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LEARNING & PRACTICING

Adlerian Therapy

Len Sperry & Vassilia Binensztok

Learning and Practicing Adlerian Therapy

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Len Sperry and Vassilia Binensztok



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Preface

Adlerian therapy has the distinction of being one of the first psychotherapy approaches. Over the years, many of its basic concepts and techniques have been incorporated in several other therapeutic approaches to such an extent that it has come to represent how psychotherapy is commonly practiced today. Today, the challenge for all therapy approaches is to remain relevant, which translates to being brief, accountable, and reimbursable. That means that therapists are increasingly expected to practice a brief treatment approach (five to 12 sessions) that is evidence based and achieves optimal clinical outcomes.

Many students and practicing therapists find the Adlerian approach to be most compatible with their beliefs and values and therefore want to practice it. At the same time, they are expected to practice an approach that is accountable and reimbursable. The purpose of this book is to give readers an up-to-date account of the status of the theory and practice of Adlerian therapy. It reviews both the practice of conventional Adlerian therapy and introduces a contemporary version, called Adlerian pattern-focused therapy, that can meet the needs of students and practicing therapists who want to provide a more accountable treatment approach.

Essentially, Adlerian pattern-focused therapy is neither a specific Adlerian intervention nor a set of techniques. Rather, it is a complete therapy model that embodies all basic Adlerian concepts and many techniques but incorporates a unique therapeutic strategy that significantly extends the practice of Adlerian therapy, which facilitates its accountability and reimbursability.

Learning and Practicing Adlerian Therapy highlights this approach and provides readers the experience of being “directly” involved in the therapy process. This experiential learning is facilitated with transcriptions and commentaries of therapy, from the first to the successful last session. Here is a brief overview of the book.

Chapter 1 discusses the basic concepts, premises, and theory of Adlerian psychology and its application in Adlerian therapy with individuals. Chapter 2 describes the stages and techniques of Adlerian therapy, including life style assessment, family constellation, early recollections, life style convictions, and several Adlerian interventions and techniques. The multicultural sensitivity of Adlerian therapy is also addressed. Chapter 3 introduces Adlerian pattern-focused therapy as an extension of conventional Adlerian therapy. It describes the treatment process of Adlerian pattern-focused therapy, with its emphasis on life style strategy and patterns. The ethics of Adlerian pattern-focused therapy practice and the evidence-based practice of it are

also addressed. Finally, it introduces Jennifer and the 10-session therapy that is detailed in the following chapters. Chapter 4 focuses on the most important of all sessions, the first session, and what must be accomplished if client commitment and clinical success are to be achieved. Readers are invited to “sit in” on this session—and subsequent ones—through the transcription and commentary. Chapter 5 focuses on the second session and illustrates the core treatment strategy of Adlerian pattern-focused therapy in the transcription and commentary. Chapter 6 focuses on the third session and illustrates the practice of Adlerian pattern-focused therapy, including specific Adlerian and other techniques in the transcription and commentary. Chapter 7 focuses on the fourth session and continues to illustrate the therapeutic process both in session and between sessions (homework) in the transcription and commentary. Chapter 8 focuses on the process of effecting substantial client change in the middle phase of therapy: sessions 5 through 8. This is illustrated with segments of transcriptions from these sessions, with accompanying commentary. Chapter 9 focuses on the termination process in sessions 9 and 10. Consistent with Adlerian therapy, a second set of early recollections is elicited in the last session. Then, a review of progress and options for follow-up are illustrated in the transcription and commentary. Chapter 10 analyzes the criteria and markers of this successful therapy. Changes in the early recollections from the first and last sessions are interpreted, including how they reflect and “confirm” the shift from Jennifer’s maladaptive to her more adaptive pattern. Finally, the future of Adlerian therapy is discussed.

It is our hope that readers will find Adlerian pattern-focused therapy—and the text’s step-by-step method for learning and mastering this approach—timely and invaluable.

The Theory of Adlerian Therapy

Learning Objectives

In this chapter, you will learn the following:

1. Alfred Adler's personal history and professional significance
2. The key concepts of Adlerian therapy
3. The core assumptions and premises of Adlerian therapy
4. Adlerian therapy's view of personality, psychopathology, and psychotherapy
5. The strengths and limitations of this approach

There are approximately 400 approaches to psychotherapy today, and some of these will cease to exist in the coming years. Not so with Adlerian therapy, which was one of the very first psychotherapy approaches, and one that can remain viable and likely to persist for years to come. Adlerian therapy arose in the same era as Freud's psychoanalysis and Jung's analytic psychotherapy. It has influenced many current therapeutic approaches (Corey & Bitter, 2017) and has left its legacy in popular parlance with terms such as birth order, inferiority feelings, and inferiority complex. Adlerian therapy has its roots in Adlerian Psychology, which is also known as Individual Psychology.

This chapter provides an overview of the theoretical basis of Adlerian therapy. It begins with a brief biographic sketch of Alfred Adler and his enduring significance. It then defines key concepts of Adlerian psychology that are central to Adlerian therapy. Next, it discusses the core assumptions and premises. After that, it sets the stage for the rest of the book by describing the basic orientation of the approach (i.e., personality, psychopathology, and psychotherapy). Finally, it offers an evaluation of the approach regarding its strengths and limitations.

Alfred Adler: Personal History and Professional Significance

Adlerian psychology and Adlerian therapy were developed by Alfred Adler, MD (1870–1937). Adler grew up as a weak, sickly child who could not walk until four years old due to rickets. He was also tormented by his older brother. Accordingly, he admitted to feeling small, unattractive, and rejected by his mother. Nevertheless, over the course of his adolescence and early adulthood he was able to overcome his handicaps and inferiorities. He went on to complete medical studies at the University of Vienna and became an outgoing and successful physician who developed a theory of personality and psychotherapy that, in part, reflected his own early life circumstances.

Early in his professional career, Adler was invited by Freud to join the Viennese Psychoanalytic Society and remained friendly with Freud for some 10 years. He came to view Freud as inflexible in his views and obsessed with sex and death. Ultimately, Adler and Freud parted ways due to theoretical differences, and Adler developed his own approach to therapy and founded the School of Individual Psychology also known as Adlerian Psychology (Hoffman, 1994).

Subsequently, Adler influenced many others, including Karen Horney, Gordon Allport, Aaron Beck, and Abraham Maslow. Maslow, Rollo May, and Viktor Frankl all studied under Adler, and all gave him credit for having influenced their thinking. Adler paved the way for many subsequent developments in psychotherapy including humanistic psychology, cognitive therapy, cognitive behavior therapy, and the constructivist therapies. Adler's approach was implemented

FIGURE 1.1. Alfred Adler, MD,
founder of individual psychology

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in several modalities including group therapy, child guidance, family therapy, and couples therapy. In North America, Rudolf Dreikurs, MD, and several others implemented and extended Adler's approach in these various modalities (Dreikurs, 1967).

Key Concepts of Adlerian Psychology

Adler considered all behavior as purposive and interactive. Both individuals and social systems were viewed as holistic, and individuals were motivated to seek “belonging” or significance and meaning in their lives by the way they functioned in social systems. He contended that it was within the family constellation that individuals first learn how to belong and interact, and the family was reflective of the child's first experience of both culture and the larger society. Adler emphasized the unique and private beliefs and strategies of individuals (i.e., “private logic,” that individuals create in childhood and which serve as a reference for attitudes, private views of self, others, and the world, and behavior which he called the “lifestyle” and “lifestyle convictions”).

Individuals form their lifestyle as they endeavor to relate to others, to overcome “feelings of inferiority,” and to find a sense of belonging. Furthermore, Adler believed that healthy and productive individuals are characterized by a community feeling and its action line, “social interest” (i.e., concern for the needs of others and the community, whereas those with poor adjustment or psychopathology show little social interest and tend to be self-focused) (Ansbacher, 1992; Ansbacher & Ansbacher, 1956).

Adler contended that there is a unity to an individual's personality and that each individual fashions that unity. As such, the individual can be considered both the artist and the portrait. Accordingly, when individuals can change their concept of self, they can change the portrait that they paint with their lives. The theory of Adlerian psychology is nicely captured in the following seven basic concepts (Bitter, 2007; Carlson, Watts, & Maniaci, 2006; Mosak & Maniaci, 1999).

Birth Order

Birth order refers to the order in which a child is born in their family. Adler argued that birth order influences personality development and lifestyle. Birth order is characterized as ordinal position (i.e., actual order of birth of siblings) and psychological position, the role the child assumes in interactions with other siblings. Five psychological birth-order positions have been described: oldest born, second born, only children, middle children, and youngest born (Carlson & Englar-Carlson, 2017). While it is possible to make some generalizations about birth order (e.g., that younger and only children tend to be pampered and spoiled), it is ultimately the individual who determines how he or she views his or her position in the family.

Early Recollections

Early recollections are recalled stories of single, specific incidents from childhood. Neurologically they are called episodic or autobiographical memories. Psychologically, they are considered a projective technique (Mosak & Di Pietro, 2006; Clark, 2002). In Adlerian therapy, they are understood dynamically, meaning that the act of recollecting and remembering them is a present activity, while their historical validity is not relevant. Instead, they mirror presently held attitudes, convictions, evaluations, and biases.

Family Constellation

Family constellation refers to the early developmental influences on an individual. It represents how an individual's family of origin functioned in childhood. It reflects the nature of relationships among parents, siblings, and sometimes extended family, family culture, and key individuals from the neighborhood or community. It describes these family dynamics and includes birth order, expectations, family values, and how problems and conflicts were handled. Family constellation strongly influences lifestyle.

Inferiority Complex

Adler observed that a child experiences feelings of inferiority as the result of being around stronger and more capable adults. As he or she grows, the child becomes obsessed by these

feelings of inferiority and compensates by striving for power and recognition. If he or she has failed to meet certain life tasks by “compensation” (developing extra strength in other parts), or through “overcompensation” (converting the weakness into a strength), he or she will develop an inferiority complex.

Lifestyle

Lifestyle refers to the pattern of an individual's striving toward significance and belonging: It is one's movement through time and changing situations (challenges) and the process adopted for coping (Rasmussen, 2010). This pattern manifests early in life and can be observed as a theme throughout a lifetime. It permeates all aspects of perception and action (Sperry & Sperry, 2012). It includes an individual's attitudes and convictions about how to find one's place in the world and instructions for how to belong. By understanding another's lifestyle, one can make sense of that individual's behavior.

Private Logic

Private logic, also called private sense, is the reasoning invented by an individual to justify a self-serving behavior or lifestyle. It contrasts with common logic or common sense, which represents society's cumulative, consensual reasoning. Another way of thinking about private logic is that it involves “ideas conceived in childhood that comprise one's deeply established personal beliefs or constructs” (Carlson & Englar-Carlson, 2017, p. 142).

Social Interest

Also called *Gemeinschaftsgefühl* and community feeling, social interest is a central tenet of this approach. Social interest is “(a)n interest in the interest of others, behaviors and attitudes that display a sense of fellow feeling, responsibility and community with others, not just for today but for generations to come” (Carlson, Watts, & Maniaci, 2006, p. 278). If the feeling of inferiority is not too great, an individual will strive to be worthwhile and on the useful side of life. In contrast, individuals experience maladjustment or psychological disorder as inferiority feelings, underdeveloped social interest, and an exaggerated goal of personal superiority increase. Such individuals may develop symptoms when they try to solve problems in a self-centered “private sense” rather than a task-centered “common sense.” Table 1.1 summarizes these seven key concepts.

Core Assumptions

The core assumptions or premises of a therapeutic approach form the foundation on which basic theory, conceptualization, and therapeutic interventions are based. Here is a brief review of six basic assumptions underlying Adlerian therapy (Mosak, & Maniaci, 1999).

Holism

Adler believed that an individual is best understood as a whole, self-conscious being that functions as a totality, rather than as a collection of drives and instincts. The assumption of holism enables one to understand the individual as a totality. It is noteworthy that the term “individual psychology” does not refer to the word “individual,” but rather refers to indivisibility, which denotes being that is whole and undivided. Accordingly, Adlerian therapists focus on what the individual is doing instead of focusing on various parts of the individual. This theoretical distinction of focusing on the individual as a whole and integrated being assumes the element of responsibility. Thus, instead of viewing ambivalence as a conflict among various parts of the individual's personality, Adlerian therapists conceptualize ambivalence as the result of an individual's conflicting goals and choices.

Teleology

In addition, Adler believed that behavior, be it thoughts, feelings, or actions, is best understood as goal directed or teleological. That means that behavior is purposive and in line with the individual's lifestyle goals and movement, even if the individual is not consciously aware of the purpose. Teleology also addresses the purpose of conflict. Adler believed that individuals think, feel, and react for a reason. He developed his theory at a time when other theories focused on explaining personality development and pathology as rooted in the individual's childhood. While acknowledging that the past plays a critical role in creating the foundation of personality, Adler insisted that current behavior is influenced by one's past but is also influenced by one's goals for the future. This conceptualization is called fictional finalism. He observed that individuals live by fictional ideals that have no relation to reality and cannot be empirically tested and confirmed. Adler's conclusion was that individuals are motivated more by what they expect of the future than of the past. Thus, if an individual believes that heaven is reserved for those who are good and hell for those who are bad, this ideal will likely affect how that individual lives (Mitchell, 2011).

TABLE 1.1 Some Key Concepts

Birth order: An individual's position within the family of origin. It reflects both biological and psychological position (i.e., first born, middle child, youngest child).

Early recollections: A projective technique used to determine a client's self-view, view of others, world view, and his or her overall strategy in dealing with others and life's challenges.

Family constellation: A description of family dynamics including one's relationships with other family members, birth order, expectations, family values, and how conflict is handled.

Inferiority complex: Feeling that one is not as good as others, which drives the individual to overcompensate, resulting in either extreme achievement or asocial behavior.

Lifestyle: The pattern of an individual's striving toward significance and belonging; manifests early in life and a consistent theme thereafter.

Private logic: Private reasoning that justifies self-serving behavior and beliefs. Also called private sense, the opposite of common sense.

Social interest: An individual's sense of connection to community and willingness to contribute to the well-being of others.

Phenomenology

Phenomenology is the branch of philosophy that focuses on consciousness and direct experiences. It means that individuals view and experience things from their own unique perspectives. Therefore, Adlerian therapists are not as concerned with facts as they are with an individual's perceptions of the facts. The goal is to view reality the way the client views it. Instead of focusing on a universal truth, Adlerian therapists are more interested on the unique ways individuals make meaning. That means seeking to understand an individual's personal philosophy and what truth is for that unique individual.

Soft Determinism

Adlerian therapy is based on soft determinism. This differed markedly from other early approaches that were based on hard determinism. Hard determinism is a view of life and a philosophical and scientific perspective that assumes that environment, heredity, unconscious impulses, defense mechanisms, and other influences determine the reason individuals act the way they do. From this perspective, individuals are not responsible for their actions because they do not possess freedom to choose.

In contrast, soft determinism holds that individuals can make choices and so are responsible for their actions. While soft determinism underlies many current therapeutic approaches, Adler developed his theory and approach at a time when psychoanalysis and behaviorism espoused hard determinism (Ansbacher & Ansbacher, 1956). Instead, Adler insisted that individuals author the script of their lives and asserted the notion of the “creative self,” which means that an individual “creates” his or her personality and is responsible for his or her actions (Mosak, & Maniacci, 1999). Accordingly, the individual cannot blame others or uncontrollable forces for his or her current condition. Furthermore, freedom of choice is central in the practice of Adlerian therapy, with its focus on empowerment and encouragement with clients.

Social Embeddedness

Adler insisted that individuals are social beings and require the support of a community. They do not develop in isolation. Instead, they find a place of significance or belonging in a social context. Accordingly, an individual's behavior is best understood in relation to culture and society. The family, of course, is the first experience for most individuals of social embeddedness, and even if it is not immediately apparent to many individuals in the dominant culture, there are many aspects related to ethnicity, culture, and gender that are passed on in the DNA of individuals and reinforced in family life. This is especially significant in people from marginalized cultures or religions, people who are gay, lesbian, fluid, or trans, and other people who experience discrimination.

Health and Pathology

Adlerian therapy views the healthy individual as one who engages in life experiences with confidence and optimism. There is a sense of belonging and contributing and the serene knowledge that one can be acceptable to others although imperfect (Sperry, 2008). Subjectivity is central for

understanding the client, specifically the individual's cognitions and beliefs about self, others, and the world. Though it shares much with psychodynamic approaches, Adler's theory focuses on consciousness rather than unconsciousness, because he was convinced that the most important life problems are social and relational and thus the individual must be considered within the social context (Sperry, 2008). The theory proposes that an individual's basic motivation is to find a sense of belonging and connectedness with others. Furthermore, lifestyle convictions are influenced by one's family constellation (i.e., birth order, sibling and parental relationships, and family values) (Sperry, 2008).

Once the person has adopted a “mistaken goal,” he or she will formulate other misconceptions to support the “faulty logic.” Accordingly, the goal of psychotherapy for this approach is to correct mistakes in perception and logic (i.e., faulty lifestyle convictions) that individuals formed in their effort to relate to others and to overcome feelings of inferiority.

Individuals develop four lifestyle convictions: a self-view—the convictions one has about who they are; a self-ideal—the convictions of what they should be or are obliged to be to have a place; a world view—their picture of the world or convictions about the way life is and what the world demands of them; and their ethical convictions—a personal moral code (Mosak, & Maniaci, 1999). When there is conflict between the self-concept and the ideal, inferiority feelings develop. It is important to note that feelings of inferiority are not considered abnormal. However, when the individual begins to act inferior rather than feel inferior, the individual expresses an “inferiority complex.” Thus, while inferiority feelings are universal and normal, the inferiority complex reflects the discouragement of a limited segment of our society and is usually abnormal (Sperry & Sperry, 2018).

Individuals strive to attain goals that provide them with a place in their world, which provides them security and enhanced self-esteem. If they strive solely for their own personal gain, Adler considered such individuals socially useless and possibly pathological. On the other hand, if the purpose of an individual's strivings is to overcome life's problems, the individual is engaged in the striving for self-realization and making the world a better place to live. This is a marker or indicator of psychological health.

Adler proposed a useful typology of psychological health and psychopathology (Mosak, & Maniaci, 1999). He contended that good adjustment or psychological health is striving on the “commonly useful side” while poor adjustment and psychopathology is striving on the “commonly useless side.” Furthermore, Adler believed that psychopathology represented disturbances or dysfunction not only in the individual, but in the social situation as well. Adler presumes individuals possess the innate potential for social interest. Not to want to help one's neighbor is one of the characteristics of maladjustment (Sperry, 2008). The individual whose social interest is well developed finds the solution to problems, feels at home in the world, and views life's circumstances more clearly, whereas individuals with poor adjustment and psychopathology have little or no social interest and are not interested in others. Personality disorders are presumed to stem from faulty lifestyle convictions or early maladaptive schemas (Sperry, 2015).

Basic Orientation of Adlerian Therapy

Most therapeutic approaches elaborate their basic orientation. Typically, this includes three basic considerations: (a) how personality develops; (b) how this process becomes disordered; and (c) how this distorted process can be reversed. In short, these reflect personality development, psychopathology, and psychotherapy. Here is how Adlerian Therapy addresses each of these three considerations. This characterization provides a useful summary of the theory underlying this approach (Sperry, 2010).

Personality Development

The basic human motivation is to belong, and individuals develop within a family context called the family constellation. In this context, individuals create their own subjective interpretation of life events based on their unique private logic, which becomes their lifestyle or cognitive map. This map subsequently guides their perceptions and actions. It contains subjective convictions about self-view, world view, and conclusions and life strategies that reflect the life narrative. Healthy functioning is an outcome of social interest (i.e., concern for others).

Psychopathology

Psychopathology reflects the way an individual “arranges” symptoms that serve as excuses for failing to meet the tasks of life or responsibilities, as well as for safeguarding self-esteem. Psychopathology reflects individuals’ self-interest and discouragement and is manifested in their faulty lifestyle convictions (i.e., core convictions that run counter to social interest). These are also called maladaptive schemas and are summarized as their “basic mistakes.”

Psychotherapy

Psychotherapy is a change process with the primary goal of increasing social interest. This can be accomplished in several ways, ranging from modifying basic mistakes and behavior to replacing maladaptive thoughts and behaviors with more life-giving ones. Typically, the process has four stages or phases: establishing and maintaining an effective therapeutic relationship, assessment or lifestyle investigation, insight and constructive action, and reorientation. These processes tend to be continuous and iterative throughout the course of treatment. Table 1.2 summarizes the basic orientation.

Adlerian Therapy: Strengths and Limitations

Strengths

In many respects, Adlerian therapy is the intellectual source or taproot from which many current psychotherapeutic systems have emerged. These include rational emotive behavior therapy, cognitive therapy, cognitive behavioral therapy (CBT), existential therapy, logotherapy,

solution-focused therapy, and the constructivist therapy approaches. In some ways, object relations therapy and self-psychology owe much to Adlerian concepts and methods. Adlerian therapy is applicable to many, if not most, clinical presentations and can be practiced in both brief and long-term treatment contexts, and in various intervention modalities with individuals, couples, families, and groups (Sperry, 2008).

Limitations

However, while Adler's approach has influenced, directly or indirectly, most current therapy approaches, relatively few students and therapists are aware of this fact. In contrast, CBT is the most widely used approach in North America and many parts of the world at large. This is largely because of CBT's many training programs and the extensive amount of empirical research, which demonstrated efficacy and effectiveness. Furthermore, in this era of accountability, because CBT has been designated as an evidence-based approach, CBT-oriented therapists are more easily reimbursed for therapeutic services (Sperry, 2018). Adlerian therapy, by comparison, has relatively fewer training programs and less research supporting its efficacy and effectiveness, which are requisites for achieving evidence-based status.

Concluding Note

Alfred Adler pioneered a holistic theory of personality, psychotherapy, and psychopathology. This chapter has described the theoretical basis for Adlerian therapy, including its basic concepts and core assumptions as well as its strengths and limitations. Chapter 2 will describe and illustrate the actual practice of Adlerian therapy. It emphasizes the treatment process and various therapeutic interventions.

TABLE 1.2 Basic Orientation

Personality Development	Basic motivation is <i>to belong</i> and develops within a <i>family constellation</i> wherein individuals create their own subjective interpretation of life events based on their unique <i>private logic</i> which becomes their <i>lifestyle</i> , which subsequently guides their perceptions and actions and contains subjective convictions about <i>self-view, world-view, and conclusions or life strategies</i> . Healthy functioning is an outcome of <i>social interest</i> (i.e., concern for other).
Psychopathology	Reflects the manner in which an individual " <i>arranges</i> " <i>symptoms</i> that serve as excuses for failing to meet <i>life tasks</i> and safeguard self-esteem. Reflects self-interest and <i>discouragement</i> and faulty lifestyle convictions and " <i>basic mistakes</i> ."
Psychotherapy	Involves four stages: establishing and maintaining an effective therapeutic relationship; lifestyle investigation; insight and constructive action; and reorientation. Continuous throughout the course of treatment; primary goal is to increase <i>social interest</i> .

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