

ALEXANDER HERZBERG AND "ACTIVE PSYCHOTHERAPY"

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Alexander Herzberg was a German psychiatrist of Jewish origin who left Berlin, where he had his practice, to come to London in the early thirties; he settled in the Swiss Cottage district, near Hampstead, where many refugees congregated. He was not quite forty when he emigrated, and he died at the early age of fifty; he is known for the article here reprinted, and for his book on Active Psychotherapy, which was written two or three years after the article. He was extremely intelligent, had a genuinely scientific outlook on psychiatry, and soon became the centre of a group of psychiatrists, mostly refugees, who used to meet in his house and discussed the theory and practice of psychiatry; gradually Herzberg made these informal gatherings into a forum for the discussion of his new methods of active therapy and the use of graduated tasks. I had just received my Ph.D. from the University of London (which had been evacuated to Aberystwyth, in Wales, because of the bombing), and was very glad to receive an invitation to attend these meetings; my interest was more in experimental psychology than in the abnormal field, but with the University gone there was little intellectual stimulation to be found, and any serious discussion of psychological problems was better than nothing. Herzberg, as he makes clear in his book (Herzberg, 1945), considered himself a psychoanalyst, and a follower of Freud; most of the people who came to these meetings had similar leanings, although some held rather more esoteric views. My own ideas had not yet had time to fall into place. The climate at University College had been rather favourable to psychoanalysis, with Professor (later Sir) Cyril Burt a founder-member of the British Psychoanalytical Society, and J.C. Flugel an internationally known psychoanalyst at the head, and S. Philpott, a firm believer in Jung, as their main support; also active was Prynne Hopkins, another well known psychoanalyst and writer. I had not exactly been impressed, but was willing to listen; these discussions of detailed case histories were exactly what I needed to gain some insight into just what was happening in therapy, and how the patients improved (or not, as the case might be).

As his article (Herzberg, 1941-1943) makes clear, Herzberg put forward many views which marked a departure from orthodoxy, and which may be considered to be precursors of theories associated with behaviour therapy; I doubt if he quite realized how incompatible these views were with psychoanalysis as taught at the time. Consider simply his statement of the aims

of psychtherapy - "to make the patient free of symptoms; ...to make him safe from relapse." This is not a Freudian statement; psychoanalysts tend to disregard the symptom and talk almost exclusively of hypothetical background factors and unconscious complexes, the elimination of which they regard as their prime concern. Herzberg's statement is a clear adumbration of the view that neuroses are essentially nothing but the set of "symptoms" shown by the patient, so that the elimination of the symptoms eliminates the neurosis. In discussion it was frequently pointed out to him that he was a more radical innovator than he was prepared to admit, but he always smilingly refused to agree, and insisted that he was merely trying to speed up the unduly slow process of therapy which orthodox treatment consisted of; he never considered himself anything but a true follower of Freud.

In his theory of neurosis, too, he clearly anticipates the application of Miller's doctrine of approach and avoidance gradients, and his method of treatment is based on a detailed consideration of these gradients. Nor was he ignorant of the facts of spontaneous remission; "neuroses sometimes fade out without any treatment" This fact too was not easily admitted by orthodox analysts, and it is difficult to reconcile with Freudian theory; Herzberg simply stated a fact of his clinical experience, without realizing the important implications this might have for the theory he nominally subscribed to. Such intellectual schizophrenia is not infrequent in innovators, even in highly intelligent ones; they refuse to cut the painter, and cling to orthodoxy in their formal statements, while rejecting it in their actual working and theorizing. Herzberg is an interesting case in point, and his book would repay an extended critical treatment by someone more expert in Freudian mythology than myself.

The main contribution Herzberg made to behaviour therapy, however, was of course his method of graduated tasks. Experience had shown him clearly that orthodox Freudian treatment took far too long to be practicable (or advisable) with the great majority of patients; he also found that it was not always (or even usually) successful. (It is interesting to note that J. Wolpe progressed along exactly the same path, although he of course succeeded in taking the important step of cutting the umbilical cord!). Hence his call for more "active" therapy; the very term of course is opposed in essence to all that psychoanalysis stands for. The patient must be made to work, and work successfully, to overcome his symptoms; "there is one psychotherapeutic agent by which we can attack a neurosis...; this is achievements which we demand from the patient. Achievement is fulfilment of a task by an activity directed to that purpose."

Herzberg insisted that the tasks which he set his patients must be "graduated"; this term he defines as "arranged according to their difficulty." There is an obvious similarity here to Wolpe's "symptom hierarchies", although Wolpe in the main uses imagery in treatment whereas Herzberg was concerned with in vivo desensitization. It is for this reason that our early work at the Maudsley used desensitization in actual life situations; it was not until we had the benefit of Wolpe's advice and guidance that we changed over to the use of imagery (Eysenck, 1960). (Even now there is little evidence to show that

one method is superior to the other as far as effectiveness is concerned; Wolpe's method is of course very much more practicable.) There is no explicit statement regarding relaxation in Herzberg's paper, but in fact the clinical sessions preceding and following the activities prescribed were used to discuss the events and feelings during these contrived situations, and reassurance and calming talk took the place of relaxation. The de facto similarities are probably closer than might appear from reading Herzberg's theoretical views, which are somewhat confused; here if ever seems to be a case of "do as I do, not as I say!". (An excellent account of what Herzberg actually did is given on p.25 of the article.)

Does "active psychotherapy" work? It is difficult to form an accurate impression from the data given by Herzberg, particularly as there is no proper control group; furthermore there seems to have been an unusually large number of patients who broke off treatment (possibly because Herzberg was much less selective in his choice of patients than is usual in psychoanalytic circles.) However, when we look at the cases successfully treated it would be difficult to deny that Herzberg is right when he says "that a treatment by practical tasks will probably be short in comparison with purely analytical treatment or, in other words, that tasks will considerably shorten even analytical treatment." It is interesting to note that the number of sessions Herzberg used for his successful cases is very similar to that used by Wolpe; Wolpe, however, had far fewer terminations by his patients. Nevertheless, the shortening of treatment produced by the introduction of graduated tasks is a notable achievement, and one which one might have anticipated would have had a considerable impact on psychiatry. It is interesting to speculate why in fact there was no such impact.

The first reason that comes to mind is probably the simple one that Herzberg had no official position, was not connected with any University, and thus had no pupils who might have carried on his tradition, taught others, and extended his research. This is a terrible handicap, made worse by the fact that he was a refugee who had to reconstruct his professional life from the shambles produced by Hitler's thugs. He might of course have succeeded in time, had it not been for his untimely death; this cut short any influence he might have had, and left his doctrine in an unfinished state, open to theoretical criticism, and virtually unsupported by factual and experimental material. Rebels to be successful must live long; even Bertrand Russell finally got the Order of Merit from the Establishment he so openly despised. But not all rebels live to be almost a hundred, and Herzberg's early death terminated his direct influence.

A third reason, perhaps, was the fact that he worked in England. The rapid adoption of new ideas has never been a characteristic of English establishments, and the almost American insistence on efficiency and success shown in Herzberg's writings received almost as chilling a reception as my own views were to receive a few years later. (Americans, of course, never read non-American journals, and consequently never encountered his paper or his book; I have looked in vain for any mention of either in American writings.) And last, he wrote in the middle of a war, and few psychologists or psychiatrists really had time or patience to bother with new ideas or methods;

they hardly had time to read at all, even if they had the inclination. And when the war was over, Herzberg was dead. Exoriare aliquis nostris ex ossibus ultor!

Yet in another sense it may be said that Herzberg's views have not only survived, but triumphed. My own ideas of behaviour therapy were certainly very much influenced by what I heard and learned from him, and the similarities between his views and mine will have become apparent. We did, indeed, disagree on one vital point; he regarded "graduated tasks" as merely adjunct to psychoanalysis, which was supposed to carry the main burden, while I suggested to him that theoretically at least this notion could not be derived from the facts. Let P stand for psychoanalysis, I said, and let T stand for graduated tasks; S stands for spontaneous remission. You assume that $P > S$, but you admit that there is really no evidence for this. You state that $T + P > P$, and although there is no formal evidence for this I agree that this is a tenable position. But from these equations one could also deduce the possibility that $T > P$, i. e. that the treatment by tasks, without psychoanalysis, might be superior to psychoanalysis, so that we could dispense with the psychoanalytic part of the equation altogether and write: $T > S$. He agreed theoretically that such a possibility existed, but would not agree that it justified an experimental study of the effects of T in isolation, nor would he consider a clinical trial comparing T with P, with $P + T$, and with S. (He did not of course have the resources for carrying out such studies in any case, but it is interesting that he was so encapsulated in the Freudian web that he could not see the need for empirical proof of those parts of his theory which relied on received authority.)

In these discussions were born in my mind the ideas which I was to pursue later on, when fate threw me into contact with psychiatry, first at the Mill Hill Emergency Hospital, and after the war at the Maudsley Hospital. I cannot pretend that these research ideas received a more kindly welcome from my colleagues there than they had from Herzberg; quite the reverse. He at least had agreed that intellectually these various possibilities existed; now I was to encounter the stern and unbending faith of those who really could see no virtue even in hypothetically questioning their religion. But this is another story, which goes beyond the limited field of Herzberg's contribution to modern psychiatry. It will need a historian's perspective to see exactly where this contribution fits in, what parts of it turned out to be viable, and how he influenced others; what I have written is intended to help in this task. Perhaps it may, in conclusion, be of some interest to say a few words about the man himself.

Herzberg was a small man, married to rather larger wife who produced Continental tea and Guggelhupf cake at our meetings. He had a dynamic personality, sparkled with intelligence, and possessed a wide knowledge of literature, science and mathematics. He was always kind and considerate; although much older and wiser than I was, as well as very experienced in his field, he always talked to me as to an equal, and never resented my continued questioning of what he regarded as his basic beliefs. I took all this for granted

at the time; is this not the way scientists are supposed to behave? . I was to find out later on how exceptional this attitude towards criticism was in a psychiatrist, or indeed in any kind of scientist. Herzberg was imperturbable; he never lost his temper, never showed any emotion, never resented criticism. He also completely lacked any sense of humour; he could never see the point of a joke, or understand the humour in a film comedy. I once used him as the subject in an experiment on humour, in which captions had been cut off cartoons, and the subject had to write a humorous caption for himself. He looked at the picture (a lady in front of a make-up table, with the face completely missing speaking into a telephone; the caption had been: "Hello, is that the Acme vanishing cream company?"), frowned, and could think of nothing to say. I prompted him; "Is there nothing odd and unusual in the picture?". He looked, and finally said: "Yes, the telephone is not properly connected up." (The artist had just drawn a hasty squiggle to indicate the connection between phone and handpiece.) This failure to see the obvious (in this case the missing face), and to notice the irrelevant discrepancy, carried over into his general social perceptions; he did not feel at ease outside the cognitive, intellectual field, or the organised, circumscribed social situation. Perhaps this is equivalent to saying that he was introverted; my attempts at this time to establish a connection between temperament and sense of humour were disrupted when I was called to Mill Hill to become Research Psychologist to the Hospital, and thus obtained the opportunity of following up some of the leads Herzberg had given me. He was a nice person, as well as a creative one; I shall always regret that he did not live to see the flourishing of present-day behaviour therapy. I think he would have approved.

RESUMEN

Este artículo analiza la vida y obra de Herzberg, un autor de presupuestos teóricos psicoanalíticos cuyas propuestas de una psicoterapia activa muestran importantes puntos de confluencia con la terapia de conducta. Se revisan también las razones del reducido impacto de sus aportaciones en la psicoterapia.

SUMMARY

This paper presents the Herzberg's life and work, an author of psychoanalytic theoretical formulations with contributions to an active psychotherapy have important confluence points with behavioral therapy. The reasons of small impact of his contributions in the psychotherapy are reviewed in it too.

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