

SULLIVAN'S INTERPERSONAL PSYCHIATRY AND ADLER'S INDIVIDUAL PSYCHOLOGY

A Special Review¹

ROWENA R. ANSBACHER²

Burlington, Vermont

For a reader oriented in Individual Psychology the over-riding interest in Mullahy's new definitive text on Interpersonal Psychiatry is a comparison of Sullivan's views with those of Adler. Thus this review will very largely take the form of a detailed comparison which has been long overdue.

Our opening comment must express appreciation for this most important contribution which Mullahy has made—obviously a long labor of love for his teacher as well as of dedication to objectivity, clarity, care for detail, and inclusiveness. Such a presentation has been greatly needed, and though Mullahy urges those interested in Sullivan to go on to read him in the original, this exhaustive treatment would seem in and by itself to give one a full understanding of interpersonal psychiatry both in Mullahy's own words and the many quotations from Sullivan.³

PERIPHERAL COMPARISONS

Mullahy gives us only the barest sketch of Sullivan's life, 1892-1949, but from the account of his work one is impressed with his seemingly single-minded absorption in studying the dynamics of mental disorder and their therapy; his "meticulous attention to detail" (p. 60m) both in observation and theorizing; his breadth of reading and understanding in all the life sciences, psychology, and semantics; his extreme consideration for the sensitivities of others; his high valuation of each individual; his keen insights and his trenchant verbalizing of the same. One is grateful to Mullahy for

¹Mullahy, Patrick. *Psychoanalysis and Interpersonal Psychiatry: The Contributions of Harry Stack Sullivan*. New York: Science House, 1970. Pp. xv + 751. \$15.00.

²Author's address: 130 East Avenue, Burlington, Vt. 05401.

³Page references will be to the volume under review; when they pertain to citations from Sullivan by Mullahy, the page number will be followed by s; when to citations from Mullahy, by m. A Sullivan statement within a Mullahy quotation is set off by single quotes.

having assembled and presented this vast material in a way which permits the reader to arrive at so full and clear an impression of Sullivan-the-psychiatrist as well as of his thought.

Both time and space were shared by Sullivan and Adler (1870-1937); there were 45 years of contemporaneity, 20 of these in psychiatry, and seven in the same city of New York. But so far as we know, the two were never in contact with one another, and their life histories were quite different. Whereas Sullivan spent his boyhood on a farm in New York State, as a lonely, only child, Adler grew up just within the city limits of Vienna, the second son in a family of six children. Sullivan never married. Adler married and had four children. As a family man, a European who lived through the First World War, the brief flowering of a socialist state in Austria, the coming of fascism and of Hitler, he experienced much of joy and sorrow. It will be left to the reader to speculate on the relation of these biographical facts to the life work of each man.

There are also differences in professional experience which probably bear some relation to their thinking. Sullivan's patients tended to be more psychotic, especially schizophrenic, and a good part of his work was with a hospital population, while Adler dealt more with neurotics and problem children, on an ambulatory basis, and moved beyond psychiatric contacts into educational and lay circles.

A striking similarity is that neither man wrote systematically. Sullivan's thinking is transmitted in separate papers and edited lectures, as is a great deal of Adler's. According to Mullahy, Sullivan actually wrote only one book. Since both authors' views underwent considerable change over time, this also complicates matters for the reader. Both authors have often been labeled as poor writers. However, we should like to observe that aside from their unsystematic attitude toward publication, both actually showed unusual skill in putting their thoughts into words.

Mullahy holds "Sullivan's innovations are radical, and only now . . . are beginning to be thoroughly understood" (p. 252m). "Sullivan was ahead of his time . . . Most younger psychiatrists I knew twenty years ago had not read his papers" (p. 483m). Adler, too, was ahead of his time, and probably has not yet reached the height of his growing recognition. Even today most students can go through their psychiatric training without learning anything substantial about him.

Historically both Sullivan and Adler can be viewed as figures

against a background of Freud, though Adler did not start from nearly as close a position, and moved swiftly in a frankly opposing direction, whereas Sullivan termed his defection a "variant" and moved gradually away from his Freudian starting point. Mullahy often introduces a topic by showing how Sullivan differs from Freud, and he explains Sullivan's "casual use of Freudian terms, such as *ego*, *superego*, and *id* . . . [in that Sullivan] still hoped for a meaningful communication with Freudian psychoanalysts. . . . But one should bear in mind that we are really no longer in the same universe of discourse as Freud's" (p. 202m). Sullivan did indeed reject the Oedipus complex as a universal, biological development and regarded it instead as a "distortion . . . the result of multiple vicious features of our domestic culture" (p. 14s). He also saw "that there could be no basic dichotomy between the individual and society" (p. 128m). Nor did he "find any virtue in clinging to the generalization by which all pleasure is identified as a part of a libidinal input, as expressed by Freud" (p. 135s). He "abandoned the concept of an inherent destructive instinct as not only artificial but gravely misleading when applied to therapeutic work" (p. 252m).

CONCEPTS

Our comparison will necessarily be limited to ground shared by Sullivan and Adler. This would leave out, among other possible subdivisions, Sullivan's detailed descriptions of psychoses. Some of his most impressive observations are from this field, for which the reader is referred to Chapter X, Sullivan's Theory of Schizophrenia, especially the developmental stages of paranoia. There seems to be so little which escaped Sullivan's wide-ranging and keen observation, that one can find almost all of the notions which Adler emphasized at least mentioned in this book. We shall deal only with the more outstanding similarities—and differences.

The Embedded Organism

An appropriate subject with which to begin a comparison of single concepts is the human individual as a whole. Sullivan's approach here is quoted in terms remarkably close to Adler's organismic, holistic view: the individual is

an organism including motor and sensory agencies, with extensive neural coordinating, integrating and dissociating apparatus, the activity of which as a whole constitutes purposive effort—behavior (p. 76s). This behavior occurs

communally with a 'relevant environment' (p. 76m). The communal environment in the realm of mind is made up of other selves and those monuments and ghosts of other selves . . . which go to make up culture (p. 78s). The psyche is always a part-aspect of a total situation that is more inclusive, 'the organism-environment complex' or 'field.' Thus even the emotions cannot be adequately described as 'intrapsychic' processes (p. 330m).

The individual's total situation is defined as "the living organism, the relevant environmental factors and the relations between them, including particularly the changing relations that are being brought about by the organism" (p. 79m). In this conception Sullivan anticipates, as Adler did, what today would be called the *system* of which the individual is a part.

Adler, in characteristically simpler terms, and emphasizing the unity of the organism, accepts the viewpoint of the complete unity and self-consistency of the individual whom he regards and examines as socially embedded (I, p. 126).

Consistency and Goal Striving

When one looks for some concept comparable to Adler's life style, one finds only separate aspects of it in Sullivan's thinking. For one thing he appreciated the preverbal and prerational roots of the personality. In Mullahy's words, "that is one of the inescapable limitations of human living: the nucleus of the self is established long before one can reason or understand what is happening or why" (p. 505m). Ways of perceiving and interpreting the world are gradually built up into symbol systems. A great deal of stereotyping occurs, and these categories tend to be extremely resistant to change. These become parts, among other processes, of the "self-dynamism." "The self-dynamism . . . tends to reject experiences that are incongruous with its current organization, relationships to the enviroing world, and functional activities" (p. 367m). Mullahy actually uses the term life-plan, as follows: "Finally, personality includes qualities such as the individual's 'life-plan' and hierarchy of values, which as a rule change but slowly" (p. 242m); and once more: "Life is . . . normally sustained and made meaningful traditionally by some life-plan, of which the individual may not even be clearly aware" (p. 246m). We have here the continuity aspects of Adler's life-style concept, but not its unity or goal-directedness.

One finds only partial purposiveness expressed in Sullivan's approach, as in the following: "In trying to understand human behavior one must study the individual's acts piecemeal while at

the same time viewing them in a larger context of the individual's life history and social situation. One must learn what the individual is striving for in particular situations" (p. 246m). Coming close to the notion of an individual goal, we find a quotation from Sullivan regarding the "*idealization of the self as the person shall presently come to be*, the formulation within awareness of an intended role from increasingly realistic prehensions of personal abilities and limitations" (p. 167s). However, unlike Adler's goal, Sullivan refers to this as a separate "'character factor' that is potent in the 'preservation' of personality in the face of great handicaps" (p. 167m), and hence not as an inherent and constant aspect of the personality.

The self-dynamism is defined as "a very elaborate organization which everyone has for maintaining a feeling of personal worth, for securing the respect of others, and for insuring the protection that positions of prestige confer" (p. 397m). This might hint at a goal-directed striving, but we are also told that there are additional elements; "supervisory patterns" in the already "complex system or processes and personifications," and that such patterns may become "subpersonalities" (p. 397m) indicating a wide disparity with the unity of Adler's life style. One wonders if the impression of elementaristic personality constituents may be a matter of Mullahy's terminology here, for he also expresses himself differently elsewhere. "When one says anxiety does this or that, or even . . . the self . . . , it must be understood as a shorthand phrase. Ultimately, the only thing that ever does anything is the person, however much anxiety . . . may influence behavior" (p. 298m). Even so, one can say with certainty that Sullivan's organization of the personality is by far not as unified or self-consistent as that of Adler who made these aspects the subject of explicit emphasis. A related difference is Sullivan's lesser consideration of the purposive quality of behavior in general and of a unique personal goal giving a unified direction to the individual's striving.

Self-Esteem

An aspect which may be said to have been assigned equal importance by Sullivan and Adler is that of self-esteem. In Sullivan's later view "the preservation of self-esteem is central to every type of functional disorder" (p. 56m). Every schizophrenic has suffered a "disaster to self-esteem" (p. 92m), an experience which may "pass over into a chronic feeling of insecurity and inadequacy"

(p. 93m). "The paranoid dynamism is said to be rooted in an awareness of inferiority of some kind" (p. 440m); and the obsessional's self-esteem is "abysmally low in significant situations" (p. 469m). Conversely, "Mental health . . . has an essential connection with self-esteem or, what is practically the same thing, self-respect. . . . Whenever a person is forced to make the maintenance of his self-esteem *an end in itself* instead of a consequent or result of life activities . . . he is more or less mentally ill" (p. 241m).

Obviously Sullivan does not share Adler's view of the feeling of inferiority as one point on the universal line of striving from a minus to a plus, which integrates self-esteem into an understanding of the individual as a whole. Although Sullivan often connects feelings of inadequacy with failure to achieve interpersonal intimacy, he does not spell out the connection, one which Adler saw, and described: The only true compensation for inferiority is a developed social interest and the consciousness of solidarity and usefulness which it can bring about (1, pp. 154-155).

DETERMINANTS

It seems fair to say that no one has observed interpersonal relations more keenly and inclusively than Sullivan. On the basis of these—including cultural and social influences—he worked out a careful, detailed, meaningful schema of personality development. According to this, the first intercommunication on the part of the infant is emotional—through empathy. With the acquisition of spoken language, the child begins to absorb the folkways from his parents and others. When he learns to read and write, he enters into secondary group relationships with people not physically present (p. 123). The need for playmates marks the end of infancy and beginning of childhood; the juvenile era begins when another person "becomes signally important to him" (p. 125s); and with the appearance of the "love factor," "true personality is born, and intimate personal adjustment now becomes the great problem of life" (p. 126s). "*Each and every individual . . . incorporated in the family group has an inevitable part in the child's evolution of personality*" (p. 141s).

Regarding the development of the self-concept, Sullivan builds on C. H. Cooley's theory of the "reflected self," according to which the individual, once he has entered the "juvenile" stage, "incorporates" the reactions of others to him, their statements, actions,

and attitudes toward him, and assimilates these as best he can into a meaningful, coherent self-structure (p. 139).

But not only significant others exert an influence. "No two people have ever talked together with entire freedom of either one from effects of interaction of the other" (p. 193s). Sullivan astutely applied this also to "scientific" observations on people, a fact which is only recently becoming recognized by psychological researchers.

While one cannot deny the brilliance of Sullivan's observations on interpersonal transactions, he does seem almost to have overlooked man's relations to the object world. Adler's full acceptance of the concrete elements of life was a factor, in addition to the primary one of self-determinism, in limiting the importance of the shaping influence of others. For the young child is constantly faced with opportunities to test his growing powers with his own physique and with the world of objects. He has ways of arriving at self-estimates of his competence (with all the meaning of the term which R. W. White has given it). He can do this independently of the judgments of others, and this is true throughout life.

Altogether, in the Adlerian view quite a different emphasis is placed on the various determinants of the personality. Sullivan's concept of the self is closer to the Freudian, depleted self—the mere "battleground" for forces outside itself. Adler explicitly credited the self with greater individuality, greater powers of creativity, interpretation, spontaneity, choice—all being aspects of self-determination. In tracing life histories, Adler was interested in finding out, how did the person *respond* to what others did, rather than what did he *incorporate* from their behavior. No sensation is experienced except through an individual filter, a "metabolism." Behavior will differ with the perceptions and, further, with the possibilities of choice open to the individual—as well as of error. Sullivan saw the individual as more passive and impressionable.

He conceived the person as the "*resultant*" or *outcome* of physiological, psychological, and situational factors . . . In regard to psychobiological factors making for mental disorder, they arise from *specific warping experiences bearing upon the person* . . . The adolescent [in such situations] finds himself incapacitated for the demanded adjustive growth because of powerful inhibitions *incorporated in him* beyond his remedy (pp. 105-107m, italics added).

Adler granted that there are situations which hold *probability* for neurotic development—indeed, he identified three in early childhood—but he maintained, "Everyone is master of the way in which he utilizes his experiences" (I, p. 212). Thus there are scarcely any situations which are necessarily specifically "warping."

THERAPY

Understanding

Sullivan's view of man as more passive is of a piece with a more causalistic theory. In this respect he is again of course closer to Freud with his historical, genetic approach, and further from Adler with his future-oriented, teleological approach. This becomes most clear in Sullivan's therapy. With his amazing thoroughness he gathered all possible information from a patient's past, interviewing him exhaustively, and then even seeking additional "collateral information from persons who were significant at each genetic stage of the patient's life" (p. 205m). He believed, "the more relevant and significant information the investigator can obtain . . . the more accurate is his picture of the *interpersonal influences* that *molded the patient's life*" (p. 203m, italics added). In fact, only through the revealing of this precise influence to the patient would he be able to understand and, hopefully, change its effect.

Thus Sullivan's therapy consisted of (a) reconnaissance, or history taking; (b) free association, to bring out the history which is no longer conscious; and (c) relating this material to current difficulties. The greatest share of time and effort was apparently devoted to establishing, through free association, connections with lost memories or faded associations for the purpose of self-understanding (p. 296). "There are tendencies or drives that, dating from infancy, are 'profoundly unconscious' . . . There are also . . . dissociated tendencies which . . . 'attach' themselves to those other deeply unconscious processes, the whole forming a . . . 'system' disparate from, or antithetical to, the self-conscious personality" (p. 159m). Sullivan acknowledged "selective inattention" whereby "one fails to perceive . . . relevant factors in certain situations and [tends] to 'forget' them instantly even when one may have *noticed* them" (p. 490m). Such factors are then also parts of the self, lost to consciousness though they are not repressed or dissociated (p. 289).

Adler would have agreed with the concept of selective inattention, inasmuch as he regarded every activity of the individual as selective, particularly memory and perception to which he referred in this aspect as the individual's "biased apperception." Selectivity is inevitable, as a function of the unity of the personality moving in one general direction. Sullivan's holistic view of the organism, quoted above, notwithstanding, he obviously did not view intra-

psychic aspects as a unified whole. Mullahy expresses this in saying "anyone's personality is not all of one piece" (p. 159m). For Adler, however, the opposite was very much the case. There was no "unconscious" as such, and no dissociation. Rather he held that one is *not conscious* of many things, the unconscious being that of which we are not aware, or do not understand. We are varyingly unaware of how we appear to others, of many consequences of our actions, of the meaning of things remembered including our dreams. The therapist's function is to find the unity in all these, clarifying their meaning, and to bring this understanding to the patient so that he may see what he is doing and where he is going, how and to what purpose he is creating his own experiences.

There are two similarities of this view with Sullivan's: (*a*) the observation that we remain unaware of much that does not fit our self-consistent style of life, and (*b*) that the resulting errors in perceiving ourselves must be corrected. There are two differences: (*a*) the absence of the inferences of dissociation and the unconscious from Adler's theory, making for greater simplicity, and (*b*) its more holistic understanding of an individual's style of living which enables the therapist to begin at any point to fit any and all data into an understanding of the whole person. Both of the aspects which characterize Adler's approach make a much briefer therapy possible. With Sullivan's techniques the resolution of the patients' problem took from two to five years or more (p. 570) which, even without knowing the nature and difficulty of the cases, could still be called anything but brief.

Effecting Change

For both Sullivan and Adler, insight is not enough; supportive functions of the therapist are also needed. Certainly both were aware of the extreme sensitivity of the patient. Sullivan taught that "the psychiatrist is perhaps the last best hope of the schizophrenic," and must not injure his "fragile trust and security" (p. 206m). For Adler the building up of courage is basic to every step of treatment. While Mullahy does not mention specifically the process of encouragement, from what we have seen, Sullivan was committed to raising the patient's self-esteem. He conducted a hospital ward of six schizophrenics for several years along lines of his own theories and with personnel he trained. With regard to treatment there he had this to say:

The patient must be removed to a situation in which he is encouraged to renew efforts at adjustment with others . . . The subprofessional personnel with whom the patient is in contact . . . [must help] in the development *de novo* of self-esteem as an individual *attractive* to others . . . [He must be] made to feel that he is now one of a group . . . From the start he is treated as a *person among persons* (p.27s).

While Sullivan saw a correspondence between self-esteem and interpersonal skills, he did not identify the link between the two. Adler said unequivocally, "courage is but one side of social interest" (1, p. 342); and "all my efforts are devoted towards increasing the social interest of the patient. I know that the real reason for his malady is his lack of cooperation" (1, p. 347). Adler saw his role in therapy as attempting to perform belatedly the mother's role which had not been carried out effectively in the case of the patient: the role of establishing a trusting *cooperative* attitude, and spreading this to other relationships.

MENTAL HEALTH

The conception of general mental health should be close to, if not coincidental with, the goals of therapy. Adler's measure of mental health is the individual's degree of developed social interest—which may also be expressed as interest in the interests of others. Though the concept includes subjective and behavioral aspects, it need not be conscious or explicitly intended for the individual to be mentally healthy, just so long as the consequences of the person's behavior contribute to the general welfare while fulfilling his own personal goals (1, p. 154). Adler said of the patient, "As soon as he can connect himself with his fellow men on an *equal and cooperative* footing, he is cured" (1, p. 347; italics added).

Sullivan's formula was that one "achieves mental health to the extent that one becomes aware of one's interpersonal relations" (p. 542s). And Mullahy states, when "the patient as known to himself is much the same person as the patient behaving with others, Sullivan called this psychiatric cure" (p. 548m). "The person who knows himself has mental health" (p. 549m). In these statements one misses any specification of the nature of the interpersonal relationships or of the kind of person.

Elsewhere Sullivan qualifies good interpersonal relationships as those of intimacy, considering that intimacy provides the surest guarantee of mental health (p. 410). Intimacy is described as involving first of all "free, uninhibited communication of one's thoughts, fantasies, feelings, and motives" (p. 403m). In connection with the

achieving of intimacy during the developmental stage of preadolescence, Sullivan states,

As soon as one finds that all this [previously acquired] vast autistic and somewhat validated structure to which one refers as one's mind, . . . one's personality, is really open to some comparing of notes . . . one begins to feel human in a sense in which one has not previously felt human. One becomes more fully human in that one begins to appreciate the common humanity of people—there comes a new sympathy for the other fellow (p. 403s).

Sullivan elaborates: learning takes on a new significance. "Only when the world expands as a network of meaningful persons and interpersonal relations does knowledge become truly significant, and learning becomes a serious attempt to implement oneself for life" (p. 404m).

The "appreciation of common humanity" suggests something like social interest, which has also aptly been referred to as humanistic identification (W. E. O'Connell). But this concept goes beyond "a sympathy for the other fellow," and beyond "relating to people in any and every area of life in a fashion that is reasonably satisfying and self-fulfilling" (p. 415m). Adler claims "It is almost impossible to exaggerate the value of an increase in social feeling. . . . The feeling of worth and value is heightened, giving courage and an optimistic view, and there is a sense of acquiescence in the common advantages and drawbacks of our lot. The individual feels at home in life" (1, p. 155).

THE TWO THEORIES AS THEORIES

Probably the goals of life and therapy were more specifically formulated by Adler because they were parts of a supremely holistic organismic theory concerned with the global concept of man-moving-purposively-in-the-world. Adler saw life confronting man with three tasks (which can also be regarded as three ties): communal life, work, and love. "These three arise from the inseparable bond that of necessity links men together for association, for the provision of livelihood, and for the care of offspring" (1, p. 131). Regarding love, Sullivan and Adler are in close agreement. In Mullahy's terms, the welfare and happiness of the other becomes as important to one as one's own (p. 401); and Adler says, "each partner must be more interested in the other than in himself" (1, p. 432).

Two of these life tasks are pre-eminently interpersonal, but Adler makes it clear that all three require cooperation for their accomplishment. Thus, while acknowledging that "Love, with its

fulfillment, marriage, is the most intimate devotion towards a partner of the other sex, . . . love and marriage are one side of cooperation in general, not a cooperation for the welfare of the two persons only, but also for the welfare of mankind" (1, p. 432). It is particularly interesting in this connection that Mullahy points out that Sullivan, in one work only held "that the child proceeds into the juvenile era . . . by virtue of a new tendency toward cooperation," while otherwise cooperation is barely mentioned. In a rare critical comment Mullahy adds: "This is a curious and serious oversight" (p. 392m).

It would seem that Sullivan's theory regards interpersonal relations, in their fullest achievement as intimacy, an end in itself. We would agree that they are necessary conditions for mental health. But they do not strike us as sufficient. How long could even love last without cooperation in what F. C. Thorne calls "the business of running your life?" Could Sullivan have considered life fulfilled without some achievement, creation, or competence—aspects which, at any rate, are not dealt with in the present volume? Sullivan did, of course, question his patients about their occupational history, but there, too, apparently only to shed light on "their ability to get along with people" (p. 567m).

The crucial point in Adler's theory of personality which differentiates it from Sullivan's—and actually from all others—comes out most sharply here. It is a consequence of clearsightedly carrying out the holistic view of man-in-his-context to its ultimate logical conclusion and its basic given. Adler saw that life, quite specifically "on this poor earth crust" (1, p. 155), makes certain inescapable, concrete demands on human beings, and that these demands can only be met through cooperative activity. From this holistic view all aspects of man's living—knowing, feeling, striving, working, relating, valuing—fall into place, and directives for concrete solutions of his problems can be derived. Thus the problem of self-esteem is resolved, not by being attractive to, or intimate with others, but by being useful, by feeling one's "worth to society, the only possible means of mitigating the universal human feeling of inferiority" (1, p. 132). In order to contribute to the common weal, one must use common sense; one must overcome one's private dreams and illusions, and appraise one's situation with consensual validation.

Where Sullivan rightly called his theory one of interpersonal relations, Adler referred to his as "probably the most consistent

theory of the *position of the individual towards the questions of social living*, and in the same sense therefore, *social psychology*" (I, p. 126; italics added). It is concerned primarily with the study of the ways in which an individual tackles "*the tasks of life in association*" (I, p. 414; italics added) rather than with interpersonal relations as such.

SUMMARY

A comparison of two outstanding psychiatrists, contemporary yet separate, is a fascinating exercise. The spheres of agreement between Sullivan and Adler lie in the view of man as an organism inseparable from his environment; as not instinctively impelled to drive satisfaction; but as seeking to maintain self-esteem in living with others; and as encountering difficulties through nonvalidated conceptions regarding his relations to others, which bring about ineffective behavior. Disagreement lies partly in the finer delineations of these general assumptions, and partly in true differences of kind. Adler's view of man as an organism includes a unity which rules out Sullivan's dissociated, unconscious areas within the self, and assumes one over-all directive to the individual's striving. Adler's view of man's context extends beyond the interpersonal concept of Sullivan to include the object-environment as well, and sees the very nature of life-within-the-physical-environment as making demands on the individual. These demands can be met only through cooperation, the behavioral expression of a man's social interest. Misconceptions are a person's "private" views which are opposed to common sense, and can therefore be corrected by developing the person's sense of commonality. Adler's criterion of mental health is social interest, or, expressed operationally, cooperation. Here the greatest difference is to be found with Sullivan whose criterion of mental health is knowing oneself. Further, Sullivan saw the attainment of intimacy as the basis for self-esteem which everyone is seeking. Adler saw man as imbued with a unitary, universal striving from a minus to a plus situation, with each individual defining for himself the "plus." The true compensation for any minus is a feeling of worth which is achieved only through contribution in any of its infinite variations to the common weal.

CONCLUSION

In Mullahy's final chapter we read this summary statement, somewhat unexpected in view of Mullahy's repeated explications

of Sullivan's theoretical differences from Freud: "There seems to be no need to be pessimistic about psychoanalytic technique, provided one accepts Sullivan's 'variant' of it. . . . To be sure . . . it makes demands that a great many people cannot meet. So what?" (p. 615m). This is a surprisingly unseemly quip, to which we would reply: It behooves psychotherapists to come up with a briefer, more effective technique.

This brings us to the one, extremely important consideration in our comparison, not mentioned so far. What of the relative effectiveness of the two approaches? Certainly we have no data to offer, and Mullahy submits none—unless it is the barest statement made by Dr. W. V. Silverberg, Sullivan's successor, for the year he was in charge of the special ward at Sheppard Hospital: simply, that of 16 patients, 9 were dismissed at the end of the year. The testing of psychotherapeutic techniques, and their comparison, is practically impossible even under the best present research conditions because of the innumerable factors which have to be controlled. Thus the directions taken by therapists for a good while to come must be based in large measure on a study and comparison of the *theories qua theories* from which techniques are derived.

In Mullahy's final chapter he cites the work of J. Marmor as representing recent developments which support Sullivan. Mullahy begins by commenting, "Ironically, he [Marmor] does not mention Sullivan at all, though this is now of no great importance" (p. 613m). But is it not important? And is it not also ironic—and important—that Mullahy does not mention Adler at all? Where else will the consensual validation for these crucially needed theories come from, if not from like-minded co-workers in the same field? Hopefully this volume of Mullahy's may contribute to bringing about the urgently needed consensual focusing upon the common problems of non-Freudian theory and psychotherapy.

REFERENCE

1. ADLER, A. *The Individual Psychology of Alfred Adler*. Edited by H. L. & Rowena R. Ansbacher. New York: Basic Books, 1956.