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# AN APPROACH TO A THEORY OF PSYCHOTHERAPY

A. Levitsky, Ph.D.  
(St. Louis State Hospital)

This is an effort to develop an approach to psychotherapeutic theory. The observations are drawn from Freud, Adler, Kurt Goldstein, Fromm, Rogers, and Sullivan. The concept of the rational superego and the notions on the structure of guilt parallel closely the work of Mowrer. As in Bergler's *The Superego*, issue is taken with current psychoanalytic concepts.

## I.

One of the bases for this theoretical approach is that we may justifiably have a particular concept of human nature, i.e., we can speak of the "nature of human nature." This would be contrary to the doctrine of cultural relativity which has been prominent in anthropology and other social sciences. Thus we would claim that human nature is *not* infinitely plastic. One recognizes, of course, that human beings, living under a wide variety of social and biological environments, develop infinitely varied patterns of adjustment, or interpersonal norms of values. The claim would be, however, that only some of these can be considered healthy. Only those can be considered healthy which rest securely on psychobiological human needs.

In the domain of psychology and culturology, this is of course a moot point. It is far less debatable in the domain of physical health — which is offered as an illustrative model. It is quite apparent that the new-born infant — if he is to develop into a self-sustaining and physically mature adult — has certain absolute requirements. Such obvious ones as sufficient rest, protection, nourishment, mothering, relatedness. When these requirements are not met, the infant does not necessarily perish; he may well survive, but probably will develop some physical deformity, abnormality, or defect.

In precisely this manner one can make out a case for the need of

the human individual to have a psychosocial environment which will permit not mere survival but healthy, integrated development. A particular kind of environment is required to produce a psychologically healthy individual, and this sort of individual is presumably to be identified by characteristic behaviors and goals.

Psychological science postulates certain basic needs of the individual. The list of postulated needs or drives differs somewhat from school to school, from scientist to scientist. Getting universal agreement as to the basic needs is a difficult practical and theoretical problem. Less difficult is the definition of so-called maturity of character. The differences between schools on this subject are not glaring.

So if we start with the premises that (A) Human maturity has certain definable characteristics; (B) In order to insure their development, unique human needs will have to be met: It follows that any non-satisfaction of these needs will result in some defect in development. The *crux* of the position taken in this paper is that this defect will be perceived *at some level* or other of personality functioning, and will be accompanied by an absence of satisfaction or attitude of self-criticism. When seen clinically and behaviorially, this sense of self-criticism is commonly manifested as criticism of the external world.

## II.

The particular kinds of needs I wish to focus on are those which have been postulated by Kurt Goldstein and Maslow as having central preëminence in human character:

- growth needs
- self-actualization
- self-regulation or self-determination
- individuation
- relatedness to others

This list looks very different from the Freudian catalogue of sex and aggression. At the present point in the argument, we simply make the assumption that the Goldsteinian drives represent the behavior of the individual at his highest level of integration. Sexual and aggressive drives achieve primacy when integrative capacities have been impaired in some way. Goldstein uses the term *defective-centering*

(Compare Mowrer's statement (3:89) ". . . the therapeutic approach . . . should not be in the area of psychosexual differentiation at all, but instead at the level of values which are shared equally by men and women: Panhuman values which have to be accepted for the attainment of full femininity no less than full masculinity.") Elaborating on Mowrer's statement, this is not to say that the content of therapeutic concern at any given moment might not well be sexual and/or aggressive drives. However the underlying significance of this content will be sought in terms of human values and interpersonal attitudes.

Developing the approach a bit further: Granted the above needs or drives. Now the very nature of these needs is such that they entail *constant* movement, self-change, self-transcendence; in Maslow's terms constant coping and effort. Growth by its nature is constant (though obviously certain periods in development are characterized by spurts of growth while others represent periods of relative quiescence and preparations for change). Psychological and emotional growth entails a peculiar and crucial element which distinguishes it from physical growth: It involves effort, motivation, the overcoming of obstacles, the making of *choices* and decisions. To some extent old patterns and habits must be relinquished and new habits and skills acquired; attitudes modified; relationships broadened, relinquished, renewed. The same imperatives obtain in all aspects of functioning: Self-percept; relation to work; interpersonal relations; relations to society at large. The existentialist writers have focussed on the role of choice in human behavior, on the infinitely frustrating situation of being compelled to choose — always in the face of "inadequate" knowledge. The essential dilemma being choose or die, i.e., exercise the human faculty for choice or turn your back on a part of yourself.

A key word here is *constant*. Since the individual organism as well as the external environment is in constant flux, the need for new and creative adjustment appears to be ceaseless. And so another paradox presents itself: The need for ceaseless adjustment and self-change as opposed to the need to maintain some stability, identity, self-recognition. Perhaps it can also be seen that this implies the individuality and uniqueness of adjustmental acts. No two personalities are the same, no two emotional environments are the same, no two life patterns are the same. No two formulae for living are the same. Hence the therapist cannot *advise*; he can assist in the search.

It must be apparent that this forward movement, this stepping-

out towards new life conditions, will — in the life of the adult — be analogous to the prototypical anxiety of the child as he acquires basic human capabilities: learning to tolerate new feeding schedules; to tolerate new foods; learning to walk; to tolerate some absence from mother; to leave home for school, etc. Constant growth therefore entails constant acceptance of anxiety and conquest over anxiety. This eventually becomes impossible when the quantum of anxiety at a given moment exceeds one's ability to tolerate it.

Two sets of forces are therefore postulated to exist within the individual:

(A) Growth forces which motivate him to face anxiety and to learn new ways of handling it to his satisfaction.

(B) Non-growth forces which motivate him to avoid anxiety, not to grow, or to make compromise solutions. This kind of behavior, the psychoanalytic scheme, involves such concepts as trauma, fixation, repression and the entire list of defensive, compromise solutions.

In terms that are coming into common use, we may call the normal universal anxiety that all men face *existential anxiety*. A non-growth pattern is therefore an effort to avoid existential anxiety. But, always involved is the desire to reap the fruits that *would have been* won, had the anxiety been faced. The neurotic thus tries to have his cake and eat it too. He is in a sense trying to play a basic trick or deception on himself and on life. He is trying to erect a set of rules which he will be perfectly secure and safe.

For example: A six-year old, having suffered from defective mothering, retains inordinate dependency and security needs and is very fearful during his first day at school. At the same time, he is motivated to act like a six-year old and to present to the world and to his companions the "face" of a six-year old. In this way, he may get the "rights and privileges" of a six year old. Unconsciously, however, he really refuses — i.e., is unable, to accept the risks and obligations of a six-year old. He will try to hide this refusal from himself and others. He will unconsciously aware of the deceptive quality of the "face" which presents to the world.

It is suggested therefore that the effort to avoid existential anxiety is a consequence of the prior existence within the individual of a pathological degree of anxiety. In response to this pathology, the individual develops various defenses or non-growth motivations. In *these instances* where he is trying to behave as if he did *not* have such an

## IV.

In brief, we may say that in neuroses and many psychoses the feelings of guilt are basically rational and the patient is *actually* guilty. However, he is not being declared guilty by strange external forces but in the face of his own higher judgments. The overwhelming conscious guilt which he so often experiences is an over-generalization from the underlying, unconscious, rational guilt. If the guilt is in response to his own higher judgments, then the "therapeutic position" consists of the therapist's aligning himself with these very judgments and trying to help the patient harmonize his behavior with his aspirations. It appears that the therapist can only *try* to do this, he cannot insist that the patient do this.

Superficially this approach may appear to entail punitive implications. This objection has been made to Mowrer's theory. I do not believe this objection to be valid. The critical, socializing pressures brought to bear on the patient are not at all brought in from the "outside" by the therapist. Unconscious awareness of his own infantile needs exists within the patient. I would therefore call this approach "working from within" the rational judging forces of the patient — forces which the patient has had to deny for various reasons.

In the present framework, the therapist — in essence — says to the patient:

(A.) *In those cases where the patient consciously experiences excessive self-rejection:*

- (1) You are much too punitive towards yourself.
- (2) There is an underlying feeling of guilt so great that you do not know where it begins or ends.
- (3) (After the underlying guilt is delimited) you feel guilty in the light of your own healthy aspirations.
- (4) You find it impossible to realize your own healthy aspirations because of the unconscious anxieties.
- (5) I gradually point out to you that the underlying fears — acquired long ago — continue to manifest themselves in current behavior.

(6) As I help you with your anxieties, you take steps towards harmonizing your actions with your ideals.

(B.) *In those cases where the guilt is denied or repressed or dissociated.* (In practically all character disorders and in many cases of psychopathic personality.)

- (1) You are not sufficiently critical of yourself.
- (2) This is so because the discomfort from the guilt is so great that you have not been able to tolerate it.
- (3) This, in turn, is true because your life history has generated powerful non-growth motivations.
- (4) As we look into the source of the non-growth motivations, the infantile remnants (very often they are continuing desires for omnipotence, for inviolability, or for negativistic impulses or revenge); particularly as I help you tolerate the anxiety associated with developing self-responsibility, the growing ego can learn to harmonize your actions with your ideals.

One of the consequences of this approach lies in an effort at heightened awareness of the role of rational drives in human behavior and a concomitant effort to harness these drives in the therapeutic process. The drive for consistency is so strong that it is highlighted even by the shallow *pretense* at consistency on the part of the psychopath or character neurotic. He finds it essential to excuse, rationalize, legitimate his behavior. It is necessary for him to prove that the therapist is himself a selfish, unjust person. Or it is essential for him to prove the unjust nature of all social organization, e.g., the hospital, the job, the community, international relations. Since it is a dog eat dog world, he says, he is simply adhering to "the rules." Thus unwittingly, he acknowledges the power of the rules.

In facing this assault, the therapist needs to try to achieve a strong moral position. But if he does not recognize that no one's moral position is perfect, and if he is not sensitive to the moral imperfections of all social arrangements, then he may well attempt an impossible defense and fall into the rationalizing psychopathic trap. This idea is developed in a previous paper on "The Concept of Existential Guilt" (2).

Some techniques can be sketchily suggested for maximizing the rational potential within the individual. The following kinds of questions have been found effective in appealing to latent rationality. Proper timing of these gambits is of course essential.

- (1) What would you do (or have done) if you weren't afraid, or overcome by any emotion?
- (2) How can I help you deal with this?
- (3) How would you help a person with your kind of problem?
- (4) What would it be like if we all behaved in this way?
- (5) Have you ever been treated justly? How did you respond?

In dealing with a profound character neurosis, these approaches have no force until some "relationship" has been cemented. But no sooner is a relationship established, than the situation between patient and therapist becomes in microcosm a sample of the kinds of mutualities which the patient will have to learn vis a vis society at large. At this point the social drives and the drive for maintenance of self-consistency can become a force so powerful that it may easily be misused.

In conclusion, a historical note of possible interest. In this paper, an effort has been made to delineate the role of rational superego functions in the neurotic structure. This is in sharp contrast to the position of an orthodox analyst such as Bergler, who in his book *The Superego* (1) also insists on the central position of the superego in neurosis but regards it almost exclusively as a source of ceaseless and diabolical torment for the individual.

The orientation of this paper, whose aim is to extend the position of Mowrer, seems to represent a parallel to the concepts which Heinz Hartmann developed in the sphere of ego-psychology in 1939. Hartmann observed: "... not every learning and maturation process arises from a conflict. I refer to the *conflict-free* development of perception ... thinking, language..." (4). Prior to that time there had been relatively little emphasis on the non-defensive ego operations. Hartmann's observations initiated extremely important modifications in the structure and "spirit" of psychoanalytic theory. It is suggested that an analogous task remains to be done in the realm of superego theory.

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