but to what he views as the harsh demands of life itself. In this light the full meaning of Adler's statement, "Neurosis is a creative act and not a reversion to infantile and atavistic forms" (3, p. 131), becomes apparent. Neurotic conduct may therein be understood as purposeful and spontaneous rather than as a simple mechanistic phenomenon.

The neurotic creates his symptom in order to enhance his abdication and withdrawal from his experience of existence as being excessively harsh. The indulgence in symptoms allows him to tread lightly and put his foot forward into the game of life on a conditional basis. He gives the impression that he would be a willing participant in this game of life "if" it were not for his disabling symptoms: "the neurotic person 'secures' himself by his retreat, and he 'secures' his

retreat by intensifying the . . . symptoms" (3, p. 172). Thus, the utilization of symptoms represents a maneuver by which the patient protects his self-esteem in that he seeks simultaneously to withdraw from his responsibilities and to gain favorable recognition and approval for his retreat.

Neurotic Tactics

The symptoms of the neurotic are undoubtedly the means by which he tends to narrow the scope of his existence, which parallels the constrictive realities of society. It is a reality in which the individual is confronted with a paucity of meaningful choices and as a consequence is presented with a limitation of available possibilities and opportunities (13). Neurotic symptoms therefore enable the patient to persist, at the very least, in a partial retreat from the unrewarding realities of his day. They are the means whereby his worldly commitment and human responsibilities are conditioned, qualified, and compromised. He regards the world with hesitancy, he conditions his mode of existence to coincide with what he views as the bleakness of his socio-historical situation. He remains, in fact, by virtue of his abdication, compromise, and conditional commitments, a spectator to the significant events of his life.

However, no individual may thoroughly and completely avoid the tasks and decisions that are inherent in the human situation. Neurotic tactics in themselves represent a decision, albeit unwittingly, of withdrawal. It remains, therefore, to investigate the meaning and consequence of this decision. What is the price exacted of one who decides to remain an aloof spectator to the significant issues of his life? If in fact his decisions and actions have little relevance to the central sphere of existence, he must then seek a sense of value, purpose, and meaning through engagement in subsidiary activities. A subsidiary existence, however, as can be expected, often endangers one's sense of worth and value—without which man cannot exist. In order that he quell the ensuing sense of anxiety, as well as redeem his sense of worth, the neurotic thrusts himself in desperation upon the people and objects within his own immediate circle.

It now becomes crystal clear that the neurotic symptom serves as a double edged sword. On the one hand it allows for a retreat from the frustrating demands of existence. On the other, it provides the neurotic with a means to maintain an ostensibly respectable status within his inner circle of associates from whom he must now derive his

full measure of self-esteem and worth. The precariousness of his situation makes it necessary that he obtain such self-esteem by resorting to tactics of power, coercion, and manipulation. It is either through submissive or domineering tactics that such power is secured (14).

It ought be mentioned that coercive strategies would most likely be fostered in a social structure in which action possibilities are constricted, and the maintenance of self-esteem has thereby become more tenuous. Under such conditions interpersonal power and coercive tactics become the sole means of providing individual purpose and security. Thus, to confront the problem of neurotic tactics one must fully consider elements within the social structure that encourage and promote coercive or manipulative behavior, the cardinal manifestations of neurosis, within the interpersonal dimension.

Neurotic Infrastructure: Negation of Freedom

The suprastructure or symptom is therefore not at all intended to conceal either underlying complexes or aberrant instincts, but rather it is to permit and justify the neurotic in his effort to sustain his particular mode of retreat from the demands of existence. The neurotic's plan of action takes precedence over all else; it underlies all his feelings, thoughts, and ideas, which in turn give further support to his way of life. It is this mode of existence that has been referred to as the infrastructure of neurosis. It expresses the neurotic's disposition to act in the world and experience himself as if he were powerless.

The neurotic is utterly convinced by his experience that he must at all times act as if he were powerless—powerless to be free. Further, he believes himself powerless to tolerate the risk of becoming engaged in autonomous action based on intelligent self-reflecting decision with its consequent responsibilities. As one who acts powerless, he remains a spectator or onlooker to significant events and decisions of his life, which unavoidably further compounds his dilemma. The meaning of the symptom for the patient now becomes evident: it is precisely that which enables him to persist in his role of one who is powerless, and yet simultaneously to maintain a semblance of pride. What are both the origins and consequences of such conduct?

A relevant reinterpretation of the Oedipus complex from the perspective of humanistic psychiatry must necessarily focus on the power struggle (6) between parent and child, rather than consider it

solely in terms of a natural biological rivalry based on sexual instinct. It is the element of power within the Oedipus situation that clearly obliges the child to forfeit his potential for spontaneity, and with it the possibility for autonomous action, in order that he placate the parental figures upon whom his very survival depends.

The tragedy of man is therefore that as a child he is unknowingly coerced and duped into accepting and maintaining a role of weakness which often has the effect of bolstering the self-esteem and righteousness of those with whom he is in close association, to the detriment of his own self image. The child is moulded and maintained in a position of inferiority, weakness, and helplessness above and beyond the necessities of nature; it is from this position of degradation that his sense of worth must unfortunately be carved out. He therefore learns to base his pride on allowing others to decide for him; his self value becomes a measure of his blind obsequiousness. And since man is a creature of habit, it is only with much perseverance and effort that it may be possible for him to outlive his humiliating past. The availability of more meaningful alternatives as an adult may become apparent to him during the process of psychotherapy.

The outcome, however, of the overall Oedipal situation is that the neurotic individual becomes ensnared in a condition aptly described in the following Sartrean phrases: "We have given primacy to the object which we are to others over the subject we are to ourselves" (11, p. 43). "He is not a man, he is a creature of man, entirely occupied by men. They have produced him, manufactured him out of whole cloth. Not a breath of air has been allowed to enter his soul" (11, p. 57). Sartre signals to us the hurdles that man faces in his attempt to become the foundation of his own existence. The neurotic condition epitomizes the man who believes that it is only the Other who may decide and choose in equanimity. The neurotic individual represents the embodiment of one who has had his freedom stolen from him. He, however, remains unaware of this meaning or the necessity that he at all cost must recoup for himself the powers he has unwittingly vested in others.

The neurotic's actions indicate that he has been duped into believing that it is only the Other who may bestow upon him a sense of worth. It is not "he" but the Other who has the power to delegate and authorize rights and privileges. He therefore acts only on the condition of "if" rather than "in spite of"; he seeks approval and acclaim rather than pursue the struggle for autonomy. In spite of

the adversity always inherent in the human situation, if one is to "be" himself, he can ill afford to abdicate from the effort, commitment, and risk.

As is, actions and conduct of the neurotic are conditioned primarily by the presence and perceived power of the Other. In an effort to cope with this situation he seeks recognition before rather than after his actions (2, p. 77). He cannot "be" nor "act" nor "decide" on his own behalf; he is forced to exaggerate his weakness as his only known means of both survival and acclaim. To the extent that he is burdened by the Other he cannot be himself. As he cannot envision the possibility of autonomous action, the notion of freedom becomes meaningless. Yet in spite of pretense, alleged weakness, and apparent deference to the Other he cannot avoid interest in his being. The neurotic is reliant on the Other, yet is unable to transfer (10) to the other his existence. He is both harassed and perplexed as he must retreat and live at the same time in order that he salvage his being. His suffering is in effect a tactic which permits him to secure his retreat, as well as an expression of his inability to secure his being.

I would submit that it is the ramifications and ominous consequences of this precarious position of powerlessness that in fact remains unadmissible or unconscious. The meaning of this stance must remain unknown or unconscious as long as alternatives or more fruitful modes of existence remain distant, unfamiliar, and unlikely possibilities upon which the patient may embark. Symptoms plague the patient only to accommodate him better to his experience of reality as excessively harsh and limiting. It shall no longer be necessary for the neurotic to be plagued by his symptoms—nor to relinquish his freedom—if and when he is able to love and to experience the meaning of the words: "And yet by not venturing it is so dreadfully easy to lose that which it would be difficult to lose in even the most venturesome venture, and in any case never so easily, so completely, as if it were nothing—oneself" (8, p. 160).

PRACTICE OF PSYCHOTHERAPY

Lest the practice of psychotherapy be inconsistent with the spirit of our humanistic orientation it shall be necessary that a degree of caution, restraint and care be exercised in the therapeutic situation as suggested by the saying: "Thou hast been set as a dam to save the poor man from drowning, but behold thou art thyself the flood." Thus the therapist must take care that by his actions he does not

compound and aggravate the difficulties that already hamper the exercise of freedom and responsibility which lie at the heart of the patient's suffering. The second part of this paper will, accordingly, attempt to suggest a format for the practice of psychotherapy consistent with our notion of humanism.

Freedom and Humanistic Psychotherapy

The psychotherapeutic encounter ought to become one possibility, amongst others, by which man may free himself in order that he command the possibility to become integrated into the larger community of men. This entails that he be free from ways of powerlessness and helplessness created by his long-standing retreat from the challenge of enacting meaningful choices and decisions. It is this very powerlessness as I have indicated that in fact lies at the heart of the neurotic way of life and is concealed, disguised, and exploited by means of neurotic symptoms.

The basic supposition of a humanistic psychotherapy is that free choice rather than compulsion and constraint is a possibility for all. Man does not have to be tomorrow what he is today. It is not the inability to choose, per se, that distinguishes the neurotic from the so-called normal. It is simply that the former has made the kinds of choices that have humiliated and constrained him in his life situation. He has unfortunately become what he has made of himself. The humanistic therapist acknowledges that man has become victimized and trapped by his way of life rather than his biology. As the suffering of the neurotic revolves about his mistaken and unfortunate choices, psychotherapy must focus on the origin, meaning, and consequences of these very choices.

Humanistic psychotherapy cannot offer man a new way of life, only a direction towards which he must strive. It can, however, allow the patient the opportunity to examine the unfortunate meaning of his life as he is living it and thereupon give consideration to alternative modes of living. Psychoanalysis was of course, never meant to be a philosophy of life but rather an impartial tool designed to enlighten the patient as to the meaning of his actions, feelings, and thoughts so that he be able to overcome his narrowed existence through the enactment of wiser, more fruitful choices. If, however, the problem of ethics is one that prompts man to question his actions, then psychotherapy as an inquiry into neurosis, one variety of human action, is necessarily an ethical discipline par excellence.

Neurosis has thus far been basically portrayed as an escape from freedom. It follows that a major task of therapy is to enlighten the patient as to whether or not his actions are based on free involvement. The persistent pursuit of the ways of depression, anxiety, anger, and so forth indicate that the patient is unwilling to embark upon any alternatives. The consequences and meaning of such refusal must be thoroughly dwelled upon during the course of psychotherapy. Psychotherapy must therefore hold at least the promise that the risk of freedom is more fruitful than its avoidance. The patient must be in a position to corroborate this fundamental fact through appeal to a singularly important piece of evidence—his life's experience.

In simple terms, the choice that presents itself during the course of therapy is one between cowardliness and courage, hesitancy and decisiveness—nevertheless it is a difficult one to act upon.

The Task of the Therapist

The central motif of therapy must revolve around the notion suggested by Adler that anyone can do anything (2, pp. 4 & 148), and thus the patient has the possibility to be freer than he is. The limitations to man's freedom are not at all based on the existence of instincts, repressed feelings, nor unwanted thoughts, but rather it is his plan of life that enslaves him.

One who acts helpless becomes helpless. He has not only become helpless but has staked his entire pride and meaning on an existence of helplessness. Resistance then becomes the tactic and the means by which the patient persists in his ways of helplessness, to avoid the unfamiliarity and anguish of freedom. The unfamiliarity and refusal to acknowledge the possibility of freedom is in fact what remains conveniently unconscious. By clinging tenaciously to his symptoms the patient seeks to justify his way of powerlessness and thereby enables himself to postpone the task of accepting the risks and unfamiliarity of freedom and responsibility. The work of therapy is basically an inquiry into the meaning of man's existence in order to render the patient aware of the significance and consequences of such postponement.

The task of the therapist is then to promote analysis of the patient's life situation in the interests of his self-liberation. Conversely it must be realized that attempts at intervention, control, and domination by the therapist undermine both the necessity of such

inquiry as well as the patient's experience in the direction of self-liberation. The patient, who on the one hand desires and on the other hand realistically fears such intervention, must falsify his position in order to win the favor of the therapist. A mechanistic-causal theory of neurosis postulating forces beyond the patient's control tends to foster just such authoritative intervention. Such falsity obviously vitiates the need of inquiry and compounds the inclination towards retreat and escape for which the patient originally sought the services of the therapist.

Intervention and coercion unwittingly communicate to the patient his basic incapacity for self-reliance. Instruction, advice, and direct counseling on how to live one's life are often denigrating, and antithetical to self-liberation as they may signal to the patient that he is powerless and must forever remain so. Hence, he becomes more convinced that he must continue to resort to "seeming" rather than to "being" as all his efforts towards self-reliance are subtly discounted. If the therapist is not to coerce the patient by means of unmindful authoritarian imposition, he is left with the more arduous alternative of attempting to influence him to become what he can.

The therapist must also at all times realize that the material brought forth by the patient is a product of their relationship. The therapist is not simply a passive agent who allows the patient to catharse as a midwife delivers a baby. The analysis of any transference as well as the resolution of the Oedipal complex, in the sense of power struggle, revolve about bringing to the patient's awareness his persistent appeal to "authoritarian archaic objects and rules" (9, p. 300). It is an appeal which the patient is deluded into believing shall allow him to avoid the risk of freedom. Continuing caution must be exercised that the therapist does not become a parental surrogate. Intervention, imposition, and control would give a realistic basis to an antagonism that would readily become a convenient distraction for the patient from the necessary scrutiny of his life, as he is easily enticed into a preoccupation with the therapist.

The effectiveness of the therapist is a measure of his inclination to exercise carefulness rather than care. He must offer assistance rather than his self; he ought to be concerned rather than attempt to control. Only in this manner does he allow for the possibility of emancipating the patient from the forces that bind him to the therapist.

To minimize intervention a contractual model of therapy has been proposed (12). The contract becomes the ground rules on which

therapy is conducted. It provides at least verbal agreement to insure that the therapist neither dominate nor be dominated by his patient. It is therefore not at all ironical that therapy becomes a means towards the liberation of the patient only if the liberty of the therapist is given equal consideration.

If, as implied all along, neurosis is basically a renunciation of man's responsibility to be free, the psychotherapeutic contract serves to redirect the patient toward the path of his liberation. The adherence to the psychotherapeutic contract accentuates the therapist's efforts as well as bringing to the patient's awareness his manifold tactics that delay and postpone his quest for freedom. As such the responsibility called for in adherence to the contract communicates to the patient that autonomous conduct can become one of the avenues of life realistically open to him.

Failure of therapy may stem from inadequate or insufficient information imparted to the patient. The therapist may lack competence as an educator or serve as an ineffective model and thereby impede the patient in his effort to seek alternative modes of conduct. The patient's understanding of his life situation may arise not only from the verbal communications of the therapist but, even more importantly, from his actions and conduct within the therapeutic setting: the instructor is more significant than the instruction. The therapist who eschews intervention both confronts the patient and enables him to comprehend significantly his basic problem—the evasion of responsibility. The patient now unable to rely on intervention by the therapist is obliged to experience and fulfill his own potential in the direction of self-reliance. He comes to the realization that he himself is his best servant.

The Task of the Patient

The patient for his part, if he is to become involved in psychotherapy, must be willing to explore the meaning and purpose of his symptoms. He must be inclined towards the notion that his symptom is not the cause of his difficulties in living but rather its consequence. Thus the patient's way of life rather than the symptom becomes the focus of therapy. The symptom, understood as a consequence of the patient's way of life, is central rather than accidental to it. This concept distinguishes perhaps most clearly the medical from the psychological symptom: the medical symptom always refers to an organ, the psychological symptom to the organism—man.

The patient ironically becomes aware of the significance of his symptom only if he is willing to look beyond it—not to its cause, but to its meaning in so far as his life is concerned. The more profound the patient's preoccupation with the symptom itself the more difficult shall it be to resolve—if at all. How would life be, was Adler's question to the patient, if you were rid of your particular phobia, depression or obsession (1, p. 201)? The problem signaled as an answer to such a hypothetical question provides for the beginning text of an inquiry into the patient's life situation. In the patient who does not envision any such problems, psychotherapy in the strict sense of the word is precluded. Why? The patient in denying the existence of problems beyond his symptom chooses to view it as accidental rather than as a purposeful tactic to obscure the relevant difficulties of his life situation.

The meaning of the symptom in this light remains unconscious, for only then does it allow the patient to pursue his project, aims, and goals, his misguided life plan. The accompanying shame, suffering, guilt, misery, and so forth are not sufficient reason to seek resolution of the symptom. This is understandable when it is realized that it is the symptom and the accompanying affects that allow him to secure his goals, wants, and desires. Suffering then is not necessarily a motive for involvement in therapy, but simply the means with which to pursue one's plan of action more tenaciously.

It therefore becomes an essential task of therapy to clarify for the patient the details of his life plan. He must strive to realize that his way of life conflicts with the demands of reality; and at the same time he becomes aware that his symptom, although clearly disconcerting, simply enables him to maintain his face and self-esteem while concealing his unproductive life plan. Only this realization shall tempt the patient to seek new avenues of conduct, to redefine himself and create for himself new choices. He must realize that the underlying task of doing away with his symptom involves nothing less than becoming someone other than himself. For it is his habitual life plan of withdrawal, hesitation, and powerlessness which forms the *raison d'être* of his symptom. Once he has seized upon this realization, only two simple alternatives arise: he may remain committed to his accustomed pseudo-secure old ways, or seek to meet the risk and challenge of recouping and exercising the power that he has unwittingly forfeited.

A thorough, meaningful understanding of one's life situation becomes a reality for one only as he is able to entertain the possibility of embarking upon new avenues of conduct. He can truly afford the luxury of understanding the profound meaning of symptoms such as inferiority feelings, depression, and guilt only as he can afford to do without them. Paradoxically, in order to comprehend fully his burdensome way of life he must be prepared to abandon it. The degree of significant understanding of one's constricting situation is therefore inseparable from the possibilities of a freer existence.

One must literally work himself over if he is fully to understand as well as to do without the symptoms and difficulties that have plagued him. To do this, the patient must have accepted the fact that he has not lived his life as he ought to have done, and therefore he must be prepared to consider alternatives. He must remain true to his intent to live more dynamically rather than remain in his perpeptual state of neurotic stagnation. Dynamic movement becomes necessary if he is to recapture both the power and destiny that he has given over to others through years of abdication. Essential to a recouping of this power is that he no longer be afraid to err: he must ground his self-image on deed rather than retreat. Only then shall he be prepared to accept the risk of choice, responsibility, and greater freedom. His life experience must be a constant reminder that in actuality this is the only significant choice.

CONCLUSION

If psychotherapy is to be an efficacious instrument of liberation, there must be established a degree of consistency between the theory it presupposes and the technique it utilizes. The patient's suffering is considered an outcome as well as an expression of a purposeful life plan which he chose—albeit unwittingly—to be centered about a stance of powerlessness. Accordingly psychotherapy must be designed firstly to provide for the clarification of this strategy. Secondly, active intervention or manipulation ought to be eschewed so as not inadvertently to compound further the patient's plight of powerlessness. Thus it is necessary to influence the patient rather than impose upon him, so that he may become what he wants to be. The stance of the therapist conveys an overall perspective to the patient by which he may create new possibilities for the future rather than be sunk in the despair of what he has considered to be an unalterable heritage of the past. Neither the theory nor practice of psychotherapy ought

inadvertently to place limitations on the patient's possibilities to be free.

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