



Alfred Adler Institute of San Francisco

Classical Adlerian Theory and Practice

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*("Classical Adlerian Theory and Practice" is a chapter in a new book, **Psychoanalytic Versions of the Human Condition and Clinical Practice**, edited by Paul Marcus and Alan Rosenberg. It is scheduled for publication in December of 1996. Dr. Marcus has kindly granted permission to post this chapter on the Alfred Adler Institute of San Francisco Web site. Any reproduction of this material must include the chapter title, authors, book title, and editors. The book will include 17 contributors, from different theoretical perspectives, presenting their conceptions of the human condition, understandings of psychopathology, and brands of clinical psychoanalysis. Original formatting has been adapted to HTML, consequently, end notes have been bracketed within paragraphs. For additional information contact Dr. Stein at 415-282-1661)*

Overview

Over the half century since Alfred Adler articulated his theory of personality and system of psychotherapy, his ideas have gradually and persistently permeated the whole of contemporary psychology (Ellenberger 1970, 645-648). The shift of psychoanalysis to ego psychology reflected Adler's original thinking and Adler was "hailed by certain psychoanalysts as a precursor of the later developments of psychoanalysis" (Ellenberger 1970, 638). Adler's observation that "human beings live in the realm of meanings" reflects the social constructivist view of human behavior. An early feminist, he held that both men and women suffered from our society's overvaluing of men and undervaluing of women, and he believed the only positive relationship between men and women was one of equality. His earliest work in which he argued for the unity of mind and body was a precursor of psychosomatic medicine.

Even the findings of anthropologists, biologists, and physicists parallel Adlerian concepts. Adler's view of the interconnectedness of all living beings and their natural proclivities toward cooperation has been echoed by anthropologists (Ho 1993; Kim and Berry 1993; Maybury-Lewis 1972), and biologists (Augros and Stancui 1988; Hamilton 1964; Simon 1990; Trivers 1971; Wilson 1975). His concept of the style of life, where one central theme is reflected in every psychological expression, suggests the concept in physics of the hologram, wherein each part of a whole is an enfolded image of that whole (Briggs and Peat 1989). His concept of the final goal, a fictional future reference point that pulls all movements in the same direction, is similar to that of a strange attractor in chaos theory, a magnetic end point that pulls on and sets limits for a process (Nelson 1991). He believed in the fundamental creative power of individuals and their freedom to choose and change their direction in life; this is very similar to the biological process called autopoiesis which is the autonomous, self-renewing, and self-directing nature of all life forms (Nelson 1991).

When sociologists, anthropologists, biologists, mathematicians, physicists, and psychotherapists begin describing remarkably similar dynamics, one wonders if we are on the brink of a new unified field theory.

Forty years ago, Alexander Müller frequently referred to Adler's body of work as "philosophical anthropology," and held that it had the potential for providing the magnetic center that would draw other disciplines together (Müller 1992).

The scientific paradigm shift and intellectual climate of the 1990's might well be ripe for a re-discovery of Adler's original and full contribution to an understanding of human beings and their relationship to the world. He created an exquisitely integrated, holistic theory of human nature and psychopathology, a set of principles and techniques of psychotherapy, a world view, and a philosophy of living.

In this chapter, we will first describe Adler's view of the human condition and his ideas of personality development, including optimal development. Second, we will outline his explanation of how this process goes astray and results in psychopathology. Third, we will sketch the Adlerian levels of intervention which include not only psychotherapy but also preventive programs in the areas of parenting and education.

The Human Condition and Personality Development

The core of Adler's integrated complex of philosophy, theory, and practice was a vigorously optimistic, humanistic view of life. He offered a value-oriented psychology that envisioned human beings as capable of profound cooperation in living together and striving for self-improvement, self-fulfillment, and contribution to the common welfare. Indeed, Adler predicted that if we did not learn to cooperate, we would run the risk of eventually annihilating each other. Thus, if we were to distill his view of the human condition into one main idea, it would be the concept of the Social Human, inextricably interconnected with others and all of nature. The central problem that humans face is how to live on this planet together, appreciating what others have contributed in the past, and making life better for present and future generations.

Central Concept: Feeling of Community

Following from his view of the human condition, Adler based his psychology on the central concept of (in German) *Gemeinschaftsgefühl*. It is a difficult concept to translate adequately and has been translated by the phrases *social interest*, *social feeling*, *community feeling*, and *social sense* (Ansbacher and Ansbacher 1956, 134). Adler and many of his followers came to prefer the term *feeling of community* (Bruck 1978). It is a multi-level concept. Individuals may understand and put into practice some levels and neglect the development of others.

If people have developed social interest at the affective level, they are likely to feel a deep belonging to the human race and, as a result, are able to empathize with their fellow humans. They can then feel very much at home on the earth -- accepting both the comforts as well as the discomforts of life. At the cognitive level, they can acknowledge the necessary interdependence with others, recognizing that the welfare of any one individual ultimately depends on the welfare of everyone. At the behavioral level, these thoughts and feelings can then be translated into actions aimed at self development as well as cooperative and helpful movements directed toward others. Thus, at its heart, the concept of feeling of community encompasses individuals' full development of their capacities, a process that is both personally fulfilling and results in people who have something worthwhile to contribute to one another. At the same time, the concept denotes a recognition and acceptance of the interconnectedness of all people.

These ideas of Adler's also speak to the current discussion of the relationship between self and society. Unlike others, he saw no fundamental conflict between self and society, individuality, and relatedness, self interest and social interest. These are false dichotomies. The development of self and connectedness are recursive processes that influence one another in positive ways. The greater one's personal development,

the more able one can connect positively with others; the greater one's ability to connect with others, the more one is able to learn from them and develop oneself. This idea has been rediscovered by recent authors (Guisinger and Blatt 1994).

Adler saw the connections among living beings in many different spheres and on many different levels. An individual can feel connected with another, with family, friends, community, and so on, in ever widening circles. This connectedness can encompass animals, plants, even inanimate objects until, in the largest sense, the person feels connected with the entire cosmos (Müller, 1992, 138). If people truly understood and felt this connectedness, then many of the self-created problems of life -- war, prejudice, persecution, discrimination -- might cease to exist.

The feeling of interconnectedness among people is essential not only for living together in society, but also for the development of each individual person. It has long been well known that if human infants do not have emotional connections with their caregivers they will fail to thrive and are likely to die.

Furthermore, individuals need to acknowledge their connectedness both to the past as well as to the future. What we are able to do in our lives depends very much on the contributions made in the past by others. A critical question that Adler saw facing each person was, "What will be your contribution to life? Will it be on the useful or useless side of life?"

The title that Adler gave to his system, "Individual Psychology," does not immediately suggest its social foundation. It does not mean a psychology of individuals. On the contrary, Adler's psychology is very much a social psychology in which the individual is seen and understood within his or her social context. Accordingly, Adler devised interventions not only for individual clients but also for families and schools.

In German, the term *Individualpsychologie* means the psychology of the unique, indivisible, and undivided person (Davidson 1991, 6). What Adler meant by this is that, first, Individual Psychology is an idiographic science. How an individual develops is unique, creative, and dependent on the subjective interpretations the person gives to life. Second, Adler meant to convey that an individual behaves as a unit in which the thoughts, feelings, actions, dreams, memories, and even physiology all lead in the same direction. The person is a system in which the whole is greater than and different from the sum of its parts. In this whole, Adler saw the unity of the person. In the symphony of a person's behavior, he discerned the consistent melodic theme running throughout. This theme may have many variations in tempo, pitch, or intricacy, but it is nevertheless recognizable. Thus, to understand a person, we must look at the whole person, not at the parts, isolated from one another. After we grasp the guiding theme, however, it is easy to see how each individual part is consistent with the theme.

Development of Personality

How do we come to develop this guiding theme? It is an active and creative process in which individuals attribute meaning to the life experiences they have faced. They construct out of this raw material the subjective reality to which they respond. Thus, they are not passive victims of heredity or environment (not objects) but active constructors and interpreters of their situations (subjects).

This process begins in infancy as children become conscious of felt insufficiencies in the face of normal, everyday tasks, especially when they compare themselves to older children and adults. As a result, they experience what Adler called **inferiority feelings**, which are the very normal reactions to the awareness of not being able to function in a way that we wish. Adler also described this as experiencing a "minus situation." These feelings become motivation for striving toward what he called a "plus situation."

Individuals strive in this direction because of the "creative power of life, which expresses itself in the

desire to develop, to strive, to achieve, and even to compensate for defeats in one direction by striving for success in another. This power is *teleological*, it expresses itself in the striving after a goal, and, in this striving, every bodily and psychological movement is made to cooperate" (Ansbacher and Ansbacher 1956, 92).

Influenced by the German philosopher Hans Vaihinger, Adler held that individuals were not always guided in their actions by reality. They were also guided by fictions, or what they believe to be true, though these beliefs are largely unconscious (Vaihinger 1925). These ideas formed the basis of Adler's concept of the **final goal**. The final goal is a fictional creation of the individual—an imagined ideal situation of perfection, completion, or overcoming. Movement toward the final goal is motivated by a striving to overcome the feelings of inferiority. Although the final goal represents a subjective, fictional view of the future, it is what guides the person in the present.

In an active, courageous individual possessing a strong feeling of community, the striving toward the final goal to overcome inferiority feelings may be expressed as a life-long movement toward optimal development — with full realization that there is no end point to this striving. This is quite similar to Abraham Maslow's view of individuals striving toward self actualization — toward the full realization of their potential (Maslow 1970).

In dealing with inferiority feelings and developing the final goal, the influences of the family (both parents and siblings) as well as external social influences may be critical. Children learn to cope with and/or overcome difficulties in life through the support and encouragement of significant others who promote their development, cooperation, and interdependence. Adler considered the connection with and influence of the mother as the primary factor in the early development of the feeling of community. In our current social structure, fathers and caregivers are also recognized as important influences. With this positive foundation, children are likely to grow up to handle what Adler called the three tasks of life, work, community, and love, in a satisfactory way (Adler 1992a, 16-18). As a result, they are likely to develop the courage and ability to continue their growth and make a contribution to life. If, however, children do not receive the proper encouragement and support and, as a result, their feelings of inferiority become exaggerated, they are likely to be discouraged. They may adopt a final goal that is equally exaggerated to compensate for their deeply felt inferiority. Instead of developing themselves and overcoming difficulties, they pursue a goal of imagined superiority and consequently must avoid real tests of themselves. Their final goal would then be an egocentric one, on the useless side of life, rather than a goal of cooperation with others and a feeling of community. The final goal is the result of a process that is unique to each individual. Two persons with similar feelings of inferiority — e.g., a deeply felt lack of intelligence — may develop very different goals. One person's goal might be to enlist others in his or her service, thus avoiding any tests of intelligence that might be failed. The other's goal might be to outdo all others thereby demonstrating her superior intelligence in all situations.

Adler called an individual's characteristic approach to life the **style of life**. In various writings throughout Adler's career, he expressed this concept as self or ego, personality, individuality, the unity of the personality, an individual form of creative activity, the method of facing problems, one's opinion about oneself and the problems of life, or the whole attitude toward life (Ansbacher and Ansbacher 1956, 174).

The style of life, then, becomes the way in which individuals approach or avoid the three main tasks of life and try to realize their fictional final goal. In healthy persons, this dealing with the tasks of life is relatively flexible. They can find many ways of solving problems and, when one way is blocked, they can choose another. This is not so for the disturbed individuals who usually insist on one way or no way.

Like others, Adler viewed the first five years of life as central in the development of personality. By that time, children have experienced enough to have adopted a prototype of their goal and style of life,

although there can be some modification throughout the rest of childhood and adolescence. After that, these ways of conceiving of both self and the world seem to fashion for us a set of lenses through which we see the world. Adler called this the **scheme of apperception**. Individual perception, then, is limited, and there will always be a discrepancy between reality and the perception of it. For normal people, this discrepancy is relatively small; for psychologically disturbed people, the discrepancy is much greater.

In an optimal situation of development, adults will win children's cooperation, helping them to develop a sense of significance through contributing to others, minimizing their inferiority feelings, stimulating their courage, guiding them to be active, and helping them feel a part of the whole. These experiences will help children identify and develop their capacities and become cooperative, productive, and satisfied adults. They will be able to see and feel their interdependence with others and be challenged to develop sufficient courage to deal with difficulties, to connect intimately with others, and to improve themselves for the benefit of all. They may eventually be guided by universal values or principles -- perhaps of justice, beauty, truth, etc. They will be able to use their inferiority feelings as spurs for continued development. They will strive for superiority over difficulties rather than superiority over others. They will have solved the problems posed by the tasks of life in a mutually beneficial way.

This optimal development is different from what is commonly referred to as "normal" or "average." Although many people are reasonably cooperative, they may do just enough in relationships and in work to get by, living without deep commitment and passion and not functioning at their maximum potential. They may be somewhat bored and may endure chronic tension or "stress" without significant emotional or physical symptoms. When they face particularly difficult challenges, they may not have developed their courage and cooperation to the extent that they are able to cope adequately. At that point, they may experience a shock that might trigger psychological symptoms. Examples of challenges that might trigger such symptoms include layoffs, illnesses, marriage, having children, divorce, middle-age, children leaving home, or retirement.

One potential challenge for mental health professionals is to help these "normal" individuals develop themselves to the maximum -- to set an ideal of mental health that is seen as possible and inspiring, and to identify the steps needed to get there. This is described later in this chapter.

Adler's View of Psychopathology

Adler's view of psychopathology is deceptively simple. He conceived of psychological disturbances generally occurring in the presence of two conditions: an exaggerated inferiority feeling and an insufficiently developed feeling of community. Under these conditions, a person may experience or anticipate failure before a task that appears impossible and may become "discouraged." Adler tended to use this term as opposed to terms such as "pathological" or "sick." When individuals are discouraged, they often resort to fictional means to **relieve** or mask--rather than overcome--their inferiority feelings. What they are attempting to do is bolster their feelings of self by "tricks," while they avoid actually confronting their seemingly impossible difficulties. These tricks may give them a comforting but fragile feeling of superiority.

A man who was pampered a child may give up looking for work, become depressed, and then depend on parents or public assistance for support. Forcing others to provide for him may yield a secret feeling of power and superiority that compensates for his feelings of inferiority. Unprepared for the normal challenges that might lead to failure, he pays the price for his painful depression, but uses it to maintain his passive self-indulgence and protect himself from a real test of his capacities.

A woman who was abused by her father as a child may choose to reject and depreciate all men as vile creatures and never engage in a satisfactory love relationship. She may feel lonely, but she can always feel

morally superior to all abusive males who are punished by her rejection. She would rather punish all men for the sins of her father, than conquer her fears and develop the ability to love one man.

At a more extreme level, a profound and devastating feeling of inferiority might lead to a grandiose psychotic delusion of being God.

What all of these situations have in common are adults whose inferiority feelings seem so overwhelming and in whom the feeling of community is so underdeveloped that they retreat to protect their fragile yet inflated sense of self. They employ what Adler called safeguarding devices to do this (Ansbacher and Ansbacher 1956, 263-280).

Individuals can use safeguarding devices in attempts both to excuse themselves from failure and depreciate others. Safeguarding devices include symptoms, depreciation, accusations, self-accusations, guilt, and various forms of distancing. Symptoms such as anxiety, phobias, and depression, can all be used as excuses for avoiding the tasks of life and transferring responsibility to others. In this way, individuals can use their symptoms to shield themselves from potential or actual failure in these tasks. Of course, individuals may be able to do well in one or two of the tasks of life and have difficulties in only one, e.g., in work, community, or love.

Depreciation can be used to deflate the value of others, thereby achieving a sense of relative superiority through aggressive criticism or subtle solicitude. Accusations attribute the responsibility for a difficulty or failure to others in an attempt to relieve an individual of the responsibility and to blame others for the failure. Self-accusations can stave off criticisms from others or even elicit comforting protestations of value from them. Guilt may create a feeling of pious superiority over others and clear the way for continuing harmful actions rather than correcting them. Distancing from tasks and people can be done in many ways including procrastination, avoiding commitments, abuse of alcohol and/or drugs, or suicide.

These safeguarding devices are largely unconscious and entail very real suffering on the part of individuals who employ them. For them, however, the protection and elevation of the sense of self is paramount, and they prefer to distress themselves or others rather than reveal their hidden exaggerated feeling of inferiority.

There are three categories of influences that might stimulate the development of these exaggerated inferiority feelings in children: (1) physical handicaps, (2) family dynamics, and (3) societal influences (Adler 1992a).

Children can either be born with or develop physical handicaps (e.g., deformity, illness) with which they may feel overburdened. The care and attention given to them because of their difficulties may result in their expectation that others should always make their lives easy and keep them the center of care and attention. They may never test their own strengths. The pity or scorn they might also receive may negatively influence their self-evaluations. In any case, their inferiority feelings are likely to become exaggerated.

Family dynamics, including parenting styles and position in the family constellation, is the second category of influences on the development of the inferiority complex. Parenting styles that cause trouble for children are divided into two main categories: pampering, and neglect and abuse. Children who have been pampered have come to expect being the focus of attention and having others serve their whims. They have been trained to take rather than to give and have not learned how to face and overcome problems by themselves. As a result, they have become very dependent on others and feel unsure of themselves or unable to face the tasks of life. Thus, they demand undue help and attention from others. These demands may be expressed through aggression (e.g., commands) or through weakness (e.g.,

Adlerian Interventions

Adler's contributions to mental health included several levels of intervention. While the art of psychotherapy was his primary work, he also had a major impact on the field of education in efforts to prevent psychological disorders (Adler 1957). Adler started by training parents, but realized that in order to reach the majority of children he needed to switch his focus to teachers. In Vienna he spent a great deal of time lecturing to teachers and demonstrating how to understand and influence children. In addition, he was asked to establish child guidance clinics attached to the schools throughout Vienna. He saw prevention through education as the first level of intervention and as a great investment in the future. Continuing in these efforts, many of Adler's followers simplified some of the ideas for use by teachers and parents (Dreikurs and Soltz 1964; Dreikurs and Grey 1968), thus furthering Adler's influence.

The next level of intervention is counseling. Adlerian counseling is generally time-limited, supportive therapy that is usually focused on specific problems. It leads to moderate insight, attitude change, and behavioral change. Anthony Bruck, an associate of Adler, developed brief counseling to a fine art, including the use of explanatory graphics and charts (Bruck, 1978). Examples of the focus of counseling include parenting, marital relationships, and career choice and development. These interventions can help individuals cope with developmental milestones, life crises, and change points in their lives. The potential for personality change at a deep level, however, lies in psychotherapy.

The overall goal of Adlerian psychotherapy is helping an individual develop from a partially functioning person into a more fully functioning one. Fully functioning means solving each of the areas of life more cooperatively, more courageously, with a greater sense of contribution and a greater sense of satisfaction. To do this, an individual must identify and work toward becoming her best self. In other words, the overall goal of therapy is to increase the individual's feeling of community. This is very practical. It is not merely a matter of gaining insight, but of using that insight to take concrete steps to improve relationships with family, friends, community, and work. In its largest sense, the goal of therapy is not to improve just the client's life; the therapist is working to improve the quality of life for everyone in the client's circle of contact, as well as improving society through the client.

Thus, the first specific goal of therapy is not necessarily fulfilling the client's expectation. The client may want instant, and somewhat magical, relief of symptoms or to continue what he is doing without feeling so uncomfortable. The therapist has to be sympathetic to this desire, but must clarify and establish, as quickly as possible, the cooperative working relationship that is required for genuine improvement of a difficult situation.

Adler suggested that we must provide a belated parental influence of caring, support, encouragement and stimulation to cooperate. By reawakening courage and creativity in the client, a new, unfamiliar feeling of community may develop as he discovers that he has something valuable to offer. Some people have been cared for in a mistakenly indulgent way and have absorbed it, but they have not learned to feel or express a genuine caring for others. These people, although they need to be cared for in a new encouraging way, also need to be challenged to start caring for others in this new way.

Stages of Classical Adlerian Psychotherapy

For teaching purposes, Adlerian psychotherapy can be divided into twelve stages, and within each stage, cognitive, affective, and behavioral changes are gradually promoted (Stein, 1990). At the last three stages, the spiritual domain can also be addressed. The stages reflect progressive strategies for awakening a client's underdeveloped feeling of community. What we must remember, however, is that the actual therapy is very spontaneous and creative and cannot be systematized into steps to which we rigidly

adhere. Empathy and encouragement, although emphasized at certain points, are present in every stage of effective psychotherapy. A highly abbreviated overview of the twelve stages follows [The stages were suggested by Sophia de vries who studied with Alfred Adler. They were then developed by Henry Stein].

Stage One: Empathy-Relationship Stage

The initial therapeutic goal is to help the client become a more cooperative person, and this starts with learning to cooperate in therapy. When the client's cooperation is lacking, the therapist can diplomatically point to this. If the client attempts to endorse full responsibility for change to the therapist, the therapist can suggest that the rate of progress will depend on the degree of cooperation between them. Therapists may help in the discovery of some new helpful ideas, but the ideas must be applied to improve a situation. Initially, the client may need to express a great deal of distress with little interruption. In response, the therapist offers genuine warmth, empathy, acceptance, and understanding. To understand the uniqueness of each client, the therapist must be able to "stand in the shoes" of the client and "see and feel" what the client is experiencing. If the client is feeling hopeless, the therapist must be able to feel the client's hopelessness without feeling sorry for her, but then step back and provide hope for change. Thus, the therapist must be able to come close enough psychologically to the client in order to empathize, but withdraw neutrally at some point in order to generate hope and discuss possible improvements. An atmosphere of hope, reassurance, and encouragement enables the client to develop feeling that things can be different.

Stage Two: Information Stage

The therapist gathers relevant information: the presenting problem and its history, the client's level of functioning in the three life tasks, information about the family of origin, early memories, and dreams. Religious and cultural influences may also have significance. When appropriate, intelligence, interest, and psychological testing are included.

The information given always contains a degree of distortion, as well as significant omissions. After studying the parallel patterns of childhood and the present and analyzing the rich projective material in early recollections and dreams, the therapist develops preliminary hypotheses about the inferiority feelings, goal, life style, private logic, and antithetical scheme of apperception.

Stage Three: Clarification Stage

Socratic questioning clarifies the client's core beliefs about self, others, and life. Then the consequences of these beliefs are evaluated and compared with new possibilities. Mistaken ideas and private logic are corrected to align with common sense. The client's ideas must be unraveled to trace how she first adopted them in childhood. A client may have the idea that if his wife doesn't give him what he wants, then she doesn't love him. The therapist might ask a series of questions to illuminate the private logic behind this statement: "Is it your idea that love is only giving you what you want? What if what you want is no good for you? Should your wife give you what is unhealthy for you? Is that really being loving?" These questions will help the client explore the meaning he gives to love and marriage and may come to change his private views of these matters.

Symptoms may serve as excuses for avoiding something that the client is not doing. One way that the therapist can ferret this out is to ask the question: "If you did not have these symptoms, what would you do?" The client's answer is often quite revealing about what she is avoiding.

Stage Four: Encouragement Stage

The therapist cannot give clients courage; they must find it within themselves. The therapist can begin this process by acknowledging the courage in what the client has already done: e.g., coming to therapy. Then therapist and client together can explore small steps that, with a little more courage, the client might take. It is through actually trying new behaviors and realizing that disaster is not an inevitable consequence that the client's courage grows.

Clients may have exaggerated inferiority feelings that they want to eliminate totally, believing that if they realize their goal these painful feelings will disappear. The therapist must first reduce these feelings to a manageable level and then convince the clients that normal inferiority feelings are a blessing that they may "use" as a spur for improvement.

Genuine self-esteem does not come from the approval or praise of others. It comes from the person's own experience of conquering difficulties. Therefore, small progressive action steps, aimed at overcoming previously avoided difficulties, must be taken, one at a time. For many clients, this is equivalent to doing the "felt impossible." During and after these steps, new feelings about efforts and results are acknowledged and discussed.

In attempting to avoid failure, discouraged people often decrease their level and radius of activity. They can become quite passive, wait for others to act, and limit their radius of activity to what is safe or emotionally profitable. Gradually, the level, radius, and quality of a client's activity must increase. A move in the wrong direction is often a necessary first step which can then be corrected after commending the attempt. Without new activity and experimentation there will be little real progress. Some new success must be achieved to prepare for the next stage.

Stage Five: Interpretation and Recognition Stage

Psychological movements are the thinking, feeling, and behavioral motions that clients make in response to the external tasks facing them. Thus, in addition to listening to what the client says, the therapist must be attuned to what the client actually has done and currently does in relation to life tasks. Movements in therapy are the most visible. Does the client come on time or late; get off the track; talk all the time and leave little opportunity for the therapist to say anything; agree with everything but "forget" to put it into practice between sessions? The therapist's job is to describe these movements precisely and help the client identify the immediate goals or final goal to which they lead.

Depreciation and aggression are tactics clients use to elevate artificially their self esteem and punish others for not living up to their mistaken expectations. Clients are often quite clever in adopting the weapon that will hurt others the most. The therapist must show the client how ineffective or childish the weapons are or that they eventually hurt the client more than they hurt the intended victim.

To dissolve the client's antithetical scheme of apperception, the therapist must dialectically question it. However, the client will probably resist this dialogue because the scheme provides certainty and supports the pursuit of the childlike, egocentric, final goal. Clients' final goals represent visions of what they imagine will help them feel absolutely superior, safe, significant, and secure. When faced with changing these final goals, the alternative often looks like being nobody, worthless, and vulnerable. The client's scheme uses cognitive rigidity to generate very strong feelings. It locks the client into a dichotomized, superior/inferior way of seeing the world, evaluating experiences, and relating to others. Thus, to dissolve the antithetical scheme of apperception, the therapist must help the client see the real and subtly distinguishing qualities of people and experiences rather than dividing impressions into "either-or," rigidly absolute categories.

All behavior is purposive and is aimed at moving toward the final goal. If clients have goals that are on

the useless side of life, then their emotions will also serve these goals. Frequently, emotion is used to avoid responsibility for actions. This is reflected in the often-heard claims of the client: "He made me angry; I couldn't help it." Each individual's use of emotions is unique, and the therapist must be sensitive and precise in identifying the underlying purposes of these emotions.

The final goal includes expectations of the roles that others should play. If the final goal is to be adored, then others must play the role of adorers; if the final goal is to dominate, then others must be submissive. The therapist must help the client identify these expectations and their actual impact on relationships. Rather than having such demands of others, clients need to learn how to generate self-demand, determining what they will do to contribute to their own development and to other people and situations.

After unfolding the meaning of the client's movements and their immediate goals, the therapist eventually leads to interpreting the core dynamics of the client's inferiority feeling, final goal, and style of life. Family constellation and experiences, current behavioral patterns, early recollections, and dreams are integrated into a unique, vivid, and consistent portrait.

In revealing the client's goal, diplomacy, good timing, and sensitivity are essential. The client must feel the encouragement of new successes before she will feel open and ready to face a clear picture of the mistaken direction she had previously followed. The therapist helps the client evaluate the goal and discover what is really gained or lost in this pursuit--using logic, humor, metaphors, reduction to absurdity, and what Adler called "spitting in the soup." In this last strategy, the therapist makes the final goal -- e.g., being powerful, intimidating, and demanding respect -- "taste bad," perhaps by comparing it to being a Mafia don. The discussion around the client's final goal reflects a very vigorous form of thinking about the meaning of life and what the client is doing with it and what else he could or should be doing.

Stage Six: Knowing Stage

Previously, the client relied on the therapist to interpret her movements and their connection to the life style and goal. Now the client interprets situations, sharing his or her insights with the therapist. Many clients are tempted to terminate at this point, feeling that they know enough, even though they have not actually applied their insight and changed their main direction in life.

Stage Seven: Missing Experience Stage

Some clients cling to strong negative feelings through powerful images and memories from childhood. These feelings may inhibit or poison their contact with people. Others may lack a depth of positive feeling in their work and relationships. They try to do "the right thing" but do not have a feeling of enjoyment or affection in the process. They may have sufficient insight but not have enough positive emotional anticipation to take new action. While it is possible with some clients to promote change through cognitive interpretation, with others an emotional breakthrough is more effective. The therapist can use role-play, guided imagery, or eidetic imagery exercises to dissolve negative imprints from parents and siblings and replace them with new nurturing, encouraging experiences and images. Ongoing groups, or one-day group marathons are preferable for role-playing techniques, utilizing group members for the parental or sibling figures. Longer individual sessions can also be effective.

Stage Eight: Doing Differently Stage

Insight and newly found courage are mobilized to approach old difficulties and neglected responsibilities. Small, experimental steps are ventured in the main arenas of life. Initially, this is going to be hard for clients because they will not expect a positive feeling as a result of taking steps in a new direction.

However, it is possible to start with what the person is willing to attempt and gradually make it more socially useful. A very aggressive person who verbally attacks others might be encouraged to attack his problems vigorously and productively instead.

Generally, all of the behavioral steps that clients are encouraged to take in therapy are directed toward increasing their level of confidence and changing their life style. However, profound change occurs after the client and therapist have together identified and discussed the client's final goal and life style. On the basis of this insight, then, the client can work to change the main direction of movement and approach to the three main tasks of life (community, work, and love).

Stage Nine: Reinforcement Stage

Most of the client's actions have been egocentric, providing imagined protection or self-enhancement, and neglecting the needs of others. The therapist helps clients learn to let go of themselves and focus on others, on tasks, and the needs of situations.

All of these new positive actions are encouraged and supported. As the client begins overcoming major difficulties that had been previously avoided, courageous efforts, good results, and feelings of pride and satisfaction are affirmed. As a result, the egocentricity gradually dissolves. Emotional coaching may be needed to experience and express the new positive feelings.

Stage Ten: Community Feeling Stage

The therapist's feeling of community has been demonstrated to the client continuously, since the very first meeting, by accepting him unconditionally as a fellow human being, expressing a deep interest through listening and concern for his distress, and indicating a willingness to help. Perhaps skeptical of the therapist's good will at first, the client has felt and appreciated the genuine caring and encouragement.

The conquering of obstacles has generated courage, pride and a better feeling of self, which now leads to a greater cooperation and feeling of community with the therapist. This feeling should now be extended to connect more with other people, cooperate with them, and contribute significantly to their welfare. As the client's new feeling of community develops, she will become motivated to give her very best to her relationships and her work.

Stage Eleven: Goal-Redirection Stage

When the client begins to let go of an old goal and life style of self-protection, self-enhancement, and personal superiority over other people, he experiences a temporary feeling of disorientation as a new horizon opens up. Now, after exploring and experimenting, he may adopt a new, conscious life goal that is inspiring and socially useful. He abandons his former direction and pursues the new one because it yields a more positive feeling of self and greater appreciation from others.

Clients constantly observe their therapists and may use them as positive or negative models. How therapists behave is critical, as it may interfere with the therapy process if clients see that their therapists do not embody what they are trying to teach the clients.

Maslow explored the characteristics of many fully functioning people and concluded that what we usually refer to as "normal" or "average" functioning is actually a commonly accepted form of very limited psychological development. He set the standard of psychological health many notches higher than the benchmarks of most of his contemporaries. Adler and Maslow were in agreement on this issue, which was not to set our therapeutic sights merely on the "normal" or "average," but to aspire to the ideal of

what people could become. Not many clients may be willing to reach this far -- but some will be interested, and the therapist should be prepared to facilitate this journey.

As clients improve, the therapist can help them see that they can use new, more liberating and inspiring guides for their lives. These alternative guides are what Maslow called meta-motivation or higher values -- e.g., truth, beauty, justice (Maslow 1971). The values that individual clients choose will depend on their unique sensitivities and interests.

Stage Twelve: Support and Launching Stage

The client has learned to love the struggle of overcoming difficulties, now prefers the unfamiliar, and looks forward to the unexpected in life. Feeling equal to others, and eager to develop fully, she expresses a spirit of generosity and wants to share what she has accomplished. Now the client can become a generator of encouragement to other people.

Feeling stronger and functioning better, the client may need a self-selected challenge to stimulate the development of his best self. The very best in a person does not simply flow out, but is a response to a healthy self-demand. It may be stimulated by an unexpected situation or a chosen challenge. The therapist may prompt the search for such a challenge and can help the client evaluate what would be a worthy, meaningful, stimulating, and socially useful challenge -- one that is neither too big nor too small for the client's capabilities. For some clients, it may be the recognition of a "mission" or "calling" in their lives.

Therapeutic Techniques

The creative freedom inherent in Adlerian practice demands a variety of strategies that suit the uniqueness of each client and capture the spontaneous therapeutic opportunities the client hands to us in each session. Although the twelve stages represent a conceptual center line of treatment, essentially, a unique therapy is created for each client. The specific techniques used at any one time depend on the direction that seems currently accessible. Four main strategies characterize current Classical Adlerian therapeutic technique: assessment, Socratic questioning, guided and eidetic imagery, and role-playing [These strategies are rooted in the original Adlerian treatment style and are enriched by the contributions of Sophia de Vries, Alexander Müller, and Henry Stein].

Assessment. A thorough life style analysis serves as the guide to the therapeutic process; generally this occurs during the first three stages of treatment. A central technique that Adler pioneered to assess life style is the projective use of early memories (Adler 1933). These memories, whether they are "true" or fictional, embody a person's core beliefs and feelings about self and the world. They contain reflections of the person's inferiority feelings, goal, scheme of apperception, level and radius of activity, courage, feeling of community, and style of life.

In addition to these early memories, the therapist uses the following to do the assessment: (1) description of symptoms, the circumstances under which they began, and the client's description of what he would do if not plagued with these symptoms; (2) current and past functioning in the domains of love relationships, family, friendships, and school and work; (3) family of origin constellation and dynamics, and extended family patterns, (4) health problems, medication, alcohol, and drug use, and (5) previous therapy and attitude toward the therapist. While much of this information can be collected in the early therapy sessions, it can also be obtained by asking the client to fill out an Adlerian Client Questionnaire (Stein 1993). This permits the client to answer in detail many important questions and increases the client's level of activity in the therapy process. In addition, it saves some therapeutic time and enables the therapist to obtain a binocular view from both the client's written and verbal descriptions.

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