Actualizing Therapy employed in an individual or group setting is a system for helping people to get in touch with themselves. A basic tenet of Actualizing Therapy is that most people are other-directed rather than inner-directed (Riesman, 1950). They look to the outside—to authorities and people they respect—for “shoulds,” “have tos” and “musts,” not realizing that they could better learn to live from within: to trust their own thoughts, feelings, and bodies. Experiencing one’s self within and expressing one’s self without: This is the process of actualization.

Actualizing Therapy incorporates a creative synthesis from many schools of theory and practice in psychotherapy that focus on body, mind, and feelings. From Buber (1951) and Allport (1937, 1961) comes the emphasis on achieving one’s “particularity.” From Maslow (1954) comes the emphasis on self-actualization as a reasonable goal of psychotherapy. From Leary (1957) and Satir (1966) comes the emphasis on the feeling polarities of anger–love and strength–weakness as core structures in the personality.

The goal of Actualizing Therapy is to restore a client’s trust in his own being, and to aid him to become rhythmic and expressive on the feeling polarities in verbal, feeling, and bodily ways. Replacing survival tactics with actualizing growth responses enables the client to handle problems of living with creative self-expression, interpersonal effectiveness, commitment to values, and choice of one’s mission in life.

HISTORY

Actualizing Therapy emerged through the close friendship of Everett Shostrom, the senior author of this chapter, and Abraham Maslow. Maslow (1954) proposed self-actualization as a reasonable goal of therapy. Shostrom (1976) designed a system of concepts and techniques capable of assisting a client along the journey of actualizing.

The theoretical underpinnings of Actualizing Therapy came from research at the Institute of Personality Assessment at Berkeley by Leary, Barron, MacKinnon, and Coffey (Leary, 1957). Factor analysis of personality traits on a sample of over 5000 cases showed that two dynamic polarities form the core of personality: anger–love and strength–weakness. Other polarities, such as masculinity–femininity, dominance–submission, and independence–dependence, were also found to be significant. For simplicity and to provide key reference points of latitude
and longitude in the domain of feelings, anger–love, strength–weakness were chosen by Shostrom to be the core elements of Actualizing Therapy.

These “compass points of the self” correspond to Maslow’s classic research on personality (1954), where he found that actualizing people express tender love and anger with ease, and that they are competent and strong, yet keenly aware of weaknesses.

In 1962 Shostrom collaborated with Maslow to produce the Personal Orientation Inventory (POI; Shostrom, 1963), the first assessment procedure for measuring actualizing tendencies. The POI introduced a scientific research orientation to Actualizing Therapy, and research over the past 16 years has shown that persons completing Actualizing Therapy are more synergistically balanced on the four polarities.

An important dimension to the historical evolution of theory and technique of Actualizing Therapy is the close personal association of Shostrom with founders of other schools of psychotherapy. This association came about primarily through a series of films Shostrom produced on each of the following persons and their theories: Abraham Maslow, Rollo May, Carl Rogers, Victor Frankl, Albert Ellis, Fritz Perls, Alexander Lowen, and Arnold Lazarus. In addition to these films, Shostrom produced several films of a more philosophical nature with Paul Tillich, Alan Watts, and Ashley Montague.

Actualizing Therapy is a creative synthesis. From Rogers (1951) comes the focus on a client’s feelings and the importance of nonjudgmental warmth between client and therapist. From Perls (1969) comes the focus on the client’s awareness in the here and now. From Ellis (1962) comes the view of therapy as the process of revising assumptions about life. And from Lowen (1975) comes the focus on the client’s body as a primary tool for diagnosis and therapy.

Taken together, the creative synthesis puts equal importance on thinking, feeling, and bodily aspects of being.

In 1976 Shostrom’s most comprehensive work, Actualizing Therapy: Foundations for a Scientific Ethic, was published. The book includes verbatim transcripts, lists of films on Actualizing Therapy, therapeutic techniques, and a full range of tests known collectively as the Actualizing Assessment Battery.

In 1979 the Growth Process Inventory (GPI) was published. The GPI measures survival patterns taken from Lowen’s bioenergetic character types, and also reveals actualizing growth tendencies on the dimensions of anger, love, strength, weakness, and trust. The GPI represents Shostrom’s latest efforts to build a system that reveals actualizing tendencies as well as pathology, and that supports healthy intra- and interpersonal functioning.

CURRENT STATUS

Shostrom was director of the Institute of Actualizing Therapy in Santa Ana, California, where he and Dan Montgomery were engaged in research, writing, and therapy. Shostrom was Distinguished Professor of Psychology at the United States International University, where Actualizing Therapy is a part of the professional psychology curriculum.

The roots of Actualizing Therapy are found in two publications, the Personal Orientation Inventory (Shostrom, 1963) and Therapeutic Psychology (Brammer & Shostrom, 1977). The POI has generated many published studies and is currently being used in therapeutic, educational, industrial, and religious settings.


With its emphasis on normal human growth, Actualizing Therapy has also found expression in popular literature. Man, the Manipulator (Shostrom, 1967) was a best-seller, having sold nearly 2 million copies. Healing Love (Shostrom & Montgomery, 1978) integrated actualizing principles with religious thought.

In addition to books and tests, Shostrom has produced two historically significant films on psychotherapy. The first, Three Approaches to Psychotherapy I (the “Gloria” film), features Rogers, Perls, and Ellis working with the same client, and received worldwide attention. Another film, Three Approaches to Psychotherapy II (the “Kathy” film), features Rogers, Shostrom, and Lazarus working with the same client. The film received the American Personnel and Guidance Association award for the most outstanding film of 1979.

THEORY

Actualizing Therapy is based on a model of becoming an actualizing person rather than curing a state of illness or merely solving immediate life problems.

The central model of Actualizing Therapy (Figure 1.1), is systematically explained throughout this section. For a more comprehensive treatment of the model, the reader is referred to Shostrom’s Actualizing Therapy (1976b).

Traditionally psychotherapy has steered away from the suggestion of universal values. However, the polarities of anger–love, strength–weakness seem to us to come close to a concept of universal values that support personal growth and interpersonal fulfillment through the journey of life.

The advantage of the actualizing model in Figure 1.1 is that it shows how growth is arrested and how growth
can be restored: The model joins a system of malfunction with a system of healthy functioning.

Notice that the thickness of the circles changes as one moves from the outer, actualizing level into the inner, progressively more constricted rings of manipulation, character disorder, and psychoses. The broken line of the outermost circle shows that the facade or “public self” of the actualizing person functions as a semipermeable membrane, allowing the person to be in constant touch with his own core (the area inside the circle) and to express himself freely along the polar vectors of anger–love, strength–weakness. The arrows form figure eights between the opposing polarities, showing that the actualizing person is not only expressive of his core self but also sensitive to emotional, intellectual, and physical information received from others. The person takes these inputs into his core for consideration of a genuine response.

A good analogy for an actualizing lifestyle is the human heart. The constant movement of expansion and contraction suggests the dynamic rhythm of the polarities. A person dies physically when the heart stops pulsating. A person dies emotionally when the polarities of anger, love, strength, and weakness are constricted. Without vivid, pulsating feelings, the person becomes insensitive to his own core as well as to the needs and feelings of others.

Bleuler (1940) has said that schizophrenia is the inability to modulate affect. Actualizing Therapy holds that actualizing includes the ability to modulate affect fully. If schizophrenia is the major mental disorder—and it allegedly accounts for 90 percent of the people in mental hospitals—then it is logical to define actualizing as the opposite of schizophrenia. Indeed the data of Fox, Knapp, and Michael (1968), based on the POI, demon-
strates that hospitalized schizophrenics are extremely low on all scales of actualizing. The actualizing person, in contrast, develops the capacity for a full feeling repertoire, as shown in Figure 1.2.

Actualizing does not mean arriving at a final state of full emotional awareness and perfect self-expression. Rather, it connotes an attitude of openness to what one is feeling, coupled with a willingness to express those feelings in actualizing ways. One learns compassion for one’s limitations and takes comfort in one’s manipulative tendencies, knowing that growth is a process that requires commitment, patience, and self-acceptance. “Effortless effort” describes the paradox of actualizing growth. In the actualizing spectrum of Figure 1.2, the ability to modulate affect enables a person to sometimes move in a “maxi-swing” to points of intense feeling at the very ends of the polarities, but more often to be sensitive to more subtle, milder levels of emotional expression shown as “mini-swings.”

The journey of life involves enhancing emotional sensitivity. As one becomes more at home with one’s self and more in touch with others, there arises a new and more accurate picture of reality. From this vantage point options become visible that were once obscure; elasticity and flexibility increase one’s satisfaction in living. Actualizing behavior emerges out of being finely tuned to one’s own and others’ needs, desires, and feelings.

Grace and trust are interlocking concepts at the heart of Actualizing Therapy. The experience of grace—of knowing that we are loved and lovable—allows us to lay down our defenses, come out of our hiding places, and be what we are. The experience of grace generates trust. When trust energizes the core of our being, we are able to risk expression of natural feelings that come spontaneously with involvement and interest in living. We are able to be on the outside (public self) what we feel within (core). But trust in our cores does not always prevail. Emotional traumas, deprivations in childhood, wrong teachings about life, and limitations placed on us by circumstances can result in fear, not trust, dominating our inner cores.

Fear brings resistance to experiencing and expressing feelings. Fear causes us to constrict our feelings, rigid-
ify our behavior, and lose our sensitivity. Increasing amounts of fear make a person more defensive, more desperate, and more emotionally numb. Fear is similar to cold; too much fear causes our cores to freeze and become inactive.

In Actualizing Therapy we seek to invite a distressed person back into the warmth of human encounter to “thaw out” his or her core. We do this through vigorous action techniques that mobilize the person’s core feelings and that move him or her from indifference to caring, from apathy to full feeling. Psychopathology may be understood in terms of limited or distorted attempts to actualize. Manipulative behavior, character disorders, and psychotic states (see Figure 1.1) represent survival tactics for trying to get along in a world that is perceived as basically hostile. The behaviors can be predicted for each level of fearful constriction by understanding the specific way in which the person was invalidated by physical or psychological threats, early in life. Efforts to control his organismic responses to life (feelings, thoughts, and bodily responses) as well as fearful calculation in relationships to others are the basis for his immobility (“stuckness”) and problems. The manipulative level of behavior is common to everyone. Manipulative patterns are based on a more normal level of fear and occasional calculating rather than feelingful responses to others. Persons stuck at the manipulative level are usually not suffering enough to seek professional psychotherapy, but they can benefit from principles of Actualizing Therapy presented in an educational or religious context.

At the character level the person is more tightly walled from life. There is a greater use of defense mechanisms to ward off inner core pain. Perception, affect, and cognition are more rigid. The person does not learn from experiences in life, and tends to respond to new events or relationships in stereotypic ways that reflect contamination from unresolved childhood conflicts. The person stuck at the character level is the one most likely to seek psychotherapy. Although he may have little or no insight into his problems (usually construing them as the work of fate, bad luck, or some other party), he knows that he is suffering. This suffering may be understood as a positive force that compels the person to get out of the strait-jacket of survival tactics and surrender to the rhythm of growth and actualizing available to everyone.

The psychotic level of fearful constriction is the drastic “Custer’s last stand” of a person who is being torn to pieces by unresolved core conflicts. The feelings of terror, rage, longing, or apathy finally overwhelm the person’s rigid ego control, and the personality disintegrates. The process is symbolized by the thick, broken line at the center of Figure 1.1.

It must be emphasized that only certain character traits or psychotic behaviors (those most exemplary of behavior on the anger–love, strength–weakness continuum) are described here. While actualizing theory does not purport to account for all character or psychotic behavior, it does explain much pathological behavior as abortive attempts at actualizing: It joins a theory of malfunction with one of healthy functioning.

Levels of Psychopathology
As shown in Figure 1.1, we seek to understand pathology against the background of healthy functioning. Healthy functioning is based on trust in one’s core; pathology is based on fear.

To understand how fear works to constrict the core, we use the analogy of the amoeba, a tiny one-celled organism. If the amoeba is repeatedly pricked by a pin, it permanently contracts itself to survive the attack. If a person is threatened psychologically or physically, especially early in life when basic character is being formed, he or she learns to contract bodily musculature and constrict awareness and expression of feeling. Control rather than trust comes to characterize the person’s behavior. The stronger the inner fear and accompanying core pain, the more rigid and defensive the lifestyle. Core pain is defined as a person’s reaction to the denial of his fundamental right to exist and to express his being in satisfying ways. At the deepest level of the core, there is hurt and pain reflected in the feelings: Why wasn’t I loved, given freedom to be, the right to exist?

Unresolved core pain yields defensive, survival-oriented behaviors that can be understood as the person’s creative, yet self-defeating, attempts to get along in a world that is perceived as basically hostile. The behaviors can be predicted for each level of fearful constriction by understanding the specific way in which the person was invalidated by physical or psychological threats, early in life. Efforts to control his organismic responses to life (feelings, thoughts, and bodily responses) as well as fearful calculation in relationships to others are the basis for his immobility (“stuckness”) and problems. The manipulative level of behavior is common to everyone. Manipulative patterns are based on a more normal level of fear and occasional calculating rather than feelingful responses to others. Persons stuck at the manipulative level are usually not suffering enough to seek professional psychotherapy, but they can benefit from principles of Actualizing Therapy presented in an educational or religious context.

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In actualizing theory it is assumed that energy is present at all personality levels, energy that provides the motivational force impelling the person to action. The more energy invested in fortifying the facade, repressing core pain, and utilizing survival behavior tactics, the less is available for actualizing growth. Repressed feelings require energy investment in chronically tensed musculature.

The actualizing process, then, consists of aiding the person to become aware of core pain, to express feelings that have been rigidly held back, to experiment with actualizing behaviors, body awareness, and feeling expression on the four polarities, to develop a sense of core trust in being oneself, and to use newfound energies for effective and satisfying living.

METHODOLOGY

General Techniques

Therapy is as much an art as it is a science. The artistic dimension comes from the therapist’s ability to orchestrate the client’s awareness in feeling, thinking, and bodily aspects of being, so as to transform rigidity to movement, defensiveness to growth. The following techniques are therapeutic tools for facilitating awareness and change: (1) reflection of feeling; (2) reflection of experience; (3) therapist self-disclosure; (4) interpretation; (5) body awareness; and (6) value clarification.

Reflection of Feeling. This is the reexpression, in fresh words, of the essential attitudes (not so much the content) expressed by the client. To reflect different dimensions of the total gestalt of the client’s feelings, the therapist may focus on the client’s self-feelings, the client’s feelings toward others, or the client’s feelings about the situation(s) in which he finds himself.

Reflection of Experience. This involves observing the posture, gestures, tone of voice, breathing, facial expression, and eye contact of the client while he is expressing himself, and feeding certain information back to him as it happens in order to expand his awareness of what his body is doing. This technique is effective for focusing on contradictions between what the client says he feels and what the therapist sees his total organism saying. For example, the person who says he is not angry yet shortens his breath and doubles his fists can benefit from experiential feedback.

Disclosure of the Therapist’s Feelings. The client is thus provided with a real human encounter. The therapist needs courage to express his own percepts of the client, as well as to discuss his own weaknesses and defenses candidly. In so doing he models a basic tenet of Actualizing Therapy: Owning your weaknesses is a precursor of actualizing your strengths.

Interpretation. This is an attempt by the therapist to present the client with a hypothesis about relationships or meanings for the client’s consideration. Interpretation brings a fresh look at behavior, a new frame of reference, or a revised outlook on life. Other uses of intellectual interpretation include clarifying the client’s problems, gathering relevant information, exploring alternative solutions in order to set therapeutic goals, clarifying values, trying out a therapeutic plan with periodic reevaluation in light of new information and changing circumstances, providing the client with cognitive understanding of therapeutic experiences, and generalizing growth processes in the client to new life situations. Further techniques for the intellectual approach to therapy can be found in the works of Krumboltz and Thoresen (1969), Brammer and Shostrom (1977), and Lazarus (1971).

Body Awareness Techniques. Such techniques involve giving attention to the body and what it is expressing at the moment. To be able to feel fully requires that one get in touch with the body. Actualizing Therapy focuses on three aspects of body work: learning to breathe fully from the diaphragm, learning to relax body musculature, and learning to express oneself bodily on the feeling polarities. The following are ways in which body exercises help people to develop contact with the polar dimensions of anger, love, strength, and weakness.

To facilitate expression of anger, the therapist can engage the client in role playing a “family argument.” The therapist says “yes,” and the client is asked to say “no” while reflecting on past experiences of being required to do something he did not want to do. The technique is to go back and forth, gradually increasing volume and bodily participation. The client has a safe opportunity to experience the bodily dimensions of anger, and to become more comfortable in self-assertion and interpersonal confrontation. A second technique is to allow the client to beat a couch with a tennis racket. This desensitizes the person’s fear of angry self-expression and facilitates an integrated expression of anger through the body-feelings-mind. It also allows for the release of rage or other strong negative feelings stored in body musculature from painful past experiences.

Feelings for the love polarity can be elicited through two exercises. In the first exercise the therapist and client work together to feel their caring for one another by warmly saying “yes” instead of “no.” The therapist may be himself or he may role play a person to whom the client wants to evoke tender feelings, for instance, the client’s mother or father. The exercise may bring a desire to touch or hug, which is appropriate in that it helps the
client express caring in a physical way. The second exercise is “facial touch.” The therapist role plays a mother or father and the client surrenders to feelings of being a child once again. The therapist says, “I’d like you to close your eyes now and I’m going to touch your face. I’d like you to feel that I’m your father (mother).” With that the therapist begins gently touching and outlining the brow, eyes, nose, cheeks, mouth, and chin. While tracing the client’s face the therapist makes positive comments typical of those parents make when they are gazing tenderly at and gently touching their children. This physical and verbal expression of tenderness can be a very meaningful demonstration of the importance of caring. The exercise often brings tears to the client’s eyes and awakens strong caring feelings.

On the strength polarity we have found that stamping one’s feet firmly into the ground gives a real sense of feeling one’s strength. By stamping his feet until he begins to feel the muscle strain in calves and thighs, the client will enhance his feeling of self-support. A second exercise, helpful for demonstrating strong resistance to being manipulated by one’s environment, is to lie on a couch with both knees up, pounding the couch with both fists and saying, “I won’t give up!”

A technique for getting into touch with one’s weakness is to stand in front of a couch, bent forward, with all weight on one’s feet. The feet should be about 15 inches apart, with toes turned slightly inward. The fingers touch the floor out in front for balance. The knees are bent forward and then slowly brought back so that they begin to tremble. The vibration brings a tingling sensation in the feet and legs. Respiration begins to deepen. When standing this way becomes painful, the client is told to fall backward onto the couch. The point of the exercise is to experience falling (which represents one’s weakness dimension, or “fall-ability”) and surrendering to one’s weakness. In a second exercise to get in touch with one’s vulnerability the client is asked to stand with feet about 30 inches apart and hands on hips. The therapist then grasps the client’s arms at the elbow and pushes him forward and down. As the client slowly lets himself down to the floor, he experiences deep feelings of vulnerability and surrender. The ability to surrender to one’s feelings of weakness and vulnerability is central to Actualizing Therapy. To surrender is to accept one’s losses. The fear of falling is related to the fear of surrendering to another, especially parents and others who have manipulated one. As individuals overcome their fear of falling, they give in more readily to their bodies and their feelings.

These and other body-awareness techniques can be found in Lowen (1975), Schutz (1973), and Shostrum (1976b).

Value Clarification. This involves prioritizing one’s values. Priorities are statements of one’s needs, wants, and desires at any one moment. Priorities also involve a wide perspective of future goals and past learning experiences. A practical method of choosing priorities is asking the client to periodically arrange the concerns and commitments most important to his life. A “priority recital” enlightens the client as to how to invest himself and as to what changes he needs to make to act on future goals or present desires. The actualizing person eventually develops a system in which he or she is constantly aware of priorities and changes, ready to act in terms of committed values. Operating from core values brings creativity, flexibility, and joy.

Manipulative Analysis

In addition to general techniques, analysis of manipulation is an important part of Actualizing Therapy. Manipulations are patterns of survival by which people adapt to their environments without having to feel. As the client talks, the therapist begins to see a pattern emerging in which the individual is utilizing one or more manipulative patterns (see Figure 1.1, Manipulative Level). Once the pattern becomes clear, the manipulations are analyzed from the standpoint of short-term and long-range effects. For example, manipulations are most often used for controlling, exploiting, or seducing others, for avoiding situations, or for structuring time. These tactics provide short-term gains. However the long-term effect can be shown to be self-defeating in that the manipulative behaviors alienate the individual from others and keep him or her immature and dependent.

A second method to explore the client’s manipulative patterns is for the therapist to role play the client and to ask the client to role play significant other people in his or her life. In this way the client sees mirrored back to him the particular ways in which he seeks to control others. He also experiences the frustration, confusion, and hurt that he normally dishes out to others. This technique can provide an experience of surprising self-discovery as well as lead to greater empathy and understanding toward people clients have formerly manipulated.

Actualizing Therapy helps the client develop a sense of worth by showing him that his manipulative behavior was a creative but self-defeating attempt to survive in a world that has manipulated him. He discovers that manipulative tactics can be transformed into actualizing behavior. For instance, blaming and attacking can be changed into the more healthy expressions of anger: asserting and confronting. Withdrawing and avoiding can be changed into feeling vulnerable and empathizing. The therapist encourages the development and practice of the new actualizing behaviors, and gently points out when the client regresses to former manipulative patterns.

A further technique of manipulative analysis is based
Character Analysis

When the therapist sees that a client’s problems are deeply rooted in historical experiences, character analysis becomes an appropriate technique. Character styles, which are complex systems of negative muscular defenses, are originally adopted to withstand early manipulations by parents and other significant people.

Each level of personality (see Figure 1.1) has significant feelings associated with it, and these feelings become the focus of psychotherapy at the character level. It should be noted that feelings are avoided at the level of manipulation, whereas they become defensive or hostile at the character level. Feelings expressed at the character level have become lodged in the muscle structure as masochistic spite and rage, oral longing and bitterness, schizoid terror and hostility, and rigid betrayal and rejection.

To facilitate expression of these significant core feelings locked into each character style, we use an approach derived from Lowen (1975). The client lies on a couch, mattress, or pad, and assumes the passive role characteristic of a child in a crib.

The therapist, through the technique of character dialogue, plays the role of parents or significant others who manipulated the client earlier in life through discounting the client’s feelings: rejecting, abandoning, or making excessive demands. This dialogue causes angry, hurt, and rageful feelings—character feelings—to be loosened and expressed openly. The client lies on the couch, kicks his legs, pounds his hands, and shouts “no!” many times in refutation of such parental patterns:

**SCHIZOID CLIENT:** No! No! No! I hate you!

**ORAL CLIENT:** I NEED YOU! (core need: to feel wanted)

**THERAPIST:** Your needs don’t matter! (or) There are other people around here besides you! (or) Forget it, you’re not important!

**ORAL CLIENT:** No! No! No! I don’t need you!

**MASOCHISTIC CLIENT:** I WANT TO BE FREE! (core need: to feel free)

**THERAPIST:** We understand. (or) Don’t worry about us. (or) Just remember all we’ve done for you. (or) Respect your parents!

**MASOCHISTIC CLIENT:** No! No! No! Get off my back!

**RIGID CLIENT:** I WANT YOUR LOVE! (core need: to feel love)

**THERAPIST:** Of course, you know I love you. (or) Stop pestering me! (or) Don’t sit so close! (or) Don’t touch yourself there (genital area)!

**RIGID CLIENT:** No! No! No! I don’t need your love!

In the above character dialogues it is important for the client to take a stand against parental demands by saying “no.” Being able to stand up for one’s self breaks the pattern of dependence and generates feelings of self-confidence. In later sessions, as the client becomes more independent, he is directed by the therapist to a new character dialogue that focuses on the fulfillment of client needs. This time the client stands on his own two feet, face to face with the therapist (who is role playing the parent figure), and asks for what he needs. The therapist, as he hears the genuine expression of need in an adult fashion, responds to the request for fulfillment by the client.

**SCHIZOID CLIENT:** Please believe in me. I need you.

**THERAPIST** (reaching toward client): I believe in you. I support you.

**ORAL CLIENT:** Please help me.

**THERAPIST:** I want to help you.

**MASOCHISTIC CLIENT:** I want to be free. Please respect me.

**THERAPIST:** I want you to be free. I do respect you.

**RIGID CLIENT:** Please love me.

**THERAPIST:** I do love you. I do care.

The power of this exercise is the emotional bond that is re-created between the client and a parent figure. In this way the client reestablishes trust in his or her core needs for self-affirmation, support from others, freedom to be, and love.

As the client gives in to the spontaneous body movements that express original core needs, integration of
body and feelings takes place. This process takes time, however, and may require repeated attempts. After integration of body and feelings, realistic acceptance of losses takes place. At the character level the schizoid person accepts his aloneness and the reality of his existence. The oral person accepts that his longing will never be fully filled. The masochist gives up his feelings of hostility and spite and accepts limited freedom. The rigid person accepts his betrayal and heartbreak, and surrenders to his need for love. All become more lovable and loving in spite of their hurt and losses. By understanding their historical development, by accepting losses as well as strengths, and by becoming genuinely expressive of thoughts, feelings, and body, clients find a new harmony within and a courage to grow in the world rather than merely survive.

APPLICATIONS

A study by Shostrom and Riley (1968) confirms the hypothesis that experienced, seasoned therapists tend to be creative synthesizers. Creative synthesis means that a therapist may use a combination of techniques, or different single techniques, for different clients. For example, the psychologist might choose to use several different approaches with one client. Or the therapist might use one model (such as Gestalt Therapy, Rational-Emotive Therapy, or Behavior Modification) throughout the duration of one client’s therapy, but use a different approach with another client.

The strength of Actualizing Therapy is its creative synthesis of many therapeutic systems around the central framework of self-actualization as the comprehensive goal of psychotherapy.

Those who choose therapy are more often people who are hurting inside even though they are not “sick” in the old-fashioned psychiatric sense. In fact, Actualizing Therapy has been used most successfully with normal or mildly disturbed persons referred to in the American Psychiatric Association’s Diagnostic and Statistical Manual (1980) as those with character disorders. Actualizing Therapy has not been used extensively with psychotics or strongly neurotic populations.

When used for individual or group psychotherapy in the clinical setting, the Personal Orientation Inventory provides an objective measure of the client’s level of actualizing as well as positive guidelines for growth during therapy. In a study relating changes in POI scores to stages of Actualizing Therapy, Shostrom and Knapp (1966) found that all POI scales significantly differentiated a sample of psychiatric outpatients beginning therapy from those in advanced stages of the psychotherapeutic progress.

The technical instruments of Actualizing Therapy are a set of psychological inventories known as the Actualizing Assessment Battery (AAB; Shostrom, 1976a). These instruments measure the dynamics of intra- and interpersonal functioning. The recognition of patterns in the person’s historical development, coupled with an understanding of the major survival or growth systems that he or she presently uses, is important in launching Actualizing Therapy and in suggesting directions that clients can take in their personal journey of actualizing. In addition to its usefulness in individual therapy, we believe that the AAB is an important research tool for exploring the positive effects of therapy. Inventories from the AAB, including the newly developed Growth Process Inventory (Shostrom, 1979), are used to measure survival and actualizing patterns in a wide variety of populations including college students, church congregations, delinquents, alcoholics, teachers, hospitalized psychotics, and nominated actualizing persons.

Many psychologists and clergymen have been conducting “marriage enrichment workshops” (Bustanoby, 1974), in which they use the AAB as a basis for discussion of the health or wellness of the marriage partners. The AAB is particularly suited to workshops of this kind because it provides a quick evaluation of the actualizing status of the individuals themselves, by means of the Personal Orientation Inventory (Shostrom, 1963), and of the actualizing status of the relationship, as measured by the Caring Relationship Inventory (Shostrom, 1966) and the Pair Attraction Inventory (Shostrom, 1970).

Actualizing Therapy has potential for broad use, even though it is an eclectic system, because the basics can be taught in a two- or three-week workshop to clinicians, counselors, pastoral counselors, and teacher counselors who have had a minimum of formal training in psychotherapy.

CASE EXAMPLE

Joe comes to the office of an Actualizing Therapist from a crisis that developed the night before. His fiancée, Karen, has broken their engagement. Joe expresses fear of losing Karen. He says that an on-again, off-again pattern has characterized his dating relationships in adolescence and now as an adult. He feels sure that he could persuade her to come back, but knows that this would not really change the pattern. What he hopes to gain in therapy is deeper insight into the roots of his problem and some kind of genuine change in his relationships with women.

In exploring the historical roots to Joe’s problems, the therapist asks him about the relationship between his mother and father. Immediately a clue jumps out as Joe responds: “Mother was always disappointed in Father. He never lived up to her demands; she complained a lot about him.”
The therapist senses that Joe may have become the mother’s substitute husband—that her frustrated marital energies may have been displaced into heavy yokes to be born by Joe.

The therapist explores how Joe’s mother related to him. Joe replies, “She always told me that I was her good little soldier. I tried to make her happy by pleasing her with my achievements. I didn’t rebel because she always made me feel guilty if I disappointed her. It was as though I had to be the good boy that my father wasn’t.”

The therapist suggests to Joe that perhaps he felt betrayed by his mother’s lack of love and resentful at her many demands. Joe gets more in touch with core feelings of fear and anger.

“I didn’t realize it then,” he says, “but I was a childhood Dr. Jekyll and Mr. Hyde. I felt so much pressure to be a good little boy that I had to deny anything that didn’t fit the picture—especially sexual feelings, which were taboo to mother. I busied myself trying to do everything she wanted. I wanted her love, but she never really gave it to me.”

The therapist asks if Joe sees a connection between his past relationship with his mother and his present problems with Karen. Joe makes a discovery. “I guess I start out being afraid of every woman I date. Then I try to impress them with my achievements. And I always feel guilty and uncomfortable with my sexual feelings. Most of all I’m afraid that she will somehow get control of me like Mother had.”

The therapist zeroes in on the obvious: “Joe, your on-again, off-again pattern with Karen and with other women you have dated has been your way of keeping distance in your relationships. No woman scores a home run with you because you keep sending her back to first base. When you feel the threat of too much intimacy, you call ‘foul.’ So you constantly keep the woman off balance and achieve your need to control and limit the depth of the relationship.”

In terms of actualizing theory, the therapist sees Joe’s problems as having to do with getting stuck on the strength polarity in early childhood. Joe’s survival tactics for coping with a demanding, smothering mother involved learning to strive and achieve in order to meet her expectations for perfection. Joe now complains of rheumatism in his spine, which is probably related to having too much “backbone”—stiffening his back in order to appear responsible. Joe avoids the other polarities of anger, love, and weakness, because he would have to give up his tactic of controlling others by making them admire him because of his achievements. Most of all he avoids surrendering to tender, loving feelings. Having been controlled by his mother in childhood, he is determined to control women (i.e., Karen) by avoiding genuine intimacy and by striving to impress them instead.

Joe’s present behavior is a creative but misdirected attempt to avoid the pain of betrayal. The therapist helps Joe to see how he can form a more satisfying bond with Karen by learning to affirm his freedom yet risk yielding to loving feelings. This is the basis for transforming manipulative coping patterns into actualizing growth patterns.

In the second and third sessions the therapist focuses on different aspects of Joe’s problems by taking the part of Joe’s mother, by playing Karen, and by representing warring factions of Joe’s own personality. The explorations are done through psychodramas, gestalt shifting techniques, and guided fantasy. Joe makes more and more progress in working through the impasse that has blocked his actualizing development. He realizes that getting a doctorate, becoming a professor, and writing seven books have not enabled him to break free of his fear of rejection and betrayal by women. He is glad for his professional development, yet he realizes that it was in part a compulsive attempt to find love and approval in safe ways that excluded his emotions and his sexuality. He could get the praise of students and readers, while keeping them at arm’s length. The full impact of Joe’s growing awareness comes when he says during a fourth session: “I have really succeeded in getting people’s attention, but I find that I’m a very lonely person because I never commit myself to anyone. I’ve overdeveloped my intellect in order to keep in control. And I’ve left my feelings and my body out in the cold.”

Indeed, Joe’s body becomes a vital part of therapy during Sessions 4 through 8 because his body reflects the conflicts he is wrestling with. Bioenergetic techniques are used to mobilize his breathing and to enhance his sensitivity to sexual feelings. A series of exercises is repeated for several weeks to help break down muscular tension in his back, jaw, shoulders, and pelvis. These exercises release a flood of new vitality and bodily excitement. Joe comments week by week that he has more energy than ever before.

Joe reports several dreams of an erotic nature, but feels less threatened by them. Because the therapist views sexual feelings, fantasies, and dreams as normal, Joe’s embarrassment and self-consciousness begin to change to a sense of adventure and enjoyment in regard to his sexuality. The mind is finally being connected to the heart and genitals—a process that has been severely blocked by a stern mother and a demanding superego.

In his relationship with Karen, Joe feels less concerned with always pleasing her and more concerned with expressing his needs, desires, and values. Yet, ironically, it is through his newfound freedom to assert himself that he finds the ability to surrender to genuine loving feelings for Karen.

The therapist accentuates new experiences with Karen by having Joe become more aware of all the feeling polarities, getting personal experience in surrendering to each one. Especially in group therapy, which he joins in his fourth week, Joe has ample opportunities to
experience and express love, anger, strength, and weakness at different times and in various combinations. The group members persist in not accepting his controlling and distancing tactics, expressing instead their desire that he be more vulnerable and involved.

The therapist augments Joe’s learning in group therapy by helping him finish working through the unfinished business with his mother in individual therapy. In a later session the therapist asks Joe to stand with his back against a door, knees bent forward, and to surrender to the feeling of weakness that develops in his legs. This position helps recapture the original feelings of helplessness that Joe had in the early years of his life. But it gives him an opportunity to choose a new, more actualizing response in place of the old tactic of cutting off his feelings and stiffening his back. The therapist coaches Joe: “Tell your mother that you want her to love you for yourself. Tell her that you’re not a god, but that you’re human too—that you have sexual feelings and desires. Tell her that you have the right to make mistakes—to be ‘fallable’—and that you are not going to feel embarrassed about it any more. Tell her that you love her but you are not going to bow down to her. Let yourself express whatever you feel.”

As Joe surrenders to the bioenergetic process, he begins to cry. The second time through he gets very angry. The third time he gets in touch with his own strength, and feels a deep relief in just being able to be himself. The therapist has Joe go through the exercise one last time, this time addressing Karen instead of his mother. As the integration of past and present, and of body and feelings, is being accomplished, the therapist gives Joe more homework: “I want you to think about some good things about your father and I want you to think of some bad things about your mother.” The therapist is seeking to break down the stereotypic perception that made a goddess out of mother and a devil out of father.

Further sessions with Joe involve a greater awareness of the constrictions in his body, particularly in the pelvis, where chronic muscular tension has cut off the flow of sexual feelings, just as his mother had wanted it to. At one point the muscles of the chest are massaged while Joe leans backward over a breathing stool. The tensed chest muscles have been a part of Joe’s armor to defend himself against his own tender feelings from the heart. Learning to loosen up and feel sensations in the areas of heart and solar plexus helps Joe be in better contact with his core, and to establish more trust in the “Inner Supreme Court” that supports him in making choices from his whole being.

Another assignment the therapist gives Joe is designed to help him work through his perfectionism. The therapist says, “Did you ever experience yourself as a student getting nine out of ten questions right on a test, and still feeling like a failure?” Joe answers that he did. The therapist says, “On a scale of one to ten, how do you rate yourself as a human being?” Joe replies, “Well, before I started therapy I guess I rated myself about nine—always better than other people, but never good enough to be perfect. But now I’m starting to think of myself as more of a six or seven.”

The therapist gives Joe the following homework: “Keep thinking all week about yourself as a six or seven and think of everyone you meet as about the same. This will help to ‘humanize’ your perception of people. It will help you break the old pattern of seeing authority figures as nines and tens and everyone else as twos and threes. You need to get rid of more of your fear of people and feel more at home with them instead.”

Joe is giving up the rigid protective shell of his survival orientation from childhood. The first fruits of actualizing are in the warm and positive responses he gets from others when he comes across as more human and vulnerable. This change in attitude comes as a surprise to Joe, because he has spent his life trying to get people to like and respect him but has consistently failed because no one likes a showoff and a prude.

Joe feels that he has worked through his most troublesome problems after eight individual sessions. The therapist agrees, but reminds him that growth comes slowly and he will need to further develop his actualizing orientation to life. The therapist suggests that Joe continue to attend group therapy for several more months to consolidate his gains and to support his growth.

**SUMMARY**

In Actualizing Therapy we believe that the most effective way to aid clients in making wise and satisfying choices is to work through core conflicts and core pain that block awareness and growth.

Since the core is the center of one’s existence, a key process is to enable clients to get acquainted with their core characteristics. This includes accepting that they are to some extent disabled by painful childhood experiences, and learning to surrender to the feelings of terror, rage, longing, or betrayal that they have formerly denied. When clients let go of their rigid defense strategies and give in to painful core feelings, they move through the impasse from manipulating to actualizing.

The presence of a supportive therapist or group makes it safe for the clients to experience strong negative feelings without constricting themselves or distorting reality. In experiencing core pain in an honest and direct way, clients find that it passes through them (emotional catharsis) and that they lose their fear of feeling. Releasing strong negative feelings from the core results in the emergence of strong positive feelings such as trust, harmony, and confi-
dence. Thus clients come to be more at home with all that they are, the good and the bad, the negative and the positive, the manipulative and the actualizing. They learn compassion and the ability to forgive themselves and others for inevitable mistakes that occur in living.

In individual Actualizing Therapy, the emphasis is on the bodily and the intellectual dimension of each client’s personality and value system. Group therapy is a minia-
ture society in which interpersonal expression of emotion becomes a primary focus. Individual therapy is analogous to a lecture-discussion in college; group therapy is the labor-
atory session. Each is necessary for total learning.

In the laboratory of the group clients are afforded the opportunity to try out a new stance in life, to express values to which they are committing themselves, and to expand their awareness and expression of the feeling-polarities.

Individual and group work also seek to uncover a person’s deepest needs at the core level and satisfy those needs. Most people have their physiological and safety needs met, but their love needs have been ignored or exploited. Fear can be replaced by trust in one’s core as individual or group therapy helps a person to surrender to needs for love and to have these needs satisfied in direct, realistic ways. As this happens, the person becomes more free to move on to esteem needs and self-actualizing needs. Actualizing needs are nurtured by developing a style of emotional expression and interpersonal trust based on honesty, awareness, freedom, creativity, and mission.

A basic tenet of Actualizing Therapy is that energy released from core conflicts becomes immediately available for growth and creative living. Availability of energy for growth, coupled with learning to express oneself along the feeling polarities, offers clients a wide spectrum of actualizing possibilities. Being what you are (awareness of character structure) and becoming all you can be (trust in the core and self-expression along the polarities) are the heart and soul of Actualizing Therapy.

REFERENCES


