

Psychotherapy Guidebook

ADAPTIVE PSYCHOTHERAPY

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Adaptive Psychotherapy

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Adaptive Psychotherapy

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DEFINITION

Adaptive Psychotherapy is the term applied to the psychotherapeutic technique that: 1) fosters the adaptation, rather than the adjustment, of the patient, 2) addresses itself to the patient's specific disabling problem and maladaptation, and 3) springs ideally from ego-syntonic and adaptive features within the therapist. Adaptive Psychotherapy is a derivative of psychoanalytic therapy and its theoretical bases rest primarily on the contributions of Heinz Hartmann. Patient adaptation implies mental equilibrium, ability to enjoy life, and lack of disturbance in productivity. Adaptation differs from adjustment in that adjustment implies passive submission to the goals of society, whereas adaptation implies active collaboration with the environment and attempts to change its goals. Adaptation may be progressive or regressive. Progressive adaptation alters the environment for the better and implies intrapsychic growth. Regressive adaptation is tolerated or accepted by society but implies intrapsychic arrest or movement toward the infantile self.

HISTORY

Adaptive Psychotherapy was developed in the setting of a general hospital psychiatric clinic and was intended to meet the needs of a large group of patients referred from other medical clinics who were poorly served by usual therapeutic intervention, particularly intensive psychotherapy (Rada, et al., 1969). These patients included those with a diagnosis of chronic schizophrenia, hypochondriasis, or borderline psychosis, as well as the elderly patient, the “doctor shopper,” and the severely dependent patient.

Patients were seen in a psychiatric clinic organized along the lines of a medical clinic, but structured to provide a supportive milieu with a therapeutic waiting area experience, a receptionist-hostess, and refreshments (Rada, et al., 1964).

TECHNIQUE

Adaptive Psychotherapy is characterized by: 1) patient contact over an extended, sometimes indefinite, period of time, 2) contacts generally less than 25 minutes and less frequent than weekly, 3) the frequent use of psychotropic drugs, 4) goals that are varied but not aimed primarily at insight, transference exploration (transference is when the patient shifts feelings about a significant person to the analyst), or interpretation, and 5) techniques that include support, suppression, an institutional alliance, advice, environmental manipulation, attention to life happenings, and promotion of reality testing.

For some patients, frequent and intense contacts with only one therapist can lead to severe dependency and regression. In Adaptive Psychotherapy an attempt is made to foster an alliance between the patient and the institution or clinic; the institutional alliance can be more easily transferred from therapist to therapist.

Although the therapist's precise understanding of the patient's psychodynamics is essential, the therapist's intervention is judged not on the basis of the completeness or accuracy of his psychodynamic interpretations, but on the basis of the patient's subsequent adaptation (Draper, et al., 1968).

APPLICATIONS

In Adaptive Psychotherapy attention is focused on specific maladaptations; major intrapsychic alterations of character are not a goal of treatment. With infantile and schizoid personality disorders, those aspects of the patient's behavior that defend him against overt psychosis and keep him in an acceptable role in society are strengthened and rewarded. No attempt is made to change the basic character disorder and its defenses.

In certain cases regressive adaptation is considered a goal of treatment. When progressive adaptation (ego growth and development) is considered temporarily or permanently impossible, transference cures and flights into health are encouraged. In this regard, primitive and infantile transferences

are accepted and supported when they contribute in a positive way to the patient's ties to the institution or enable him to accept the therapist's interventions. Another goal of Adaptive Psychotherapy is reality education, which emphasizes sharpening objectivity, the reduction of omnipotent fears, and the correction of referential distortion when it is disabling.

Adaptive Psychotherapy emphasizes the use of the natural personality and adaptive features of the therapist as an ally to the patient's adaptive possibilities. Training in Adaptive Psychotherapy can help the psychotherapist to develop a useful repertoire of characteristics that can be valuable in assisting certain patients toward a more successful adaptation (see Daniels, et al.).