Adlerian Psychotherapy

IDAHO SOCIETY OF INDIVIDUAL PSYCHOLOGY

ISIP

Series Workshop #201

ISIP Position on Ethics

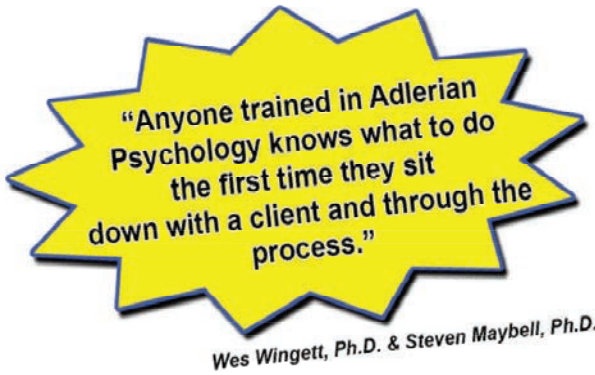
Adler believed that teaching his psychology to a wide audience would increase the mental health of the general population, and that is a good thing. However, Adler and ISIP recognize that knowledge should not be confused with competence. Each person attending the ISIP workshops and the conference needs to be reminded that the practice of psychotherapy in any profession is governed by the ethics and standards established by the profession. It is imperative that each person attending is required to apply the Adlerian tools within the scope of practice established by the person's profession. ISIP is concerned about how the tools are applied. The utility of Adlerian Psychology makes it tempting for trainees to use them even if that trainee's profession would not normally recognize the person's competence.

ISIP is aware of the need to respect the professional standards and practice limitations of all mental health providers. Because ISIP training is not specifically designed to apply to any profession, it runs the risk of being seen as an alternative to developing the competencies and standards of the professions utilizing it. Rightly or wrongly, that can easily be viewed as threatening to the goals and purposes of various professions.

Because of the concerns stated above, this statement, and a statement similar to the one below will be included in all training to alert attendees and prospective attendees of the need to be conscious of and guided by each attendees ethics and state laws.

"It is the individual responsibility of each attendee to be knowledgeable of the particular ethics and state laws of their profession with respect to areas of authorized practice, as well as those areas of practice that are beyond the scope of the attendees credentials. ISIP is not responsible for any misunderstanding, or misapplication of the training received."

As far as the ethics training provided at our annual conference, ISIP does not believe the ethics presentations should be profession-specific since most of us have to be sensitive toward two or three different Codes anyway. The differences are fairly small and usually apply to a limited number of issues or work settings. Since ISIP is committed to promoting Adlerian theory and practice, it only makes sense for our conference to offer training that is Independent from any specific profession. Our goal is to promote ethical practice, regardless of one's profession or licensing. Therefore, it only requires that we present material that is more universally applicable.



THE IDAHO SOCIETY OF INDIVIDUAL PSYCHOLOGY
CERTIFICATE PROGRAM IN ADLERIAN PSYCHOLOGY

IDAHO SOCIETY OF ISIP INDIVIDUAL PSYCHOLOGY

ADLERIAN PSYCHOTHERAPY

COURSE OBJECTIVES:

Participants will be able to:

1) Understand how Adlerian Theory applies to the Practice of Counseling and Psychotherapy.

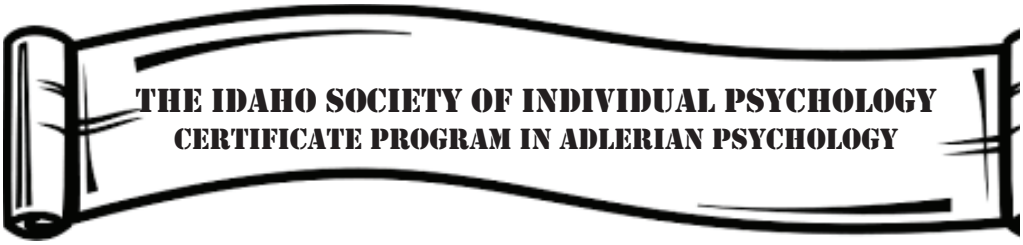
2) Understand the phases of Adlerian Psychotherapy.

3) Understand Adler's Principles of the Therapeutic Alliance.

4) In the Process of Psychotherapy, understand the central focus of Lifestyle Assessment (the *Psychoclarity* Process) including the ability to utilize a structured Lifestyle Assessment Interview Guide and the Lifestyle Summary.

5) Understand Respectful and Collaborative approaches for facilitating "Insight".

6) Understand the Reorientation process and the ways it can be facilitated.



IDAHO SOCIETY OF ISIP INDIVIDUAL PSYCHOLOGY

COURSE SYLLABUS

ADLERIAN PSYCHOTHERAPY

- INTRODUCTIONS AND HOUSEKEEPING
- OVERVIEW OF THE CERTIFICATE PROGRAM AND THIS COURSE
- ADLERIAN PSYCHOLOGY RESOURCES
- THE MAJOR THEMES OF ADLERIAN PSYCHOLOGY
- COUNSELING VS. PSYCHOTHERAPY – IS THERE A DIFFERENCE?
- THE FOUR PHASES OF THE PSYCHOTHERAPY PROCESS
- THE THERAPEUTIC ALLIANCE – ADLER'S VIEW
- LIFESTYLE ASSESSMENT – THE PSYCHOCLARITY PROCESS
- THE LIFESTYLE ASSESSMENT INTERVIEW GUIDE
- THE LIFESTYLE SUMMARY
- VIDEO PSYCHOTHERAPY DEMONSTRATION (Bob Powers)
- CASE DISCUSSION: LIFESTYLE ASSESSMENT AND SUMMARY – EXERCISE
- FACILITATING INSIGHT - THE STOCHASTIC METHOD / SOCRATIC QUESTIONS
- REORIENTATION PROCESS AND METHODS
- PREVIEW OF COMING ATTRACTIONS
- WRAP-UP AND EVALUATION

Adlerian "Individual" Psychology is the psychological school dedicated to an understanding of persons and to the enhancement of the human experience. As formulated by Alfred Adler, MD., Rudolf Dreikurs, M.D., and many others involved in its development and practice, the theory is based on the recognition of:

- *The unity of the individual in thought, emotion and action and in mind/body (holism).*
- *Humankind as social in nature with behavior understood only in its context (social embeddedness/social systems/family systems).*
- *The dynamic striving towards goals of security, belongingness, significance and success (teleology).*
- *The realization of each person's self-created frame of reference and philosophy of life (phenomenology/lifestyle).*

Human dysfunction is understood as arising from "mistakes" made in the lifestyle leading to exaggerated feelings of inferiority compensated for through the creation of heightened goals of personal superiority. Social disharmony results from superiority-inferiority relationship dynamics which are in violation of social equality - Adler's ironclad principle of social living.

The model for mental health is the compensation for common feelings of incompleteness through an alignment with the human community whereby strength and purpose are realized through cooperation and contribution (community feeling/gemeinschaftsgefühl).

The theory in practice is based on a model incorporating empathy, collaboration, education, and encouragement. It leads the individual toward liberation through an understanding of her/his lifestyle and how it both facilitates and impedes effectiveness. It leads the couple, family and group toward relationships of social equality and mutual respect. It assists all of humankind toward the realization of each person's inherent value and place in the unending process of creating a more perfect world community.

♦ *Steven A. Maybell, Ph.D.* ♦

RECOMMENDED BOOKS ADLERIAN PSYCHOLOGY - APPLICATIONS

Steven A. Maybell (2018)

History / Theory / The Cast of Characters:

The Drive for Self – Alfred Adler and the Founding of Individual Psychology (Hoffman)

The Courage to be Imperfect – The Life and Work of Rudolf Dreikurs (Terner and Pew)

Theory:

What Life Could Mean to You (Alfred Adler)
(a classic, best representation of Adler's original writing, please consider the book's historical context)

The Individual Psychology of Alfred Adler (Edited by Heinz and Rowena Ansbacher)
(the "purple book", comprehensive representative of Adler's writings and ideas, a great reference, well indexed)

Social Equality the Challenge of Today (Rudolf Dreikurs)

Adlerian Theory: An Introduction (Eva Dreikurs Ferguson)

The Lexicon of Adlerian Psychology (Jane Griffith and Robert L. Powers)

Counseling and Therapy:

Psychodynamics, Psychotherapy and Counseling: Collected Papers (Dreikurs)

Adlerian Counseling and Psychotherapy (Sweeney)

Counseling and Psychotherapy: An Integrated, Individual Psychology Approach
(Dinkmeyer and Sperry)

Understanding Lifestyle: The Psychoclarity Process (1987 1st edition) title changed to *The Key to Psychotherapy: Understanding the Self-Created Individual (2012 revised edition) (*Powers & Griffith)

Adlerian Family Counseling (Christensen et al)

Guiding the Family (Grunwald and McAbee)

*Systems of Family Therapy: An Adlerian Integration (*Sherman and Dinkmeyer)

Couples Therapy: An Adlerian Perspective (Oscar Christensen et al)

Partners in Play: An Adlerian Approach to Play Therapy (Terry Kottman)

Metaphor Therapy (Richard Royal Kopp)

Parent / Family / Classroom Education:

Children the Challenge (Dreikurs)

Raising Respectful Kids in a Rude World (McKay's, Maybell, and Eckstein)

Calming the Family Storm (McKay and Maybell)

Systematic Training for Effective Parenting – S.T.E.P. (Dinkmeyer, McKay, and other authors)
[various titles for different age groups]

Positive Discipline (Jane Nelson et al) *[multiple titles for parents of teens, pre-schoolers, etc] Maintaining*

Sanity in the Classroom (Dreikurs, Grunwald, and Pepper)

- Holistic Model
- Ego-Psychology / Strengths Based Model
- Humanistic / Existential Model
- Cognitive / Cognitive-Behavioral Model
- Teleological Perspective – behavior as purposive, as goal-related
- Family Systems /Social Systems / Ecological Model
- Feminist Psychology
- Psycho-Educational Model
- Importance of self-esteem as the basis for functional behavior – encouragement
- Inferiority feelings as humanly natural and when exaggerated – a basis for dysfunction
- Psychological Equality (Mutual Respect) as the basis for functional relationships
- Partnership of Client and Therapist vs. "Vertical" Doctor/Patient Relationship
- Birth Order as an important aspect of personality development
- Emphasis on Client Self-Determination and Responsibility
- Paradoxical Strategies
- First Projective Technique (Early Recollections)
- Importance of demonstrating Empathy in the therapy process
- Application of Psychological Concepts to a Parent Education Model
- Child Guidance Clinics - Psychology in the Schools
- First system to employ Counseling Demonstrations as an educational tool
- Family Therapy
- Group Therapy
- Cultural Sensitivity/Competence

Steven A. Maybell, Ph.D. (3/2004)

Alfred Adler - Lifeline and Chronology

1868	Birth of Sigmund Adler (older brother of Alfred)
1870	Birth of Alfred Adler on February 7th
1871	Birth of Hermine Adler (sister)
1873	Birth of Rudolf Adler (brother)
1874	Birth of Irma Adler (sister) Death of Rudolf Adler
1877	Birth of Max Adler (brother)
1884	Birth of Richard Adler (brother)
1888	Adler begins study at the University of Vienna Medical School
1895	Adler receives medical degree from the University of Vienna
1897	Adler falls in love with Raissa Timofeivna Epstein Adler marries Raissa Timofeivna Epstein
1898	Adler sets up private practice in Vienna Valentine, “Vali” (daughter) is born Adler publishes two articles in Austria's "Medical News Bulletin" Adler publishes monograph, *Health Book for the Tailor Trade*
1901	Adler's second child, Alexandra, is born (later became an Adlerian Psychiatrist)
1902	Adler publishes two more articles in "Medical News Bulletin" Sigmund Freud invites Adler to join the fledgling Wednesday Psychological Society (later renamed to Vienna Psychoanalytic Society)
1904	Adler publishes his most important article to date, *The Physician as Educator* Adler converts from Judaism to Protestantism Birth of son, Kurt Adler (later became an Adlerian Psychiatrist)
1905	Publication of *A Study of Organ Inferiority*
1909	Birth of Cornelia (daughter)
1911	Adler is expelled from the Vienna Psychoanalytic Society under Freud's impetus Adler forms his own group, initially called the Society for Free Psychoanalytic Inquiry
1912	Publication of *The Neurotic Constitution*
1913	Adler renames his group the Society for Individual Psychology
1914	Publication of *Healing and Education,* edited by Adler

1916	Adler is drafted as a military physician for the Austro-Hungarian Empire during World War I
1918	Adler is discharged from military service, begins emphasizing social feeling in his writings
1922	Publication of *The Practice and Theory of Individual Psychology* Adler begins establishing Child Guidance Clinics for Vienna's public schools (32 Child Guidance Clinics were established in Vienna based on Adlerian principles) Psychiatrist, Rudolf Dreikurs, M.D. begins his association with Adler and the Child Guidance Clinics in Vienna. Dreikurs went on to become a major force for Adlerian Psychology development in America. Among his accomplishments were the founding of the North American Society of Adlerian Psychology & the Adler School for Professional Psychology in Chicago.
1924	Adler becomes a professor at Vienna's Pedagogical Institute
1927	Publication of *Understanding Human Nature* Adler's first lecture-tour of the United States
1928	Publication of *The Case of Miss R: The Interpretation of a Life Story*
1929	Adler becomes an adjunct professor at Columbia University, starts to shift base of operations from Vienna to New York City Publication of *Individual Psychology in the Schools* Publication of *Problems of Neurosis: A Book of Case Histories* Publication of *The Science of Living* Publication of *Guiding the Child: On the Principles of Individual Psychology,* edited by Adler
1930	Adler resigns from Columbia University position Publication of *The Education of Children* Publication of *The Pattern of Life* Publication of *The Problem Child: The Life Style of the Difficult Child as Analyzed in Specific Cases*
1931	Publication of *What Life Should Mean to You*
1932	Adler becomes a professor at the Long Island College of Medicine, his first full-time academic position in the United States
1933	Publication of *Religion and Individual Psychology* Publication of *Social Interest: A Challenge to Mankind*
1934	Austria is taken over by its fascists, and Adler's psycho-educational movement is suppressed
1935	Austria is annexed by Hitler's Nazi Germany Raissa relocates to New York City and resumes living full-time with Adler Adler becomes mentor to the young Abraham Maslow
1937	Adler's eldest daughter, Vali, imprisoned in Russia until her death, which Adler learns of. Death of Alfred Adler on May 28th, Aberdeen, Scotland

WHY ADLERIAN PSYCHOLOGY HAS NOT BEEN MORE RECOGNIZED?

1. Adler's Personality - Was for more interested in making a contribution by getting out ideas that were useful than getting recognition for them.

2. Freud's Rejection - Demanded that his followers not credit or reference Adler.

3. It was so far ahead of its time, was incompatible with the prevailing views in psychology. Due to its holistic, value oriented, non-pathologizing perspective and lack of medical jaron, it was perceived as "Unscientific.

4. Adler's emphasis on training non-medical professionals and lay-persons, e.g. counselors, social workers, teachers, parents, the public, etc. (lacked status)

5. It's Place in History - "Neo-Freudian" therefore rejected by Freudians and Non-Freudians alike.

6. Introduction of new and controversial modalities, e.g. family counseling, outreach to schools, public forum counseling – all rejected by the medical establishment.

7. Since so many have knowingly or unknowingly "borrowed" from the Adlerian model, to give recognition now is to admit ones lack of originality (at best) or plagiarism (at worst). Now, so many theories and models are more similar than not to Adlerian concepts and principles, the attitude frequently is, “What’s the big deal.”

8. "Threatening" Concepts and Principles:

    - Social Equality: No one to be superior to, including women, children, students, and clients.

    - Responsibility and Self-Determination - No one to blame.

9. Difficult in Application - e.g. the challenge and effort involved in understanding a client uniquely and holistically vs. the ease of fitting a person into a diagnostic label.

10. In English, the term “Individual Psychlogy” lends itself to distortion and misunderstanding.

Steven A. Maybell, Ph.D. (2003)

Lifestyle

1) The foremost task of Individual Psychology is to prove this unity in each individual – in his thinking, feeling, acting, in his conscious and unconscious, in every expression of his personality. This self-consistent unity we call the style of life of the individual. (Alfred Adler)

2) The style of life is the concept comprising in addition to the goal, the individuals opinion of himself, and the world and his unique way of striving for the goal in his particular situation. (Alfred Adler)

The Therapeutic Alliance

3) Psychotherapy is an exercise in cooperation and a test of cooperation. We can succeed only if we are genuinely interested in the other. We must work out his attitude and difficulties together. Even if we felt we had understood him, we should have no witness that we were right unless he also understood. We must cooperate with him in finding his mistakes, both for his own benefit and for the welfare of others. (Alfred Adler)

4) We must be able to see with his eyes, listen with his ears, and feel with his heart. (Alfred Adler)

5) A basic principle for the therapist is never to allow the client to force upon him a superior role such as that of father or savior without enlightening the client. Such attempts represent the beginning of a movement on the part of the client to resist and to diminish the authority of the therapist. (Alfred Adler)

6) We must never force a client, but guide him gently towards self understanding and usefulness. If we apply force he is certain to escape. (Alfred Adler)

7) Cooperation is possible only if the client feels secure and trusting of the therapist. (Alfred Adler)

8) The actual change in the nature of the client can only be his own doing. From the very beginning the counselor must try to make it clear that the responsibility for his progress is the client's business, for as the English proverb rightly says: "You can lead a horse to water, but you can't make him drink". One should always look at the treatment and cure not as the success of the counselor, but as the success of the client. The counselor can only point out the mistakes, it is the client that must make the truth living. (Alfred Adler)

9) For the therapist the first rule is to win the client, the second is to never worry about his own success, if he does, he forfeits it. (Alfred Adler)

10) It is pointless to dwell upon the controversy whether one should employ kindness or severity in the therapeutic relationship. Access to the human soul is gained only through humility. We tend toward gentleness and are pledged to it. (Alfred Adler)

11) The proper therapeutic relationship as we understand it does not require transference, but a relationship of mutual trust and respect. This is more than mere establishment of contact and rapport. Therapeutic cooperation requires an alignment of goals. When the goals and interests of the client and therapist clash, no satisfactory relationship can be established. What appears to be resistance constitutes a discrepancy between the goals of the therapist and those of the patient. In each case, the proper relationship has to be re-established, differences resolved and agreement reached. (Rudolf Dreikurs in Psychodynamics, Psychotherapy, and Counseling)

12) Altogether through every step of treatment we must not deviate from the path of encouragement. (Alfred Adler)

13) Success of the therapist depends entirely on his ability to provide encouragement. Conversely therapeutic failure is generally due to an inability of the therapist to encourage. The trite use of the term 'encouragement' prevents a full recognition of its significance and the complexity of its application. Encouragement means to restore the patient's faith in himself, the realization of his strength and ability, and the belief in his own dignity and worth. Without encouragement neither insight nor change is possible. (Rudolf Dreikurs in Psychodynamics, Psychotherapy, and Counseling)

Psychotherapy / Lifestyle Assessment

14) From our earliest days the first gropings for this meaning of life can be discerned. Even a baby strives to ascertain his own powers and his share in the life around him. By the end of the fifth year of life a child has adopted a unified and crystallized pattern of behavior, with his own distinct style of approaching problems and tasks, which we would call his "lifestyle". He has already fixed his deepest and most lasting conception of what to expect from the world and from himself. From now on, the world is seen through an established subjective viewpoint. Experiences are interpreted automatically, and the interpretation is always in accordance with the original meaning that the child has ascribed to life.

    Even if the meaning was seriously mistaken, even if our misguided approach to our problems and tasks results in continual misfortune and unhappiness, we do not readily relinquish it.

    Mistakes in our perception of the meaning of lie can only be corrected by (1) reconsidering the situation in which the faulty interpretation was made, and (2) revising the subjective interpretation to one more valid and life enhancing.

    Generally, the most effective way to revise an individual's lifestyle is with assistance of someone trained in psychology, in the understanding of meanings, who can help the client discover the original error and suggest a more appropriate meaning. (Alfred Adler)

15) The uncovering of the style of life with the client is the most important component in therapy. (Alfred Adler)

16) Whoever has grasped and understood the concept of the unity of the personality will know we must treat the individual's lifestyle and not his symptoms. (Alfred Adler)

17) Once the goal of superiority has been made concrete, there are no mistakes made in the style of life. The habits and symptoms of the individual are precisely right for attaining his

concrete goal....Every problem child, every neurotic, every addict, every criminal is making the proper movements to achieve what he takes to be the position of superiority. It is impossible to attack his symptoms by themselves - they are exactly the symptoms he ought to have for such a goal. (Alfred Adler)

18) The goal of fulfillment is personal and unique to each individual. It depends upon the meaning he ascribes to life. This meaning is not merely a matter of words. It is revealed in his lifestyle and runs through it like a strange melody of his own creation. He does not express his goal in such a way that he can formulate it conclusively. Rather, he expresses it obliquely, so that we have to guess at it through the clues he gives. Understanding someone's lifestyle is like understanding the work of a poet. A poet uses only words, but his meaning is more than the mere words he uses. The greatest part of his meaning must be deduced by study and intuition; we must read between the lines. So too with that most profound and intricate creation, a personal philosophy of life. The therapist must learn to read between the lines; he must learn the art of perceiving and understanding hidden meanings. (Alfred Adler)

19) The assessment of uniqueness was and still remains a difficult thing to teach. Adler called Individual Psychology a "science of the understanding of persons". Because students find it so difficult to see how this understanding can identify the pattern of a person's movement, they often refer to its practice as "magic" when they first encounter it. To consider a parallel, there is no way to score the pattern of movement in dance. Although choreographers may employ their own systems of notation, none of these systems approaches the universality of a language, such as a language of musical notation. A musician reads a score, as an actor reads a script. In contrast to this, the dancer follows the movement of the choreographer. By analogy to psychotherapy, the client is at first the choreographer. The therapist is the dancer, following the pattern of movement, and sensing its logic and rhythm. As this is taking place their change of roles has already begun, as the client learns, even from the therapist's following the logic of the steps, how patterns of movement can come into harmony with larger circles of social movement. (Powers and Griffith in Understanding Lifestyle, The Psychoclarity Process)

20) We want to help the client understand and re-evaluate what was decided as a child. (Maybell)

21) While life must be lived forwards, it can only be understood backwards. (Soren Kierkegaard – Danish philosopher 1837)

22) It's not what we don't know that gets us into trouble the most. What gets us into trouble the most is what we think we know that ain't so. (Will Rogers)

23) We have made the important contention that the understanding of human nature can never be learned by the examination of isolated phenomena which have been withdrawn from their entire psychic context and relationships. It is essential for this understanding that we compare at least two phenomena which are separated by as great a time as possible and connect them within a unified pattern." (Alfred Adler - Understanding Human Nature)

24) Since an individual's struggle to reach a position of personal fulfillment is the key to her whole personality, we meet it at every point of her psychic development. Having recognized this fact, we can use it to understand a person's successes and difficulties, her patterns, her lifestyle. Here, there are two important points to remember. First we can start wherever we choose: every expression will lead us in the same direction – toward the

motive, the theme around which her personality is built. Second, a vast store of material is provided for us. Every word, thought, feeling, or gesture contributes to our understanding. Any mistake we might make in evaluating too hastily one expression of her personality can be checked and corrected by reference to a thousand others. We cannot finally decide the meaning of one aspect until we can see the part it plays in the whole.

We are like archaeologists who find fragments of earthenware and tools, the ruined walls of buildings, broken monuments, and leaves of papyrus, and from these fragments proceed to infer the life of a whole city that has perished. But we are dealing not with something that has perished, but with the interrelated facets of a human being, a living personality that reveals in multiple ways manifestations of its own interpretation of life. (Alfred Adler in What Life Could Mean to You)

Early Recollections

25) Among all psychic expressions, some of the most revealing are the individual's memories. His memories are the reminders he carries about with him of his own limits and of the meaning of circumstances. There are no "chance memories". Out of all the incalculable number of impressions which meet an individual, he chooses to remember only those which he feels, however darkly, to have a bearing on his situation. Thus his memories represent his "Story of My Life"; a story he repeats to himself to warn him or comfort him, to keep him concentrated on his goal, to prepare him, by means of past experiences, to meet the future with an already tested style of action.

It is insignificant whether the memories are accurate or inaccurate; what is of most value about them is that they represent the individual's evaluation, "Even in childhood I was such and such a person", or, "Even in childhood I found the world like this."

The most illuminating of all is the way he begins his story, the earliest incident he can recall. The first memory will show the individual's fundamental view of life; his first satisfactory crystallization of his attitude. It offers us an opportunity to see at one glance what he has taken as the starting point of his development. I would never investigate a personality without asking for the first memory.

(Alfred Adler in What Life Could Mean to You)

26) One childhood recollection is sometimes not clear enough. You must draw on further recollections. You can then see much more clearly; what they have in common (and where they add to our understanding of various elements of a client's lifestyle – SM) (Alfred Adler in Superiority and Social Interest)

27) Insofar as his lifestyle alters, his memories will also alter; he will remember different incidents, or he will put a different interpretation on the incidents he remembers. (Alfred Adler in What Life Could Meant to You)

The Interpretation Process

28) In our experience two steps (as Adler called them), namely an empathic, intuitive guessing and willingness to reject our first hypothesis are the psychological actions essential to following the living movement of another person in lifestyle assessment. They are also the most difficult to teach, probably because they are matters of virtue more than of technique.

The virtues referred here are not heroic or saintly, but the more ordinary and everyday ones, made possible by our interest in each other, and our imaginative capacity for identification. They are first the willingness to extend oneself in empathy and intuition, and second the courage to risk a guess. Some will lack the former because they are more interested in knowing better; others will lack the latter because they are more interested in being right (and will want more data to ensure they have not overlooked anything). As practitioners gain greater confidence in what they have to offer, they become more capable of empathy and develop more courage to make guesses. Then a further virtue is called for: the humility to acknowledge wrong or useless guesses when they are corrected or rejected by the client.

In matters of lifestyle interpretation the client is sovereign.

(Powers and Griffith in Understanding Lifestyle)

29) In my teaching of lifestyle assessment, I regularly make mention of Arthur Conan-Doyle's Sherlock Holmes stories. Dr. Watson, Holme's special friend and learned assistant is, of course, a literary foil for the portrayal of the great detective's brilliance. It is Watson's part to ask, "How did you come up with that Holmes?" regarding some interpretive leap Homes has made. To this Homes replies, "Elementary my dear Watson." He then proceeds to explain how the clay on the boot is of a particular kind found only in a particular county that has a particular geological formation.

The example of Watson and Holmes is misunderstood by most beginning counselors. They have the idea that they are to take Holme's position, impressing the client with their knowledge and acumen. In fact, it's the other way around. As an experienced psychologist I manage to keep in my mind that my client is Holmes, who as the author of his or her life, is therefore the authority, and that it's my job to be Watson, a person with a learned curiosity, but an imperfect knowledge of how clients got those ideas or those understandings of themselves, of others in their worlds, of their particular situation, and of the meaning of life. The psychoclarity process, as we call it, is in large part one in which the client becomes clear by clarifying things for therapist.

(Robert L. Powers, Journal of Individual Psychology, Vol. 59, Winter 2003 page 492)

THEORY OF HUMAN BEHAVIOR:

- The indivisible person.....(holism),
- indivisible from the social world.....(social embeddedness, social systems),
- strives toward self created goals of significance, security and success.....(teleology),
- based on a private philosophy of life.....(cognition, private logic, lifestyle).

The lifestyle is created on the basis of necessity - for the child must immediately begin the process of orienting to the social world, and does so by creating meanings of what life is like, what others are like, what facilitates and impedes success, and what the child him/herself is like and is capable of. Since the first conclusions are formulated in childhood, they become the foundation of the lifestyle. Since the vantage point of all early conclusions is from the small, weak, inexperienced child, there are always mistakes made in the meaning given to life and the self-image is always distorted to some extent by feelings of inferiority. The growing and developing child compensates for these feelings through the creation of compensatory goals for success, which like other conclusions are likely to be mistaken to some degree. The lifestyle, which is created at a pre-verbal level and never formulated into clear concepts, operates at an unconscious level. All future experiences are interpreted in accordance with the lifestyle and all future actions are guided by its laws. As social beings, effective living means effective social living. In the rapidly changing and democratic world in which we live, the mandatory life tasks of work, love and friendship in their unending challenge, require confidence, courage and an approach to relating founded on the iron clad rule of social living - equality. An approach to social relationships based on respect for self, respect for others, and the working out of mutual agreements toward the enhancement of our shared lives, is the only approach, which results in real success, on the useful side of life.

The model for "mental health" is where the lifestyle meanings and goals of an individual are facilitative of successful social living and include a sense of belongingness, a valuing of self and others, autonomy and courage, and compensation for natural feelings of inferiority through goals which include self development in line with social enhancement (Gemeinschaftsgefuhl - Social Interest – Community Feeling). Such a person is prepared for effective social living based on mutual respect, and can meet life's changes, challenges and losses with significant inner and outer resources.

Human dysfunction has as its foundation a lifestyle with distorted meanings (mistaken ideas) and extreme feelings of inferiority (inferiority complex) compensated for by narrow and exaggerated goals of personal significance, security and success (superiority complex). This foundation leaves the person vulnerable to life's challenges, changes and losses (exogenous factors). Dysfunctional behavior occurs as the lifestyle is unable to accommodate to the challenges with necessary flexibility, courage and cooperation. In the place of flexibility, distorted meanings lead to hesitation and limited options for problem solving. In contrast to courage and confidence, a sense of failure and despair is eminent as the narrowly defined goals become impossible to retain. Cooperation is replaced by the self-elevation and self-protective requirement of the style, further limiting the individual's resources and leading to avoidance, dependency or contention. The specific symptoms or dysfunctional patterns emerge as an expression of defeat and discouragement or as compensatory solutions - efforts to regain a position of personal safety and superiority in line with lifestyle convictions, while safeguarding the self-esteem.

Relationship dysfunction occurs whenever an effort exists to create or maintain superiority/inferiority dynamics, regardless of the nature of the relationship. Both sociological and psychological realities support the inevitably of disharmony which exists in all relationships of inequality. Sociological trends recognize the growing and unyielding development of democracy and equality in all our social institutions. Added to this the psychological movement of all persons that proceeds from the status of inferiority to a position of self-enhancement, and it is clear that no human being will agree to occupy a position of social inferiority, but will strive always to overcome this position. This is the basis for human conflict.

ADLERIAN TREATMENT PRINCIPLES AND METHODS:

The Adlerian model of treatment rests on the following principles and methods:

- An educational model, whereby client(s) and therapist seek a clear understanding of the difficulties and of the available alternatives for an enhanced situation. This contrasts the medical model, which seeks to cure the patient's "illness" so as to return the person to a state of previous "health".

- The model recognizes client(s) and therapist as equals, as collaborators, working together on a common task. The therapist is responsible for his/her part in the relationship, to establish structure and process to work within, to contribute to that process and to assist the client(s) in his/her contribution. The client(s) is responsible for his/her part in the relationship, to contribute to the developed structure and process and to translate the work into his/her life. This contrasts the medical model, which recognizes a superior and active therapist whose job is to treat and cure the inferior, passive and "sick" patient.

- The model recognizes the uniqueness and strengths of the client(s), as well as the total social context and system in both assessment and treatment. This contrasts the medical model, which sees patients as categories of illness, which resides within the patient.

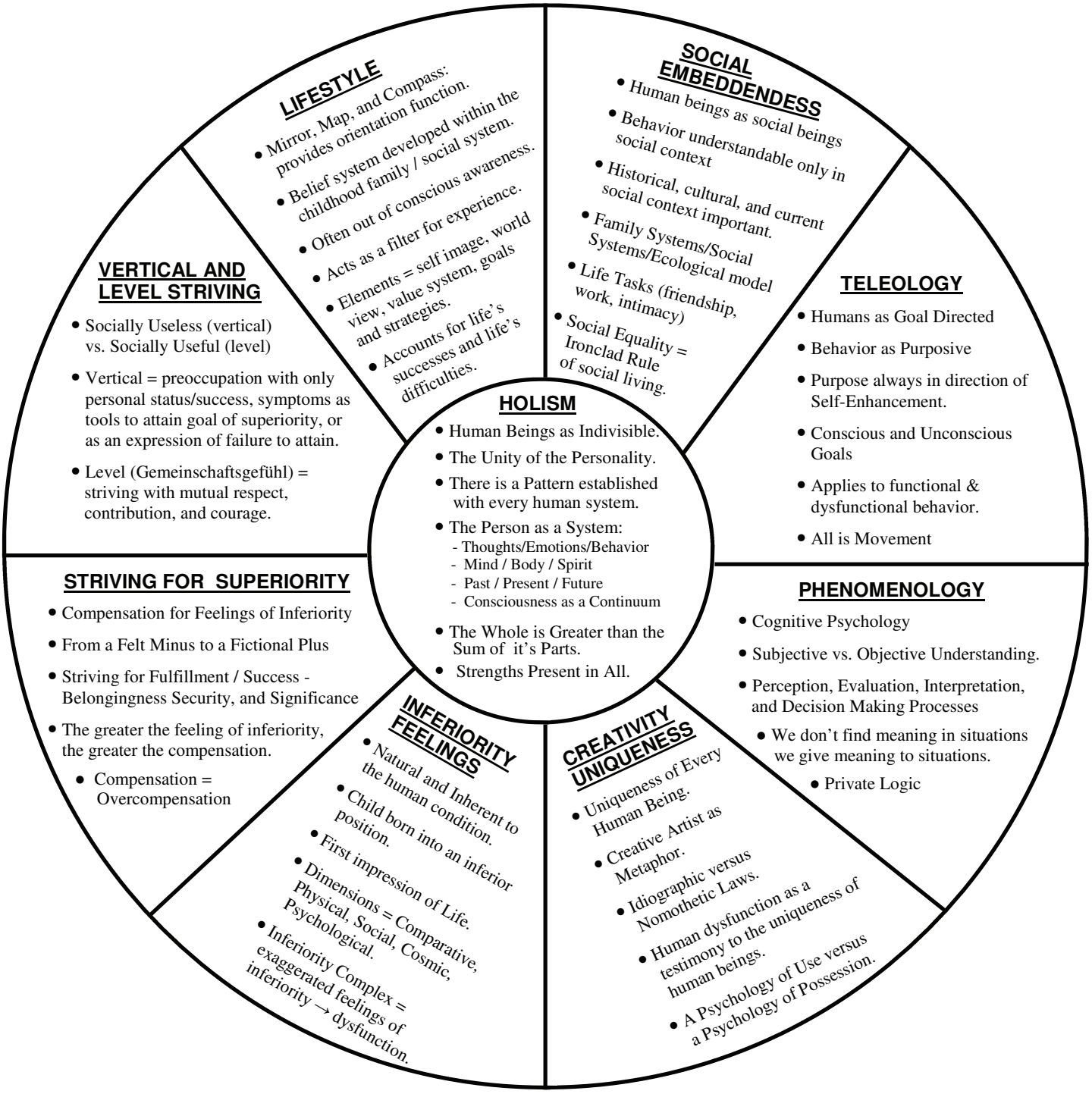
Psychotherapy has as its aim a "liberation" of the individual. A process of lifestyle assessment assists client and therapist understand the lifestyle meanings and goals, which contribute to the client's difficulties. As a result of this understanding the client is in a position to evaluate his/her meanings, goals and resultant behavior, and engage in the process of reorientation toward more effective ways of interpreting life, solving problems and living with others.

Couple therapy involves understanding those relationship dynamics, which result in conflict. Superiority/inferiority dynamics in areas of communication, problem-solving and relationship structure are uncovered and methods based on equality and mutual respect are clarified and incorporated. Lifestyle assessment is employed to assist the clients better understand him/herself and his/her partner. Lifestyle meanings and goals, which affect and impede the relationship are clarified.

Through this process of mutual understanding, empathy, encouragement and contribution - a relationship of mutual respect is enhanced.

Family therapy involves working with parents and children to better understand those factors in family relationships which contribute to the difficulties. Those superiority/inferiority dynamics that exist in areas of communication, problem solving, family structure, and discipline are uncovered and methods based on mutual respect are clarified and incorporated. Children are helped to understand the goals of their misbehavior and meanings in their developing lifestyle. Where lifestyle elements of the parents impinge on family relationships, lifestyle assessment is incorporated to assist parents toward improved self-understanding, which can pave the way to a more effective leadership style.

Adlerian Psychology
Theory Of Human Behavior



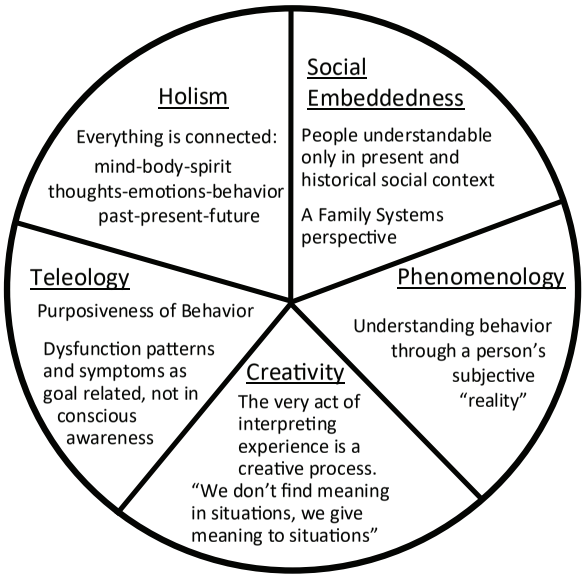
Theory in Brief: The Indivisible Person, Indivisible from the Social World,
Strives for Goals of Security, Belongingness, Significance, and Success, based on a Self-Created Philosophy of Life.

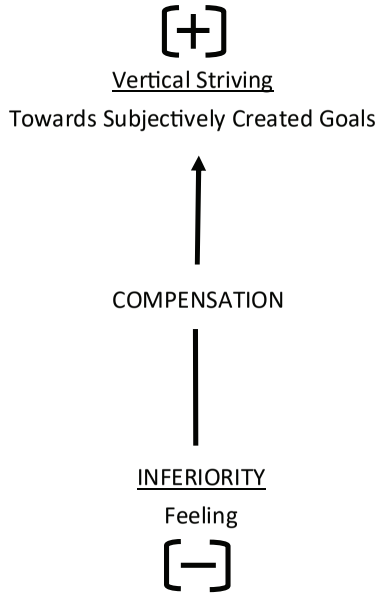
Adlerian Psychology is simultaneously a Holistic, Psychodynamic, Family Systems, Cognitive-Behavioral, Humanistic/Existential and Strength-Based approach to therapeutic practice.

Adlerian Psychology has pioneering theoretical connections to such diverse models as Client-Centered, Humanistic-Existential, Family Systems, the Ecological Model, Psychodynamic, Feminist Therapy, Narrative Therapy, Solution-Focused Therapy, Reality Therapy/Choice Theory, Gestalt Therapy, Cognitive-Behavioral Therapy, Reprocessing Therapies (EMDR & Lifespan Integration), and the Strengths Based/Empowerment Model .

ADLERIAN THEORY AND PSYCHOTHERAPY PROCESS

The Primary Theoretical Constructs





Horizontal Striving

"Community Feeling"
"Social Interest"
"Gemeinschaftsgefühl"
Contribution vs. Status Seeking

Belongingness
Mutual Respect
Valuing Self and Self-Care
Sees Others as having Equal Value
Empathy and Understanding
Courage
Meeting the Needs of the Situation

LIFESTYLE

- Self-Image
- World View
- Gender Guiding Lines
- Value System
- Lifestyle Goals
- Movement consistent with the "lifestyle".
- Influence All other inner and outer systems.

LIFESTYLE DEVELOPMENT

CHILDHOOD EXPERIENCES:

- Family Atmosphere
- Family Values
- Cultural Influences
- Gender Models
- Parenting Styles
- Birth Order Vantage
- Early Memories

CREATIVE POWER:

Perceived,

Interpreted,

Evaluated,

- AND -

Integrated

By the Child

INCORPORATED INTO THE CHILD'S DEVELOPING LIFE-STYLE:

- Self-Image
- World View
- Gender Guiding-Lines & Big Numbers
- Value System
- Goals of Belong-ingness, Security Significant & Success & their Strategies

THE LIFESTYLE ACTS AS THE MIRROR, MAP, AND COMPASS FOR THE INDIVIDUAL:

Becomes the subjective "Frame of Reference" for the developing child, teen, and Adult.

Operates mostly out of conscious awareness.

In combination with devel-opment, context, and bio-chemical processes, accounts for life's successes and life's difficulties.

PSYCHOTHERAPY PROCESS

- The Therapeutic Alliance
- Assess Client Issues and Symp-toms (Bio-Psycho-Social)
- Therapeutic Goals
- Lifestyle Assessment Process
  - Current Context/Life Tasks
  - Childhood Situation
  - Early Recollections
- Collaborative Interpretation Process → Insight
- Reorientation

SYMPTOMS AS GOAL-RELATED - AN ADLERIAN PERSECTIVE

(1) "Dysfunction" can also manifest itself physically, emotionally or behaviorally, whenever an individuals lifestyle does not permit she/he to voice something important when up against a challenge. In these cases the body (including a variety of symptoms) may provide the "voice" referred to as "organ jargon" by Adler. This may take the form of actual physical ailments, e.g. stomach aches, "can't stomach it" or back aches "I am carrying the burden on my back" or other intense emotional or behavioral symptomatic expressions. (2) When an individual has experienced a small "t" or large "T" trauma, and that trauma has not been processed, remaining in present (implicit) memory, until that trauma is processed, the individual will often experience all three dynamics and related symptoms described in the three boxes to the right.

Symptoms that reflect the emotional, behavioral, & social consequences of attempting to Maintain an Exaggerated Goal (s)

Common symptoms = stress, anxiety, hyper-vigilance, fatigue, alienation, distrust, conflict.

Fictional Plus

Symptoms as a Compensatory Tool in order to Attain an Unconscious and often Exaggerated Goal.

Any and all symptoms can be manifested in this area. Common goals = (1) attention, (2) service, (3) power, (4) revenge, (5) avoidance and self protection, (6) reaching for or fighting against a gender guiding line expectation, (7) demonstrating significance and superiority with respect to sibling psychological competition.

Felt Minus

Symptoms Reflecting Discouragement that comes with perceiving oneself as Falling Short or Failing to Meet Essential Goals (subjectively speaking), as well as the emotional distress that comes with loss, or having ones "psychological safety" threatened.

Common symptoms = sadness, depression, inadequacy, anxiety, fear.

ADLERIAN PSYCHOLOGY'S VISION OF MENTAL HEALTH

(Gemeinschaftsgefühl, Community Feeling, Social Interest)

Central Condition:	Related Concepts:
BELONGINGNESS	• Feeling at Home • We are All in This Together • Holding a World View • Finding a Place of Significance • Connection to the Cosmos, Interrelatedness of all Life, Spirituality
VALUE SELF	• Worth One Whole Person • Belief in Ones Own Abilities • Self Esteem, Self Confidence, Self Worth, Self Respect • Self Encouragement • Self Awareness • Having Choices and accepting Responsibility for One's Choices • Having a Voice • Differentiation, A Solid Sense of Self • Boundaries, Limits, Responsible Self Protection • Self Development • Self Care
VALUE OTHERS	• Every Person is Worth One Whole Person • Empathy, Caring, Consideration, Respect • Seeing with the eyes of another, hearing with the ears of another, feeling with the heart of another • People Esteem • Sensitive to Differences • Accepts and Values Differences • Celebrates Differences
CONTRIBUTION	• Mutual Respect – Give and Take • Meaning and Purpose in Life • Encouragement and Empowerment • Responding to the Needs of the Situation • Helping to Shape the Community • Protection of Our Shared Natural Resources
SUCCESSFUL SOLUTION TO THE LIFE TASKS	• Mutual Respect in Important Relationships • Fulfillment in the areas of Intimacy, Friendship/Community, Work • Making love, making friends, making a living
COURAGE/ACTION	• Determined, Brave, having a Voice for what's "Right" • Willingness to move forward in spite of anxiety, and without the guarantee of success • Psychological Muscle • The Law of the Harvest – we reap what we sow

THE FOUR PHASES OF ADLERIAN PSYCHOTHERAPY

Steven A. Maybell, Ph.D.

The following phases of psychotherapy were identified by Rudolf Dreikurs, M.D. They are designed to be in a logical sequence for progressive movement in the therapy process.

In the reality of actual practice, there is significant overlap between these phases; the necessity to return to a previous phase, leap to a future stage, etc.

There are innovative interventions that cover all the phases within a short period of time (e.g. the single recollection method, metaphorical intervention, mutual story-telling, etc.)

1. **Relationship/Rapport Development**: The establishment and maintenance of an empathic, respectful and collaborative partnership.

2. **Psychosocial Investigation**: The gathering of information in order to obtain a context within which the difficulties can be clarified and understood. Included in this process is the "tracking" of the symptom or dysfunctional pattern, evaluation of functioning in the life task areas, a systematic review of formative experiences, including: family atmosphere, gender guiding lines, big numbers, psychological birth order vantage, early recollections, etc.

3. **Interpretation/Insight**: A mutual effort to understand those lifestyle meanings, values and goals that make the dysfunctional pattern or symptom necessary. The Socratic method of asking questions and Stochastic guessing method are employed.

4. **Reorientation**: Facilitating movement toward more flexible, effective and courageous ways for the client to see him/herself, his/her world and his/her place of significance, security and success.

Reference:
Articles in "Psychodynamics, Psychotherapy and Counseling"
by Rudolf Dreikurs, M.D.

1) Genuine Respect, Interest, Acceptance, Presence

2) Demonstrated Empathy

3) Equality, Partnership, Collaboration

4) Trustworthiness

5) Client Responsibility

6) Restrain Therapist Ambitions, Stay within Therapist's "Job Description"

7) Humor / Levity

8) Gentleness / Humility / "Passing the Test"

9) Relevant Self-Disclosure

10) Alignment of Goals

11) Encouragement

12) Hope

Traps and Escapes: An Adlerian Approach to Understanding Resistance and Resolving Impasses In Psychotherapy[1]

Richard Royal Kopp[2] and Carol Kivel

The purpose of this article is to present an Adlerian approach to understanding resistance in therapy and to resolving the impasses which result. It will be seen that Adlerian theory is an effective framework for integrating paradoxical (humanistic and cognitive-behavioral) approaches to psychotherapy, offering a rationale for using therapeutic paradox which is grounded in a psychodynamic[3] and interpersonal theory of resistance.

Symptoms and Resistance

According to Adler (1964), "All neurotic symptoms have as their object the task of safeguarding the patient's self-esteem and thereby also the life-line [later, life-style] into which he has grown" (p. 263). The life-style consists of a system of beliefs about oneself, life, and others; a psychological (nonconscious) goal representing a person's subjective view of what would constitute a sense of significance, security, and self-esteem; and those behavioral strategies a person typically uses to move in the direction of his/her goal. As a creation of the client, the life-style functions relatively well until an "exogenous factor" appears. The exogenous factor is "a change, a shift, or an interruption in life for which the individual does not feel adequately prepared, and to which he or she makes a mistaken response" (Griffith & Powers, 1984, p. 26). In the current literature, the terms "stress" or "stressors" refer to examples of exogenous factors. Symptoms

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appear as part of that "mistaken" response to the exogenous factor: mistaken because, while they serve to safeguard the self-esteem and the life-style, they also prevent an effective solution to the situation the person confronts. While the client does suffer from the symptom, he or she has a nonconscious investment in maintaining the symptom for the protection it affords the self-esteem and life-style. This threat to the self-esteem generates a fear of change, rooted in what Adler termed the fear of being proven worthless (Adler, 1964). Thus, the interest in maintaining the symptoms and the life-style is a basic characteristic of resistance in therapy. The therapist may also be seen by the client as an obstruction to the client's neurotic strivings, and the client "will attempt to depreciate the physician, to deprive him of his influence" (Adler, 1964, p. 337).

Phase 1: Setting the Trap—The Client's Resistance

"Traps and Escapes," a model developed by the senior author, seems to offer a useful metaphor for understanding and resolving client resistance: (a) the trap is first set by the client, (b) then sprung by the therapist, after which, (c) the therapist feels stuck and must, (d) "escape" if therapy is to proceed. The client communicates resistance by sending a paradoxical message. For example, stating that "My marriage is bad and I want to make things better," while acting so as to continue the conflict represents a paradoxical message. Or, "I pressure myself to keep busy. I want to slow down and relax," while continuing to stay busy and complain about the pressure and fast pace of life. The trap is set only if the message is paradoxical, and the message is paradoxical only if there is an inconsistency between the client's *stated message* and the client's *actual intent*, whether conscious or nonconscious. The actual intent or "hidden message," is reflected in the client's behavior. Thus, inconsistency between *words* (stated message or intent) and *action* (real message or intent) typically characterizes the paradoxical message and represents what is referred to as resistance.

Phase 2: Springing the Trap—Impasse Resulting from the Therapist's Acceptance of the Client's Paradoxical Message

The trap is sprung only when the therapist steps into it. The goal is not to prevent the patient from setting traps, but rather to help the therapist avoid stepping into them. The trap is sprung when the therapist accepts as valid the *stated* aspect of a paradoxical message. An impasse is the inevitable result. In the examples mentioned above, the trap is sprung if the therapist accepts the stated message from the client (e.g., "I want to

improve my marriage" or "I want to relax"), and thus works with the client for improvement as expressed in words rather than actions. Note that if there were no resistance (i.e., if the stated message was consistent with the client's behavior) the client would be less fearful of change and would be inclined to respond cooperatively and positively to the therapist's support, advice, and direct encouragement.

Resistance as a Conflict between Therapist and Client

From the Adlerian view, the resistance is a conflict of movement and goals between therapist and client. Every individual is seen as always in movement from a perceived "minus" position (i.e., a position of feeling inferior, insecure, or worthless), to a perceived "plus" position (i.e., a position of feeling superior, secure, or worthwhile). "'Movement' includes all thought, feeling and action; the 'law of movement' of the individual is therefore the basis of the Style of Living" (Griffith & Powers, 1984, p. 10). Movement concerns what is actually happening, not what the client says is happening. Thus, movement expresses the client's life-style based on the cognitive frame of reference and the nonconscious goal the individual has created. The self-consistent unity of the life-style requires the individual move in only one direction.

Adlerian therapists assess life-style movement by observing behavior and using techniques such as interpreting early recollections (Baruth and Eckstein, 1981; Mosak, Schneider & Mosak, 1980; Olson, 1979; Powers & Griffith, 1987), dreams (Dreikurs, 1967; Gold, 1981), and family constellation (Mosak, 1972; Powers & Griffith, 1987; Shulman, 1962).

Phase 3: Being Stuck—The Double-Bind of a Trap which is Sprung

Once the trap has been sprung, the therapist is in a *double-bind* since the therapist is working in conflict with the client's actual movement which is designed to safeguard the client's self-esteem. The therapist must free him/herself from this double-bind if the impasse is to be resolved. In the first example, the double-bind is created because the therapist's efforts are in conflict with the client's movement, i.e., (a) resistive, aggressive, or critical behavior toward the spouse, (b) the ways in which such behavior is believed by the client to maintain his/her sense of security, and (c) fears associated with improvement in the marriage. In the second example, attempts by the therapist to help the client slow down and relax conflict with the client's use of keeping busy as a safeguard or protection against perceived, anticipated failure.

The therapist's disjunctive feelings, (e.g., anger, inattention, day-

dreaming, allowing interruptions in the therapy session, feeling interrupted by the fact of the client's appointment, and boredom) often indicate an impasse.

Often there is "parallel transference" between therapist and client, that is, the therapist's countertransference issues are related in content and structure to the paradoxical dilemmas of the client. Becoming aware of the complementary relationship between the movement and goals of the client and therapist can help the therapist understand how these issues contributed to acceptance of the stated message and thus to the resistance/impasse (Kopp & Robles, 1989).

Phase 4: The Escape—The Therapist Resolves the Impasse by Aligning His or Her Movement with the Actual Movement of the Client

When there is resistance, a "tug of war" is taking place as therapist and client struggle to move in opposing directions. To escape the impasse, the therapist "puts down his or her end of the rope," thereby acknowledging that the client's resistance involves a resistance to the therapist's attempts to produce change in the client. The "escape" occurs when the therapist aligns his/her movement and goal with the client's real life-style movement and goal. In Adler's words, "I know that if I allow it, he will no longer want to do it. I know that if I hinder him, he will start a war. I always agree" (1964, p. 347).

One method of escape is by what Adler called "spitting in the patient's soup" (Dreikurs, 1967). With this metaphor, Adler suggests that the therapist does not take away the soup (the behavior or symptom) but does render it distasteful for the client (by "reframing" its meaning). "What we must always look for is the purpose for which the symptom is adopted and the coherence of this purpose with the general goal of superiority" (Adler, 1980, p. 63). Often, the goal of the symptom must be changed or the client will retain the same goal and, through symptom substitution, simply find another means to reach it (Mosak, 1968).

Another way of describing this very effective means of dealing with the paradoxical message is the therapeutic paradox (Riebel, 1984; Weeks & L'Abate, 1982). From the Adlerian viewpoint, what makes the paradox so powerful is that the client is forced to cooperate, either with the therapist by following the paradoxical prescription or with the world at large by opposing the therapeutic suggestion (Mozdzierz, Macchitelli, & Lisiecki, 1976). Since the neurotic goal involves a perceived position of superiority over others, it is contrary to the cooperation and social interest (Gemeinschaftsgefühl) of healthy functioning. "All my efforts are devoted toward increasing the social interest of the patient. I know that the real reason for

his malady is his lack of cooperation, and I want him to see it too. As soon as he can connect himself with his fellow men on an equal and cooperative footing, he is cured" (Adler, 1964, p. 347). One way to create a therapeutic paradox is through reframing (Riebel, 1984; Weeks & L'Abate, 1982). This approach changes the meaning of a symptom from a negative to a positive. It also enables the therapist to maintain a nonthreatening, noncombative posture, aligned with the real movement of the client. If, for example, a client complains of wanting to be independent by moving into his or her own apartment away from his or her parents but claims this is not possible ("I want to be independent. Can you help me?"), the therapist might respond, "It sounds as if you want to be on your own but have decided the time isn't right, so you've made the decision to stay where you are for a while." This response does not threaten the client's real movement; it supports and encourages the client, showing that, by being responsible for his or her own acts, he or she is choosing to remain at home.

Prescription of the symptom may also be helpful and can be presented in a number of ways. The first author has found it helpful to group symptom prescription strategies in order of decreasing intensity and paradoxical confrontation: (a) intensify or exaggerate the symptom, (b) continue the symptom, (c) give up the symptom if you want, but do it slowly, or (d) give up the symptom, but keep it ready in case you need it.

For example, in response to the trap "I want to slow down and relax," the therapist might say, "I'm not sure it would be a good idea for you to relax like other people. If you slowed down, you wouldn't get as much accomplished, and then you wouldn't feel as good about yourself" (spitting in the soup, reframing the behavior). Possible paradoxical confrontations might be to tell the client: (a) you might profit from increasing the pressure you put on yourself (intensification), (b) you ought to continue to keep busy (continuation), (c) you should relax only for short periods while cutting back on your schedule a little at a time (slow discontinuation), (d) you ought to be ready to resume your busy schedule if you feel unproductive or lazy (discontinuance insurance).

Each of these methods may enable the therapist to escape from the trap.

Case Example

Background. Barbara initially came to the clinic because she was having difficulty with her adolescent son. Her son was consistently in trouble at home and at school, had very poor interpersonal relationships, and poor academic functioning.

A theme running through the sessions had been Barbara's complaints

about her mother's "constant interference" in Barbara's life. Eighteen months ago when Barbara had discovered her husband in bed with a neighbor, Barbara's mother had virtually planned, paid for, and moved Barbara and her children across the country. Barbara lived with her parents until her mother found and made all the arrangements for Barbara to move into an apartment two blocks away. Mother loaned money, bought food, clothes, etc., and since Barbara did not have a car, mother let her share the family car.

Mother and daughter call each other every day. Lately mother has done the calling because Barbara doesn't want this "interference" and yet will not tell her mother this. By doing this Barbara puts the responsibility for the interference on mother while still having mother around to tell her what to do.

The Paradoxical Message: "Yes, But". Barbara takes a "yes, but" stance, presenting herself as a victim of her terrible life, feeling entitled to be taken care of. Lately this has been uncomfortable for her so she rearranged her environment so she would still be taken care of and be able to complain about it at the same time. Barbara talked about being "independent" (yes: "I want to live my own life without my mother always telling me what to do"). She has made no moves to become independent or less dependent in any way (but: "I can't afford my own car"; "I don't want to hurt my mother's feelings").

The Intervention. At this session Barbara was again complaining about her mother's interference and her own desires to be independent. Since the therapist was almost certain that she did not want to be independent, that she was afraid of it, a paradoxical intervention was chosen.

Barbara: I just want to be independent. I don't want to be so dependent on my mother; I'm tired of her making all the decisions.

Therapist: Barbara, I've been thinking a lot about this lately because it is so important to you. I think it might be too soon for you to break away from your mother (her words from an earlier session).

Barbara: What do you mean? I'm tired of being dependent; I'm so tired of her and it's frustrating. I want to be on my own.

Therapist: I can really appreciate that. It must be difficult to have your mother so tied to you. I still believe it might be better for you to be dependent for a while longer. In fact I think that some of the things you've done lately such as not calling her may have been premature. For a while, at least, you may need to become *more* dependent.

Barbara: I'm not so sure of that. She likes it but I don't.
Therapist: Still, perhaps it's best not to break away too soon. You *deserve* to be taken care of by your mother.

The Outcome. The therapist reported that within the week Barbara began to look for an apartment that was further away from her parents' house; she moved the following month and didn't seek out advice or help from her mother or father through the whole procedure. She arranged for and got a car loan and bought a car. She told her mother that she wasn't going to call her every day and told her not to call either (mother responded with, "I'm sure glad because I'm tired of having to tell you what to do all the time. It's about time you grew up"). She told her son he was going to have to accept the responsibility for his behavior, that she wasn't going to intervene every time he got into trouble at school. She's lost much of the weight she's talked about losing for years and has started doing things with her friends on the weekends. She's also lost much of the whiny, little girl quality that was so pervasive in her style of communicating. She reported that the "kids must be finally growing up because they aren't into so much trouble and Susan (her nine-year-old) doesn't whine all the time like she used to."

Barbara said that the therapist had been wrong after all, that she didn't need to be more dependent. She also stopped seeking the therapist's advice for every thing that went wrong or every problem she had with her children. The family began developing problem-solving techniques on their own, experienced success, and gained confidence in their abilities.

Summary

A model, "Traps and Escapes" based on Adlerian principles was described, which offers an understanding of resistance in therapy as a paradoxical, conflictual interaction between therapist and client, and a method of resolving the impasses which can result. A case example illustrated this approach and its outcome.

Reference Notes

[1]The authors wish to thank Terese Bell, Ph.D. and Kathy Brownell for their contributions to this article, and Bernard Shulman, Harold Mosak, Stanley Pavey, and Arthur Kovacs for their helpful comments.

[2]Requests for reprints should be sent to the senior author at the California School of Professional Psychology, 2235 Beverly Blvd., Los Angeles, CA 90057.

[3]The term "psychodynamic" refers to a group of theories which emphasize unconscious (or what we in this paper refer to as "nonconscious") motivation.

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The Psychology of the Sand-Pit

(*Clinical Lessons from Winnie-the-Pooh)*  *Psychotherapy Networker* Jan/Feb 2003

by Douglas Flemons

Remember the time Winnie-the-Pooh, Rabbit, and Piglet got lost in the woods? Again and again, they tried to find a way out, a way home, but every time they set off, their efforts to escape kept returning them to their point of departure, to "a small sand-pit on the top of the Forest." Pooh Bear became "rather tired of that sand-pit, and suspected it of following them about, because whichever direction they started in, they always ended up at it."

How easy it is to find ourselves in a similar predicament with our clients! Despite getting paid to guide them out of their sand-pit, we at times succeed only at leading them right back into it. When this happens, it's possible to decide that the client is "not ready" to change or that we lack the skill to help them effectively. Alternatively, we can turn to A. A. Milne for inspiration on how to get unstuck, on how to change the way we're trying to help.

In the story, Pooh finally realized that the attempts to escape from the sand-pit were failing precisely because he and his friends were attempting to escape. If setting out in search of his home resulted in their returning to their starting point in the woods, then, he reasoned, going in search of the sand-pit should allow them to find their way home. The reversal of intent worked, and soon the trio achieved their freedom.

Pooh's dilemma and subsequent "Aha!" reveal much about the doggedness of problems, as well as the liberating quality of therapeutic change. To keep yourself and your clients from inadvertently returning to their sand-pit, you need a good grasp of both.

People seek our services because some troubling chunk of experience is rattling them, bringing them down, driving them crazy. Most often, before they call us, they do their best to get their problem out of their lives or under control, but it refuses to budge and, indeed, seems to control them. They typically ask for help in getting away from it, getting rid of it, or getting around it. But as Pooh discovered, such negation-based solutions just make matters worse.

Negation Creates Attraction

Try this experiment. Before reading beyond this paragraph, remember a time in your life when someone you trusted, respected, and perhaps even loved, seriously betrayed you. Recall the moment when you were confronted with the devastating reality, and relive the shock, fury, and nausea that hit you when your world turned upside down.

Okay, great. Now, stop thinking about the betrayal. Just make the images disappear. Stop those painful emotions dead in their tracks. Come on, stop them! Stop!

Having trouble? It's a lot easier to fire up such memories, feelings, and thoughts than it is to douse them. Ordering an idea or emotion to cease and desist is an exercise in futility. By trying to banish an unwanted experience, you necessarily highlight it, rendering it more important and less likely to disappear.

Your clients' problems don't persist despite their concerted efforts to negate them: they continue precisely because of such efforts. Negation creates an intense magnetic attraction between people and whatever they fear or despise. This is why Pooh's epiphany proved so liberating--by going in search of the sand-pit, he quit trying to negate it, thereby enabling himself and his friends to leave it behind them.

Your job as a therapist is to facilitate your clients' leaving their sand-pit behind them, too, and you'll be most successful in this enterprise if you stop trying to get their problem to stop. Cure yourself of the desire to cure it, and get rid of your effort to get rid of it. Instead of striving to make the problem vanish, look for ways it can lose significance. Therapeutic change becomes possible when with a Pooh-like reversal of intent, your clients head toward rather than back away from the problem, when they connect with it by embracing it, getting curious about it, protecting time for it, or increasing it.

Steven A. Maybell, Ph.D. (1991)

Roughly equivalent to the term "personality".

Emphasizes the creative – cognitive aspect of the human process.

A phenomenological concept – understanding from the "inside . . . out".

We enter life disoriented, we must orient to survive, we orient by drawing conclusions, by forming meanings, the early conclusions provide the foundation of the belief system, the early conclusions are naturally mistaken in small or large ways (Maybell, 1989) *"the realm of meanings is the realm of mistakes"* (Adler).

Lifestyle provides an orientation function and can be thought of metaphorically as providing a *Mirror, Map, and Compass* (Maybell, 1989).

Prior to choosing the term lifestyle or "style of life", Adler used the following terminology: life plan, lifeline, psychological main axis.

Max Weber – Pioneer sociologist coined the term "lifestyle" to refer to the folkways, traditions, tendencies, and commonalities of all subcultures.

Adler was drawn to the term due to the artistic aspect . . . "style"

The foremost task of I.P. is to prove this unity in each individual – in his thinking, feeling, acting, in his conscious and unconscious, in every expression of his personality. This self-consistent unity we call the style of life of the individual. (Adler in Ansbacher, page 175)

The style of life is the concept comprising in addition to the goal, the individuals opinion of himself, and the world and his unique way of striving for the goal in his particular situation (Adler in Ansbacher, page 172).

The style of life commands all forms of expression, the whole commands the parts. (Adler in Ansbacher, page 175)

The lifestyle provides an orientation function for the whole person. Perception, emotion, behavior, and bio-chemical processes all cooperate with its construction and direction (Maybell, 1989).

THE ELEMENTS OF STYLE
(LIFESTYLE)
AN ADLERIAN PSYCHOLOGY VIEW OF PERSONALITY

PROMINENT INTERNALIZED BELIEFS:	PRIVATE LOGIC: (OFTEN OUT OF CONSCIOUS AWARENESS)
1) SELF-IMAGE	"I am..."
2) WORLD VIEW	"The world is...life is...others are..."
3) GENDER GUIDING LINES	"Men are...", "Women are...", "As a man or women, I must or must not..."
4) BIG NUMBERS	Unconscious expectations about what is likely to happen at certain times in life, based on my "internal calendar" as it relates to the events and timing of my parent's life or events in my own childhood.
5) RELATIONAL IMAGE	"My view of relationships are that... therefore the relationship I must create or avoid is..."
6) VALUE SYSTEM	"What's important in life is..."
7) GOALS AND METHODS	"What I must do to achieve security, belongingness, significance, and success is..."

ADLER ON LIFESTYLE ASSESSMENT

"The uncovering of the style of life with the patient is the most important component in therapy."

(Alfred Adler in Ansbacher pg. 354)

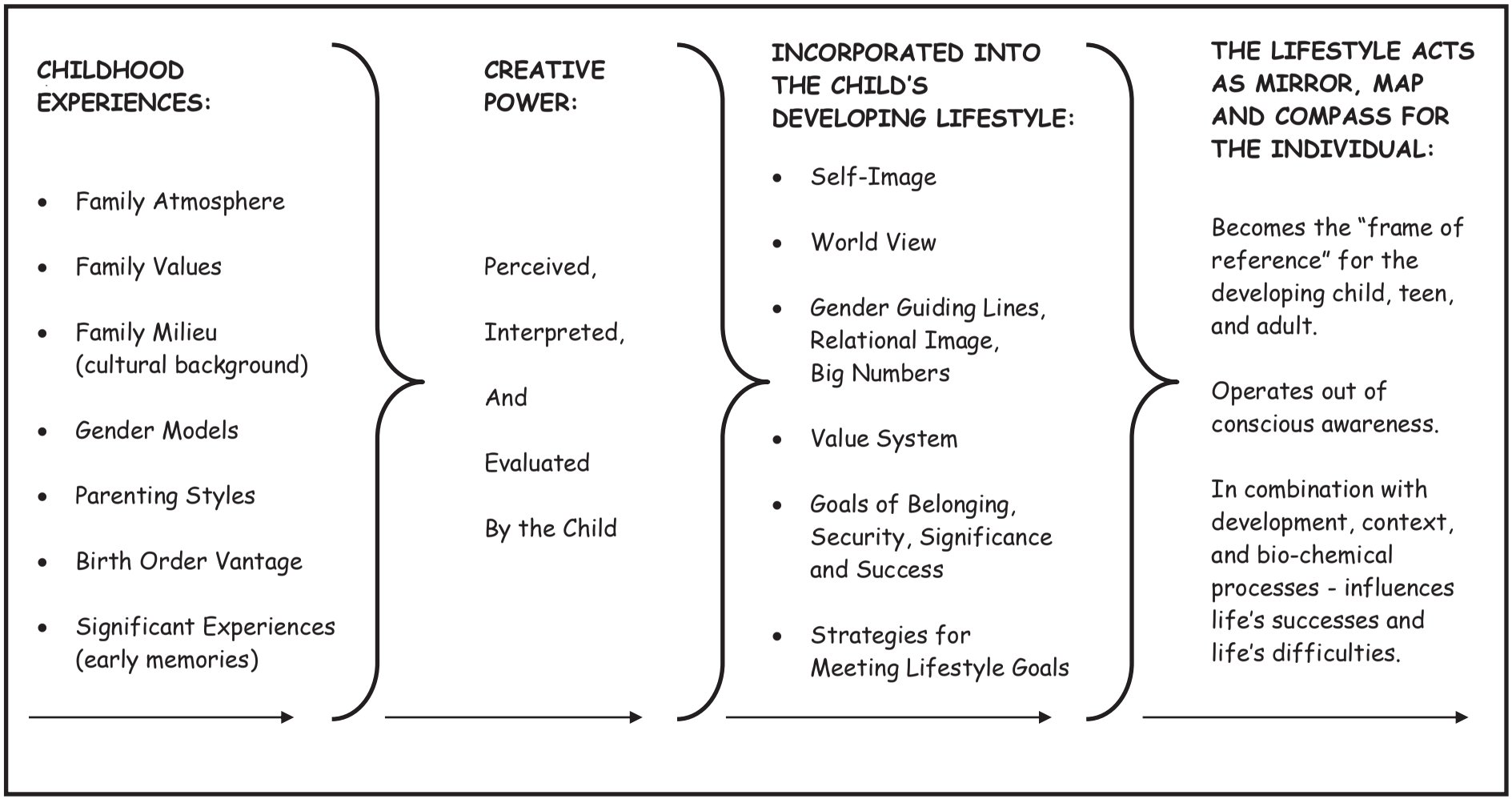
"Whoever has grasped and understood the concept of the unity of the personality will know we must treat the individual's style of life and not his symptoms."

(Alfred Adler, Understanding Lifestyle, Powers and Griffith, forward)

"Once the goal of superiority has been made concrete, there are no mistakes made in the style of life. The habits and symptoms of the individual are precisely right for attaining his concrete goal....Every problem child, every neurotic, every addict, every criminal is making the proper movements to achieve what he takes to be the position of superiority. It is impossible to attack his symptoms by themselves - they are exactly the symptoms he ought to have for such a goal."

(Alfred Adler, What Life Should Mean to You pg. 61, Ansbacher pg. 188)

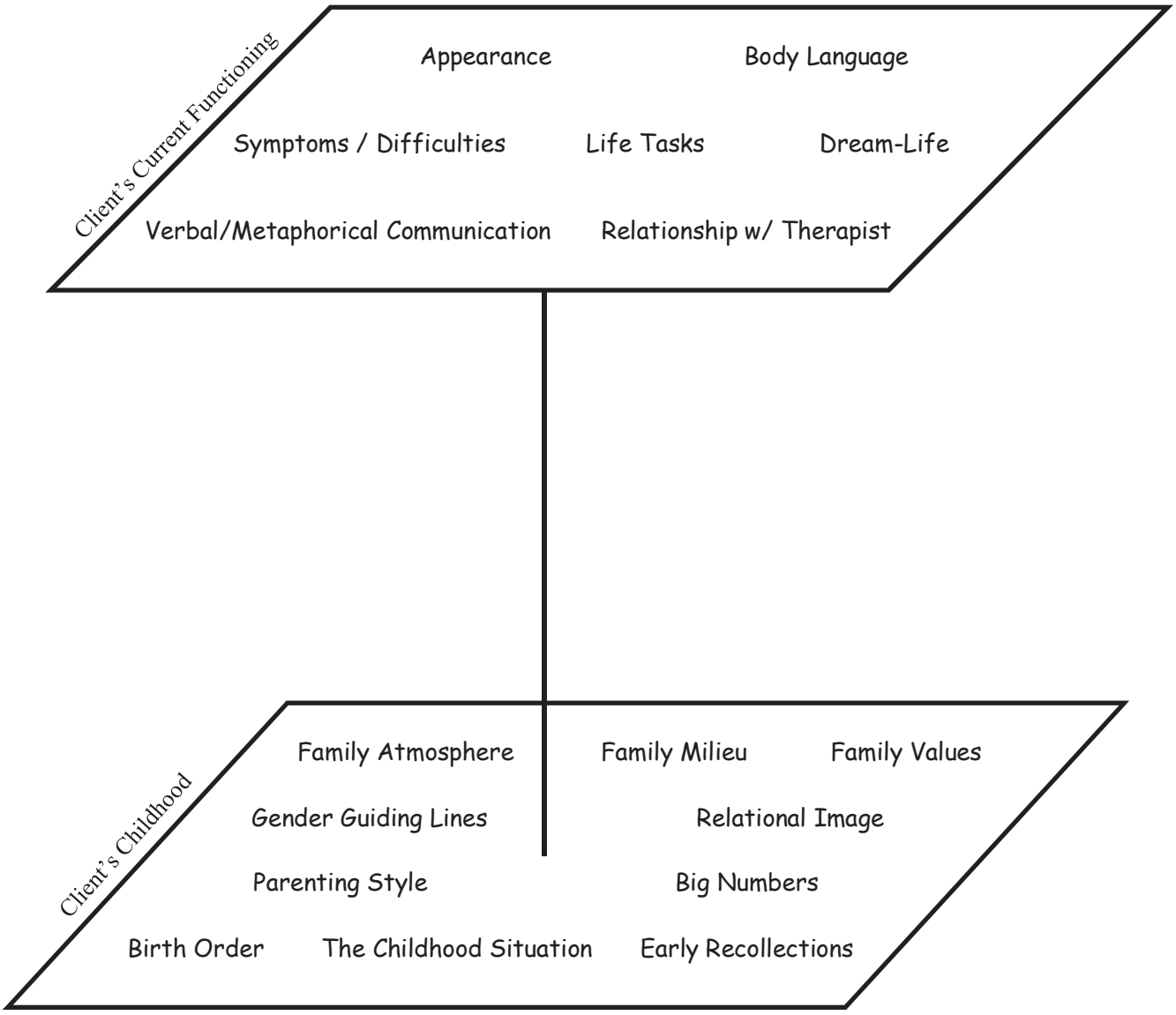
LIFESTYLE DEVELOPMENT



LIFESTYLE ASSESSMENT– TWO POINTS ON A LINE

Steven A. Maybell, Ph.D. © 2002

We have made the important contention that the understanding of human nature can never be learned by the examination of isolated phenomena which have been withdrawn from their entire psychic context and relationships. It is essential for this understanding that we compare at least two phenomena which are separated by as great a time as possible and connect them within a unified pattern. (Alfred Adler - *Understanding Human Nature* page 152)



Adlerian Holistic Thinking - "The Critical Connection"

Therapist thought process for connecting "two points on a line" and framing interpretations:

What possible interpretation of the childhood incident or experience would make the current behavior understandable and/or beneficial?

Family Atmosphere

Family atmosphere is set by the environmental tone created initially by the parents and their relationship between each other. It may be understood as the "climate" or "feeling tone" of the household or family. The subjective evaluation by the child of the atmosphere is retained in the lifestyle as beliefs about what life, the world, and the environment around the us is like; how it is for better or worse, or how it should be. It also informs us about what is required of ourselves to live, survive, and succeed in such a world.

To uncover family atmosphere, the counselor may ask the client, "In the household you grew up in as a child, how would you describe what it felt like to live there, how would you describe the feeling tone or the climate"? This open-ended question may be answered in host of ways. For example, clients may share characteristics of one parent who was prominent, about the relationship between the parents that affected the atmosphere, or a memory that represents for them what the atmosphere was like. Other clients may talk about the variations in the atmosphere, e.g. before the move to America and after the move to America, or when father was home or when he was gone, or before and after brother died. Clients may stay with the metaphor of "atmosphere" and describe it as "sunny," "stormy," "cold," or "threatening,"

Family Values

Family values are those values shared by mother and father; that is values that are perceived by the child as being important to both parents. The values operate as imperatives, setting the family standard. Each of the children is obliged to take up a position with respect to them. It is a force to be reckoned with. Any one of the children may, for example, support the value or defy it by taking a contrary position.

Values not shared by the parents, but held by only one or the other, take on a different significance. They are internalized as elements of the gender guiding lines. Unshared values are therefore related to the child's sense of what it means to be a woman or a man.

To uncover family values, the counselor may ask the client, "What was important to both mother and father". . . or . . ."What is it that mother and father both felt strongly about?" Family values are also discovered when asking the client to describe mother and then father in the lifestyle assessment process. Any values described that are shared by both parents are family values.

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THE BIG NUMBERS

Gender Guiding Lines and Expectations

by Robert L. Powers and Jane Griffith

Powers and Griffith have reported elsewhere (1984) that children regard parents as presenting norms for what it means to be a man or woman; that these gender expectations are not usually in conscious awareness; and that these elements of the basic apperceptive schema provide a sense of destiny, as if a child thought, "This is how it will be for me, unless I do something about it."

In our clinical practice we notice that the ages at which particular events took place in the life of a client's same-sex parent serve as psychological "markers" or points of reference, forming a private timetable against which to measure personal progress, for better or worse.

We call these the "Big Numbers," a phrase we have chosen to represent the power of these convictions about how life can be expected to unfold. We think of them by analogy to the age-markers regarded as of special importance in the common sense of the culture, such as "sweet sixteen," and "life begins at forty." Here, however, we are interested in numbers regarding age which are peculiar to the private sense of an individual.

Since expectations are the primary motivators, obscure and unrecognized images will influence the course of a person's movement in sometimes puzzling ways -- until they are brought into awareness and reexamined in the Psycho-Clarity™ process.

CASE EXAMPLE. A thirty-seven year-old man complained of loss of enthusiasm. He said that for the past year he had had no sense of direction, and that he was afraid he was "going crazy." We began an inquiry into his family background. As soon as we had learned about his father's place in the constellation, we put down our pencils and said, "You're not going crazy, and it doesn't appear that you need psychotherapy. You need to work out what we call an 'Alternate Plan B,' for use in case of success." He looked at us quizzically, so we went on: "You have already explained the matter to us. Your father died suddenly when you were twelve years old, leaving no money. As the first born, it was up to you to help Mother survive. You worked hard, put yourself through school, and helped your younger brother and sister through as well. You told us earlier that you have worked hard in your profession, and used your real estate investments to secure the future for your wife and children. The only problem is that you didn't die last year as you were supposed to, leaving the world to remember you reverently and fondly." He grinned, as if in recognition. We said: "Your father was twenty-four when you were born. So he was thirty-six when he died, leaving you to carry the whole weight of the family. Our guess is that you swore that, whatever else happened in your life, you would never do what he did. And you won't. But there's one thing missing: You failed to die when you were supposed to." He was blushing now, as well as grinning, and tears filled his eyes. "I never would have said it -- I don't think I could have said it! -- but it feels as if you've read my mind! So. All I need is a 'Plan B'!" Later he called to tell us that he felt no need for further discussions, adding, "My wife and I are busy making plans for what to do in case we go on living! We've never been happier."

CASE EXAMPLE. Joan, a personable, bright, and well-educated woman, complained of trouble at work where she was "acting bizarre," "blowing up" at her boss, offending clients and co-workers. She had received notice from her company. She had also been fired two years before, by her previous employer. She was thirty-two years old, and her next birthday was five weeks away. She had been married for four years, and said that it was a good marriage except that her husband was stepping up the pressure for her to get pregnant and start a family, and that, "I don't want to get pregnant until my career is on track." A brief inquiry into family background revealed that Joan was the firstborn child of her mother. Mother was thirty-two when Joan was born, thirty-three when she had her second child, and had given birth to her third and last child only eleven months later. Mother never returned to her career, though she talked about it endlessly, threatening the children and complaining, "I'm going to leave you all! You've ruined my career! You're in the way!" Joan could appeal to the current common sense in stating that she was eager to have children as soon as her career was sufficiently developed, so that she could return to it later. In Joan's private sense, however, motherhood necessitated a miserable life of service and selfsacrifice. Her

disturbing behavior at work had begun as she was approaching her thirty-first birthday (private sense = first age at which to conceive), and was now culminating as she began to approach her thirty-fourth year (private sense = end of age period in which to conceive). It stood in sharp contrast to her earlier record of competence and success. It had been serving a motive, until now "un-understood" (Adler): it provided an "honorable way out" of the parenthood she claimed to desire, and an escape from an expected defeat.

In these two cases the Big Numbers related to negative expectations and pessimistic evasion. They may also relate to positive expectations and overambitious hesitation. (Another man came to see us at age thirty-six. By the time his father was thirty-six, he had been made partner in a prestigious law firm, had married, built a house, and welcomed the birth of his fourth child. Our client's achievements paled, in his mind, in comparison to his father's record. Unable to meet his hidden timetable, he said, "I am such a failure. I feel like my life is over.")

CONCLUSION. Age-related expectations are "Big Numbers," in the private sense of destiny connected to the gender guiding line. Individual evaluations of the "destiny" may undermine or encourage, and even a negative image may stimulate beneficial compensations. Paul A. Samuelson, the first American recipient of the Nobel Prize in Economics, said:

> Consciously or unconsciously, I was a young man in a hurry because I felt that the limited lifespan of my male ancestors tolled the knell for me. My father died when I was twenty-three. I was supposed to resemble him, and the effect on me was traumatic. What I was to do I would have to do early, I thought. Actually, modern science granted me a respite.... Whatever the reason, I have been granted bounding good health....

References:

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LIVES OF THE LAUREATES: SEVEN NOBEL ECONOMISTS. Cambridge: MIT Press, 1986.

GENDER GUIDING LINES

(Ed.'s note: The following article is reprinted from "An Adlerian Lexicon, Fifty-nine Terms Associated with the Individual Psychology of Alfred Adler," by Jane Griffith and Robert L. Powers. Chicago: AIAS, 1984.)

Rudolf Dreikurs made use of Adler's concept of "guiding lines" to explore a person's ideas about masculine and feminine and what it means to the individual to be a man or a woman. He formalized this investigation in the *Life-Style Assessment* process. To uncover what he called the "masculine and femine guiding lines," Dreikurs asked the client to tell him about father and mother in the childhood years, up to about ages nine or ten, posing the questions, "What kind of a man was father?" and "What kind of a woman was mother?" By means of these questions he learned what there was about the parents which impressed the client. From this material, Dreikurs wrote a summary statement of the client's unexamined attitudes about what was required of him or of her to be a man or a woman.

Powers and Griffith have further developed the therapeutic application of the concept of "gender guiding lines," defining the relevant issues as follows:

1. A person's report of his or her childhood opinions of mother and father establish the *norms* for what it means to be a man or to be a woman. The child believes that all men are either like my father or different from my father, and that all women are either like my mother or different from my mother. (The image here is of the bell curve of standard distribution.)
2. Those who deviate from these norms either fall short of or go beyond, in varying degrees, what a man or a woman is *expected* to be.
3. The gender guiding lines feel like a *destiny* to the child, who operates *as if* the following were true: "Since I am a boy who will grow up to be a man, when I grow up I will be more or less like my father – *unless* I do something about it (i.e., safeguard against it or go beyond it)." Or, "Since I am a girl who will grow up to be a woman, when I grow up I will be more or less like my mother – *unless* I do something about it."
4. The gender guiding lines and the conclusions the child draws concerning them form a part of the *un-understood Private Logic* of the person, and are *not* (usually) in the person's conscious awareness.
5. "Role models" are to be distinguished from gender guiding lines as follows:
   a) the individual is *consciously aware* of role models (including both positive and negative role models);
   b) role models are *freely chosen* by the individual as positive or negative exemplars, about whom the child thinks, "I'd like to be like that," or, "I don't want to be like that."
6. The child may choose father or mother as a role model (either positive or negative); if so, the child does this freely and in awareness.
7. If the child chooses as a positive role model the parent of the *same sex*, the guiding line and role model are *consonant*, and the child will probably enjoy clear gender identity and a successful gender adaptation in adulthood, providing the child operates generally on the useful side of life.
8. If the child chooses as a positive role model the *cross-sex* parent, the guiding line and the role model are *dissonant*, and the child's gender identity may be confused, conflicted, or generally unclear. He or she may, in this case, feel uneasiness in relation to adult sexual functioning as there may be some sense that "I'm not truly masculine," or "I'm not truly feminine."
9. For those children who see their *same-sex* parents as *negative* role models, there will be a calculated determination to be unlike that parent, and a consequent struggle to resist the "destiny" of the gender guiding line as described in (3), above. The child will think, "Whatever else happens, I don't want to be like my father (mother)," a thought which would be unnecessary *unless* the child's conviction were that "This is my destiny." Rejecting the same-sex parent as a positive role model (like choosing the parent of the *other* sex as a positive role model) leaves the child feeling uneasy as to gender and what it means to be a man or a woman. Unless and until the gender guiding lines, role models, and their dynamics are open to examination and understanding, the person may experience troublesome, even heartbreaking, concern about gender identity.
10. Often, a positive role model of the same sex is presented to the child in the person of a grandparent. This model is recommended by the parent of the *other* sex: "Don't be like *your* father, be like *my* father," says (or implies) mother to her little boy; or, "Don't be like *your* mother, be like *my* mother," says (or implies) father to his little girl. In these cases, the child may feel a pressure and an obligation to strive toward the "fictional plus" as presented by the exemplary grandparent, at the same time experiencing the "felt minus" of the pull of his or her "destiny" to be like the parent of the same sex, a situation which may lead to discouragement expressed through a reluctance to grow up and to take his or her place as a man or a woman.

Alfred Adler, M.D.

It is a common fallacy to imagine that children of the same family are formed in the same environment. Of course there is much which is the same for all children of the same home, however the psychological situation of each child is unique and differs from the others, due to their unique birth order vantage.

We must insist again that the situation is never the same for two children in a family; and each child will show in his style of life the results of his attempts to adapt himself to his own particular circumstances.

There has been some misunderstanding of my custom of understanding according to position in the family. It is not of course the child's number in the order of successive births which influence his character, but the total situation into which he is born and lives, and the way in which he interprets it.

Rudolf Dreikurs, M.D.

Upon closer examination, it is found that each child has an essentially different position in the family and must see all the circumstances of his childhood in an entirely different light.

The only fundamental law governing the developing child's character is that he trains those qualities by which he hopes to achieve significance or even a degree of power and superiority in the family constellation.

Robert L. Powers

No two children are born into the same family.

The psychological value of considering the birth order position is that it reveals the vantage from which the child perceives and evaluated self, others, and the world, and from which the child forms convictions about what is required of him or of her to make a place, given the heredity endowment and the environmental opportunities in the given situation.

1) Always consider *psychological position vs. ordinal position*. A therapist can always rely upon the client, e.g. for a client who had two older siblings, "Did it feel more like you were a youngest of two, or an only child."

2) *Psychological Competition* is a primary dynamic when considering birth order vantage dynamics. When a second child comes along, she/he in an effort to find a unique place of significance seeks to:

   - Avoid those areas where the older sibling is most prominent or capable.
   - Develop in those areas where the older sibling is less prominent or capable.

   This in turns "cements" the orientation of the older sibling, who wishes also to be unique, by being different than the younger sibling.

   The other dynamic of psychological competition occurs when the younger child decides to compete directly in the same "field of activity" as the older brother or sister with an effort to surpass the older sibling. This is referred to as the "Avis" child - "I'm #2 but I try harder".

3) The *greatest psychological competition* exists between children of the same gender and who are close in age.

4) *Psychological competition can play out through the life cycle*, e.g. a first-born, suddenly depressed and discouraged at age 35 and did not know why. Exploration revealed that his younger sibling recently graduated with his doctoral degree . . .

5) Take *age differences* into consideration. Where there are gaps of three or more years, it is common for the birth order to begin anew, creating *birth order sub-groups*.

6) *Blended or step-families* go through a period of disorientation and competition for "place" as there is typically two first-borns, two youngest, etc.

7) Look always for the dynamic of *dethronement*, for the next oldest sibling when a new sibling comes along. This tends to be temporary.

8) When *displacement* occurs, meaning the younger sibling overtakes the older with respect to accomplishments, this is much more devastating in the long run.

9) The way in which *gender* is defined by the parents in a family has strong impact on psychological birth order. Boys and girls may be assigned a very different value and very different roles in the family. A firstborn daughter, for example, whatever her ordinal position may have significant domestic and care-taking responsibilities. The firstborn son may be given heightened value and privilege even though he is not born first.

10) *Health/Mental Health problems* have impact. A developmentally disabled child, for example, can remain in the "baby" position regardless of ordinal position. This in turn impacts the psychological position of the other children.

11) *Adopted Children*, are in a unique place in a family. Parents may be so thankful for the child that they are overindulgent. At the same time the child may be plagued by not being wanted by the biological parents. If the adopted child is in a family with biological siblings, the adopted child may feel different and alienated from the rest of the family.

12) *When a child dies in the family*, this can have an effect on the position of the other children. Dynamics may include the over-indulgence of the remaining children, or the deceased child being so idealized in the family, as to present an impossible image to live up to.

13) *Twins* know, as do the rest of the family, who was born first and who was not . . .

14) Adler pointed out that in his experience the *extreme positions* tend to experience the extreme problems. I have found this also to be true.

15) *In all modalities of treatment*: individual, couple, and family therapy, uncovering psychological birth order dynamics can be most useful and at times key to understanding the case. It can be a most illuminating process to look at birth order combinations between parents and their kids, and between members of a couple.

16) In some cases, *birth order dynamics are primary* in their impact on lifestyle or relationship dynamics. In other cases the impact of *birth order is secondary* to other more prominent issues and dynamics, e.g. family atmosphere, parenting styles, gender guiding lines, memorable or traumatic experiences.

AN OVERVIEW OF PSYCHOLOGICAL BIRTH ORDER POSSIBILITIES

Steven A. Maybell, Ph.D.

(*This is a broad simplification of birth order dynamics and Adler's theory*)

POSITION	FAMILY SITUATION	CHILD'S CHARACTERISTICS
ONLY	Her/his birth is a miracle. Parents have no previous experience. No sibling rivals, retains full attention from both parents. Has less opportunity to learn cooperative behavior. May carry the burden of expectations for the family. Can be over-protected and spoiled.	Likes being the center of adult attention. Often has difficulty sharing with peers. May be solitary and self-sufficient. Prefers adult company and uses adult language. May be burdened by carrying parental expectations.
OLDEST	Initially is an only child and is the center of attention. Dethroned by next child. Parent expectations are usually very high. Often given responsibility and expected to set an example.	May initially “regress” to compete with second born. Learns that the advantage is that she/he can do things better and has more power. May therefore become perfectionistic. May become controlling or bossy. May assume nurturing/care-taking role.
SECOND	He has a pacemaker, someone who is always ahead developmentally. Never has parents undivided attention.	In an effort to find significance in the family is usually in psychological competition with the older child by seeking a unique territory. May seek to surpass the older child in the same territory. May feel discouraged and retreat if perceives self as never measuring up.
MIDDLE	Has a unique perspective of being in the middle. Is "sandwiched" in. May feel squeezed out of a position of privilege and significance. Possesses neither the advantages of the oldest or the youngest.	May be a mediator and from the middle position, seek to hold things together. May feel neglected, insignificant, and discouraged. Fairness and justice are common themes.
YOUNGEST	Has many caretakers: parents and siblings. Never dethroned. May be considered special, is seldom in a position of caring for others. All other family members are more capable, and is usually considered the least capable.	May take advantage of the “baby position” - all the attention and service, and emphasize charm and helplessness. May feel entitled to special treatment. May compensate for smallness and strive to be big and capable.

PARENTING STYLES (based upon the Adlerian Psychology perspective)

PARENTING STYLE	FOCUS/TACTICS	IMPLIED MESSAGE	RESULTS
COERCIVE **CONTROLLING PUNITIVE**	• Imposing Rules • Threats and Punishments • Rewards • Self Righteous - Always the Child's Fault	"It is obvious you are not able to do it well enough on your own, so I will make you"	Anger, conflict, power struggles and revenge. Parent gets the opposite behavior that they are after, or exactly what they are trying to prevent. Irresponsible or high risk behaviors via rebellion. Irony: In the parent's effort to control their child's behavior, they lose all control.
PAMPERING **OVER-INDULGENT** **OVER-INVOLVED** **OVER-PROTECTIVE**	Do for a child on a regular basis what the child can do for her/himself. Parent over-identifies with child and makes the child the focal point of her/his life….a "we" orientation. Gives Special Service.	"It is obvious you are not able to do it well enough on your own, so I will do it for you."	Exaggerated sense of ones own self-importance and diminished sense of ones own ability. Dependency, Self-Centeredness, Vindictiveness, Stalled Development, Serious self-indulgent behavior, e.g. drugs. Serious dysfunction to justify dependency or due to avoid growing responsibilities. Irony: In the parent's effort to make their child happy, they make their child miserable.
RESPECTFUL LEADERSHIP	Mutual Respect, Differentiation (child and parent have their own life) Encouragement, Gives Responsibility, Level Communication, Mutual Problem Solving, Family Meetings, Choices and Consequences	"I see you as a valuable and separate person. I believe in you and your ability to develop and learn from your own mistakes. I respect and value your contributions."	• Self Esteem & People Esteem • Greater Responsibility • Greater Cooperation & Respect • "Psychological Muscle"

ER Theory:

a) Early Recollections as a projective technique, discovered and employed by Alfred Adler, was the first projective technique developed within the field of psychology

b) *Of the thousands of experiences we each have in childhood, we remember those few that symbolically reinforce our lifestyle (belief system).*

c) Memory is an aspect of holism, connects with all other human systems (thoughts, emotions, behavior, bio-chemical, relationships) and serves a purpose. The purpose of memory is to provide an orientation function and is thus an integral aspect of *lifestyle*. Memories serve as a reminder of a person's core beliefs and goals.

d) Analogy: a Rorschach card, each a random portrait of indiscriminate ink blots, is a tool used by some therapists. The client is asked to describe what she/he sees. Due to the non-expressive nature of the Rorschach card, the description is understood as a subjective projection, revealing internal process and dynamics.

e) The use of early memories as a projective technique was first developed by Alfred Adler. Early Recollections are the first projective technique described and utilized in the field of psychology. ER's are especially revealing in that they represent a double projection. Projection #1: of the thousands of childhood experiences, the client chooses these few. Projection #2: describing (interpreting) the experience or incident in the present moment.

f) An ER is defined as a single remembered incident taking place before puberty (there are exceptions, see page 3) preferably before age 10.

g) Distinguish between an ER and a *Report*. A report is a general recollection of something that happened repeatedly. Example of a report: *I remember when we vacationed at the cottage. We would play cards every night*….versus an ER: *I remember one evening while playing cards at the cottage, I won and everyone laughed and told me I was lucky*. When a client provides a report ask, *Can you remember one evening at the lake while playing cards?.*

h) Distinguish between and ER and a *Family Story*: A family story is a general recollection shared within the family over the years. Example of a family story: *I was told that when I when I was 3 years old, one Sunday at church, much to everyone's amazement, I danced in the aisles*. The key distinguishing factor is whether the client can actually visualize the incident.

i) It does not matter whether the incident actually occurred or occurred in the way the client remembers it. Memory is not an accurate recording of facts. It is a subjective and creative interpretation of experience. Recollections will be distorted by experiences and interpretations that proceeded and followed the incident. By definition, to some extent, all memories are inaccurate and a distortion of facts.

ER Interviewing Process:

a) For general Lifestyle Assessment purposes, ask the client to: *Think back to your early childhood and locate a single experience, a single memory, one that you can visualize. Once you have located the memory, share it just as you visualize it.*

b) Write down the memory verbatim just as the client describes it, with each moment in the sequence occupying one line. Don't be satisfied until you can picture the entire memory. Ask open-ended questions until you have a vivid picture of the entire incident; the beginning, middle, and end.

c) Obtain the age of the client in the memory and record the age next to the memory.

d) Next to each line or moment of the memory, have the client describe how she/he felt as a child at that moment. Write down the feeling(s) next to the related line.

e) Ask the client to describe the "snapshot" or "Polaroid" of the memory. *If you could stop the action of this memory at the point that for whatever reason stands out, what would that moment be.*

f) Gather additional ER's by asking, *What's the next memory that comes up for you?* Obtain up to 8 memories following the same procedures listed above. This process may take several sessions.

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g) When dealing with specific issues, you may employ the *Single Recollection Method*. Example: as a client is describing a current issue accompanied by intense emotion ask, *When was the first time you remember feeling that way about anything?* Or, as a client is describing a present issue and is clearly experiencing intense emotion ask, *What childhood memory comes up for you at this moment?* Based on the principle of holism, the only memory that can surface in these therapeutic moments is one that symbolically relates to the current issue.

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h) Early Recollections are a projective, insight producing method that apply not only to individual therapy (revealing beliefs underlying symptoms and difficulties), but also to couple therapy (revealing beliefs underlying intimate relationships) and to family therapy (revealing beliefs underlying parenting styles).

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i) Clients benefit tremendously from the "psychoclarity" that comes from better understanding their unconscious belief system as revealed by their Early Recollections. Over the years clients have consistently reported that this work has helped them to feel: (1) less "crazy", (2) more solid and whole, (3) more human, (4) better about themselves, (5) better able to separate the "there and then, from the "here and now", (6) freer to choose, to "catch themselves", to make better decisions.

ER Interpretation:

a) The principles involved in ER interpretation include:

(1) Holism: As you visit the client's memory, bring with you all that you know about the client, including symptoms and issues, functioning in the life tasks, and the family of origin system. Make the "critical connection" by asking – *What interpretation of this incident would make the present difficulties understandable and/or necessary.*

(2) Empathy / Validation: Place yourself in the memory as if you were the client. What interpretations of the incident make sense to you. Incorporate empathy also in realizing and helping the client to understand that the interpretations made were made from a childhood vantage point. Validate that the interpretation made sense at the time based upon the childhood position of inexperience and vulnerability. Help the client to understand that as with all human beings, childhood interpretations are carried forward "unconsciously" and impact the present.

(3) The Bottom Line: What does this memory suggest about one or more essential lifestyle elements:

- Self Image: *I am….my capabilities and limits are….*
- World View: *Life is….others are…*
- Gender Guiding Lines/Relational Image: *Men are….women are….relationships are….*
- Value System: *What's important to me is….*
- Goal Striving: *To attain security, belonging, significance, success I must… or must avoid….*

(4) Collaboration: Encourage mutual participation in the interpretation process. Educate the client about the elements of lifestyle. Ask Socratic questions such as, *How did you explain it to yourself back then? As a result of this experience, what lesson did you as a child learn? What might this memory say about what the world is like? . . . what men are like? . . . how relationships work?* Collaboration requires that any therapist based interpretations be verified by the client (recognition response).

There are different styles with respect to the timing of the interpretation process. The therapist may choose to interpret ER's as they are shared, as they come up, one at a time. The therapist may also choose to gather an entire set of ER's prior to going back and interpreting them.

ER Tips:

a) Memories accompanied by mostly positive emotions, tend to point toward what to pursue in life.

b) Memories accompanied by mostly negative emotions, tend to point toward what to avoid in life.

c) Look for patterns between memories. If more that one memory has a similar theme, realize that it represents an important interpretation. If an emotion is repeated from memory to memory, realize that this represents a significant lifestyle belief or solution.

d) Consider the *law of inverse consequences*. It's important not to neglect a memory that seems insignificant. It is likely remembered because it is quite significant.

e) Traumatic memories, such as memories of abuse are often withdrawn from conscious awareness. The process of not remembering is purposive, as life would simply be impossible to live with this memory as a reference point. Such clients, however, will have other memories that point to lifestyle beliefs and goals. It is vital that therapists never suggest to clients what the client may have experienced in their childhood. You don't tell them. Let clients tell you. Clients will remember traumatic events only when (a) remembering is relevant to their lives, (b) they have sufficient trust and support in place to help them work through the trauma, (c) they sense themselves as having sufficient inner strength to work through the trauma. To get to this point of trust and strength, significant therapy over time may need to take place.

f) Remembered "small [t] traumas" (emotionally charged and defining life events which often lead to distorted meanings) or "large [T] traumas" (events overwhelming to the system) were often not fully processed by the client, especially if they occurred earlier in childhood or represent overwhelming events, traumatic to the system. These memories are referred to as "implicit memories" meaning they remain stored in a part of the brain comprised of current memories and when an activating event occurs in the present, the individual copes with that event in an automatic, reactive, and primitive manner as if they are at the age when the trauma occurred. An important criteria for determining if a memory is "implicit" is that it is accompanied by strong emotional and bodily sensations. An important therapeutic intervention with implicit memories is the use of "reprocessing therapy techniques" such as EMDR (eye movement, desensitization, and reprocessing) or Lifespan Integration. These interventions have the effect, as a result of successful reprocessing, of shifting the implicit memory to an explicit memory, which shifts the storage of the memory in the brain from a present to a past event (to explicit past memory), freeing the individual up to utilize their adult resources when experiencing a heretofore activating event. These interventions are powerful tools in facilitating liberation and reorientation.

g) When clients claim to not remember any early childhood memories, consider (a) the client has not yet developed sufficient trust of the therapist, and more trust building time may be necessary before proceeding (b) asking the client to make up a memory which may either stimulate access to actual memories, or result in a fabricated memory that still possess projective value, (c) ask at what age their memories begin . . . typically their memories will begin later in childhood as a consequence of a significant life change, trauma, or loss - which required the child to reorient to life, relegating past memories to obsolescence, and required new memories to assist in the orientation to the new life situation.

h) A technique some find useful is to have the client create and write a headline for the memory. In the headline created by the client, the essence or lesson of the memory is revealed.

i) A technique that facilitates collaboration is to have the client write down on a lined piece of paper the guesses or interpretations made by both client and therapist. Following, the client reviews the list of possible interpretations and checks those which feel accurate and resonate within the client.

j) Memories may be used as a form of evaluation for the effectiveness of psychotherapy. Memories will actually change for clients who, as a result of successful therapy, experience a shift in their lifestyle. (a) While memories reported may be the same, there will be a shift in foreground and background, feeling, or outcome. (b) Different, more resourceful memories will be reported. (c) Most dramatic, some clients will actually not recall a memory previously reported, even when prompted.

LIFESTYLE ASSESSMENT

AN ADLERIAN PSYCHOLOGY MODEL FOR ASSESSING THE UNIQUE PERSONALITY

Client Name: _____

Date Assessment Began: _____

STATEMENT OF PURPOSE: What do you want to get out of this process for yourself?

THE SUBJECTIVE CONDITION:

Describe your concerns, symptoms, difficulties:

When did the difficulties begin?

What was going on in your life at that time?

Have you noticed a pattern?

What happens as a result of having this problem? Who else is affected by it, and how?

How would your life be different it you did not have this problem?

HEALTH STATUS
Health History:
Current Health Status:
Recent Health Problems:
Under a Physician's Care?
Medications:
Current Energy Level:
Regular Exercise?
Sleeping Pattern:
Dietary Practices:
Alcohol usage:
Tobacco Usage:
Caffeine Usage:
Drug Usage:

THE LIFE TASKS	
THE TASK OF WORK	**THE TASK OF FRIENDSHIP/COMMUNITY**
Work history and pattern, current job, satisfactions and dissatisfactions, relationships with supervisors, peers, subordinates, customers/clients, same gender/other	Quality and quantity of friends, gender differences, patterns of interaction, frequency of contact, who initiates, activities. Community affiliations and patterns of involvement

THE LIFE TASKS

FAMILY / EXTENDED FAMILY	THE TASK OF INTIMACY
Current family, family of origin, extended family involvement, frequency and quality of involvement, areas of satisfaction, difficulty, conflict.	History of love relationships, patterns of beginning/ending, current intimate relationship(s), areas of satisfaction, difficulty, conflict, ability to give/receive love and support.

FAMILY ATMOSPHERE, MILIEU AND VALUES

FAMILY ATMOSPHERE: From the frame of reference of being a child in your family of origin, describe what
the atmosphere was like – the "climate", the feeling tone. Include any significant changes in the atmosphere along

FAMILY MILIEU: Where did you live as a child? Describe the community/neighborhood. Describe the family's

FAMILY VALUES: Describe those values which permeated the life of your family of origin - spoken or unspoken.

PARENTAL INFORMATION

Mother's Name:	**Father's Name:**
Age if alive _____ At death _____Yrs Ago _____At Cl's birth____	Age if alive_____At death_____Yrs Ago_____At Cl's birth_____
Occupation:	Occupation:
What kind of woman was Mother? Include Mother's personality, temperament, interests, activities, strengths, weaknesses and values.	What kind of a man was Father? Include Father's personality, temperament, interests, activities, strengths, weaknesses and values.

Favorite Child?	Expectations of Client:	Favorite Child?	Expectations of Client:
Why?		Why?	

Mother's background and family of origin:	Father's background and family of origin:

Nature of Parent's Relationship

PARENTAL INFORMATION - GENDER GUIDING LINES - TIMETABLE

Relationship to Mother and Her Parenting Style:	Relationship to Father and His Parenting Style:

How like Mother? Unlike Mother?	How like Father? Unlike Father?

What Qualities make a Woman "feminine" to you?	What Qualities make a Man "masculine" to you?

How do you see yourself "measuring up" to this standard?

GENDER GUIDING LINE TIMETABLE	Alongside the relevant age - list those experiences, events, successes, traumas, etc. that occurred in the life of your parent of the same gender.

AGE	EVENT	AGE	EVENT

PSYCHOLOGICAL BIRTH ORDER VANTAGE

What kind of a kid/person/brother/sister was [ ]? What did he/she do well, have problems with? What was his/her role in the family?

1	2

3	4

5	6

SIBLING INTERACTION & STRIVING - SIGNIFICANT OTHER PEOPLE

SIBLLING INTERACTION:

Subgroupings among the children:

Who played with whom?

Who fought and argued?

Who took care of whom?

SIGNIFICANCE STRIVING: Which child among the siblings (client included) exhibited the trait the most, the least?

	MOST	LEAST		MOST	LEAST		MOST	LEAST
Intelligence			Masculine			Pampered		
Grades			Feminine			Shy		
Industrious			Bossy			Sickly		
Achiever			Stubborn			Sensitive		
Helpful			Moral			Charming		
Responsible			Critical			Athletic		
Conforming			Rebellious			Artistic		
Good			Vindictive			Social		
Pleasing			Punished			Cooperative		

DESCRIBE OTHER SIGNIFICANT PEOPLE IN YOUR CHILDHOOD: **Extended family, friends, neighbors, etc.**

THE CHILDHOOD SITUATION

1. Favorite stories, TV shows, movies, characters, celebrities, etc?

2. Daydreams as a child?

3. What did you want to be when you grew up?

4. Fears as a child? How did others respond?

5. Health problems as a child? How did others respond?

6. What was difficult for you? Emotional or developmental problems? How did others respond?

7. What were you good at? What did you enjoy doing? How did others respond?

THE CHILDHOOD SITUATION

8. Life in the Household: How was work managed? Who did what? Your role?

9. Life in the Neighborhood: Friends? Leader, follower, outsider, etc.? Activities?

10. Life at School: Successes/difficulties? Academics? Most/least favorite subjects? Peer group at school? Relationship with peers, teachers, administrators, etc.? Gender differences?

11. Describe your bodily development, appearance and how you felt about yourself.

12. Describe your sexual development, experience and initiation. How did you learn about sex? Changes at puberty and how you felt about it.

13. Describe your experience as an adolescent: Challenges, difficulties, how did others respond?

	EARLY RECOLLECTIONS Enter memory and feelings sequentially-line by line. [Bracket] the most vivid moment in the memory	CHILD'S FEELINGS
1		
AGE		
2		
AGE		
3		
AGE		
4		
AGE		

	EARLY RECOLLECTIONS Enter memory and feelings sequentially-line by line. [Bracket] the most vivid moment in the memory	CHILD'S FEELINGS
5		
AGE		
6		
AGE		
7		
AGE		
8		
AGE		

	LIFELINE
	Chronology of client's significant life events: experiences, changes, losses, traumas, etc
AGE/YEAR	**EVENT**

Key to the Lifestyle Assessment Form

Lifestyle Assessment is a holistic, contextual, historical, dynamic process of enquiry and illumination. The process is by definition collaborative, with the therapist providing the structure and the therapist and client together making sense of what is revealed.

There are varying styles of applying this process: (1) a deliberate sequential process of data gathering, followed by an interpretation/insight stage, (2) a deliberate sequential process with interpretation/insight occurring as the information is gathered, (3) the therapist using her/his intuition to go to the sections of the Lifestyle Assessment guide that are most relevant to the client's issues, and (4) an organic process of gathering contextual and historical information as it naturally unfolds in the dialogue between therapist and client.

In all manners of enquiry, the focus is on both the interfering ideas and goals that connect to the client's difficulties - and providing opportunities to encourage by revealing evidence of resilience, strength, and heroism.

Statement of Purpose:

It is vital to obtain the client's genuine ideas, free from the contamination of others, regarding what the client wants to get out of this process for her/himself. As a collaborator, the therapist may certainly offer what the therapist is curious about as well, and what the therapist hopes to understand better about the client's life pattern.

The Subjective Condition:

In this section the therapist and client are highlighting the nature, degree, context, impact, and pattern of the client's concerns, problems, symptom, or dysfunction.

Knowing when the difficulties began and what was going on that time usually leads to identifying a relevant environmental, developmental, or psychological stressor(s) that threatened the "lifestyle" and which resulted in a "dysfunctional" response.

Knowing what happens as a result of the "problem" and who else is affected and how, provides a beginning sense of the possible consequence and therefore a possible purpose the difficulty serves.

How life would be different without the "problem", is known as "The Question" as developed by Adler. This question has absolute relevance when the client's difficulty has an evasive quality about it – when it is designed (unconsciously) to avoid a life task or life responsibility. It does not have relevance when the purpose is more about realizing another kind of goal, e.g. attention, service, power, revenge, or success sought by being different than a parent or a sibling.

Health Status:

Adlerian Psychology understands people holistically. Mind and body function as a unity each affecting the other. Consequently it is important to know the client's health status and health habits. The "symptom" presenting by the client may have a bio-chemical component and benefit from medical intervention. The client's health habits may have a significant impact on the "symptom". Improving health habits may provide greater energy and ability to address the important psychosocial issues impacting the client's life.

The Life Tasks:

By evaluating the client's recent and current context we obtain a clearer picture of external stressors, resources, and patterns of interaction.

Look for the "radius of movement" – how involved is the client in each life task area. How much balance is there?

The client's patterns of relating in relationships throughout their engagement in the life tasks offer clues to lifestyle themes: Is the client hesitant, avoidant, dominant, passive, submissive, dependent, independent, isolated, courageous? What are the patterns with respect to gender relationships?

This is opportunity to highlight what is going well and where the client's strengths and successes are.

This is also an opportunity to engage in goal setting and to develop a "baseline" in order to determine progress over time. Lifestyle change will always result in relationship change.

From this point forward we "go back in time". The remainder of the Lifestyle Assessment process involves the client sharing information about their childhood experience from vantage point of what it was like back then, as a child, versus describing the current family members today and as opposed to looking back with an adult's evaluative perspective – "How did you experience that as a child".

Family Atmosphere:

A nice way to begin the review of the childhood context. Provides relevant information as to overall environment within which the client developed her/his lifestyle. While the family atmosphere is most correlated with the client's "world view", depending on the way in which the client describes her/his family of origin atmosphere and how much detail and explanation the client offers, this description may offer clues to self-image, gender guiding lines, as well as lifestyle goals and strategies.

Family Milieu:

This item involves the client's broader context; including economic, ethnic, religious, community, and cultural. This provides further information that further clarifies "world view" as well as all other lifestyle elements.

Family Values:

The values shared by both parents, whether spoken or unspoken, are referred to as "family values". They are generally experienced as mandatory, since they are agreed to by both parents and presented as shared expectations – a force to be reckoned with. Client's typically incorporate the family value within their own life and value system, or conversely must work very hard to defy and rebel against the family values.

Parental Information:

The description of each parent provides definite clues to the gender guiding lines. The parent's own family background provides a historical context to help the client understand that the parent's discouraging behavior was not a personal slight, dislike, or effort to hurt – but more accurately a reflection of their own life story and belief system.

The description of the parent's relationship with one another provides clues to what the client believes about how relationships work or should work, their "relational image".

The further descriptions of the parent's favorite child and parenting style helps to clarify the client's role in their family of origin as well as models for what it means to be a man or woman as well as a parent.

The gender guiding line timetable provides clues to possible "big numbers" issues. If for example a client's mother at age 43 became suddenly ill and soon thereafter experienced a long drawn out illness and death, and the client is approaching her 40th birthday, her confusing emotional distress is understandable as a "big number" issue.

Psychological Birth Order Vantage:

Each sibling, including the client, is entered in order, beginning with the first born, along with the number of years each is older or younger than the client, e.g. (+3) or (-2) A description of the sibling (and oneself) as a child follows. It is important to discover the personality of each sibling, what they were good at and where they struggled, along with their role in the family.

The sibling interaction section helps to clarify issues of alliance and competition.

The significance striving section is intended to further bring to light the ways in which the sibling group (as well as the client) each worked to find a place of significance in the family. The client does this by identifying which sibling most / least exhibited each trait.

Other Significant People:

Often provides valuable information about sources of support and modeling beyond the immediate family that the client creatively sought or experienced. It can be most encouraging to have the client consider bringing supportive and admirable people from their past into their psychological foreground.

The Childhood Situation:

This section provides a series of questions intended to provide more depth and breadth to the context already described. These questions may provide valuable clues to all of the lifestyle elements. Example: a client who now struggles with doing way to much for people to the point of exhaustion and depletion of himself had as a favorite character, "Superman".

The Early Recollections:

This section provides space to record up to eight early recollections. Space is provided for the age of the client and the feelings associated with the various segments of the memory. You may want to circle or underline the most vivid moment or "Polaroid" in the memory.

Memories provide clues to all of the lifestyle elements. Out of the thousands of memories we each have in childhood, we tend to remember those few that symbolically reinforce our belief system or "lifestyle". Look for the client's role in the memory, the role that others play, the role of gender, how the world or life looks in the memory, the movement and outcome of the memory, and the feelings associated with it. Ask yourself (and your client) what lesson was learned as a result of this experience. Make the critical connection by asking yourself (and the client) what interpretation of this childhood experience would make the client's current difficulties understandable and/or necessary.

Lifeline:

Provides a place to record in historical sequence those milestones and critical experiences, for better or for worse, and which define the essence of the client's life journey and life story.

LIFESTYLE ASSESSMENT – CLIENT ORIENTATION

Steven A. Maybell, Ph.D.

Lifestyle Defined: The term "lifestyle" is an Adlerian Psychology term for the person's core belief system – the foundation of personality. This belief system determines how we experience our present life – how we perceive, interpret, feel and act. Lifestyle acts as our "mirror", "map" and "compass". Lifestyle is the greatest influence on our life successes and difficulties.

How Lifestyle is Formed: As a child, each person has the task to immediately orient to the surrounding world. Since our brains and sense organs function well before we are born, we put these functions to work immediately. Soon after we are born we orient by drawing conclusions about ourselves, the world around us – life, what other people are like, and what works to bring security, belongingness and significance. This is a unique and creative process. These conclusions form our developing belief system. Those decisions made in the first years of life form the foundation of our lifestyle. Future experiences are filtered through this system and guided by it.

The Problem: Since the most important beliefs are formed in early childhood, at a time when we are small, weak and have limited experiences and models to draw from (i.e. experiences and models within this one family of origin), the beliefs we form are likely to be mistaken in certain ways. They often incorporate images of inferiority and include distortions about what others are like and what constitutes security, belongingness and success. These mistaken beliefs, formed so early in life are out of conscious awareness. Difficulties and symptoms, therefore tend to be experienced as life, others or our emotions or bodies letting us down. We remain unaware of the pivotal role our unconscious belief system plays.

The Good News: When through the lifestyle assessment process the interfering childhood beliefs are uncovered, clarified and understood as connected to the present difficulties, the adult (client) has the advantage of being able to re-evaluate what she/he decided as a child. The "psychoclarity" that comes from this process while commonly "disorienting" at first is liberating and sets the stage for the client developing more accurate, productive and encouraging beliefs. Since our emotions and behavior spring from our beliefs, this process can change our life in profound ways.

The Process: The therapist engages the client in a structured interview process that consists of first of all gathering the most important information about the client's present functioning and then to go back in time with the client to gather the most important information about the client's childhood, including information about the client's family and childhood memories. The therapist and client work together to make the "critical connection", answering the question "what possible interpretations of the childhood experiences would make the current behavior understandable and/or beneficial."

Preparation: The lifestyle assessment process can take anywhere from just a few sessions to a dozen or two sessions depending on the openness of the client, the pace and the style of the therapist and the interaction between them. It is quite common for the client to go through a period of disorientation during the lifestyle assessment process, as interfering core beliefs are uncovered and revealed. This disorientation may take the form of confusion, anxiety, sadness, tension, anger and/or uncomfortable shifts in one's life and one's relationships. While common, this can be discouraging for the client who expected that therapy would result in positive vs. uncomfortable feelings. This is not a sign that anything is wrong, but rather a sign that the client is truly engaged in the process and it is moving forward. It is most important for the client to discuss these feelings with the therapist as they arise. Once the client is able to reorient to new, more valid and productive beliefs, positive feelings and patterns of behavior emerge.

Success Factors: The "success" of the lifestyle assessment process depends on a number of factors. These include:

- The ability of the therapist to be respectful, sensitive and trustworthy
- How open and courageous the client is willing to be in telling her/his story
- How well the client and therapist work together as a team
- The accuracy of the collaborative interpretation process
- The motivation of the client to translate this work into her/his life

The process is usually followed by a "reorientation" phase where the client has the opportunity to integrate into her/his present life what was learned in the process.

Lifestyle assessment is dedicated not to superficial or symptomatic change, but to solid, fundamental and lasting change.

THE CASE OF ROBERT

LIFESTYLE ASSESSMENT: ISSUES AND BACKGROUND

Presenting Issue

The first contact was a phone contact with Robert's mother, Deborah, who expressed concern and worry over her son's behavior. She seemed desperate and wanted him to begin counseling sessions as soon as possible. She mentioned that Robert had a sexual compulsion and has had this problem for many years. Robert's parents drove him to his first appointment. He was a 21-year-old Caucasian male, average height and with a muscular build. He was a handsome young man with a very charming smile. During the first session, I spoke with Robert's parents first as they insisted that they speak with me prior to interviewing Robert. In hushed tones they described Robert's worrisome behavior – he was a "flasher", and had been exposing himself for several years, culminating in a recent arrest and "embarrassment" for the family.

The initial interview revealed that since age 12, Robert had been exposing himself to women, strangers he did not know. He was currently living at home as a result of his recent arrest. His girlfriend, Betty, was living with him at his parent's home. He was not currently working, planned to go to college sometime soon, and was being financially supported by his parents. He had worked on and off since age 16, never staying with a job for long or work he enjoyed. His ambition was to become wealthy, so he did not have to work. He had only a few friends, no close friends and spent most of his time with his girlfriend, his parents, or by himself. He enjoyed watching television with his girlfriend. His relationship with Betty was satisfying for the most part, although he would get frustrated and angry when she did not do what he wanted.

Background and Context of the Issue

Robert's exhibitionism began at age 12. The situation at the time was that Robert's older brother, Dave, who he was very connected to, left home to marry his girlfriend. This was real loss for Robert who had developed feelings of hate for Dave's girlfriend. At the time he privately thought of her as a "slut" and told some friends he would like to "F" Linda. The exhibitionism began soon thereafter, when one day he was riding his bicycle down the street not knowing that his zipper was open. The girl who saw him looked embarrassed and humiliated. He continued this behavior outside his neighborhood, choosing women roughly the same age as Linda. The behavior has continued over the years. He exposes himself when he is alone in his car and to a woman walking alone on the street or sidewalk. He has gotten less particular about the women he exposes himself to, most are in their 20's. Their typical reaction is shock and embarrassment. Robert expressed that he very much desired to overcome this problem, yet he admitted he enjoyed it and felt that a substitute activity would be necessary for him to succeed.

THE CASE OF ROBERT

LIFESTYLE ASSESSMENT: THE CHILDHOOD SITUATION

Family Atmosphere:

"Stifling", mother was always there, always around, also "warm", the family was "basically happy, and everyone got along".

Family Constellation:

Father – Very responsible, a perfect father, he was always there, handled the serious problems, very supportive and would spend a lot of time with the boys. Dad never got angry always stayed in control. He had one flaw, he would stay out later than expected "drinking with his friends". This really upset mom, who would comment that she smelled perfume on father's clothes.

Mother – A perfect mother. Very responsible. Way too overprotective, yet very loving. Worried about everything. Very understanding.

Dave – (+14) – Our relationship was like best friends, he was the best big brother and very understanding. Dave was very responsible, followed rules and expectations and never needed to be punished. He never spoke of girls. He was helpful around the house, and very helpful to me. We did a lot together, we loved each other.

Robert (21) – Spoiled, mom did everything for me, and when she didn't Dad or Dave did. I got a lot of attention for being cute, I loved it. I was very athletic. For some reason I was less liked than some kids. I was always curious, including curios about sex at a young age. The first year of school was tough. I was called "momma's boy". I later became the teacher's pet. I was real sensitive and cried a lot. I remember dancing in the aisle at church, everyone loved it.

The Early Recollections:

Age 4: We were at girls' house (she was 10 years old), we stripped, she was looking at me and I was looking at her. Feeling: Excited.

Age 6: My scissors were stolen at school and I knew who had them. I told the teacher that I knew who had them. She did not believe me and told me I had to pay for them. I told my mother. She came to school during class and raised "holy hell" with the teacher and the class. I got my scissors back. Feeling: Very embarrassed.

Age 6: I was infatuated with a girl in my class. I wanted to kiss her, although I believed she wouldn't let me. I snuck up on her from behind and kissed her before she could stop me. Feeling: Power and enjoyment.

The Powers Video – Case of Debbie – My Original 1986 Email to my Students:

At Friday's class, I plan to show a video of my mentor, Bob Powers, demonstrating Lifestyle Assessment. I want to preface this my stating that a number of my colleagues when watching the demonstration find it off putting in certain ways. To some Bob seems too forward, too directive. There are some things communicated by the client that he pays attention to, and other things he disregards. What I want to say about this is that, first of all, Bob was a first born – and you can see his tendency to "take command" at times, he was also an Episcopal Priest, and his priestly ways come through as well. If you look a little closer during the demonstration, you will see how much Bob both guides the interview, and also follows the client's lead. You will also notice when he makes an "educated guess" or offers a theory, it often resonates completely with the client, and when it doesn't he retracts his idea and again follows the client's sense of things. Another consideration in how you view the demonstration session, is to realize that this session is its own modality, "demonstration therapy", with the main purpose of teaching how an entire model works. It is a different modality than regular therapy. In regular therapy there are few time constrictions, and the pace is individualized for the client. It may take many sessions to naturally move through the various stages of the therapy model. In demonstration therapy, the therapist hopes to move through all of the phases or at least as many as possible in the brief time that is available. This is certainly true for this demonstration. Consequently, Bob needs to be more in the lead guiding the session through the phases, short-cuts are taken, and certain things are left unattended to. If Debbie had been an actual client of Bob's in his private practice, the first session would have looked vastly different. It would have been a much slower pace and Bob would have been less directive, more empathic and validating, and more Socratic in his approach.

Finally, please try to refrain from doing what I did, with Bob as my mentor, consistently feeling as though I could never do therapy like he does it, and in some ways wishing I could do therapy as he does it. Like all other therapy models, Adlerian Therapy can be done with a wide range of styles by therapists with vastly different personalities.

What I want you to pay attention to during the video is:

- Notice how a family systems lens is incorporated throughout the interview – this is where Adlerian Psychology has always been, the first family systems model.

- Notice how Bob fills in with a joke when there is technical difficulty at the beginning. What was he conveying?

- Notice the first interaction he has with Debbie at the beginning. What was he wanting to establish?

- Notice when he presents Socratic questions.

- Notice when Bob uses the Stochastic method (guessing) – how he phrases what he is contributing and how he responds when the client sees it differently.

- Notice how often Bob follows the client's lead – this is hard to notice because he otherwise comes across as so much in the lead . . . but it's consistently right there.

- Notice how observant Bob is regarding details of the client's communication, verbal and non-verbal.

- Notice how Bob explores the problem that Debbie presents

- Notice how he transitions back in time to understand how the client's role in the family and birth order position tie in, toggling between the past and the present.

- Notice how Bob explores the gender guiding lines and family development dynamics and how these fit it.

- Notice how he explores two early recollections and connects them to the client's present life.

- Notice the commonality in the "exogenous factors" (external life stressors and events) in Debbie's life.

- Notice how Bob is learning about how Debbie defines success and failure and their connection to each other, and how they fit into her difficulty.

- Notice how Bob, throughout is seeking to find out how the very behavior that is so troubling to Debbie, has a purpose.

- Notice how Bob, without realizing it himself, facilitates Debbie's emotional healing.

Thanks Everyone, Steve

PSYCHO-CLARITY: Another View of the Goal of Therapy

Many therapists are trained as if their task were to pursue the goal of changing the client.

In Adlerian Therapy, therapists learn to attend to keeping the goals of the therapist and client aligned. The therapist who wants the client to change is setting up for a fall. Only the client can decide when to change and what and how to change. Therapists who press for change, or who otherwise find themselves in conflict with their clients, witness a halt to the progress of therapy.

The concept of Psycho-Clarity asserts that the goal of therapy is to clarify with the client what the client is in fact doing. The client is invited to help the therapist to see more clearly what is in the client's thought, feeling, and action, and what its effects are upon the social field. As the therapist comes to see more clearly, the client does as well, until the unconscious benefits of the behavior may be understood. Until then only the suffering has been experienced.

Only at this point is the client free to reconsider, and in that liberation may decide to do so. As Adler wrote, "When one is attempting to redirect his life to a more nearly normal way of living, he will need to understand how he has been seeing the world."

The Psycho-Clarity formula is: You cannot change your mind until you know your mind. You cannot know your mind until you can speak your mind, and your speech brings the private logic into the common-sense world. It is no longer unspeakable.

So, therapy gives the client an opportunity to break the spell of the unspeakable by clarifying for the therapist. When I know my mind I can see that, while the past behavior was understandable, it is no longer necessary.

This approach extricates the therapist from the hidden (maybe not so hidden) agenda he or she has for the client to "improve" and to "change."

Client and therapist are united in the effort to understand what is going on, what it goes on for (its purpose), what it costs to keep it going, and what else is now possible.

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Holistic-Metaphorical Therapy and Adlerian Brief Psychotherapy

Richard R. Kopp

Introduction

Adler begins his book, *What Life Should Mean to You* (Adler, 1958), with the sentence "Human beings live in the realm of meanings" (p. 1). He states that "We experience reality always through the meaning we give it; not in itself, but as something interpreted" (p. 1).

Brief psychotherapy requires that we quickly understand the client's meaning in relation to a specific problem situation.

In this paper I will present an approach to identifying, exploring, and transforming subjective meaning based on holistic principles and the premise that human beings construct the meaning of reality metaphorically.

I will argue that *linguistically embedded metaphors* reflect a person's creative, holistic construction of the meaning of the situation represented by the metaphor. Further, linguistically embedded metaphors are seen as symbolic/imaginal representations of the life-style and private logic (Dreikurs, 1973), which serve to unify beliefs, feelings, cognitions, and behaviors. Thus, doing therapy in the "metaphorical domain" can facilitate significant and immediate holistic change.

Ansbacher (1972) points out that in brief psychotherapy, the therapy interview must focus on a specific problem, and must be goal- and action-oriented.

In the holistic-metaphorical approach, the focus is on the client's style of language, conveyed through the metaphors used in discussing the problem situation. Having explored the client's metaphorical meaning, the therapist helps the client to change the meaning by transforming the metaphor. This metaphorical transformation can stimulate a change in the pattern of beliefs, feelings, cognitions, and behavior associated with the problem situation represented by the metaphor. This brief intervention usually takes about five minutes.

I will first discuss the relationship between metaphor and meaning. Specific interventions will then be explored and illustrated.

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Meaning and Metaphor

Linquistically embedded metaphors, i.e., metaphors spontaneously generated in the context of spoken communication, involve seeing (more specifically, creating) a resemblance between two different things. (Note: For our purposes, metaphor and simile will be regarded as equivalent.) For example, a client who says "I feel like I'm up against a wall" uses the image of a wall to represent the frustrating situation being discussed in the session. This metaphorical meaning of the situation is expressed by the person in the moment of creating the metaphor. Following Vaihinger (1925), a metaphor is an "as if" fiction, for it is *as if* the actual situation were a wall.

All metaphors involve comparisons which are not literally true. The client's problem is not literally a wall. Thus, metaphors express unconscious fictions through analogy rather than through logic. Adler (1956) pointed out that "All cognition is the apperception of one thing through another. In understanding, we are always dealing with an analogy" (p. 79). Thus, we can regard metaphors as exquisitely clear, holistic, analogical expressions of apperceptive, cognitive processes.

Identifying Metaphorical Meaning

The therapist must attend to the client's metaphoric expressions. This requires practice, since it is contrary to our normal manner of processing information logically in terms of verbal content. It has been shown that right-hemispheric information processing involves image, analogy, nonlinear and holistic thinking, and patterns, whereas left-hemispheric processing relies on logic, language, sequential processing, analytic thinking, and segmentation into parts (Edwards, 1979; Oakley, 1985; Springer & Deutsch, 1985). Metaphors usually involve both image and word, since the metaphor is spoken (or written) in verbal conversation. Thus, therapy conducted in the domain of metaphor appears to involve the whole brain which may account for its impact.

I call this process "listening with the third eye" (after Reik [1948]

Listening With the Third Ear), because information is received by listening but processed visually in the "mind's eye" (Lazarus, 1977; McKim, 1980; Singer & Pope, 1978; Sommer, 1978).

Brief Metaphorical Interventions

Focusing on the metaphoric image representing the situation, the therapist attends to the client's metaphorical speech and selects a metaphor to work with. Interpretation and conceptualization involving theoretical concepts are intentionally avoided during this process.

Adler often described empathy and social interest with the metaphor "To see with the eyes of another, to hear with the ears of another, to feel with the heart of another" (Adler, 1958, p. 135). Working with metaphors expresses social interest by showing an emphatic understanding of a person as expressed in his/her imaginal/symbolic thought and speech. Also, this approach bypasses resistance since there is little for the client to resist.

Metaphoric Exploration. The therapist facilitates the client's exploration of the metaphor by stimulating an "inner search." This term was originally used to describe an aspect of Ericksonian hypnotherapy (Lankton & Lankton, 1983).

While picturing the metaphoric image in his/her mind's eye, the client is asked to describe his/her specific thoughts, feelings, and behaviors associated with the metaphor.

Inviting a Metaphorical Transformation. The therapist asks the client, "If you could change the metaphor (image) in any way so it would be better (more encouraging), how would you change it?"

Suggesting a Metaphorical Transformation. If the client fails to create a transformed metaphor, or if the change is not very encouraging, the therapist suggests changes which might help. To be of value, the change must be accepted by the client. The therapist attends to his/her own images, while asking himself/herself for a more encouraging change in the metaphor. Note that the change should be limited to one aspect of the metaphor.

Relating the metaphoric image to the referent situation. The therapist may ask the client, "How does what we just did relate to your problem situation? Does this suggest any changes you might make in viewing and dealing with the problem?" In actual practice, we have found that many clients make this connection spontaneously.

Case Example

Kathi, a 19-year-old college sophomore, was seen in the college counseling center regarding difficulties she was having with her father and others due to her reluctance to express her true feelings, particularly negative feelings.

In the 10th session of brief therapy she was discussing her anger at someone, when the therapist asked her if she had told the person she was angry. The dialogue went as follows:

K: Well, no, I didn't say I was angry.
T: Why not?
K: I guess I *showed* him I was angry by just clamming up and not saying anything. See, I think that people should be able to read me and know what I'm feeling without my having to tell them. I think I make it obvious enough.
T: (Focusing on the metaphoric image) People should be able to read you?
K: Yeah, I think I make it as plain as words on a page.
T: (Exploring the metaphor) Well, that would make you like a book, wouldn't it?
K: Yeah, I guess.
T: But what you've told me over and over is that this doesn't work for you. People have trouble reading you.
K: (smiles) Yeah, they do.
T: Well, books are fine if people take the time to read them. But they are also quiet. You can't hear them. (At this point the therapist should *invite* the client to transform the metaphor, perhaps by saying "How might you change the image of a 'book' or 'words on a page' so that others would understand you better?") (Transformating the metaphor) What if you were a television? Then people could both see and hear how you were feeling.
K: I get it (laughs). And when I didn't want to broadcast anymore, I could just turn myself off.
T: That's right. Looking at it like that puts you in a more active role, rather than passive like a book?
K: Yeah, I see exactly what you're saying.
T: (Relating the metaphor to the situation) Think you could try that out the next time you're mad?
K: Yes.
T: (Note: the therapist could ask, "What might you do?")

After this interchange, things improved for Kathi in her interactions with her father and others. She began expressing her feelings directly and effectively, and she became noticeably more enthusiastic and active in therapy and in her other relationships.

Summary

Holistic-metaphorical therapy is an approach to understanding and changing the meaning a person gives to a situation. While focusing on the client's style of language, especially linquistically embedded metaphors, several brief intervention steps were presented for exploring and transforming metaphors in order to stimulate constructive change in the problem situation. A case example was discussed which illustrates this approach.

Reference Note

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REORIENTATION IN ADLERIAN PSYCHOTHERAPY

Steven A. Maybell, Ph.D.

Reorientation is the fourth phase of the four-phase Adlerian therapy process. It may occur at anytime during therapy. Whenever the "mistaken" elements of a client's lifestyle are illuminated, the natural process of reorientation begins to unfold both consciously and unconsciously. To fully comprehend reorientation, it is important to know that inherent to the process is the natural tension between: (a) maintaining the familiar and often imperative belief system and life direction, and (b) the natural movement toward a new orientation and direction once it has been revealed as "mistaken" or "interfering". As always, patience, collaboration, creativity, & empowerment are called for.

1) Therapeutic *Encouragement*: Value the client as she/he is, believe in the client, recognize client strengths, resilience, heroism, effort, progress . . . always see the potential for the client to be more whole, balanced, connected, courageous, and confident. Impact = reduction in inferiority feelings, increase in self-esteem, greater strength available for the rigors of a full reorientation.

2) Empathizing with and validating how the dysfunctional pattern or symptom is in line with the client's life story and related belief system – including the client's "lifestyle" goals and strategies.

3) Encouraging client self-acceptance, empathy, and validation of the pattern or symptom developed as a creative solution in line with her/his life story.

4) Help client recognize "disorientation" in its many forms (insecurity, anxiety, depression, anger) as natural and expected - and a sign of progress.

5) Help client recognize that a disruption in relationships, often an adverse reaction from significant others - as a sign of progress.

6) Since behavior is goal related, and the dysfunctional pattern/symptom is experienced as necessary and familiar - client "resistance" to change is natural and expected. Help the client understand this . . . and . . . refrain from imposing your own ambition for change thereby aiding the resistance.

7) Trust in the process and in the Adlerian teleological principle that states that behavior is always oriented toward a goal of self-enhancement. Once the clients belief system, solution and strategy is accurately and empathically revealed and recognized as mistaken or interfering in their present life (while it made sense in their early past experience), the client's whole system will begin reorienting in a more effective direction. Avoid the temptation of taking responsibility for eradicating the pattern or symptom – of providing the new direction – let the "artist" do the work. This is the test of true *empowerment*.

8) The "mirror technique" involving the therapist holding the mirror up to the client to reflect how the client continues to operate on the familiar beliefs and goals. Related is the process of helping the client learn to "catching oneself" – whenever in day to day life the client notices, in a manner consistent with their familiar orientation, the tendency to automatically interpret situations or utilize a "mistaken" goal or strategy.

9) Illuminate the price paid – the consequence experienced for the lifestyle "solution".

10) Contribute "outsight" - the impact of the client's orientation on significant others, the reciprocal requirement.

11) Evaluate the "fear factor" – what the client imagines will happen if she/he moves in a new direction.

12) Creating "third choices" by creating new psychological pathways:

- memory reproduction, reprocessing therapies (EMDR, Lifespan Integration)
- metaphorical transformation
- empty chair (encountering significant others from the past or present who are tied to the client's interfering ideas and dysfunctional patterns)

13) Creating "third choices" by seeking new possibilities:

- the unconscious and natural creative process at work
- experimenting with new ways of thinking and acting . . . "acting as if"
- identifying role models from the past, the present, from any source in order to help the client blaze the "pioneering" trail.

14) Paradoxical strategies – "steering into the slide", lessons from Winnie the Pooh

Altogether in every step of treatment we must not deviate from the path of encouragement.

(Alfred Adler in The Individual Psychology of Alfred Adler, page 342)

Essentially Individual Psychology is a method of limitless encouragement.

(Alfred Adler from Individual Psychology, page 27)

Encouragement means . . . ***to restore the client's faith in himself, the realization of his strength and ability, and the belief in his own dignity and worth*****.**

(Rudolf Dreikurs from Psychodynamics, Psychotherapy, and Counseling, page 13)

Therapeutic Encouragement is a deliberate communication conveyed through attitude, words, and actions that sends that message that the client is worthwhile as she is, has strengths and resources to solve life's problems, and has the intrinsic ability to enhance her life and the lives of others.

(Steven A. Maybell)

Only the activity of an individual who plays the game, cooperates, and shares in life can be designated as courage.

(Alfred Adler in Superiority and Social Interest, page 60)

Courage is not the absence of anxiety, it is rather the capacity to move forward in spite of anxiety.

(Rollo May in The Courage to Create)

Courage means moving forward without the guarantee of success.

(Robert L. Powers)

Empathy and Validation

"You're feeling frightened about the challenge that's facing you?"

"It makes so much sense that you would not trust him any longer!"

Provides an enhanced sense of not being alone in life and that even one's "craziness" has integrity.

Unconditional Acceptance

"I think you are OK just the way you are!"

Helps to foster self acceptance, inner strength, and the ability to see life as a journey (with continual development) vs. a struggle (where one's value is continually at stake).

Active Seeing - recognizing the client's strengths, qualities, resources, and effort

"I am so impressed with your relentless honesty."

"While it did not turn out as well as you had hoped, you moved forward and confronted the issue and learned from the experience."

Helps the client begin to see their strengths more vividly, enhancing the client's perception of what may be possible.

Recognize the client's heroism and heroic stories

"It is amazing to me that given the models from your childhood along with so many horrific experiences, you were able to survive and develop such wisdom and concern for others."

Every human being has a degree of resilience, creativity, and heroism about their life. Bringing this out can only add to a client's self regard and appreciation and balances the tendency to be preoccupied with the misery of the past and all they see that is wrong with themselves.

(Continued)

Believe in the client, instill faith, hope, and confidence – trust in the client's inner wisdom and unique creativity

"I have faith in you and in the real possibility of creating a better life. While real change takes time, I believe you have what it takes."

Without hope, nothing is possible. With hope, anything is possible.

Empowerment: While I am with you, I can't do it for you:

"It's important that I am clear with you, if I've learned anything in this field it is that I can't *make* anyone else's life better. The only life I can change is my own. At the same time I am with you all the way and believe in our team. My role is to contribute to your self-understanding, the generation of new possibilities and provide well deserved encouragement. Only you have the power to translate this work into your life."

True client empowerment is undermined the degree to which the therapist assumes responsibility for outcome and for change. Conversely, when we make room for the client's creativity and inner resources, when we "give the gift of responsibility" we are ultimately empowering.

Strengthening the Therapeutic Alliance

All of the elements listed in “Elements of Encouragement” help “build the bridge” of the therapeutic relationship, strengthen and empower the client – building the client’s courage to face life and to contribute to life.

Education

Whenever we take the time to impart relevant information which increases the client’s knowledge of their difficulties, their relationships, and strategies that are designed to effectively address their life challenges – clients are armed with new resources to move forward with enhanced courage. Education takes many forms, e.g. about relationship dynamics and skills, about stress and stress management, about loss and the grieving process, or about the dynamics of trauma.

Psychoclarity

Helping client’s to understand their own unconscious belief system and goal orientation, how it impacts their social field, and makes their difficulties possible is ultimately encouraging. This empowers clients to see integrity in their own discouraging experiences, provides the impetus for considering new possibilities, and strengthens the client’s courage.

Re-Processing

Taking the time to work through high impact experiences - losses and traumas, helps clients “move down the track” so to speak in their inner and outer worlds. This process provides empathy, validation, clarity, relief – stimulating movement forward. It lightens the client’s psychological burden, and thus increases the client’s courage to move forward in productive and contributive ways.

Generating New Possibilities of Meaning, Purpose, and Action

The process of creating new possibilities with the client - enhances courage. Whether considering a new approach to a relationship or other life challenge, re-writing and reproducing early memories, re-creating client based metaphors or children’s self-created stories - possibility creation enhances courage.

Paradox

An approach where the therapist takes the position of helping the client to appreciate - based on the client’s life experiences and interpretation of those experiences, just how important and essential the symptom or dysfunctional behavior actually is . . . is the ultimate in empathy, validation, respect, and empowerment.

MEMORY RE-AUTHORING – AN ADLERIAN REORIENTATION METHOD

Steven A. Maybell, Ph.D. © 1989

An Adlerian Therapy reorientation method, which helps create possibilities, *new psychological pathways*.

This therapeutic strategy is based upon on an Adlerian perspective that recognizes memory as serving an important purpose, providing for the human being an orientation function - a reminder of how the individual sees him/herself, others, life, success and failure. Memory is a key in understanding a person's *lifestyle*, the Adlerian concept for personality, more specifically the core belief system formed in the context of the family of origin and other early life experiences. *Lifestyle* determines the way in which the individual perceives life and moves through life. *Lifestyle* is central in understanding the basis for all behavior, including dysfunctional patterns of behavior. By creating a new more encouraging version of an old discouraging memory - new possibilities, new pathways are developed.

PROCESS:

1. Obtain a memory through the formal lifestyle assessment process, through the single recollection method, the lifestyle assessment process, or through the natural flow of discussion about the client's life.

2. Provide *psychoclarity* through a mutual interpretive process. Uncover what the memory is reflecting about the client's private logic, their unconscious belief system; e.g. conclusions drawn about self, others, life, men, women, and what constitutes success, significance and security.

3. Engage the client in a collaborative conversation, essentially becoming "co-authors", by communicating something like, *What we're after is to create a more encouraging memory, not by changing the challenge embedded in the memory, but by changing the perspective or action taken by the child in the memory or by increasing some strength or characteristic of the child. So if you could change anything about yourself in the memory; your resourcefulness, your choices, your attitude, your feelings and/or your actions, or anything else about yourself in the memory, what would you change? And then how might the events in the story change as a result?*

The root word of encouraging and encouragement is "courage". Therefore the emphasis is on altering something about the child (client) in the memory in a way that would reflect greater wisdom, resourcefulness, autonomy, flexibility, consideration, cooperation, and contribution to the needs of the situation.

Sometimes clients will initially suggest that the memory be altered in a way that would be ideal, where they imaging themselves as a child who is indulged, where success occurs without effort, where others respond with "magical" support, where the client is in an absolutely safe or superior position, etc. THIS IS NOT ENCOURAGING! The therapist's role is to help facilitate the creation of a new story that if taken as a new possibility, will offer a more encouraging image of themselves and their response to the challenges of life.

As a general rule it is useful to make sure that difficulties remain in the memory, yet they are responded to and met with creativity, determination, persistence, and with greater self-respect balanced with the respect of others.

4. The exploring of a re-authored memory is a collaborative process. Try on new possibilities of story lines, asking as you do, what would that story feel like?1 Continue working on it until the clients feels not only "better" but "empowered".

5. Once a new memory is mutually agreed upon:

   a) Ask the client to situate themselves so that they are balanced in the way they are sitting as well as comfortable. This usually involves the client sitting with both feet on the floor. Ask the client whether they internally visualize better with their eyes open or closed (most people visualize better with their eyes closed, but not all). Affirm that either open or closed is fine. Ask the client to limit the amount of stimulation they are taking in by concentrating only on their breathing, not to change it but just to notice it – have them observe their natural inhale and exhale, the rise and fall of their abdomen,. Add any additional relaxation techniques of your choosing (guided imagery, progressive muscle tightening and relaxing, etc.). Continue this for several minutes until you sense that the client is in a more relaxed state.

   b) Once the client is in a heightened state of relaxation, have the client visualize themselves first choosing and then entering a "peaceful place", a place of their own choosing or creation they have been to before or that they are forming internally, that feels peaceful and safe.

   c) Once in the peaceful place, have the client visualize themselves seated in a comfortable position picturing a screen before them.

   d) The therapist reads the new re-authored story in a clear, slowly paced manner. Invite the client to picture the story on the screen and notice silently what they see, hear, feel, and sense in their body as they do so.

   e) After reading and having the client sense the re-authored story, while still in the "peaceful place" have the client describe what they are experiencing now.

   f) Repeat the reading and visualizing of the re-authored story at least twice, followed by having the client share each time what they feel in the moment.

   g) Repeat this process until the client reports feeling something along the lines of: feeling calm, feels natural, I feel stronger, feel more confident, or more hopeful. With repetition and further integration the feeling reported usually evolves in a more positive direction.

   h) It may take 3-6 times for the memory to become "internalized".

   i) When you are to the point of being satisfied with the level of integration, have the client again relax by focusing on their breathing. Count backwards from 5 to 1, and invite the client to return to present time and place.

   j) Spend a few minutes processing the experience together.

The re-authoring process does not erase the old memory. However, there is now a new alternative story that has been strengthened within the client through this process. The shift is one that goes beyond words to an experience - the experience of the new re-authored memory. This new story represents a new vision, a new identity, new possibilities – a *reorientation* from the way the client has been experiencing themselves and life to one more empowering and hopeful.

Client Dynamics

A 29 year old male client, Roger's presenting problem was "agoraphobia". His symptoms included a fear of driving by himself outside of the confines of Escondido (his home town). He was able to drive his automobile by himself within Escondido. He feared something horrible would happen to him if he were to travel beyond this boundary. Typically his brother or friend would drive him, if he needed to travel longer distances. Roger is a youngest child of two, still living with his parents, and worked part time doing custodial work.

Client Memory

(Age 6) "I've just received my first bicycle. It has training wheels. My older brother (who rides a regular bike) and I are riding in the street in the front of our house. I feel like I'm beginning to catch on when I crash into a parked car. My arm feels broken and is bleeding. My brother gets my Dad who takes me to the hospital. I have a broken arm. The doctor sets my arm. The whole time my Dad is kind and attentive to me, which is very unusual, because he usually ignores me."

Most vivid moment: There are two, crashing into the car (I feel shocked, hurt, afraid), and at the hospital with my Dad (I feel loved, cared for, safe).

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1) What are your guesses regarding the lifestyle conclusions Roger may have developed in this memory, and that connect to the current dysfunctional behavior?

2) How might you suggest the memory be changed to provide a more encouraging resource for this client?

- **The termination process, the client's experience of it, and the most effective approach will vary based on a number of factors, including: (1) the length and nature of the therapeutic relationship, (2) whether the termination was desired by the client as a result of a positive outcome, resulted from dissatisfaction in the therapeutic relationship, or occurred "unnaturally, e.g. the client moving, the therapist leaving, the school year coming to an end, (3) the client's dynamics and life experiences, e.g. whether the client has experienced significant losses or abandonment in her life.**

- **Plan from beginning with possible exceptions, e.g. clients with issues of abandonment and attachment. For these clients a therapeutic alignment is the first order of business and termination can be discussed at a later time.**

- **Provide notice, 3 weeks or more if the termination if the nature of the termination allows for it.**

- **Recognize ending the relationship is different for every client.**

- **For some it will mean a relief, a celebration, or have a neutral effect – research suggests that this is the most common client experience.**

- **For others it may be a hard and complicated loss.**

- **When it is a positive experience for the client to end therapy, the focus can be on the how the therapy progressed, the gains made, the client's role in their progress, the client's strengths, and to share appreciation and admiration.**

- **When a hard loss, it is often connected to all the other losses the client has experienced in life. This is a time to reflect upon and help the client to grieve those losses activated by the termination of the therapeutic relationship.**

- **Ending the relationship also has meaning/feeling to the therapist.**

- **When it is hard for the therapist, this is a time for consultation and support.**

- **Termination is a time to reflect upon where the client was at the beginning of therapy, including the initial concerns and symptoms, the goals that were set and what has or has not been gained. One solid idea is to have a client compose a letter for the file at the beginning of therapy describing their life, concerns, and symptoms. At the end, this letter provides an excellent sense of how the client has progressed as you are ending therapy. Clients often lose sight of the contrast between where they were and where they are.**

- **Termination is a time for the therapist and client to provide a perspective on the client's value and strengths.**

- **This is a time to reflect upon the relationship and what it has meant, for both the client and the therapist.**

- **This is time for the therapist to be both professional and humanly genuine. It is not counter-therapeutic for the therapist to express feelings of sadness or appreciation about the relationship, the privilege of working with the client, all the therapist has learned, and the honor to be on the journey together. Use consultation to help you with this if it is called for, especially if you have strong feelings about ending the relationship.**

- **Is a ritual in order? A way of concretely honoring the client's value, strengths, and progress?**

- **It is not unusual for some clients to revisit their symptoms or dysfunctional patterns as termination approaches. This is often an effort to justify continuing. Use clinical judgment and seek consultation in how best to respond to this challenge.**

- **Termination is a time to remind the client that the therapist, agency, profession is available anytime in the future.**

LIFESTYLE SUMMARY – THE CASE OF ROBERT

The Presenting Issue:

The presenting issue Robert wanted to address in therapy was a compulsion to exhibit his genitals to women. This issue began at age 12 and has been a pervasive and compulsive behavior ever since. He was recently arrested exhibiting himself through the picture window of his apartment. While he is aware that this is a problem, he honestly admits that he enjoys it and could not comprehend giving it up without replacing it with an outlet as enjoyable.

Summary of Family Constellation

Robert was the youngest child of two, with a much older brother born into his original family whose atmosphere could be described as “stifling”, “warm” and accommodating.

The masculine guiding line established by father portrayed an image of self-control, absence of anger, a tendency to overindulge in drink and unknown indiscretions.

The feminine guiding line set by mother included perfectionism, a dedication to family – especially her children, over protectiveness, and over involvement.

The parenting style of the parents, particularly in relation to Robert, was an over accommodating and pampering style, primarily from mother who also developed many subtle ways to control and manipulate her youngest son. Robert did not lack for involvement, attention and affection.

The relational image of the parents reflected a fairly traditional arrangement, with mother being the domestic caretaker and father making the important decisions. Mother tolerated father’s indiscreet behavior, instead exercising her control with the children, especially Robert.

Dave the oldest son and fourteen years older that Robert, found his place in the family through responsible and helpful behavior. He was an asset to his parents, played by the rules of the household, and essentially did what was expected of him, which included providing a supportive and understanding relationship to his younger brother.

Robert the youngest child, found his place in a way characteristic of the youngest. He found a variety of ways of getting attention and special service. He was charming and cute, relying upon the adults for most everything. He grew to believe that no pleasure should be denied him.

Robert’s life went along quite well so long as everyone continued to accommodate to him. At age 12, a significant life event occurred. Robert’s brother and best friend, Dave, decided to leave home to marry. This infuriated Robert. He created an ambition to revenge himself on women who he blamed for this tragic occurrence. He “chose” a

solution which satisfied his need for vindication, providing him additional attention from women (which he had grown used to) turned the tables on a mother that he felt overpowered him, and kept him in line with his masculine image (real men have private encounters and don't express anger). At the same time these goals and strategies were withdrawn from awareness thus safeguarding his self-esteem.

Summary of Early Recollections

- Stripping with a 10-year-old friend – Significance and pleasure is derived by having the complete attention of women.
- The school incident – I need the involvement of the woman of my life to be secure and resent their tendency to overpower me. I can't express this resentment directly.
- Stealing a kiss – A sense of power and enjoyment is found when I am able to dominate (shock and surprise) a woman and sense her humiliation.

The Interfering Ideas

- I am an inferior person who needs the strength of others to survive in this world.
- I am significant only when I have the complete attention of the women in my life.
- Women will take advantage of me, attempt to control and manipulate me. I am justified in overpowering and getting even with them.
- Real men have a secret and private life, and do not express anger.

Qualities, Strengths and Resources

- Tremendous courage
- Friendly and outgoing
- Willingness to understand self
- Desire to overcome problems
- Honest and open
- Intelligence

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RESUME

Steven A. Maybell, Ph.D., LMFT

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Current Positions:

- CoHear/BCS: Counseling and Psychotherapy services in a private practice setting
- PT Faculty: Marriage & Family Therapy, Seattle Pacific University / Couple & Family Therapy, Seattle Univeristy
- The Institute of Adlerian Counseling and Therapy: Adlerian training and clinical supervision

Past Professional Experience:

- Director of the Student Counseling Center: Seattle Pacific University (2005-2019)
- Clinical Director: Youth Eastside Services, Bellevue, Washington (1996-2005)
- Director of Counseling Services: Lifeline Community Services, Vista, California (1975-1996)
- Director of Professional Studies/Faculty: The Americas Institute of Adlerian Studies (1983-1996)
- President: The San Diego Society of Adlerian Psychology (1983-1994) - Board Member: (NASAP) 1990-1998
- Faculty: Psychological and Social Services Program- Palomar College, San Marcos, CA (1976-1996)
- Faculty: The Professional School for Psychological Studies, North San Diego County (1984-1990)
- Faculty: The Adler School for Professional Psychology, Vancouver, B.C, (1996 to 2005)
- LMFT & LCSW Oral Examination Commissioner: California Board of Behavioral Sciences (1980-1996)
- Psychotherapist and Family Counselor in Private Practice (1980 to 2005)

Education:

- Bachelor's Degree in Social Work – California State University Long Beach
- Master's Degree in Social Work – San Diego State University
- Ph.D. in Counseling Psychology - La Jolla University

Specialized Training Received:

Carl Rogers (Person Centered Therapy), Virginia Satir (Family Therapy), Albert Ellis (Rational Emotive Behavioral Therapy), Victor Frankl, Rollo May, and Irving Yalom (Existential Therapy/Group Therapy), William Glasser (Reality Therapy/Choice Theory), David Epston (Narrative Therapy), Scott Miller and Barry Duncan (Narrative Therapy & the Common Factors Model), Daniel Siegel (*Interpersonal Neurobiology/The Mindsight Institute)*, Peggy Pace & Cathy Thorpe (Lifespan Integration), Francine Shapiro (EMDR), Kurt Adler, Tee Dreikurs, Robert Powers, Oscar Christensen, James Bitter, Richard Royal Kopp, and Frank Walton (Adlerian Therapy).

Licensure, Certification, and Honors:

- Licensed Marriage and Family Therapist – State of Washington
- Licensed Independent Clinical Social Worker – State of Washington
- Mental Health Professional / Child Mental Health Specialist – State of Washington
- Clinical Fellow & Approved Supervisor – The American Association of Marriage and Family Therapy
- Diplomate in Adlerian Psychology – North American Society of Adlerian Psychology
- Diplomate in Professional Psychotherapy – IABMCP
- Diplomate in Clinical Social Work – National Association of Social Workers
- Certified Clinical Trauma Professional – International Association of Trauma Professionals
- EMDR training (level 2) and Lifespan Integration training (level 2)
- Clinical Supervisor of the Year – Washington Association of Marriage and Family Therapy
- Clinical Supervisor of the Year – University of Washington School of Social Work
- Certificate of Professional Studies in Adlerian Psychology – The Americas Institute of Adlerian Studies
- Who's Who Among Americas Teachers – Biographical Listing

Publications:

Calming the Family Storm, IMPACT, 2004
Raising Respectful Kids in a Rude World, PRIMA, 2001
Journal of Individual Psychology (various professional articles)
Parenting a New Tradition, LIFELINE, 1986

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www.AdlerIdaho.org

The 4 Objectives of the Idaho Society of Individual Psychology

1. Provide an opportunity for people to share in applying Individual Psychology to education, medicine, business, family, and mental health.

2. Encourage personal and professional growth.

3. Encourage research in and stimulate the further scientific development of individual psychology.

4. Assemble a library relating to Adlerian Psychology for use by the members.