An Adlerian Based Approach to Trauma, PTSD and SUD Treatment in Women

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Abstract

The dual diagnosis of post-traumatic stress disorder and substance use disorders affects a large number of people. Various treatments have been used for addressing these co-occurring disorders and have now been empirically tested. There are several ways to approach the treatment of co-occurring disorders: integrated (treatment of comorbid disorders at the same time, by the same provider); sequential (treatment of one disorder, then the other); parallel (treatment of each disorder, but in separate treatments); and single diagnosis (treatment of just one disorder). The goal of this project is to examine an integrated treatment of dually diagnosed post-traumatic stress and substance use disorders. Secondary objective includes the exploration of applying an Adlerian perspective of lifestyle and social interest to enhance treatment outcomes. The final goal is to show evidence that treatment for the dual diagnosis of posttraumatic stress disorder and substance use disorders may be improved by incorporating an Adlerian theoretical approach to integrated treatment.

Keywords: integrated, co-occurring, social interest, lifestyle, coping
# Table of Contents

Abstract .......................................................................................................................... 2

Introduction ................................................................................................................... 5

Comorbidity & Treatment of PTSD & SUD Should be Integrated .......................... 6

Adler’s Suggestions for Integrating Social Interest Development .......................... 6

What is Trauma? ............................................................................................................. 7

Definitions and Clinical Presentations ....................................................................... 7

DSM-5 PTSD Criteria .................................................................................................... 7

DSM-5 SUD Criteria ..................................................................................................... 8

Significance and Relevance of PTSD and SUD to Integrated Treatment ............. 9

Prevalence and Significance of Trauma in Women .................................................. 10

Relationship of Trauma and Addiction ..................................................................... 11

Studies of Prevalence of Trauma in Women .............................................................. 11

Comorbid PTSD and SUD Treatment and Rate of Relapse .................................... 12

Clinical Challenges in Treatments for Comorbid PTSD and SUD ....................... 13

Is Integrated Treatment of PTSD and SUD Appropriate ........................................ 14

Sequential and Integrated Treatment of PTSD and SUD ....................................... 14

Introduction to the Basic Tenets of Adlerian Theory .............................................. 15-18

Holism, Lifestyle, Social Interest, Feeling of Inferiority, Striving for Superiority,

Superiority Complex, Compensation

Striving for Superiority at all Costs: Useless Living .............................................. 18

The Inferiority Complex is a Form of Self-Centeredness and Self-Defeating .......... 18

Conceptualization of Adlerian Concepts .................................................................. 19
Adlerian Life Tasks Assessment ................................................. 20
Symptoms of PTSD and the Five Adlerian Life Tasks ......................... 21
  Adlerian Five Life Tasks .......................................................... 21
Adlerian Understanding of Neurosis ............................................... 22
The Importance of Encouragement ............................................... 23
  Escape Coping ........................................................................ 23
Social Interest Increases Coping from an Adlerian Based Perspective .... 25
  Empirical Research on Social Interest ......................................... 25
Applying Adlerian Theory to Integrated Treatment of PTSD and SUD .... 26
  Overcoming a Sense of Helplessness by Increasing Social Interest .... 26
  Measuring Adler’s Social Interest as a Broad Construct ................. 27
  Adler’s Theory as an Integrated, Holistic Model with Interconnections 28
  Mental Health Hinges Upon Belonging Rather Than Personal Power 28
  Multidimensional Adlerian Theory ............................................. 29
Conclusion .................................................................................. 30
Summary of the Experiential Project .............................................. 30
References ................................................................................. 32-38
An Adlerian Based Approach to Trauma, PTSD and SUD Treatment in Women

The purpose of this Master’s Project is to compare substance abuse disorder (SUD) individuals with co-morbid posttraumatic stress disorder (PTSD), which occurs as a result of trauma. For this paper SUD is defined as either substance abuse or dependence and is used interchangeably as described by the DSM-IV, American Psychiatric Association, 2000).

The paper compares their use of coping through social interest of an Adlerian Individual Psychology approach to integrated gender-specific trauma-informed outpatient treatment services. The clients with PTSD and SUD comorbidity will gain specific treatment services to learn important characteristics of women with trauma who attend outpatient substance abuse treatment. Also, the clients will gain an overview of specific treatment approaches, knowledge, and coping skills for women with trauma and substance abuse disorders. Most importantly, the clients will gain knowledge and resources to achieve an increase in social interest through a complete understanding and experience; they will conceptualize as an active interest in the welfare of humankind, and identification and empathy with others (Ansbacher & Ansbacher, 1956).

According to an Adlerian based integrated treatment approach, clients develop a sense of self and self-worth when their actions arise out of, and lead into, connections with others. A sense of connection with others, not separation, is the guiding principle of growth for women which provides the beneficial outcome of growth-fostering relationships, as well as understanding the impact of disconnections. Disconnections happen at the sociocultural level, as well as the personal level, through racism, sexism, heterosexism, and classism. Disconnections happen due to stigma and gender differences (Covington, 2008).

Comorbidity & Treatment of PTSD & SUD Should be Integrated
Post-traumatic stress disorder (PTSD) and substance abuse (SUD), are commonly co-occurring conditions (Back, Greenfield, Lawson, & Brady, 2010). Both PTSD and SUD can be conceptualized as disorders with significant experiential avoidance components (Hayes, Wilson, Gifford, Follette, & Strosahl, 1996). Given the high comorbidity of these conditions, it would be helpful if therapies simultaneously targeted common functional processes underlying the multiple problems of the dually diagnosed. Treatment of co-morbidity and treatment targeting co-occurring PTSD and SUD is suggested with integrated treatment and implementation of increasing coping knowledge through social interest. Increasing social interest is being recommended as an intervention to reduce recidivates and relapse of PTSD and SUD symptoms.

**Adler’s Suggestion for Integrating Social Interest Development**

Adler stated that the treatment of individuals with low social interest should include the identification of their non-useful attempts to solve life’s problems and the substitution of the more useful methods of solving life problem areas. In addition, those with deficiencies in social interest would benefit from the awareness of the importance of social interest and associated benefits (Adler, 1964). Thus, according to Adlerian Individual Psychology, social interest can, in fact, be developed through interventions in the integrated treatment setting and in individual therapy.

Some methods for developing social interest with co-occurring PTSD and SUD is described as providing training and education related to increasing social skills and networking, increasing the social activity of clients, and integrating families into the clients’ treatment programs, and is described in the literature (Maniacci, 1991).
Therefore, the literature related to possible ways in which social interest could be developed in therapeutic systems adds to the importance of consideration of the usefulness of social interest in integrated treatment programs.

**What is Trauma?**

When defining trauma, it should not be limited to suffering violence but should also include witnessing violence as well as the stigmatization because of gender, race, poverty, incarceration, or sexual orientation. The term violence, trauma, abuse, and posttraumatic stress disorder (PTSD) are often used interchangeably.

One way to clarify these terms is to think of trauma as a response to violence or some other overwhelmingly negative experience (e.g. abuse). Trauma is both an event and a particular response to an event. The response is one of overwhelming fear, helplessness, or horror (Covington, 2008). PTSD is one type of disorder that results from trauma.

Complex PTSD usually results from multiple incidents of abuse and violence (such as childhood sexual abuse and domestic violence). A single traumatic incident in adulthood (such as motor vehicle accident or a hurricane) may result in simple PTSD (Covington, 2008).

**Definitions and Clinical Presentations**

**DSM-5 PTSD Criteria Changes**

The DSM-5 criteria for posttraumatic stress disorder differ significantly from those in DSM-IV. As described previously for acute stress disorder, the stressor criterion (Criterion A) is more explicit with regard to how an individual experienced “traumatic” events. Also, Criterion A2 (subjective reaction) has been eliminated. There were three major symptom clusters in DSM-IV—re-experiencing, avoidance/numbing, and arousal—there are now four symptom clusters in DSM-5, because the avoidance/numbing cluster is divided into two distinct clusters: avoidance
and persistent negative alterations in cognitions and mood. This latter category, which retains
most of the DSM-IV numbing symptoms, also includes new or reconceptualized symptoms, such
as persistent negative emotional states. The final cluster—alterations in arousal and reactivity—
retains most of the DSM-IV arousal symptoms. It also includes irritable or aggressive behavior
and reckless or self-destructive behavior. Posttraumatic stress disorder is now developmentally
sensitive in that diagnostic thresholds have been lowered for children and adolescents.
Furthermore, separate criteria have been added for children age 6 years or younger with this

As demonstrated, there are quite a few changes from how we currently think about
PTSD. One major change is the removal of the requirement that someone needs to experience
fear, helplessness, or horror in response to a traumatic event in order to meet Criterion A.
Another major change is the splitting up of the avoidance symptoms in DSM-IV into two
separate clusters of symptoms. In the DSM-5, the avoidance symptoms of PTSD are separated
from negative changes in thoughts and mood (such as emotional numbing). It is hoped that these
changes will improve mental health professionals' ability to accurately identify PTSD, as well as
improve our ability to treat PTSD.

DSM-5 SUD Criteria Changes

The DSM-5 categorizes a variety of separate substance use disorders (SUDs) with criteria
being rated on a severity scale within each diagnostic category. Previous editions of the DSM
identified two separate categories of substance use disorder, “substance abuse” and “substance
dependence,” but the new diagnostic manual combines these disorders into one (American
Psychiatric Association, 2013).
SUDs are now referred to along a single continuum, and they are designated in the DSM-5 as mild, moderate or severe. Now, two or more of 11 criteria need to be present for a diagnosis of SUD-Mild. For SUD-Moderate, it’s four or more, and for SUD-Severe, it’s six or more. In addition, the criterion of legal problems no longer appears and a new criterion in the diagnosis of SUD has been added to the DSM-5: craving (American Psychiatric Association, 2013).

For the purpose of this paper, SUD will be defined as either substance abuse or dependence and used interchangeably, as described by the DSM-IV (American Psychiatric Association, 2000).

**Significance and Relevance of PTSD and SUD in Integrated Treatment**

Treatment for women’s addictions is apt to be ineffective unless it acknowledges the realities of women’s lives, which include the high prevalence of violence and other types of abuse in women. A history of being abused increases the likelihood that a woman will abuse alcohol and other drugs (Covington, 2008). In the past, substance abuse treatment was developed as a single-focused intervention. Counselors focused only on addiction and assumed that other issues would be dealt with by another helping professional at a later time (Covington, 2007). In researching women, trauma, PTSD, and co-morbidity of addiction, a vast majority of the literature shows that a history of traumatic experiences and/or being a victim of abuse increases the likelihood that women will abuse alcohol and other drugs (Bloom, 1998; Covington, 2001; Vesey, 1997; Bureau of Justice Statistics, 1999).

Drug and alcohol use can be a coping strategy for women living with violence --a way to numb themselves, and to isolate and block out painful memories of past violence. For women living with current or past abuse and mental illnesses, substance abuse can be a form of self-
medicating when prescribed psychiatric medication is ineffective or has unpleasant side effects (Arboleda-Flórez, 2003).

Violence prevention, substance abuse prevention, and mental health promotion are important for women who have mental health issues and have been victims of violence; because, they are the most vulnerable to re-victimization once they become ill, both at the hands of abusers and by the mental health service providers as well as a justice system that purports to help them (Morrow, 2002)

**Prevalence and Significance of Trauma in Women**

Trauma is common in women; five out of ten women experience a traumatic event. Women tend to experience different traumas than men. Women's experiences of trauma can also cause PTSD. The most common trauma for women is sexual assault or child sexual abuse. About one in three women will experience a sexual assault in their lifetime. Rates of sexual assault are higher for women than men. Women are also more likely to be neglected or abused in childhood, to experience domestic violence, or to have a loved one suddenly die. After a trauma, some women may feel depressed, start drinking or using drugs, or develop PTSD. Women are more than twice as likely to develop PTSD as men (10% for women and 4% for men) (National Center for PTSD, 2014).

There are a few reasons women might develop PTSD more than men:

- Women are more likely to experience sexual assault.
- Sexual assault is more likely to cause PTSD than many other events.
- Women may be more likely to blame themselves for trauma experiences than men
- Some PTSD symptoms are more common in women than men. Women are more likely to be jumpy, to have more trouble feeling emotions, and to avoid things that remind them
of the trauma than men. Men are more likely to feel angry and to have trouble controlling their anger than women. Women with PTSD are more likely to feel depressed and anxious, while men with PTSD are more likely to have problems with alcohol or drugs. Both women and men who experience PTSD may develop physical health problems (National Center for PTSD, 2014).

**Relationship of Trauma and Addiction**

The health effects most commonly associated with violence are those that relate to emotional and psychological functioning. The relationship between trauma, addiction and mental health is a complex one, and a causal relationship is not immediately clear; however, the connection throughout the reviewed research is well established. Research has shown that the rate of reported abuse in childhood and/or adulthood among women with mental illness and substance abuse disorders is alarmingly high: 80% of psychiatric inpatients have been physically or sexually abused (Rajan, 2004). According to the National Survey on Drug Use and Health (NSDUH), clients with substance use disorders are much more likely to have a mental illness than people without substance use disorders (2005). Most of these assaults are at the hands of people that they loved and trusted which makes the situation even more traumatic, especially when it comes to trust and safety for women (Covington, 2008).

**Studies of Prevalence of Trauma in Women**

Studies conclude one in two women in the U.S. experience some type of traumatic event (Kessler, 1995). Approximately 33% of females under age 18 experience sexual abuse (Wyatt & Powell, 1999). The prevalence rates of PTSD in community samples have ranged from 6% to 36% (Resnick, Kilpatrick, Dansky, Saunders, & Best, 1993). Along with studies documenting
that PTSD rates among substance using populations to be between 14%-60% (Brady, 2001; Najavits, Weiss, & Shaw, 1997; Triffleman, 2000).

A national study of the prevalence of serious mental illness (SMI), substance use disorders (SUD), and posttraumatic stress disorder (PTSD) in nearly 500 female jail inmates in urban and rural counties in the United States found a majority of women in jail had at least one of the assessed mental health disorders in their lifetime. One in four women met criteria for lifetime SMI, PTSD and SUD; 82% had a lifetime substance use disorder (SUD); 53% had posttraumatic stress disorder (PTSD) in their lifetime; 43% had a serious mental illness (SMI) such as depression (28%), bipolar disorder (15%), or schizophrenia (4%) (Lynch, DeHart, Belknap, & Green, 2012).

**Comorbid PTSD and SUD Treatment and Rate of Relapse**

The presence of co-morbid posttraumatic stress disorder (PTSD) has been associated with the poorer substance use disorder (SUD) outcomes. For example, Brown, Stout, and Mueller (1996) compared substance-dependent women with and without co-morbid diagnosis of PTSD and their alcohol-and drug-use status 3 months post discharge from inpatient substance abuse treatment. Although the endpoint of relapse did not differ from PTSD status, women with PTSD were found to relapse more quickly than women who did not have PTSD. In another study, Brown and Stout (1997) tracked 56 SUD patients (32 with PTSD and 24 without PTSD) for 6 months after their discharge from inpatient treatment. They found that PTSD and non-PTSD substance dependent patients did not differ in overall relapse rates or overall percentages of days abstinent. However, compared with non-PTSD patients, PTSD patients relapsed faster, drank more on those days when they did drink, and had heavier drinking days during the follow-up period.
Although existent research shows that SUD-PTSD patients present a more severe and complex symptoms of psychopathology (Brady, Killeen, Saladin, Danski, & Becker, 1994), their poorer alcohol and drug outcomes appear specific to PTSD rather than a greater psychopathology in general (Ouimette, Ahrens, Moos, & Finney, 1997).

**Clinical Challenges in Treatments for Comorbid PTSD and SUD**

The clinical expression of substance use disorder is a serious problem with psychological, social, physical and economic impact. The co-existence of two disorders, known as co-morbidity or dual diagnosis and the relationship between a psychiatric disorder and substance dependence is complicated and many scientists support that psychopathology often forms the ground for the development of dependence (Papastavrou, Farmakas, Karayannis, & Kotrotsiou, 2011). The co-morbidity or dual diagnosis, individuals suffering from Post-Traumatic Stress Disorder (PTSD) and Substance Use Disorder (SUD), is an issue that worries professionals as it concerns care, therapy, rehabilitation and the relationship between the two disorders. Despite improvements in substance use therapy, individuals with current PTSD continue to exhibit increased disability and poorer functioning over the 2-year follow-up. These findings highlight the importance of assessing multiple outcomes (Mills, Teesson, Back, Brady, Baker, Hopwood, Sannabale, Barrett, Merz, Rosenfeld, & Ewer, 2012).

Addicted women are more likely to experience the following comorbid disorders: depression, dissociation, post-traumatic stress disorder, other anxiety disorders, eating disorders, and personality disorders. Mood disorders and anxiety disorders are the most common. Women are commonly diagnosed as having "borderline personality disorder" (BPD) more often than men. Many of the descriptors of BPD can be viewed differently when one considers a history of childhood and adult abuse (Covington, 2007).
Is Integrated Treatment of Trauma, PTSD, and SUD Appropriate?

Women who do not receive appropriate intervention for trauma, mental health, and substance abuse issues may fall through the cracks, and eventually end up in the correctional system. The question is “with proper interventions and integrated treatment of trauma and substance abuse, will coping skills increase and will social interest play a decreasing recidivism role for women?” The dependent variable is a decrease in relapse or recidivism and the independent variable is an increase of coping through social interest in an integrated treatment of PTSD and SUD. The cause and effect being—by increasing a comorbid PTSD and SUD individual’s coping skills through increasing social interest, the result will be a decrease in relapse or related symptoms. The more certain a study is that one variable (i.e., coping with social interest) is having the desired effect, the greater the internal validity becomes. The more that can be generalized (based on the literary review), to the general population (in terms of gender, age, ethnicity, etc.), the greater the degree of external validity will be for future research.

Sequential and Integrated Treatment of PTSD and SUD

The dual diagnosis of post-traumatic stress disorder and substance use disorders affects a large number of women. Post-Traumatic Stress Disorder (PTSD) and Substance Use Disorders (SUD) each involve symptoms that can be quite debilitating (American Psychological Association, 2000). Various treatment methods have been used for addressing these co-occurring disorders and have now been empirically tested. These treatments can be divided into two categories: sequential and integrated (Drake, Antosca, Noordsy, Bartels, & Osher, 1991). For the purpose of this paper I will be considering the integrated treatment approach.

While the literature on associations between PTSD and SUD is well established, very few randomized control trials (RCTs) of treatments targeting PTSD/SUD are available. The most
common challenges associated with treating SUD/PTSD patients included knowing how to best prioritize and integrate treatment components, patient self-destructiveness and severe symptomatology, and helping patients abstain from substance use (Back, Waldrop, & Brady, 2010).

**Introduction to the Basic Tenets of Adlerian Theory**

In an Adlerian theoretical framework, behavior is viewed as purposeful, goal directed, and self-determined. People set their own goals and determine their own movements through life; although, rarely are they fully conscious of their goals or why they behave the way they do. The questions are: What is the purpose of the behavior? What purpose does the action or inactivity serve?

Adler describes humans as motivated by a desire to belong. Humans are socially embedded. They are motivated to find their place in their families, at school, at work and in society. If humans feel inadequate or inferior to others, then they doubt their place in the group. Instead of moving towards participation and cooperation, they defend themselves against those demands. Some of Adler’s basic tenets are the follows:

**Holism.** Adlerian theoretical framework is holistic meaning each individual is viewed as more than the sum of her/his physical, mental and emotional faculties: mind and body are interdependent, as are what is conscious and unconscious. Behavior is best understood as part of a unity of pattern, which leads to an emphasis on each individual’s unique lifestyle, a term that conveys movement rather than the term ‘personality’ (John, 2011).

**Lifestyle.** An individual’s lifestyle is shaped by experiences in the first few years of life. Birth order, family circumstances and siblings all contribute, but a person’s own individual ways of making sense of what they experience is even more important. In the Adlerian framework, it is
important to listen to clients past memories (however accurate) because they are the bases of
their beliefs about themselves, others, and life in general – and what they believe they must do in
order to find significance, belonging, meaning, or even survival? Adler believed that individuals
all have one basic desire and goal: to belong and to feel significant. Everything they do in their
life has the goal of making them feel better or safe; but their notion of the way the world works
and what they must do, our ‘private logic’, is often faulty and leads to them becoming stuck and
unhappy. That’s because private logic is based on the conclusions an individual came to when
we were four, five, or six year olds (Ansbacher & Ansbacher, 1956).

Social Interest. One of Adler’s key concepts is that of social interest. “Social interest” in
German is “Gemeinschaftsgefühl,” which translates as “community feeling,” as opposed to one’s
private interests or concerns. As Adler (as cited in Ansbacher & Ansbacher, 1956) noted, social
interest is "an evaluative attitude toward life" expressed through empathic understanding of
others. Regarding the conditions necessary for social interest to be developed and maintained, he
wrote, empathy and understanding are facts of social feeling, of harmony with the universe. . . .
The ability to be trained only if one grows up in relation to others and feels a part of the whole.
One must sense that not only the comforts of life belong to one, but also the discomforts. One
must feel at home on this earth with all its advantages and disadvantages (p. 136).

Feelings of Inferiority. "If a person is a show-off it is only because she or he feels
inferior, because she or he does not feel strong enough to compete with others on the useful side
of life. That is why she or he stays on the useless side. She or he is not in harmony with society.
It seems to be a trait of human nature that when individuals - both children and adults - feel
weak, they want to solve the problems of life in such a way as to obtain personal superiority
without any admixture of social interest. A superiority complex is a second phase and is the compensation for their inferiority [feeling] complex” (Ansbacher & Ansbacher, 1956, p. 260).

Striving For Superiority. According to Adler, the sole dynamic force behind all human actions is a striving for success or superiority since they are born with physical inadequacies, which make individuals feel inferior to those around them. As a result, people commit very early in life to rid themselves of these feelings of inferiority. There are, however, two ways to overcome those feelings: striving for success and striving for superiority, the latter of which is less mentally healthy (Griffith & Powers, 1984).

Superiority Complex. "The superiority complex is one of the ways that a person with an inferiority complex may use as a method of escape from her or his difficulties. She or he assumes that she or he is superior when she or he is not, and this false success compensates her or him for the state of inferiority which she or he cannot bear. The normal person does not have a superiority complex, she or he does not even have a sense of superiority. She or he has the striving to be superior in the sense that we all have ambition to be successful; but so long as this striving is expressed in work it does not lead to false valuations, which are at the root of mental disease." (Ansbacher & Ansbacher, 1956, p. 260).

Compensation. Alfred Adler suggested whenever people experience feelings of inferiority; they automatically experience a compensatory need to strive for superiority. As a result, people push themselves to overcome their weaknesses and achieve their goals (Adler, 1931). Compensation can also prevent clients with PTSD from trying new things or attempting to address their shortcomings leading to increased substance abuse and more traumatic events being experienced. Compensation prevents people from overcoming their feelings of
inferiority and pushes them further away from social interest and deeper into the cycle of traumatic abuse and substance abuse.

**Striving for Superiority At All Cost: Useless Living**

An individual who is not properly trained to answer life's problems may turn from striving for superiority in useful ways to that of a personal superiority at all costs. If people cannot be better than another on his or her own accord, they will attempt to tear down another person or group to maintain his or her superior position. Many times this is where self-defeating behaviors play into the maladjusted person searching for superiority. One of the things one must be aware of is that while so many people strive for superiority, they all approach it in different ways (Corey, 2013).

Feelings of inferiority in turn lead to self-aggrandizement and the pursuit of a useless style of life. They result in the promotion of self-interest over social interest. Social interest is more important than individual interest; put slightly differently, the best expression of individual interest is to veer towards social interest. Only after recognizing one’s basic mistakes and taking mental note and acting against them can one then segue to a useful style of life. Undeveloped or underdeveloped social interest is evidenced by the poor performance of basic life tasks. Reorienting oneself to pursue one’s social interest in turn reorganizes one’s style of life and enables one to avoid committing further basic mistakes (Kronemyer, 2009).

**The Inferiority Complex is a Form of Self-Centeredness and is Self-Defeating**

Adler identifies the source of basic mistakes as an “inferiority complex,” which is behaving “as if” one was of lesser stature (emotional, physical, intellectual) than others, and then creating a style of life based on this belief. The inferiority complex is more than just cognition or an attitude. It is a form of self-centeredness and is self-defeating. If one solely pursues self-
originated objectives, then one tends to self-isolate and to avoid risk. People have a self-concept, which is one’s belief about who one is. People also have a self-ideal, which is a belief about how one should be. If an individual experiences dissonance between these two, then the greater the tension between them will be and the greater one’s feelings of inferiority, because one is acting primarily to preserve one’s concept of self (Kronemyer, 2009).

**Conceptualization of Adlerian Concepts**

One’s “style of life” is the set of construals and personal narratives one has devised in order to cope with being-in-the-world. If one has social interest, then one evidences or enacts a “useful” style of life. If one does not have social interest, then one is self-absorbed and is concerned only with one’s self. Such a style of life is “useless” (Kronemyer, 2009).

The condition of being useless is not pathological. A person doesn’t “have” (possess) a defined set of psychological symptoms. Rather, they “use” them in their dealings with others and live within their parameters, confines and restraints. They believe there must be some benefit to deploying them and that their life would change for the worse if they were not able to do so. In this sense neurosis is a form of reality-evasion. The useless person is not sick, rather just “discouraged” because the dysfunctional relationships she has developed result in loss of social functioning and subjective mental distress. Reorienting oneself to pursue one’s social interest in turn reorganizes one’s style of life and enables one to avoid committing further basic mistakes (Kronemyer, 2009).

Dreikurs (1989) suggested that substance abuse problems develop in selfish pleasure seeking behaviors without social interest. Addicts need to contribute to an immediate group to enhance their feeling of worth and experience a sense of meaning in their life.
It should be understood that this striving for superiority for a well-adapted individual, is not striving for personal superiority over others, but is striving to overcome a problem or setback, or finding useful answers to questions in life. When faced with the task, the individual will experience a feeling of inferiority, failure, or a sense that the current situation is not as good as it could be. This feeling is similar to stress. If the individual has not been properly trained, the task may seem too much to overcome and lead to an exaggerated feeling of inferiority, or intense anxiety. The individual may, after several unsuccessful attempts to accomplish the task, give up on mastering the task, experiencing serious inferiority feelings, or a depressed state. The individual may also make several attempts at solving the problem to find a solution to the problem that creates other problems in other areas. There is only one reason for a person to sidestep to the useless side -- the fear of defeat on the useful side (Ansbacher & Ansbacher, 1956).

**Adlerian Life Tasks Assessment**

Adlerian theory maintains that all individuals are social beings, so we must not look at the individual in a singular context, but in the context of how they interact with society as a whole. Alfred Adler originally proposed that there were three tasks of life: love, work and friendship that we must all work at to have healthy mental health. Years later two other life tasks were proposed: self and spirituality. An individual’s mental health is dependent upon the feeling of working toward a satisfying and meaningful solution to all of the tasks of life (Hawes & Blanchard, 1993).

As an individual develops from a child to an adult, they draw conclusions about life and people based upon their experiences and interactions as children and their interpretations of those experiences. It has been noted that an individual who has experienced trauma and abuse will have a great chance of experiencing many difficulties in key areas of their lives. Many of the articles that were reviewed for this project concluded that it is a good chance that those survivors will suffer from many of the symptoms, if
not all that are required to be diagnosed with PTSD (Carlson, 2000; Darves-Bornoz, Lepine, Choquet, Berger, Degiovanni, & Gaillard, 1998; Felitti, Anda, Nordenberg, Williamson, Spitz, & Edwards, 1998).

Symptoms of PTSD and the Five Adlerian Life Tasks

This section of the paper will follow-up on the symptoms of PTSD as they apply to the Adlerian five tasks of life. Cobia, Sobansky, & Ingram (2004) reviewed research that concluded that the symptoms of PTSD that many survivors experience will hinder them in many forms of interpersonal functioning such as poor personal adjustment, social isolation, mistrust of men (or women), interpersonal difficulties, and problems forming and maintaining relationships and increased reports of relationship dissatisfaction. From research reviewed we can conclude that many survivors struggle with coping with life tasks satisfactorily.

Adlerian Five Life Tasks

From an Adlerian perspective, people are all social beings and must consider within the context of how they relate to the community (Corey, 2013). Adlerian theory describes five tasks of life that everyone must participate in whether they have healthy or unhealthy mental health on a daily basis (Griffith & Powers, 1984).

The five Adlerian tasks are:

1. The self task refers to how individuals feel about themselves and the things that they do to enhance their meaning in this world.

2. The other social task consists of our interactions with other people such as friends other meaningful interpersonal relationships.

3. The love task refers to the intimate relationships and marriage

4. The occupation task is how one makes his or her living and how each use their skills to contribute to society.
5. The spirituality task refers to how individuals determine meaning for one’s own life, is probably the most broadly defined of the life tasks. According to Gilliland and James (1998) a person must define a spiritual self in relation to the cosmos, God, and universal values and how to relate to these concepts to obtain a spiritual centeredness such that the other life tasks all take on meaning (p. 45).

According to Adler, individuals must address each task to the fullest degree to live a fulfilling life. If failure to face and meet them directly, results in neurosis or in individuals with comorbid disorders, increased isolation and dysfunction in the life tasks may result. In many situations, individuals that have experienced trauma and abuse will struggle with living out the tasks of life effectively (Sue, Sue, & Sue, 2006).

**Adlerian Understanding of Neurosis**

In Ansbacher and Ansbacher (1956), Adler asserted that addiction was a form of neurosis including other symptoms such as depression and anxiety. Adler also believed addiction was an acute feeling of inferiority marked by being shy, having a liking for isolation, being oversensitive, impatient, and irritable (p. 423). When having these other symptoms, it is hard for the addict(s) to recognize that they have a problem. Denial is a useful ego defense; when an individual lacks the courage to see the real self.

Post-traumatic stress disorder is a problem-laden response to intolerable, extreme situations. Basic cognitive mistakes lead to life-styles marked by reduced involvement with the external world, decreased interest, constricted affect, and the feeling of estrangement from others. The clinical experience suggests that individual responses to combat experiences can be understood in terms of Adlerian variables of self-esteem and social interest. The affected are severely discouraged persons. Courage (active social interest) with which to manage life tasks
has been lost, while threatening (sexually, physically or emotionally), high-risk situations may be sought in useless strivings for power and control (Blackburn, O'Connell, & Richman, 1984). For women the experience of trauma is any stressor that occurs in a sudden and forceful way and is experienced as overwhelming and they are left with hopelessness and helplessness due to a loss of power.

The deeper the sense of hopelessness and powerlessness the more intense the need to hang onto symptoms and to view one’s self as unique among all others who compensates under severe stressors (Blackburn, O'Connell, & Richman, 1984).

**The Importance of Encouragement**

Adlerian theory promotes encouragement as the key ingredient for improving relationships with others. It is the single most important skill necessary for getting along with others – so important that the lack of it could be considered the primary cause of conflict and misbehavior. Encouragement develops a child’s psychological hardiness and social interest. Yet this simple concept is often very hard to put into practice. Encouragement conveys the idea that all human beings are worthwhile, simply because they exist. Encouragement enhances a feeling of belonging which leads to greater social interest. Social interest is the tendency for people to unite themselves with other human beings and to accomplish their tasks in cooperation with others. Half the job of encouragement lies in avoiding discouraging words and actions (Dreikers & Ferguson, 1989). Encouragement is a key concept in promoting and activating “social interest” and “psychological hardiness” in individuals (Griffith & Powers, 1984).

**Escape Coping**

Escape coping is known as ‘self-medication’ but preferred terms are “coping through escape” or “escape coping”. This is because drugs are not being used to medicate against a
specific problem but rather as a means to avoid having to remember distressing events, having to feel anxiety, pain or fear and to “insulate” one away from the often overwhelming pressures resulting from complex life issues. Escape coping can become a vicious and counter-productive cycle of behavior, where increasingly the person is trying to escape from the harmful consequences of drug use by escalating use, and thus worsening the problems from which they are trying to escape (Hammersley & Delgarno, 2013).

As described in Hammersley and Delgarno, (2013), services need to be careful to challenge and provide support to build the capacity of the drug user to challenge this belief. In particular, they should desist from openly or implicitly assessing or assuming that people are not ‘ready’ to change until their problems have become almost fatally bad. A care planning approach centered on the person’s ultimate self-responsibility, which takes into account his/her prevailing social circumstances, is recommended. Besides personal isolation the addicted suffer from social exclusion through societal stigmatization, portraying addicts as imperfect people rather than demonized and alienated addicts or recovering addicts.

Addiction along with holding onto symptoms of trauma allows some people to cope and not face reality. It becomes an effective way of evading life tasks for individuals who lack the courage to participate in their social relationships. In the process, again, they become tremendously self-centered. They use their addiction or symptoms of trauma to deal with all aspects of life. This delays the normal development and alienates the individual from self, their core values, and society. They believe they have no sense of belonging or significance in the world (Yang, Milliren, & Blagen, 2009).
Social Interest Increases Coping from an Adlerian Based Perspective

The attempt is made to examine the relationship between integrated treatment of Trauma (PTSD) and SUD outcomes. The effort is to explore how adaptive and maladaptive coping along with lack of or presence of social interest influences the PTSD-SUD relationship with women (gender specific) treatment outcomes when treatment is based in Adlerian Individual psychology. When women develop a sense of self and self-worth and their actions arise out of, and lead back intro-connections with others, outcomes of treatment for PTSD and SUD will improve. Connection, not separation, through social interest is the guiding principle of growth and improved treatment outcomes for women through growth-fostering relationships. An Adlerian based integrated treatment approach creates a holistic view of health that acknowledges the physical, emotional, psychological, and spiritual aspects of disease. In this truly holistic model, the environmental and sociopolitical aspects of disease are also included.

Empirical Research on Social Interest

According to Leak and Leak, (2006), supporting Adler’s theory, research has established that individuals with relatively high levels of social interest, as assessed by a variety of instruments, possess common personality traits, such as friendliness, empathy, cooperation, tolerance, nurturance, and constructive independence. Such individuals have also been found to have higher levels of marital satisfaction, faith development or spiritual maturity, a lower likelihood of sexually abusing others, and fewer symptoms of neuroticism, such as anxiety, hostility, and depression. (p. 208)

In a study by Brewer and Carroll, 2010, they examined social interest, social self-efficacy, and general self-efficacy levels of high school volunteer mentors and their non-mentor peers, along with the effects of gender, prior mentoring experience, and experience as a mentee.
Findings suggest higher levels of social self-efficacy, higher numbers of female volunteers, and higher rates of former mentees among mentor populations.

**Applying Adlerian Theory to Integrated Treatment of PTSD and SUD**

Adlerian theory has been suggested as a model for understanding both personality and maladjustment. Maladjustment occurs when a person's personal goals are inconsistent with social interest; that is, the person strives for personal superiority without regard for the welfare of others. A person's lifestyle—or characteristic ways of perceiving self, others, and the world—largely determines how he or she strives toward goals in life (Corey, 2013). In Adlerian terms, useful lifestyles are those that involve movement toward others and endorse the common good. Alternatively, useless lifestyles involve movement away from others in the pursuit of selfish interests (Lewis & Osborn, 2004).

**Overcoming a Sense of Helplessness by Increasing Social Interest**

Overcoming a sense of helplessness is key to overcoming PTSD. Therefore, if trauma leaves women feeling powerless and vulnerable, it is important for women with addictions and trauma to build on strengths and coping skills that can get them through tough times. One of the best ways to reclaim a sense of power is by helping others. If one does not have social interest then one is self-absorbed and is concerned only with one’s self. Such a style of life is “useless.” Reorienting oneself to pursue one’s social interest in turn reorganizes one’s style of life and enables one to avoid committing further basic mistakes. In this way the goal of Adlerian therapy is to eradicate one’s “inferiority complex” and to awaken ones undeveloped or underdeveloped social interest. Taking positive action directly challenges the sense of helplessness that is a common symptom of PTSD and SUD. Adler also discussed self-indulgence as a lifestyle issue and viewed alcoholism as a form of retrogressive movement. He referred to alcoholics as
"pampered failures" lacking in courage and social interest. "Very frequently the beginning of addiction shows an acute feeling of inferiority marked by shyness, a liking for isolation, oversensitivity, impatience, irritability, and by neurotic symptoms like anxiety, depression and sexual insufficiency" (Ansbacher & Ansbacher, 1956).

**Measuring Adler’s Social Interest as a Broad Construct**

While three different instruments have been developed purporting to measure social interest, a central concern is whether such instruments might have "clinical" utility, that is, usefulness in assessing health-pathology in clinical populations.

Curlette, Wheeler, and Kern (1994) (as cited in Mozdzierz, Greenblatt, & Murphy, 2007) expended effort to study parameters of social interest in substance abusers as measured by the Belonging/ Social Interest Scale of the BASIS-A Inventory, research on the utility of the Sulliman (1973) Scale of Social Interest (SSSI) in evaluating substance abusers has been lacking. Watkins and Blazina (1994) and Watkins and St. John (1994) have found encouraging support for the reliability and validity of the SSSI, but few studiers of social interest have directly embarked on its possible clinical utility despite the call for such work. Finally, in a meta-analysis of social interest Bass, Curlette, Kern, and McWilliams (2002) concluded in essence that social interest is a "broad construct" that is clearly multidimensional. (p. 266)

Because early childhood is the crucial lime for the nurturing and development of social interest and childhood friendships can be considered as one manifestation of social interest (e.g., a feeling of belonging, feeling oneself to be a member of one's social group), we explored the relationship between each participant's friendships and SSSI scores. The analyses regarding childhood friendships retained the dichotomy of lower-social-interest and higher-social-interest groups. (Mozdzierz, Greenblatt, & Murphy, 2007, p. 230)
Lower social-interest substance abusers may be consistently more self-denigrating, devaluing, exaggerating and self-disclosing of real social and emotional problems (Mozdzierz, Greenblatt, & Murphy, 2007).

**Adler’s Theory as an Integrated, Holistic Model with Interconnections**

Adler's theory is an integrated, holistic model of human nature, psychopathology and treatment. It is a value oriented psychology that envisions people as capable of profound cooperation in living together and striving for self-improvement, self-fulfillment, and contribution to the common welfare. It views the interconnectedness of all of life, the importance of cooperation and social interest. Taking this into consideration and the research for addiction and trauma in women, it is clear to see the importance of social interest with proper coping skills for life stressors.

According to Dreikurs (1989) addicts use hallucinogens to gain a false sense of heightened inner strength and lessen the need to struggle with the complexities of the universe, heightening a creative power, and freedom in initiating personal contact with a fictitious higher power to gain a sense of belonging. (p. 65)

**Mental Health Hinges Upon Belonging Rather Than Personal Power**

In Ansbacher and Ansbacher (1956) Adler emphasized that belonging is the primary factor for the individual’s and a community’s mental health (p. 136). Adler reports that each child uses creative power to overcome feelings of inferiority in the family. Each child is a creative individual who strives to belong and to be significant through special contributions to their family. When a lack of encouragement develops, it often leads to isolation, anxiety, depression, and addiction.
Yang, Milliren and Blagen (2009) found all failures stem from individuals striving to attain significance through personal power and status. Courage should be present for creative power to motivate progress toward a chosen goal (p. 8). Everyone has willpower in them. It is necessary to find it to develop a creative positive energy or a psychological force to exert will in overcoming life issues (p. 12). Willpower stimulates addicts to find a purpose by having passion, reason, and wisdom (p. 220 and p. 12). Personal power must be recognized and maintained throughout the therapeutic process as it is the energy force behind a striving for significance.

**Multidimensional Adlerian Theory**

Adlerian therapy is neither reductionistic nor psychodynamic but multidimensional, and it can be integrated into a unified biopsychosocial, holistic, and teleological perspective. The Adlerian Individual Psychology approach addresses all levels of functioning synergistically in relation to the environment and to the communal nature of life: biological, psychological, social, and life-meaning spirituality (Mansager, 2002).

Adlerian therapy "is an approach to therapy that emphasizes prevention, optimism and hope, resilience and growth, competence, creativity and resourcefulness, social consciousness, and finding meaning and a sense of purpose" (Carlson, Watts, & Maniacci, 2006). Adlerian theory sees human virtues such as tendencies toward love and cooperation as sources of strength that serve as buffers against the deleterious effects of stress on well-being. Adlerians stress the idea that people have the ability to make conscious choices. Adlerians consider self-determination to be a paramount character constituent. They assert that people have control over their thoughts, emotions, and behavior; therefore, to believe life is not controllable is "neurotic" (Dinkmeyer & Dinkmeyer, 1985, p. 119).
Conclusion

The dilemma of treating co-occurring addiction and trauma has been confounding. Advances in neurobiology have given helping professionals the data to evidence what has been known: Individuals who suffer from addiction and trauma have neurological, interpersonal, cognitive and affective deficits that are compounded by the synergy that occurs with dual disorders.

Trauma and addiction both generate a belief system associated with being an outcast, not belonging, immoral and being inherently damaged. The world is experienced as a dangerous place, trusting others is risky, the world is unsafe, and on a deep intra-psychic level, an isolation tendency is formed between self and others. Defenses are constructed to protect the split, and survival depends on hiding the true self and its needs, faulty beliefs, causing impenetrable isolation and loneliness.

This paper and experiential project demonstrate the growing need for a broader perspective on overall health and multidimensional basis for the treatment of comorbid PTSD and SUD in treatment settings, one that supports the theory and praxis of Adlerian Individual Psychology. This paper and experiential project address the expanding scope of therapy by demonstrating from multidisciplinary research the connection between positive health outcomes and the feeling of belonging, community participation, equality, cooperation, social cohesion, and optimism.

Summary of the Experiential Project

Given the high prevalence of PTSD/SUD co-morbidity, it is important to further develop and evaluate treatment approaches appropriate for this vulnerable population. Co-morbid PTSD and SUD represent a frequent diagnostic combination that severely affects the course and
outcomes for women. With the therapeutic integrated treatment inclusion of Alfred Adler’s theory’s basic tenant of social interest has important implications for personal adjustment. Social interest can be seen as the foundation of mental health, and many intrapersonal and interpersonal difficulties can be traced to an absence of social or community feeling.

Working with trauma and addictive disorders is an invitation, a challenge: to expand treatment professionals and administrators’ framework, for their preferred ways of working, as well as their beliefs. An integrative Adlerian-based treatment framework is the essence of the expanding paradigm – one that embraces holism: the body, the thinking and feeling mind, early developmental needs, attachment issues, faulty beliefs, neurochemistry, nutrition, relational and spiritual development, establishment and maintenance of a well-chosen and evolving network of social interest. Adlerian theorists recognize that it does “indeed take a village” to heal trauma and addiction.”

Most importantly counselors in an outpatient treatment setting can help clients to understand that mental illness, addiction and trauma do not define them. Clients will understand that life will have a sense of meaning, significance and belonging by opening his or her societal and personal confines through social interest.

The presentation demonstrates a positive implication for counselors and treatment administration working with PTSD and SUD populations will benefit from the Adlerian theoretical approach. Adler’s theory particularly addresses the value of counselors’ incorporating social interest with their clients through assessments and interventions as a powerful coping skill. By incorporating the Adlerian theoretical construct and conceptualizations into client treatment plans, the counselor has the best opportunity to positively design interventions that increase an
individual’s social connections that will positively impact integrated co-occurring treatment outcomes that leads to a lifelong resilience.
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