

## CONFRONTATION TECHNIQUES IN ADLERIAN PSYCHOTHERAPY

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The characteristics and purposes of confrontation techniques have been variously described by different authors. Devereux (5), a psychoanalyst, perhaps the first to write on the subject, defines confrontation as "a device whereby the patient's attention is directed to the bare factual content of his actions or statements, or to a coincidence which he has perceived but has not, or professes to have not, registered." The purpose, says Devereux, is to "induce or force the patient to pay attention to something he has just said or done" in order to open up new avenues for examination and to increase awareness. Wolberg (17, p. 429) points out contradictions to the patient and asks him why he so behaved. He then examines the patient's response to the confrontation. Ruesch also uses confrontation to "confront the patient with the facts" and describes it as containing "an element of aggressiveness, and . . . designed to produce shock . . . usually demonstrates discrepancies between intent and effect, between word and action" (14, p. 194). Berne likewise defines confrontation as "pointing out an inconsistency" and suggests its use in three specific situations: when the patient tries to deceive the therapist, when the patient "plays stupid," or when he does not perceive the inconsistency himself (3, pp. 235-236).

Dreyfus and Nikelly describe the technique in existential language: "Two of the most important kinds of human relatedness which frequently occur during psychotherapy are encounter and confrontation . . . Confrontation involves being faced with a choice regarding one's own existence. The therapist confronts the client with an aspect of the latter's world, and the client must choose whether or not he will respond and what the response must be" (7, pp. 18-19).

Garner (9, 10) more than anyone has described the various kinds of patient material on which confrontation may be focused. One may choose one of many "conflicts" as object of a direct, authoritarian statement, sometimes a command. No matter what the focus of the statement, Garner then adds, "What do you think or feel about

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what I told you?" (10, p. 24). The command is a message to the patient that the therapist is intervening and is therefore supportive. The question which follows "enables the therapist, by following the responses and behavior of the patient, to evaluate the degree to which doctrinal compliance or problem solving is developing in the patient" (10, p. 93).

All these authors tend to see confrontation as a direct challenge requiring an immediate response. Some use confrontation mostly to elicit new material, others, to increase awareness. Wolberg, and Dreyfus and Nikelly warn against making confrontations in such a way that the patient will perceive them as a hostile attack or a disregard of his feelings.

We understand by confrontation any reasonable therapeutic technique which brings the client face to face with an issue in a manner calculated to provoke an immediate response.

While Devereux carefully distinguishes between confrontation and interpretation, it is obvious from our definition that the two need not be mutually exclusive. Some confrontations are interpretations as well, but not all interpretations are confrontations. Thus, the statement, "Perhaps you arrange to suffer, so you can feel righteous," is an interpretation, not a confrontation, which the client may or may not accept. Even if it brings closure to him and satisfies his sense of fit, he is not required to do anything other than *consider* the therapist's comment. On the other hand, comments such as, "Why didn't you do it the way we had planned?" or "Why did you decide to stay and feel bad when you could have gone home?" are questions which request an immediate response, and thus are confrontations. Such questions can be made even more challenging by attacking the client's position, belief, or behavior, e.g., "Since you admitted that you provoked the argument, by what right do you still remain angry?"

The main characteristic of the confrontation is its *challenge*, and it is the combination of challenge and question which evokes the feeling that immediate response is required. "You behave with him the same way you behaved with your father," is an interpretation. But if one then adds, "Don't you?", the statement becomes an interpretation plus confrontation. The patient's response may be an explanation or a defensive maneuver, such as confusing the issues, changing the subject, or rationalizing (which maneuvers themselves become material for confrontation); or the response may be a positive therapeutic one in which the patient gains an insight, experiences a cognitive dissonance and changes a belief, or acts in a new way.

Confrontation is used to provoke therapeutic movement. As an active, directive technique it is less likely to be used by therapists who spend most of their time listening to free associations, being a "neutral screen," giving unconditional positive regard, permitting ventilation, or just offering emotional support. Action-oriented therapists, on the other hand, tend to use confrontation because it places the client constantly into new roles and situations to which he is asked to respond. Thus, Gestalt, experiential, sensitivity, and psychodrama therapists tend to move from one emotionally intense situation to another, with many confrontations (4, p. 16; 16, p. 92).

Group therapies by their nature contain numerous confrontations, because typically the members often confront each other (2, 11, 12, 13). Marriage and family counseling or therapy also lends itself to confrontations, as the family members are brought face to face with the dynamics of their relationships (14, 15).

A number of confrontation techniques have been used particularly in Adlerian psychotherapy. While Adlerian theory does not insist that the therapist be directive, it does say that the aim of therapy is to help the client recognize and change his mistaken goals and beliefs and their associated moods and actions. Such an understanding of therapy (which is very different from one of "working through" of inner conflicts) favors confrontation techniques since these are so effective in holding up before the client, as if in a mirror, his mistaken goals.

Of the following techniques some seem to be commonly used by Adlerians, while others have grown out of years of mutual endeavor of my more close Adlerian colleagues and myself. They are presented in terms of the object of the confrontation—the client's inner or overt behavior.

### CONFRONTING THE CLIENT WITH HIS SUBJECTIVE VIEWS

#### *Subjective Feeling*

An agitated, distressed, unhappy young woman came into my office for her initial visit. Her description of her symptoms was not very clear, except that she feared having a "breakdown." But she made enough disparaging references to what her husband did or said that it was easy to guess that she was angry at him.

When she asked, "How sick do you think I am, doctor?", I responded with a statement intended to confront her with her emotions. "I'm not sure how sick you are," I said, "but one thing impresses me: you are very angry." The remark surprised her and she asked, "About what?" "From what I hear you saying, you seem to be angry at your husband. Am I right?" She immediately

agreed, which allowed me to make an encouraging interpretive comment. "When people are very angry, they are also upset and they can even feel sick. So let us find out why you are angry at your husband and how much that anger may be upsetting you."

The patient later recalled this statement that she was angry, saying it gave her the feeling I was able to teach her something about herself.

Rudolf Dreikurs<sup>2</sup> gives the name, "revealing the hidden reason," to a confronting technique described in the following:

The counselor had been discussing with a couple in marital counseling how each was out to "get" the other; he, by accusing her of fiscal recklessness; she, by excessive spending and complaints that his income was inadequate. At one session they each seemed to agree with the counselor's interpretations.

When they left his office, they passed a jewelry store, and the wife stopped to look in the window. Whereupon the husband said, "We were just talking about this in Dr. Dreikurs' office and here you go looking again at things to buy. Now, remember, you agreed to stop buying things." She immediately went in the store and bought a ring while he stood by protesting.

At the next session she was contrite, and he was triumphant. He offered the incident as evidence of her deficiencies. She admitted that she had transgressed, and "could not understand" why she had done it.

The counselor asked, "What were you thinking at the moment you went in to buy the ring, just after your husband warned you?" At first she did not understand what the counselor was after, and said she did not recall. When asked, "What reason did you give yourself for going into the store?" she said, "I just wanted to go in and look at things. I had no idea of buying until I saw the ring, and it was so beautiful I just had to have it."

"What did you say to yourself then?" "I thought, now he was going to be angry with me again, but it was all his fault anyway. I had no intention of going into the store when I stopped to look in the window, but what he said made me so mad, I just said to myself that it was all his fault for always criticizing me even when I don't do anything, and that I was going to show him."

This was what the counselor was looking for, and he then said, "So you quietly wait until he says something that you consider provocative and then you use it to justify retaliation. In this way you can get him and make believe he deserved it."

"Hidden reason" describes the private justification and rationalization a person gives himself to make his behavior immediately acceptable to himself. Thus, "I'm only acting this way because I'm drunk," "I had so little sleep I couldn't get anything done if I went to work anyway," "I'm too nervous," are all examples of such private self-justifications. They give the person freedom from responsibility as Adler had observed. "Every therapeutic cure . . . tears the patient from the cradle of his freedom from responsibility" (1, p. 271).

<sup>2</sup>Rudolf Dreikurs, personal communication.

Since this technique pinpoints a specific rationalization, it is not surprising that Albert Ellis also describes the same kind of pinpointing in his rational therapy (8, p. 126).

### *Mistaken Belief or Attitude*

Since, for Adlerians, a person acts according to his convictions, it becomes important to discover what are the convictions that have lead to troublesome and distressing behavior. All material brought by the client is available for examination and for inferences regarding mistaken beliefs. But we are particularly interested in "basic convictions"; i.e., beliefs about one's own nature, the nature of the world in which one lives, and the nature of life, its meaning and requirements. These basic convictions fill in the following blanks: "I am . . . Life is . . . Therefore . . ."

In Adler's words, a person's actions depend on the way he "looks upon himself and the world . . . Behavior springs from his opinion" (1, p. 182). "Each one organizes himself according to his personal view of things, and some views are more sound, some less sound" (p. 183). Those that are more sound, are in accordance with "common sense," those less sound, represent what Adler called at first "private map . . . for making one's way through life," the "private intelligence" (pp. 253-254), and sometimes also "private logic" (p. 143). Actually the last term is not quite correct, because even in patients the logic, the "therefore," is sound enough as a rule. It is their presuppositions, their opinions about themselves and life, which are not sound. Yet "private logic" has become the term preferred by Dreikurs (6, pp. 69, 96, 194, 271). But regardless of the term, the revelation of the patient's private beliefs is considered an important part of psychotherapy.

*Showing the private logic.* If the client who suffers from tension symptoms says, "Why am I so tense?" or, "How can I stop being so tense?" or, "I never could relax, I'm the nervous type" or, "Wouldn't you be disturbed also?" or some similar form of verbal garbage that every therapist hears, the therapist can counter with an interpretation plus confrontation: "Since you see the world as inimical (hostile, dangerous, threatening), you must always be on the alert (keep your guard up, stay poised for action, keep your armies mobilized). Why should you expect to change the tension as long as you feel so surrounded by danger?"

*Tua culpa.* "Why do people walk over me?" asked another patient. "I'm only trying to be a good guy." The therapist's answer was, "Because you let them. You look, act and talk like a doormat, and you invite people to walk on you. Don't blame people, they're only giving you what you asked for. Since you invite them, you have to suffer the consequences. Isn't that right?"

### *The Private Goal*

The private goal of the patient's behavior is often interpreted to him without confrontation, but there are common confronting techniques in this connection. One of these is the confronting interpretation which often elicits a "recognition reflex" (6, p. 261). Thus, when a patient tries to deny a feeling that the therapist suspects is present, the latter may say:

"Didn't you feel a little bit that you were glad he got upset?"

"Didn't you feel powerful, getting your mother to spend all that time with you?"

"Didn't you like all the fuss that was made over you?"

"Could it be you wanted to get your wife upset?"

"Didn't you think just a little that now you would have an excuse for staying home a little longer and not go to work yet?"

These types of confronting statements produce the recognition reflex more readily in children than in adults, but adults will also often respond with an indication that the remark hit home.

## CONFRONTING THE CLIENT WITH HIS DESTRUCTIVE BEHAVIOR

### *What Did You Just Do?*

"Here and now" confrontations are considered by several writers (4, p. 16; 8, p. 126; 10) to be therapeutically the most active. While all confrontations mentioned have a quality of contemporaneity, those that deal with the immediate behavior of the client precisely at the moment of discussion are the most contemporaneous and simultaneous. They deal with his thoughts, feelings, and actions at the moment of questioning, often with his at-that-moment behavior in the therapeutic relationship, with his reactions to the therapy, especially his resistance, his repeated "game-playing," and his private logic.

For example, it is a common manifestation of resistance in intellectualizing, compulsive patients to respond to an interpretation by arguing about one word instead of dealing with the whole statement.

One confronts this by simply saying, "I notice that you are arguing about one word. Why are you ignoring the rest of what I said?" Other manifestations of resistance can be confronted the same way. Some examples are:

"When I asked you about your parents you stopped talking. How come?"

"You just started to hallucinate. You decided to pay attention to the voices instead of to me. I wonder why?"

"You just changed the subject. Were we getting too close to something?"

"Whenever we talk about something important you belch. I wonder why?"

"Your face just turned red. What's up?"

Not only resistances, but other aspects of behavior can be noted:

"I notice you keep swinging your leg. What do you suppose it means?"

"A look passed over your face. What thought went through your mind?"

"How do you feel right now as we are talking?"

"The headache you are getting, started just a few minutes ago. What were we discussing then?"

"You just changed the subject again. Let's see if you can recall what the subject was when you chose to change it."

"Do you remember what I just said?"

"You just contradicted yourself. What are you trying to do?"

"You just made a slip of the tongue. Did you catch it?"

Especially useful are confronting statements which call attention to repeated patterns of self-defeating behavior.

"Now that you have told me your plans, I can see that you are planning to be a victim again. You still seem to insist on playing that role. Don't you?"

"You just berated yourself again. Keep it up and in five minutes you will really be depressed. Is that what you want?"

"You've spent the whole session complaining about your mother. I wonder when we can start talking about you?"

"Another married man? I think you are devoted to avoiding eligible men. And how do you expect this one to turn out?"

### *Presenting Alternatives*

Confrontation is sometimes a dramatic way of presenting alternatives. This can be most clearly seen in role-playing where role reversal and auxiliary ego techniques provide immediate alternatives. In the dialogue situation one can confront with alternatives by statements like:

"You can study and try to pass the exam or you can goof off and pretend you don't care. Which will it be?"

"You don't have to spend your life complaining about how much your husband makes. You can get a job and help out. The choice is yours. Which will it be?"

"I know you don't want your in-laws to visit. You have three choices. You can tell them not to come; you can let them come and be gracious about it; or you can do what you did last time, let them come and spend the whole time being irritated and feeling abused. Which will it be?"

### *Examining the Future*

Confrontation can also be used to present the future and its requirements to the client so that again, it is an immediate challenge, an attempt to evoke an immediate response.

*Immediate future.* Sometimes in the therapeutic dialogue a client recognizes the illogic of his behavior or a mistake in the way he thinks and feels. Sometimes he sees clearly the purpose of his symptoms and his behavior. At these moments the therapist may use confrontation: "O. K., you see it. What are you going to do about it?" "How long do you plan to wait before you change it? Six months? A year?"

*Distant Future.* Sometimes it is appropriate to confront the patient with a picture of the future in general and his life in it. For this purpose the following confronting statements can be used: "What do you plan to be doing five years from now?" "What do you intend to do with your life?" "What do you really expect to get out of all this therapy?"

### SUMMARY

Confrontation techniques are intended to challenge the client to give an immediate response, make an immediate change or an immediate examination of some issue. When appropriately timed they are effective additions to the therapist's armamentarium of techniques. They are *active* movements by the therapist, directing and guiding the attention of the client. Adlerian confronting techniques are intended to help the client become immediately and more intensively aware of his private logic, his goals, his behavior and his responsibilities for all these as well as his ability to change. Examples of the various confrontation techniques are given.

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