

SYNTHESIS IN PSYCHOTHERAPY*

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At present we observe many different methods in the field of psychotherapy, some apparently in contrast with each other. There is no need to enumerate them; they are well known. I shall only mention that they may be roughly divided into two groups or classes, representing two dissimilar-conceptions and practices.

In a broad sense, the first might be called *existential psychotherapy* because it emphasizes the significance of the existential life problem, or problems, of the patient and aims at helping him first to discover and then to solve them. This group includes the various therapies based on depth psychology. Generally these therapies give much importance to the living relationship and interplay between therapist and patient ("encounter").

The second group comprises a large number of specialized techniques, each of which aims at eliminating the patient's symptoms or some specific trouble.

Both these kinds of psychotherapy have their respective uses and limitations. The value of the existential approach is that it goes deep down to the core of the patient's trouble, which is connected with his whole personality. It takes into account his attitude towards life, and aims at correcting and changing it in a constructive way, chiefly through the influence of the therapist himself. The limitation of this method is that it does not actively help the patient to apply his newly gained insight in the remaking or reshaping of his life and relationships with others in accordance with that insight. A patient may agree to the new outlook, but find it difficult or be unable to put it into operation.

The opposite can be said of the specific techniques. They are valuable and effective in eliminating a number of symptoms, in enabling the patient to discover and use his own latent resources, but generally they don't go deep enough. They don't eliminate the real cause or origin of the symptoms, which therefore are apt to recur. We are referring to such techniques as suggestion and auto-suggestion, hypnosis, "autogene training" in its more technical aspects, and other active training procedures.

Each group has its distinctive value and therefore they should be combined in an inclusive psychotherapy. However, this combination has to be made and applied in a different way in each case. Let us ever recognize and keep in mind that patients are of very diverse kinds and that the causes of their disturbances are correspondingly different. Some cases might be called "Freudian," because the origin of the disturbances corresponds to Freud's interpretation; but many others do not fit into that pattern. Their problems, conflicts and ensuing troubles can be better understood in the light of the descriptions and interpretations given respectively by Adler, Jung, Homey, Frankl, etc. Of course there is no hard-and-fast separation, because various kinds of causes can often be found in combination in varying proportions.

These individual differences call for differentiated treatment, consisting of the combination of various methods suited to each individual case and also to the different phases of each treatment.

One might say in brief that the various tasks and aims of a complete synthetic treatment are: First, the discovery and elimination of the direct causes of the trouble and consequently the subsequent healing of the symptoms. Second, the elimination of the conditions—physical, psychological and environmental—which might determine the reappearance of the troubles. Third, the elimination of the consequences of the illness. Fourth, helping the patient to make a constructive use of the drives existing in him, which otherwise might produce new inner conflicts and/or antisocial behavior. Fifth, to arouse and utilize to the utmost all his latent gifts and possibilities and particularly the higher ones latent in the superconscious.

The following is the general pattern of a complete psychotherapeutic treatment. The first phase is a thorough *assessment* of the patient's personality. It includes *both* a survey of all its conscious aspects and the exploration of the various layers or levels of the unconscious. This assessment brings to light the central existential problem or problems of the patient; but the therapist has to arrange, synthesize and interpret the material gathered in this light. This requires ascertaining the patient's general conception of life; his scale or scales of values (we use the plural because often he has various and conflicting scales of values); his chief aims; his frustrations; his conflicts. This existential situation is different for each patient. Although many conditions and problems may be found to be similar in many individuals and groups, the special combination in various proportions is individual, is unique.

After having ascertained the existential problems, the therapist must find out which can be the appropriate solutions. In many cases they are not difficult to discover, because they are indicated by the very nature of the problems. What is not easy—and sometimes very difficult is to put the solution into operation, that is, to make the patient arrive at it, both inwardly and outwardly.

This first step towards this realization is the *recognition* of the solution on the part of the patient, his conviction that in it lies the elimination of his disturbances. When agreement about this point between the therapist and the patient has been reached, comes the *planning* of the various steps, means and ways of achieving the envisioned goal. At each phase the therapist must ensure the understanding, the acceptance, the willing cooperation of the patient.

The first task in this active phase of the treatment is the elimination of obstacles, the dissolving of complexes, the removal of repressions. It can be called the psychoanalytic phase, in the strict sense of the word, and also the cathartic phase. In many cases it proves sufficient to give the patient a great sense of relief, and a number of symptoms may disappear. But experience has proved again and again that this is not enough.

The next task is the control and utilization of the drives, and particularly of the energies released by the elimination of complexes and blocks. A point that should be made very clear is that *control* of drives does not mean either their condemnation or their repression. It is a matter of necessary *regulation*. The energies have to be either *expressed* in a harmless way or better and whenever possible—*utilized* for constructive ends, through canalization, transformation and sublimation. This is specially needed in the case of the aggressive and sexual drives.

Another, and in a certain sense opposite, task, which requires the use of different techniques, is the development of the deficient functions. Very often part of the problem of the patient is a lack of balance, that is, the lack of the proper development of certain basic human functions. In some cases it can be the feeling function, especially in men; in other cases it may be the mental function. Often (although seldom recognized) it is the lack of the regulating and synthesizing *will*. Here the use of *active techniques* and systematic *training* is needed.

A task partly similar and partly different is that of the *activation* and *utilization* of *latent energies and gifts*. It is being increasingly recognized that in everybody there are unused possibilities and talents often of great human and spiritual value. It has been found that in many cases the sense of having such possibilities and not being able to bring them to light, to make them *actual* is a basic cause of the patient's condition. That sense gives him a sense of frustration, of inferiority, which may result in depression, in rebellion, and be the cause of a number of psychological and psychosomatic troubles.

Sometimes the awakening of those superconscious gifts and energies, and their irruption in the field of consciousness happens spontaneously, in the form of artistic inspiration, religious experiences, etc., and the problem is to help the individual to assimilate and make use of them in harmonious and balanced ways.

The techniques available for achieving these various tasks are many and diverse, and they can be used in a pragmatic way, independently of the theories or systems with which they have been or still are associated.

The practice of these techniques requires a certain amount of will on the part of the patient; therefore an important part of the treatment should be to help the patient, through appropriate means (which are available), to arouse, develop and make a *wise* use of the will. This has great value for every human being...including therapists!

The various aims which have been mentioned should not be kept apart from each other and pursued piecemeal, so to speak. They should be correlated so as to converge towards the achievement of the *psychosynthesis of the individual* that is, towards the building up of an integrated, harmoniously functioning personality, in other words, a full *self-actualization*.

Such individual psychosynthesis inevitably includes right and harmonious *interpersonal* and *inter-group relations*. No individual lives in isolation; there is constant and intense

interaction between him and other individuals and groups. Moreover, the rapid development of communications, material and psychological, has today extended this interaction to an ever-expanding environment, indeed to the whole of humanity. Therefore the therapist has to help the patient to establish such right and harmonious relationships. This is by no means an easy task, because these relations depend not only on the patient but also on the people and groups which make an impact and often exercise undue pressure upon him. In many cases, the therapist has to treat, directly or indirectly, other members of the patient's family as well.

Of course the therapist cannot change the groups and the general inharmonious condition of today's society, a society that can be considered to be in a pathological state. But every therapist can endeavor to do all in his power, through personal influence, lectures, writings, etc., to point out the psychological diseases of modern society, and to indicate their solutions. Some therapists, such as Erich Fromm, are deliberately doing this.

In any case, the first thing that psychotherapists might well do is to establish harmonious relationships and right cooperation *among themselves*. This means first of all the recognition that each partial view might be considered, as Leibnitz said of the various philosophies, true in what it affirms and false in what it excludes or denies. It should be recognized that each school, movement, point of view, technique, has both its value and its limitations; therefore the knowledge, appreciation and utilization of all, or most of them, is required. This makes fruitful cooperation possible between therapists, and also between therapists and other humanitarian workers, such as social workers and the representatives of the various religions. It is already being done by various groups and societies; for instance, the Academy of Religion and Mental Health in America was created for this purpose and is very active.

In brief, such are the scope and aims of synthesis in psychotherapy.