Management of Inferior Feelings and Addictive Behaviors

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By:

John Hasper

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Abstract

This paper will look at how addictive behaviors are related to inferior feelings, lack of belonging and significance, how adolescent use of addiction interferes with the accomplishment of the three life tasks and how addiction affects the perception of self. It will also be an adjunct to a workbook that will help therapists and clients discover mistaken beliefs being served by addictive behaviors. Further, it will help discover personal strengths and develop strategies and goals to positively meet life tasks. The movement of addiction is inward, away from the normal way of achieving belonging, intimacy and self identity through reaching out to others. The purpose would be that the client gains insight into how their addictive behaviors are hindering the fulfillment of the three life tasks of intimacy/love, social/friendship and work, thus hindering the client’s sense of belonging and significance. It will also help the client move toward a life of usefulness, courage, and social interest to successfully meet such tasks.
# Table of Contents

- Introduction .................................................................................................................. 4
- Exploring Adler and Addiction ...................................................................................... 6
- Changing addictive behaviors ....................................................................................... 8
- Addictive behaviors ..................................................................................................... 11
- Relief of the inferiority feeling .................................................................................... 16
  - Addictive behavior without gaining self worth or self growth
    - Individual attempts to manage his/her emotions with the addictive processes/behaviors
- Addictive behaviors ..................................................................................................... 20
- Reproducing events that bring us pleasure and rewards ............................................. 22
- Summary ....................................................................................................................... 26
- Final Statement ............................................................................................................ 28
- References .................................................................................................................... 30
Management of Inferior Feelings and Addictive Behaviors

Adlerian theories give insight into a person’s life movement, their way of being and individuality that helps understand their addictive behaviors. The Individual Psychology of Alfred Adler describes social interest, life style and mistaken beliefs, how a person orientates himself or herself to others and their environment. This is helpful when discussing a person’s addictive behaviors because each individual develops their addiction along their own life path. Each individual sees the world through their own lens and through that lens a self-perception is developed. Ansbacher writes, “While the abnormal is motivated in the direction of a private intelligence and is more self-centered is his striving, the normal is more motivated in the direction of common sense, that is, he is more task-centered in his strivings,” (Ansbacher & Ansbacher, 1956, p. 102). Individuals that have developed an addictive behavior are more concerned with managing how they feel than overcoming the presenting life challenge. They participate in their addictive behavior to overcome the inferior feeling of not succeeding in one or all of the three tasks of life: intimacy/love, social/friendship and work. Glasser states, “Drugs provided pleasure. They cannot provide happiness. For happiness, you need people,” (Glasser, 1998, p. 88). Drug use can produce a temporary sense of relief of a negative feeling; however, one needs others to have a sense of belonging and purpose. Ansbacher says, “Heightened feelings of inferiority can create the need for self-enhancement and restoration of self-esteem in ways that preclude meaningful and productive relationships with others and the subsequent pursuit of perfection completion,” (Ansbacher & Ansbacher, 1956, p. 131). If a person develops a negative disposition to life they can develop behaviors that reduce those negative thoughts, feelings and emotions without completing or addressing the underlying source of the negative feelings. Adler gives us an understanding of how a person addresses life, or, their “life style.”
Adlerian Psychotherapy, by Oberst and Stewart (2003), and On Purpose, by Mosak (1977), describe the impact of inferiority feelings. All human beings strive for significance and belonging. Understanding a person’s life style, their striving for significance and belonging allows one insight into the person’s purpose of behavior or the perceived benefit of the behavior that the person is presenting. One is able to look at how addictive behaviors “fit” with the goals of belonging and significance. On Purpose (Mosak, 1977) gives the frame work for how inferior feelings may arise in a person. “Inferiority feelings result in a loss of self-esteem and a loss of sense of personal worth. Since inferiority feelings always imply a comparison with others, possession of such feelings is coupled with a feeling of social isolation, of not belonging” (p. 53). The person perceives themselves as not as “good”, “accomplished”, or an array of possible negative views that cause a person to have feelings and emotions that make it uncomfortable to be around others that they perceive as being “better”. The person develops this false belief through misinterpretation of life events. Nakken (1996) writes, “The decrease in self causes an increase in the addictive personality” (p. 30). The more dependent a person becomes on their addictive behavior to reduce their inferior feelings, the less is their development of the self. The person’s energy is focused on the addiction rather than on the three life tasks. The individual begins to interpret life through the altered lens of addiction. Every individual develops a unique way of responding to life events based on their private logic. Thoughts affect feelings and feelings affect behavior.

behavior to reduce the feeling of inferiority. Since the beginning of time, humans have looked for ways to reduce negative feelings and alter their perception of reality. Writings by Panskepp (2010) in *Evolutionary Substrates of Addiction: The neurochemistries of pleasure seeking and social bonding in the mammalian brain* concerning addiction gives substance to the notion that individuals use addictive behaviors to reduce negative feelings. It specifically touches on how emotions may trigger a strong desire to participate in an addictive behavior to relieve negative emotions. The human brain is wired for pleasurable behaviors (p. 137). Stevens and Smith (2005) say, “Scientists consider this feeling of pleasure or reward to be a strong biological force.” (p. 41).

Human history gives rationalization that all humans look to reduce negative feelings and emotions and that human behavior has the goal of obtaining a pleasurable state and to avoid painful experiences. Adler gives direction on human behaviors and goals. Each individual develops their own unique way of perceiving life. Writings on addiction described the process of how addiction may relieve negative emotions. Nakken (1996) stated, “Addiction is an emotional relationship with an object or event through which addicts try to meet their needs for intimacy,” (p. 8). Intimacy is one of the three tasks of life, intimacy/love, social/friendship and work. Adler formulated the possible cause of negative emotions, or inferiority feelings, while the writings on addiction formulated the behavioral cycle of addiction.

**Exploring Adler and Addiction**

How do addictive behaviors interfere in the successful completion of the three tasks of life: intimacy/love, social/friendship, and work? The purpose of this paper is to develop a workbook to help therapists and clients discover mistaken beliefs being served by addictive behaviors. Also, to understand how addictive behavior is related to inferiority feelings, lack of
belonging and significance, as well as, understanding how early onset of addictive behaviors interferes with the accomplishment of the, three life tasks and self-perception.

Individual Psychology examines the way in which one interacts socially with others and their environment. One cannot understand an individual without looking at the person’s interaction with others and society. Being able to understand an individual, through their view of how the world is or should be, gives therapists the needed ability to look at the complex individual manifestations, such as addictive behaviors. Each individual is complex. Personalities and lifestyles are developed through the uncalculated number of events that shape personal beliefs about themselves, the world and others.

Adler believed that, in order to understand an individual, one needs to look at that individual in the context of the individual’s social interaction, social whole, and their level of social interest. “Individual Psychology regards and examines the individual as socially embedded. We refuse to recognize and examine an isolated human being,” as stated by Ansbacher (Ansbacher & Ansbacher, 1956, p. 2). “Having social interest means feeling like part of a family, a group, a couple, and the human community,” (Oberst & Stewart, 2003, p. 17). Each individual lives in an environment and is affected by that environment and each individual has an affect on the environment as well. By gaining an understanding of an individual’s life style, perception of the world, self-ideal and self-concept, one is able to understand an individual holistically. That is, understanding the individual as unified within the context with their environment.

Since the beginning of recorded history, individuals have searched for ways to manage or change their emotions and feelings to alter their perception of reality through the use of mood altering chemicals. Every perception of events fosters some emotion or feeling and it is those
feelings or emotions that influence behaviors. Further, Individual Psychology holds that behavior is always a movement toward a goal. Goals are motivators. They act as a final cause for behaviors. They are the end point of intentions. Goals themselves are often unconscious or at best dimly understood.

Addictive behaviors alter an individual’s perception of events, thus altering their emotions and feelings. We also see how the addictive behaviors are interconnected with all aspects of the addict’s life. Continued addictive behavior stifles the individual’s completion of the three life tasks, intimacy/love, social/friendship and work. The individual does not positively fulfill the three tasks of life, intimacy/love, social/friendship, and work. Instead, the individual stifles their emotions and inferiority feelings in the present moment. However, the use of any addictive behaviors is just a temporary sensation. In reality, the inferiority feelings will increase after the addictive behaviors ceases. Panskepp (2010) states, “We all, whether human mammal or rat mammal, seek to maximize positive affects and minimize negative ones,” (p.146). It is a natural state for humans to avoid negative feelings and emotions and partake in activities that bring about pleasure to the brain. If one experiences inferiority feelings, it is natural to seek relief. For an addictive person, that relief comes from the addictive behavior. As the person becomes more and more reliant on the addictive behavior to ease their negative feelings, we then begin to see the cycle of addictive behaviors.

**Changing Addictive Behaviors**

Every human being is presented with experiences in life and with these experiences comes emotions and feelings. It is important to understand how an individual orientates his or her life style to fulfill their personal and individual goals and how having insight into the
movement of reaching these individual goals, we are able to begin to see the purpose of behaviors.

Through life experiences, thoughts, emotions, feelings and perceptions are formed that shape an individual’s understanding of the world and how to interact with the world. How does one overcome life challenges? What is their life style pattern of interacting with others? With each life experience, one formulates his or her individual way of facing life challenges or life tasks based on past interpretations of events. A positive or negative interpretation to a life event is derived by the perception of the individual. One person’s experience may be interpreted as a road block, too great to overcome, while the same event may inspire another individual to overcome and see the road block as a challenge to overcome. For example, the child who is having trouble spelling may give up trying and develop a style of life that moves away from social interactions. Another child may see the difficulty as a challenge, seek assistance, social interest, and achieve high ranks in spelling contests. Understanding the person’s perception gives one insight into each person’s self-created belief about facing the world or not facing the world.

Every individual will have a different personal perception of life events and develop their own private logic. When people don’t do what a situation calls for, they are often operating on the basis of their private logic, which may differ widely from the logic of the human community (Dinkmeyer & Sperry, 2000, p. 34). To the person themselves, their behavior seems logical; however, from a common sense view, the behavior is not understood.

Private logic is formed early on in life and is an unconscious process that influences behaviors and decisions. When discovering one’s private logic, the feeling of self-understanding is felt. Consequently, the individual will have a greater understanding of the reason for their behaviors. To get at one’s private logic, a therapist accurately describes the person’s goal behind
the behavior. Examining the person and understanding their life style, the therapist and the client discover the private logic. If a therapist is able to discover the client’s private logic, the therapist is able to build trust and rapport with that individual. For example, an individual that feels their drinking is not having an affect on their life. The therapist may begin asking what the client likes about his or her drinking and how he or she feels drinking affects his or her life. This allows the individual to discuss their use in context to their life and avoids a defense of their drinking. The individual and therapist are able to join together and have a straight-forward conversation about the individual’s drinking.

Another method for facilitating change through understanding private logic is what Dreikurs (1989) called, “the hidden reason” (p. 5). Dinkmeyer, Pew and Dinkmeyer (1979) stated:

The hidden reason of the client can be investigated by asking: What were you thinking of at the moment you took action? What reason did you give yourself for doing it? What did you tell yourself? (p. 102)

These questions can help the individual become aware of their behaviors, goals and private logic. For the addictive individual, these questions can help the person gain insight into thoughts and feelings. Exploring thoughts and feelings can help identify triggers that lead to the addictive behaviors.

Triggers are events that activate the thoughts, feelings and emotions of private logic. Triggers may be at an unconscious level. Bringing triggers to the level of consciousness disrupts the cycle of addiction. The individual is able to replace positive behaviors with the addictive behavior to meet their goals. Generally, we find that the replacement of positive behaviors for addictive behaviors furthers the goals of belonging and significance. “Every human being strives
for significance, but people always make mistakes if they do not see that their whole significance must be consistent in their contribution to the lives of others” (Ansbacher & Ansbacher, 1956, p. 156).

In regards to relating private logic with the addictive behavior, the hope is that one will be able to identify the need for belonging and significance and fulfill those needs without addictive behaviors. When considering private logic, it is the individual’s interpretation of self that the therapist is trying to understand.

**Addictive Behaviors**

Individuals normally get emotional and intimacy needs met through a balanced combination of intimate connections with other individuals, themselves, their community and with spiritual beliefs. Addictive behavior isolates the individual as an individual engages only with others who partake in the addictive behavior. “By acting out, either through thoughts or behaviors, the addict learns to create feelings of being relaxed, excited or in control” (Nakken, 1996, p. 7). Thus, individuals “learn” early on that partaking in a certain behavior or taking a chemical will ease or satisfy their feelings or negative emotions. The individual’s addiction replaces the healthy natural way of gaining one’s sense of connectivity to others. At first, the addictive behaviors may satisfy the need for belonging and the sense of social connectivity. Individuals begin to feel a sense of belonging by relating to others who they perceive are acting in a similar way. Because of their altered state, individuals develop faulty perceptions about themselves and their addictive behaviors. Such perceptions lead to mistaken beliefs about belonging that help maintain the cycle of addictive behaviors. An individual has a belief that their behavior satisfies the goal of belonging or significance. The mistaken belief may be that being intoxicated means “I’m significant” or being the one who can “score dope” makes me
significant. An individual may perceive that everyone partakes in the behaviors. For example, a person who drinks alcohol may perceive that “everyone” continues to drink or drinks as much as they do. The addicted individual perceives that his use is normal, thus maintaining a sense of belonging or connectivity with others who he perceives are drinking on the same level.

This can create the risk to authentic belonging because the individual does not learn to “be” with others without the addictive behavior. The person is overcome with feelings of inferiority, or anxiety when interacting with others without the addictive behavior. They may only feel comfortable when around others who partake in the same addictive behavior. The result is the individual is unable to meet the three tasks of life, intimacy/love, social/friendship and work, because addictive behavior completely isolates them and emphasizes self-interest over social interest. Oberst and Stewart (2003) summarized this by stating:

“The major categories of pathology, along with their modern variants and exemplars, all stem from differences in the degree to which people have attempted to meet life tasks while erecting safeguards against their feelings of inferiority and insignificance,” (p. 51).

Early continued use of addictive behaviors to address the stress and inferior feelings causes the unsuccessful completion of the life tasks which may lead to habitual use and to addiction.

Habitual use is one way individuals may manage their inferiority feelings, or anxiety, which may lead them to the cycle of addiction. “Accordingly, they will lack the developed social interest and the courage which are necessary for the useful solution of the problems of life” (Ansbacher & Ansbacher, 1956, p.154). Instead of facing and overcoming the perceived challenge of life, thus gaining confidence and understanding of how to overcome the next challenge, the individual eases their feelings of anxiety about the presenting life challenge with
the addictive behavior. As the person continues with their pattern of non-useful behavior of addiction, a life movement of pulling away from social interaction and a movement inward of isolation begins.

The movement of addiction behavior is inward, away from the normal way of achieving intimacy by reaching out to others. Early life experiences may disrupt the normal process of achieving intimacy, thereby decreasing their level of social interest. They begin to lack the courage to socialize with others. As the individual continues to manage their feelings with addictive behaviors, the individual reduces his or her social interaction. Their self-concept and environmental evaluation greatly increases inferior feelings. This movement contradicts the healthy life style of social interest, which is the successful approach to the three tasks of life, intimacy/love, social/friendship and work. Ansbacher states (1956): “None of these problems can be solved separately, each of them demands a successful approach to the other two,” (p. 131).

The notion is that all three tasks are intertwined and connected. Addiction allows the addicted individual to escape the three life tasks.

Due to escaping behaviors, individuals who fail to master their life tasks receive no recognition of their usefulness in society. Again Ansbacher (1956) states: “In this way, he arrives at a feeling of his worth to society, the only means of mitigating the universal human feeling of inferiority,” (p. 132). The individual, who constantly uses their addictive behaviors to get a false sense of worth, widens the gap in belonging. When working with addictive individuals, the task is that one will be able to identify personal inferiority feelings and both the negative social support (past individuals) and the positive individuals that may help the individuals meet their goals, as well as, identify strengths to meet the three life tasks.
Individuals meet future challenges through past experiences. Interpretations of past events give insight into an individual’s private logic. Private logic is the unique way in which an individual satisfies their belonging and significances in the world. Private logic is subject to inferiority feelings and mistaken convictions. Early recollections of past events reveal the formation of an individual’s lifestyle. Past events formulate how the person solved the challenges of the three life tasks of intimacy/love, social/friendship and work. Past life experiences can reveal how an individual orientates themselves to their environment. Is there a pattern of engaging with others? Or is the pattern more of an individual way of meeting life? What type of mistaken beliefs did the person develop as a child facing the challenges of life, as well as, what strengths can be identified? Through the relaying and analyzing of past memories Adlerian therapists and clients are able to gain insight into these questions.

Early recollection gives the therapist and client insight into the client’s inferiority feelings, strengths, as well as, identifies the client’s lifestyle. Ansbacher (1956) quoted Adler as saying:

There are no ‘chance memories’; out of 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, and to prepare him by means of past experiences, so he will meet the future with an already tested style of action (p. 351).

Early recollections are memories, mostly before the age of eight that the client either dictates to the therapist or writes down to be analyzed. Out of the early recollections, the therapist and client are able to identify patterns of behavior, thoughts and misconceptions that
have hindered the client’s successful completion of the three tasks of life. Early recollections may identify emotions and feelings that support the addictive behaviors. What emotion is it that the individual is avoiding? Nakken (1996) writes, “All of us have issues, pains, frustrations and memories we would rather not have to face. At times, we all use objects and events to avoid facing these. Addiction however, becomes a lifestyle in which the person loses control of the use of objects and events and gets locked into an emotional evading of life” (p. 7). Instead of overcoming life tasks and subsequent positive feelings, the person engages in their addictive behavior to replace their inferior feelings of not facing the life task. How is the addictive behavior satisfying the goals of belonging and significance through the perception of the individual’s private logic? Dinkmeyer and Sperry (2000) noted that, “Basic mistakes are self-defeating perceptions which promote self-interest at the expanse of social interest.” Ansbacher (1956) wrote the following about the alcoholic private logic: “When we consider the alcoholic, we find that he too argues intelligently. Life brings worries, but there are means of overcoming these difficulties the easy way. It is not a common sense but a personal solution” (p. 151). The addictive person has developed a personal way of overcoming their inferior feelings related to not addressing the three life tasks by engaging in their personal addictive behavior. Nakken (1996) states, “It’s through the development of addictive logic that the addicted person finds a way to cope with the changes within” (p. 33). The person has developed a pattern of coping with inferior feelings through the addictive behavior. To break this destructive pattern of behavior and thinking, the addictive individual must understand their private logic and identify their strengths. Early recollection can identify personal strengths and behaviors that will develop a sense of encouragement. The process must take place with the client so that the therapist may formulate assumptions and guesses. However, it is the client who must verify validity of the interpretation
of the early recollection. Once the therapist and client discover themes, they can begin to look at how the client’s mistaken convictions are embodied in their addictive behaviors.

**Relief of the Inferiority Feeling**

**Addictive Behavior without Gaining Self Worth or Self Growth**

“All human beings have a deep desire to feel happy and to find peace of mind and soul,” states Nakken (1996, p. 1). The addictive individual gets temporary relief from his or her inferior feelings without learning how to “be” with their feelings or developing the confidence to meet life on life’s terms. Since birth, individuals seek to move from a sense of negative feelings to a place of positive feelings. For example, a baby cries and someone comes and soothes the baby, relieving the negative feeling. The baby “learns” that crying will meet their goal and they will feel better once soothed. For the addicted individual, the addictive behavior relieves the negative feeling or emotion at that moment. The addictive individual only focuses on managing the inferior feelings or anxiety caused by daily life instead of learning to overcome and face life’s tasks that are a part of every day life. The client has, through their “learned” way of being, perceived the event in a way that increases their anxiety or inferior feeling and they turn to their addictive behavior to medicate such feelings and to “feel” better.

The individual focuses on their internal emotions instead of the presented life task. Their goal is to reduce their perceived negative feelings. Their addictive behavior will bring an immediate relief to the negative feelings. After coming down from the “high” of the addictive behavior, the individual’s inferior feelings increase and the individual returns to the addictive behavior to manage the reoccurring “feelings” thus postponing mastering the life tasks. The cycle of managing negative feelings and emotions begins anew. The more the individual partakes in the process, the stronger the inferiority feelings become.
Nakken (1996) states, “Addicts believe on an emotional level that they are being fulfilled,” (p. 7). As the individual grows and moves through life, the more they experience complex and difficult “events” without the skills, or a perceived lack of skills, the more their inferiority feeling will increase. The individual becomes discouraged and returns to the behavior that reduces their inferiority feelings and the addicted behavior is repeated. As stated by Ansbacher (1956), “The oppressive feeling of inferiority is temporarily removed” (p. 423). The individual has, on the personal level and emotional level, satisfied and eased their anxiety or inferiority feelings. Unfortunately, such behavior does not develop the skills or courage to face the challenges of life. Thus, to safeguard and self-protect, they move away from social interest. The individual’s style of life becomes a mistaken attempt to manage his/her feelings rather than the master the life task. The individual “feels” inferior feelings, or anxiety, and gets immediate relief through the addictive behavior, which can become their lifestyle.

“Heightened feelings of inferiority can create the need for self-enhancement and for restoration of self-esteem in ways that preclude meaningful and productive relationships with others and the subsequent pursuit of perfection or completion” proclaims Ansbacher (1956, p. 131). For the therapists working with addictive behaviors, the challenge is to identify challenges in which the client agrees to address with the intention of increasing confidence, as well as learning to “be” and overcoming their inferiority feelings. The client and therapist identify feelings, thoughts and emotions related to their addictive behavior before they partake in the behavior, as well as after. Having the client answer the question, “What would your life look like if you did not have this behavior?” may give insight into client’s fears, as well as what the client is avoiding. This will help the client and therapist understand mistaken beliefs and develop ways to meet life challenges. Such insight may help the client meet the challenges of life by
overcoming these feelings. This may reverse the tendency on the part of addictive individual to perceive that they do not have the skills to meet the life tasks and that they must turn to addictive behaviors to reduce the anxiety and feelings of inferiority they feel. Because anxiety and inferior feelings are such powerful emotions, it is important for individuals to be able to manage them in a positive, social way.

**The Individual Attempts to Manage His or Her Emotions with the Addiction**

**Processes/Behavior**

The 2004 Substance Abuse & Mental Health Services Administration (SAMHSA) survey points out that early use has an impact on the frequency of future use. “Persons reporting first use of alcohol before age 15 were more than five times as likely to have past year alcohol dependence or abuse compared with persons who first used alcohol at age 21 or older.” (2004 Survey SAMHSA Web Page). One could argue that this may be the most vulnerable time in an individual’s life regarding social interaction. Adolescence is a time of breaking away from the family. It is a time where the young adults begin to develop self-identity. It is a unique time when one is still looking for approval and guidance from the family regarding self and behaviors while at the same time looking to distance themselves and gain independence. Adolescence is a time of great emotions and anxiety as the adolescent has not fully developed the emotional skills to deal with life’s challenges. It is a time of experiencing and trying to “fit” in with peers. Oberst and Stewart (2003) noted:

Inferiority feelings arise when I compare myself with other people whom I perceive to be more skilled, accomplished or better off than I am. It is a feeling of personal worthlessness, which challenges the whole concept of myself (p. 23).
Adolescents are bringing their learned perception of the world out of the family surroundings and testing them against the world while looking for a place of belonging and acceptance. At the same time, adolescence is a time for experimenting, a time for trying new things. Adolescents use drugs for many reasons: curiosity, to feel good, to reduce stress and to fit in. They may use addictive behaviors to relieve their inferiority feelings during a time of self-development and breaking away from the family. Instead of overcoming life challenges, some adolescents “learn” to manage their anxiety through addictive behaviors. Thus, they do not gain the positive self-worth of overcoming the challenges or the confidence to overcome future challenges. The use of addictive behaviors suppresses the inferiority feelings, thus lowering the individual’s motivation to overcome life challenges in a useful, self-enriching way. In a study by Tani, Chavez, and Deffenbacher (2001), the authors found that, “Their lack of involvement with drug using peers is partially offset by their elevated alienated and emotional distress, which makes them more vulnerable to alcohol and drug use” (p. 41). This gives weight to the notion that increased anxiety and emotional distress increases the risk for alcohol and drug abuse. The findings from this study suggest that interventions with youth should focus on the development of pro-social behaviors and positive peer networks, a striking parallel to Adler’s social interest.

Dinkmeyer and Sperry (2000) strongly suggest:

Adlerian psychology sees people as social beings that cooperate with others to realize their goals and function fully. A typical Adlerian suggestion to people who are discouraged is to become involved in helping others; to look outward instead of inward (p. 60).

One of the goals of the following workbook is to identify the client’s level of interactions with others and identify obstacles or mistaken beliefs that are limiting the client’s
interaction with their community. This work with the client may identify ways in which the client can help others. For example, some addicts have developed a false perception that the people that they engage their addictive behaviors with are the only ones they will be able to have a social connection with. Falsely, they believe that if they stop using or are no longer involved in using with these particular individuals, that they will lose the only “friends” they have. In actuality, the only real connection to such individuals is the addictive behavior. When the individual stops the addictive behavior, their peer network will change. When use stops, the addictive “friends” fade into the background. The therapist and client look for challenges where the client agrees to overcome difficulties without the addictive behavior, thereby gaining self confidence, courage and acceptance of feelings. At this point, expanded social contact is key. Early use of addictive behaviors to reduce anxiety and inferiority feelings may prevent an adolescent from overcoming the challenges of life and distort their social world. As the adolescent continues, the behaviors may become habitual and isolating. Without some type of intervention, the adolescent may become dependent on that behavior to falsely attempt to meet life challenges. This narrowing of the adolescent’s world leads us to understanding their addictive behaviors through a close look at their inferior feelings and self-perception. Adolescence is a time when formulation of how one address life and the three life tasks becomes engrained and strengthened. The earlier one can understand their view of the world and what behaviors help them develop a sense of community and connection to other the greater the chance successfully completion of the three life tasks.

**Addictive Behaviors**

As Adlerians, we believe every individual experiences life events that will formulate different perceptions and interpretations/misinterpretations of those events. A person’s
life style is built on perception, interpretation/misinterpretations, and convictions. This is the way in which one faces life challenges. Every individual is affected by their environment and their interpretation of events in that environment. Relating to that Mosak (1997) described four components of lifestyle. First is self-concept: “I am ____,” what the individual feels she is (p. 52). The second component is self-ideal: This is what the individual feels she should be (Mosak, 1997, p. 52). Mosak also stated, “The discrepancy between the self-concept and the self-ideal is the inferiority feeling,” (p. 52). Combined with Mosak concepts, Steele & Joseph (1990) said, “Previous research has shown that alcohol consumptions can lead to momentary changes in the self-concept,” (p. 27).

The myopia model of Steele and Joseph (1990) reported that, “Alcohol consumption can lead to decreased discrepancy between one’s ideal and actual self. The self concept may not only serve as a motivating force influencing alcohol consumption, but acute alcohol consumption can also influence how the individual perceives him or herself,” (p. 27). If Mosak is correct that the discrepancy is the inferiority feeling and the study is correct that alcohol decreases that discrepancy, than it is reasonable to assume that the inferiority feeling is temporarily reduced with the use of alcohol.

Having the client identify his or her self-concept and what he or she feels is his or her self-ideal, that is what they should be, and discussing the discrepancy will give light to the specific inferiority feeling. Thus, the client and therapist can develop healthy ways to integrate the two. Having the client list their “shoulds” and state “if I’m not ____ , than _____ ?” is one way the therapist and client can discover the client’s self-concept and self-idea.
Thirdly, as Mosak (1997) said, “Each individual also has an environmental evaluation, how the individual sizes up the world and people” (p. 53). Again, Mosak states the discrepancy between the self-concept and the environmental evaluation as the inferiority feeling.

Finally, the fourth component is the personal moral code, encompassing all of the individual’s right or wrong attitudes. “The discrepancy between the individual’s self-concept and moral code, when an individual does something which she feels is wrong or when she fails to do something which she feels is right, constitutes a special kind of inferiority feeling known as the guilt feeling,” (Mosak, 1997, p. 53). Given these four components, each person has developed a unique perception of the world and self.

The therapist, along with the client, explores the client’s unique perspective and looks at how such a perspective is getting in the way of the client living a fulfilling life. What is the discrepancy between the self-concept, self-idea, moral code and environment? How is the addictive behavior influencing their self-perception?

The addictive behavior numbs the discrepancy between actual self and perceived self. The addictive behavior may give that person a perception of a self-concept of, “I feel accepted, loved and empowered”, while suppressing the anxiety and emotions that arise from an unfulfilled self-ideal of “What I should be?” The addictive behavior gives the individual a perception that their self-concept is met. At the same time, the addictive behavior is hindering the individual’s successful completion of the life tasks. An understanding of how the use of drugs blurs or gives the individual a misinterpretation of self and events will help the client change their behaviors. Addictive behaviors stop the movement of fulfilling our life tasks and that lack of movement brings about feelings of anxiety and inferiority. As Hardcastle points out, “We, and we alone, are the sort or creatures who become spontaneously addicted to things. What sets us apart? The
connection between our motivational systems and emotionally tainted memories holds the key because it is these memories we use to create ourselves” (Hardcastle, 2003, p.17). Thus, misperception caused by addiction distorts how we see our whole person. In order to stop addictive behaviors, one needs to see themselves as they truly are. Addictive behaviors cause a reaction in the brain that encourages and causes a person to repeat the behavior regardless of the negative outcomes.

**Reproducing Events That Bring Us Pleasure and Rewards**

Writings on addiction have shown that the feeling of pleasures or rewards is a strong biological force.

Basic drives such as eating, sexual activity and the need for power are activities that evoke rewards in the brain. Addictive behaviors help ease the fear, anxiety and inferiority feelings while at the same time gives pleasure, reinforcing the addictive behavior. Much of addiction is ultimately affective self-medication, an endeavor to sustain emotional comfort/homeostasis. This also helps explain why all kinds of stress tends to promote recidivism or reinstatement of addictive drug use most likely because they help temporarily sustain positive affective states (Panksepp, 2010, p. 32).

Thus, the introduction of drugs alters the brain’s function, taking the place of the brains natural chemicals which normally can excite and ease the individual’s emotions. Studies have shown that drug use causes higher or more intense emotions after the drug is no longer in the individual’s system. Negative feelings are increased in individuals that have been taking drugs to manage their emotions (Childress, 1999).

The human brain is made up of three basic parts: the hindbrain, which contains the cerebellum and lower brain stem; the midbrain, which houses relay areas from the upper brain
stem; and the forebrain (Stevens & Smith, 2005, p. 37). Of the three parts the forebrain, the most involved with chemical substances that can cross the blood–brain barrier, which allows only water soluble substances into the brain. The forebrain includes the cerebral hemisphere and an outer covering called the cortex. The cortex is where most of an individual’s higher state of consciousness takes place: thought, perception, motor function, sensory data processing and vision. The brain also includes the limbic system and hypothalamus, which lies just below and interconnects with the cortical area. The limbic systems is involved with emotional behaviors and long-term memory while the hypothalamus regulates more basic, primitive functions such as hormonal activities, thirst, hunger, temperature, sex drive and sleep. The feeling of pleasure is considered one of the most important emotions connected to survival. The brain associates addictive behaviors with pleasure. The brain’s higher functioning, reasoning, is overtaken by the stronger, primitive survival function of the brain: pleasure. When an individual perceives a negative feeling the brain looks to ease that emotion. Addictive behaviors are a “learned” way to reduce the negative feeling. This requires a deeper understanding of affective.

Affective: relating to, rising from, or influencing feelings or emotions (Merriam-Webster Dictionary, (http://www.merriam-webster.com). Panksepp (2010) said, “Affects are also rough and ready brain heuristics that guide learning by identifying comfort and discomfort zones in the world fluctuating affects may lie at the heart of processes that psychologists have traditionally have called reinforcements,” (p. 32). Through the experimentation of drug use, the individual has “learned” that the brain has woven into its complex systems that this type of behavior will relieve and satisfy the need to bring the brain back into its perceived state of functioning: a state without the distress of emotions, a state that allows for the successful survival of the species. Through the evolution of time the brain has developed survival instincts. The primitive survivals are the fight
or flight and freeze instinct. Our evolutionary development has changed the human brain. This evolution has advanced current forms of emotions and feelings which have become a strong influence in human behavior.

Panksepp (2010) offers this summary:

At an affective-experimental level, there are many distinct types of rewards within the brain. The compulsive, and ultimately self destructive, behaviors that characterize addictions may depend more on certain types of reward than others. Thus, chemical triggers such as opiates, psycho stimulants, barbiturates, nicotine and so on, may share certain reward processes such as those emanating from patterns of dopamine arousal that promote seeking behaviors, but perhaps also by means of a diversity of affective components that are unique to environmental rewards, (i.e. sensorially based consummatory pleasures) and bodily homeostatic conditions (the various regulatory neurochemistries) (p. 32).

The reduction of emotions is not only tied to the chemical reaction in the brain, but also the change in environmental perceptions of the environment and feelings of social belonging. Not only is the chemistry of the brain affected, but a person’s actual perception of events of the environment around them. The alcoholic may perceive himself or herself as a dedicated family person. However, they consistently miss out on important family functions to partake in their alcohol use. The person has a sense of belonging in an isolating environment. On the emotional level the person feels belonging even though the person has isolated themselves from healthy social interactions.

Most studies have not looked at this connection. One cannot just look at the brain as a function of chemical and electric reactions. “From such a ruthless vantage point, it is also
believed that the only behaviorally relevant thing that brains do is process information, leading to a general neglect of the various internal generated psycho-behavioral state process that regulate behavior,” states Panksepp (2010, p. 32). Only by taking into account emotions, feelings and changes in perception about oneself, the environment and others, can addictive behaviors be understood. The brain seeks out pleasure. The brain has learned that addictive behaviors relieve pain. How one perceives a life event brings about emotions, either positive or negative. Understanding a person’s lifestyle, the way in which they interact with the world, one can begin to see how addictive behaviors are part of that person’s life.

Individuals develop a lifestyle based on how to meet life challenges, how they perceive and react to their environment. All human beings develop goals. In the Adlerian world, the two goals of belonging and significance are striving forces in individuals. The use of addictive behaviors gives the human brain a sense of pleasure, interfering in the brain’s natural process. The human brain is wired for survival and feelings of pleasure reinforce behaviors that bring about pleasure. The brain may be stimulated and life tasks are not being met.

**Summary**

“We need to understand how we mentally place ourselves in our environment, how we think or ourselves as relating to others and how we storied our life events. In short, in order to understand human cognition and behavior fully, we have first to understand ourselves as human,” states Hardcastle (2003, p. 17).

Everyone is unique and navigates life events through their personal perspective on life, developed from interpretations and personal decisions about those events. Understanding how an individual has interpreted the events, sees the world through their perception and how they navigate and overcome life challenges, will give insight into the degree and purpose of their
addictive behaviors. Understanding how addictive behavior hinders the successful completion of their three life tasks sheds light on and shapes treatment. We help addictive individuals gain insight into how their addictive behaviors have replaced the positive reward of living out their social interest.

Adlerian psychology is particularly helpful in this treatment because the therapist is level with the client. Therapists are not in a position of authority over the client. They are in a joint relationship of discovery. Adlerian psychology is an individual client-centered approach, which looks at understanding how an individual views the world and themselves. This is helpful because addictive behaviors are an emotional way of facing life. Each person has a unique understanding of how they fit into his/her environment and how that person gains significance and belonging in that environment by identifying mistaken beliefs and private logic through the analysis of early recollections. The Adlerian approach uncovers how a person’s addictive behavior gets in the way of a person successfully completing the three life tasks of, intimacy/love, social/friendship, and work. This is helpful because it helps the client and therapist identify what part of the person’s life the addictive behavior is related to and what areas to work on. The Adlerian approach is helpful in that it uncovers the root cause of negative inferior feelings that are developed early on in childhood. These feelings may be at the unconscious level of the addicted person or unknown to the person because of the use of the addictive behavior to deal with their inferior feelings. In overcoming any of life’s challenges, the need for encouragement is a major component. Adlerian therapy cultivates encouragement in their client that lacks this sense of encouragement. Adlerian therapy allows therapists to create a holistic perspective on treatment applications for the addictive individual. Such a treatment perspective looks at a wide range of psychological and developmental issues. Adlerian therapy allows the therapist to treat
addiction effectively because it allows the therapist and client to form an alignment that leads to a unique individual insight into the negative effects of addictive behaviors. In the review of the lifestyle analysis, the therapist uncovers flawed private logic and mistaken beliefs. The therapist is then able to help clients understand their own mistaken choices that have led to their addictive behaviors. The future of addiction treatment continues to reflect on a more holistic and effective process in treatment by using Adlerian therapy. In fact, Adlerian interventions hold promise in helping individuals that suffer from addiction to reclaim a socially invested and highly rational lifestyle.

**Final Statement**

Addiction is the use of behaviors to reduce feelings and emotions. Emotions are caused by a perception of life events. As an individual is challenged by life, he or she has a learned way of escaping and overcoming those challenges. Each has a unique perception about themselves, the world and others. Each forms a private logic that influences their behaviors and decision making. Most individuals have the goal of belonging and significance. Positively meeting these goals and the three life tasks of love/intimacy, social/friendship and work are paramount in each individual. The completion of these goals is judged through the private logic lens of the person. A person’s lifestyle is the way in which a person meets the tasks of life and fulfills the goals of belonging and significance. Addiction alters this process. Emotions are naturally there to motivate. Anxiety, stress and inferior feelings signal a need for change, either in action or thinking. Addiction reduces the motivating proprieties of emotions and gives a false sense of belonging and significance. The motivating proprieties of realizing the discrepancy of self and perceived reality is negated and hardened by the addictive behavior. As the addictive behaviors continue, the discrepancy widens, increasing inferior feelings, anxiety and stress. A person soon
becomes dependent on the addictive behavior to relieve their emotions. This contradicts with the healthy way of gaining belonging and significance through the successful completion of the three life tasks. The individual soon loses their courage to meet the three life tasks. Addictive behaviors foil the benefits of emotions and perpetuate the false perception of significance and belonging. Addiction becomes the substitute life stance, and rather than leading our life, our life is taken.
References


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