SIMILARITIES BETWEEN ADLER’S INDIVIDUAL PSYCHOLOGY AND BILL WILSON’S ALCOHOLICS ANONYMOUS

A Literature Review for an Integrative Paper

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By:

Charlotte Marie Nesseth

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# TABLE OF CONTENTS

1. Clinical Experience. Guardian Ad Litem
   A. Role ................................................................. page 1
   B. History .............................................................. page 2
   C. Case Experiences ................................................ page 4
   D. Ethical Challenge ................................................ page 5
   E. Evaluation .......................................................... page 7
   F. Supervision ....................................................... page 8
   G. Strength and Weaknesses ....................................... page 10

2. Second Clinical Experience. Benton County Jail
   A. Population .......................................................... page 12
   B. Clinical Experience ............................................... page 12
   C. Supervision ....................................................... page 14
   D. Evaluation of Internship site .................................... page 16
   E. Ethical Challenge ................................................ page 17

3. Review of Similarities Between Bill Wilson and Alfred Adler
   A. General History ................................................... page 20
   B. Discussion on Adler’s Behavioral Psychology ............... page 20
   C. Discussion on Bill Wilson’s Behavioral Psychology ........ page 21
   D. Clinical Application and Experience ......................... page 22
   E. Approaching and Working with the Client ..................... page 23
   F. Social Interest and Self-Centeredness ......................... page 26
   G. Parallels Between Adler’s Lifestyle and Bill Wilson’s Inventory .................................................... page 29
   H. General Discussion ............................................... page 30
   I. Closing Thoughts ................................................ page 32

4. Student’s Approach to Counseling and Self-Evaluation
   A. Areas of Competence and Strengths ............................ page 35
   B. Areas that Need Improvement .................................... page 36
   C. My Approaches ................................................... page 36
   D. Future Development ............................................. page 37

5. Bibliography .......................................................... page 38
1. Clinical Experience. Guardian Ad Litem

I had two different graduate internship sites. The first internship site was at Hennepin County where I functioned as a Guardian Ad Litem, also known as a child advocate. The second internship site was at the Benton County jail. Within the confines of the jail, I functioned as an Adlerian Therapist. My first internship was functioning as a child advocate.

A. Role

As a child advocate I served vulnerable children whose unfortunate fate fell into the legal hands of the family court system. My role as a child advocate was to determine the "best interest of the child". My recommendations were varied. They could be as severe as the recommendations for the termination of the parental rights. Or, in most cases, the reconciliation of the children with their parents, once certain treatment modalities were completed.

It was my experience as a child advocate to have my recommendations respected by the judges who resided over the cases that I was involved with. The staff at the Guardian Ad Litem office informed us in training that the judges respected the child advocate's recommendations and opinions because we come to the table non-biased. We have no stake in the final outcome, other than for the child's best interest.

If termination of parental rights were recommended and deemed necessary by the family court, the parents would lose all rights to their children. The parents would
never see them again, and the children would be placed in a temporary foster home until a permanent foster home could be located. Therefore, as a child advocate, there can be very much stress. In order to minimize the stress, one is resigned to working many long hours on each case, interviewing everyone and anyone with whom one thinks will offer them valuable information that will enable them to make their recommendations to the court.

For example, if reconciliation was considered to be in the best interest of the children, it would be inevitable that the parents had to do something in order to change the dysfunction that landed them and their families in the family court system.

For instance, as a child advocate, I recommended chemical dependency treatment for the parent or parents. Also, parenting classes were common for young mothers, as were anger management classes for fathers. As services were provided for the parent or parents, more work was added to the fact finding mission for the advocate, as the progress by the parents were monitored. At times it seemed to be a never ending process.

B. History

The Guardian Ad Litem position was born out of necessity for the child. It had become apparent that the children’s rights were being neglected by the very nature of the process. For example, the prosecuting attorney served and fought for the county they were employed by. Therefore, the prosecuting attorney set out to “win” the case for the social workers involved. More often than not, the social worker advocated strongly for the child, which often meant the county was seeking termination of parental rights. In theory this seemed to be the best solution for the children, however, in reality too many
times the foster homes were equally as abusive, and in some cases even worse.

The defense attorney became the parent's advocate. Therefore, their sole purpose was to "win" the children back. Hence, the children had no one with their "best interest" in mind. Therefore, the children became the unwittingly victims from the same system that was actually organized to protect them. The child advocate stepped in and filled those shoes. The child advocate for Hennepin County was a volunteer position at the time of my internship. I am completely in awe of these folks for all their hard work. I believe the child advocate works harder, puts in more hours and is more familiar with the complete case than anyone else involved.

The "rescue fantasy" mushroomed in the 1970s where the child's safety came first, and the children were being placed in permanent foster care in record numbers. By 1979, there were approximately 400,000 children in foster care, and the system was so overburdened, it was falling apart. (Ward).

The treatment philosophy underwent a metamorphosis as a result of the seventies. This brought about change on many social fronts. It was a time of great compassion and awareness, but often the best efforts put forth seemed only to find another hole in a very complex social structure whereby the sound theoretical solutions didn't solve the imperfect living conditions of the children in America. (Ward).

An example of this includes some cases where abused children were removed from their families and put in foster care, only to suffer continued abuse by inappropriate, untrained or poorly supervised caretakers in foster families or placement facilities. (Ward).

As the result of the learning growth of the seventies, Hennepin County's child protection
philosophy has been moving gradually to a family preservation point of view. It is by no means universally accepted even now, but the evidence of the last twenty years makes a fairly compelling case for this, provided that intense services are made available to the parents; such as treatment, anger management, and proper medication and diagnosis for mental illness such as depression. Under these conditions, abused and neglected children have fared quite well, remaining in their homes once their parents have received the help they needed. (Ward).

C. Case Experience

The population I encountered as a child advocate was generally in the very early adult years of life, eighteen to twenty-two, all of which came from abusive family backgrounds. Most, if not all the mothers I worked with were sexually abused as young children, and most were repeatedly abused over years. Many were abused by someone close to them such as fathers, step-fathers, or brothers. It was all very disturbing because these children hadn’t even begun to deal with the abuse that happened to them and now they were at risk of losing their children because of abuse. The Mothers’ loved their children, but their own childhood didn’t offer them the wear with all to give healthy love and respect to their children. For one thing, they had little awareness of what it meant to parent a child. They didn’t experience healthy parenting as children. In addition, they had severely crushed self-images and self-esteem as the result of growing up in very abusive environments.

Often times, the fathers played a significant role before the law stepped in and removed the children from the home. The father usually went on the run and couldn’t be found,
and never showed up for any of the court hearings.

The county seldom sought termination of the father’s rights if he was not married to the mother of the children, and/or if he was not present to address the charges. The system reasoned that if the parent could not be found, they could not be summoned to court, therefore it wasn’t ethical to terminate their rights.

This quite frankly was hogwash. What about child abandonment? Isn’t abandonment one of the most tragic forms of child abuse and neglect there is? Of course, it was. But this was an inherent problem within the family court system. A rather large loop-hole that appeared to be exploited by some of the parents.

The mother and the father could use this loop-hole to their advantage. If the county terminated the mother’s rights to her children, the father could come out of the woodwork and demand custody. The court system would have to go through another expensive lengthy process to determine the father’s ability to care for the children. If the court awarded the children to the father’s care, the mother and father could again cohabitate. Generally, once a case was determined, the case was filed away, and would be re-opened if a new problem occurred. If nobody reported the parents, the case would remain closed. Since termination of the mother’s parental rights were sought and won, no treatment plan would have been ordered for the mother, placing the children at even greater risk.

D. Ethical Challenge

I was disturbed with a social worker with whom I had the misfortune of working on a case. I lost some perspective and spoke in the defense of a young mother.
This particular social worker used derogatory names when describing an eighteen year old mother of two. It didn’t seem relevant to this social worker that this young mother was sexually abused by her father repeatedly from the ages of twelve to just before her sixteenth birthday. The abuse stopped only after she ran away. She then became a high risk youth and eventually became pregnant. The man was older and offered her food and shelter for awhile, but after he became abusive she fled again not knowing she was pregnant. When she found out that she was pregnant, she was “hanging out” with another man and found no compelling reason to let this other man know that he impregnated her. Her father was an alcoholic and was physically abusive to her mother who never “dared cross him”. I thought counseling would help this young woman who was intelligent and shared a great deal of her life with me. It became apparent that she would benefit from weekly counseling sessions. Therefore, I recommended counseling for this mother.

The social worker was against it because she saw this young woman as a con artist. Of course, given the history of this woman’s childhood, she found ways to move in the world that was on the negative side. She was convinced that she was trying to bring positive influences into her children’s life. She stated numerous times that she didn’t want to have her children raised in the same environment in which she was raised. She wanted to give her children better than what she had. Great changes had to take place in this young mother’s world for that to happen, and they all would begin with her.

After meeting with the mother’s attorney at the suggestion of the guardian staff, he arranged a court date with the judge to request a court order for counseling for the mother. The social worker could have saved everyone much time, expense and bother
if she would have just written a treatment plan that included therapy. In any case, the judge heard the defense attorney’s request and my recommendations in his chambers, since this was a very private matter, and granted the therapy for the mother. The social worker was angry and hostile, and most of it was directed at me. She had worked within child protection all of her years as a social worker and she was due to retire in less than two years.

A lifetime of dealing with the suffering of children because of generational abuse that gets handed down like a family heirloom would make even the most benevolent person a little sinister in the late hours of a career. A career that was embarked on with great hope and enthusiasm to make a difference and a mark on the world. The Guardian Staff told me that at one time this social worker went out of her way to help the parents who found themselves in family court, but after being lied to and having her genuine interest taken advantage of too many times, apparently she had become distrustful and bitter. At one time, she was the role model of all the social workers, one that others looked up to and over to for guidance.

E. Evaluation

Chemical Dependency issues were prevalent in most cases. These cases were not easy to assess for the well-being of the children because of the time line involved. Hennepin County had a one-year time line from the date of involvement with the family to that of resolution. The treatment of thirty days just begins an addict’s recovery journey, which
often includes relapses. Being quite familiar with this population, I have seen times when addicts go through the treatment just to get the law and others off their backs and then return to their old abusive habits. Hennepin County just does not have the resources to follow up on each and every one of these cases for three for four years out, though that would be optimum. As a result, children are reunited with their parents within the first few months of their parent being clean and sober without much other assistance from the County. The same social stressors such as lack of education and job skills are still a huge problem for these parents who find work only to be paid five to seven dollars an hour. These low paying jobs don’t make ends meet, however it is more than enough to move them off of welfare assistance. Eventually under this kind of constant duress, the family unit will break down again upon a common occurrence which is considered a crisis in these families lives. For instance, a child needs braces, a common everyday occurrence for many families, unless you’re the family without health insurance. Then a child’s braces can become a crisis that sends a family into financial disaster. The treatment philosophy of Hennepin County child protection is more focused on the present to immediate future and does not spend any time preparing a family to be financially independent through job training programs or educational assistance allowances. As stated before, the county has one year to determine the outcome for the children removed from abusive homes. Many times band-aids are used when perhaps a tourniquet would be more appropriate, but band-aids are cheaper.

F. Supervision

My supervision was very professional and always available. I first attended training for
two weeks. The staff made learning enjoyable and interesting at the same time. I learned a great deal. It was valuable time, about which I cannot say enough.

The staff were primarily licensed social workers with degrees, who had been doing this kind of work for years. There were a few staff members who had a Masters Degree in Social Work and one had a Masters Degree in Psychology. They were easy to talk to and offered their time without reservation. The staff was very knowledgeable about every aspect of the role they played, and where they played it.

For instance, they knew the court system and helped me understand my role there. They offered me assistance in assessing the risk of the children for whom I was advocating. Much knowledge was received from the training on how to proceed, however, there were times when my gut said one thing and my heart another, and my head did not know which one to trust. I would sit down with one of the staff and talk out the situation. Their wisdom from years of experience made all the difference in the world for me.

I believe that the Guardian Ad Litem offers a great service to society and the court system. There is so much burnout from the sheer numbers of people and institutions that become involved in the process. All of which have to be contacted, preferably in person. If child advocates follow the training methods set out in those first two weeks of training, they will be successful meeting the goals of a child advocate. I was taken back at the power my recommendations had with the judges. The Guardian position was respected by judges and some defense attorneys were not always going to
be your buddy. We had no prior disclosure to any attorney. New information came 
out fresh in court for all to hear at the same time. It was a civil environment, but one 
could tell when a certain lawyer wasn’t happy with the information that I dug up from 
a treatment center that suggested the parent wasn’t in full compliance. The parents 
could be less than forthright with their attorney.

I was impressed with the hard work many advocates put in and how savvy they become 
over time. I learned a great deal from my peers as well. They became a source of 
direction in the hallways of the court rooms, waiting for the court session to begin, or 
just hanging out in the office sharing stories.

G. Strength and Weaknesses

An important strength of the internship site was that it became a huge self-esteem builder 
for me. I began operating in court, as time went on, as a relaxed professional whose 
opinions were valued. I spent many hours researching each case, and some cases lasted 
for the whole year that I was there. I learned very much about the many different services 
available for these parents. One day I would be able to pass this information along to 
clients in search of assistance. For example, which treatment centers were for what 
segment of the population, availability of prenatal care services, parenting classes, anger 
management classes, and of course, which ones were considered better than others.

The weakness of the internship was that it didn’t offer me the opportunity to do one 
on one counseling, as I was inspired to do.

Another serious weakness functioning as a child advocate for my internship experience 
was the number of hours involved necessary to fulfill the commitment.
I seriously doubt that any other internship experience would have been as demanding. Today, knowing what I know, I would choose another site. However, it is a tough call to make, because I learned so much. It was too demanding on my time, which was divided rather thinly between work, school, and the internship. My life had become out of balance for that year, and I grew to resent the constant business, and lack of any real social life. But as I recall, I had a difficult time finding a site that would have been more suitable. I was overjoyed to have found this internship site. Nevertheless, it was a great training experience that educated me in many ways. Many clients were dealing with mental health problems, therefore, I received a working education in this area too.

All in all, this was an awesome internship experience, I interviewed children’s therapists, and therapists for the parents, I met with social workers, treatment center staff, anger management therapists, and staff, police, lawyers, judges, parents, and relatives galore, parental guidance counselors, parole officers, and of course beautiful children, my favorite clients.
2. Second Clinical Experience. Benton County Jail.

A. Population

The population that I primarily worked with were inmates incarcerated for alcohol related offenses such as driving under the influence. The average age was twenty-one to early thirties. With the exception of one client who visited with me, no others had ever been through treatment, or had ever been involved with the program of Alcoholics Anonymous, even though their usage of alcohol caused them problems with the law, their jobs, and their families.

Since the clients were young, their using habits hadn’t reached the stage where their cognitive abilities had been permanently impaired. That did prove true over time as they quickly became astutely functional. The only treatment that was offered to the inmates was the opportunity to attend Alcoholics Anonymous meetings put on by volunteers from the local Alano Club out of St. Cloud, Minnesota, fifteen miles west of the jail.

B. Clinical Experience

In addition, to Alcoholics Anonymous meetings, severely depressed inmates could see a psychiatrist for medication. Otherwise, the jail was mostly a holding tank until the court decided on the sentence and fine for the individual held there. Often before the court hearings were finalized, and the individual was sentenced and fined, he or she would have already served a good deal of their time, which made it practical to leave the inmate in Benton County to finish out the sentence. This made for good consistency
in the clientele, as I was able to see some clients for over five or six months. This gave us a good amount of time to address the client’s addiction and work on some of their psychological issues that played a significant role in their using mind-altering chemicals to cope with life. I wanted to develop social interest with the clients from the useless side of life to a more useful side, from the minus to the plus. (Manaster and Corsini, 1982).

For example, one very difficult client, whom I shall call Tracy, was oppositional defiant. I was feeling inadequate at reaching her and frightened by her outbursts. It seemed as though when we began making progress, Tracy would lash out at me and berate me for my lack of knowledge. After getting some valuable feedback from my supervisor, I slowed the process down. Being aware of how little time we had together and being overly enthusiastic of how much ground I thought we could cover, I was confronting her more than she was able to process. As I backed off, Tracy moved in closer and began opening up more. Instead of trying to push the client to fast to meet my needs, I met the client where she was, and it made a huge difference for both of us. I continued setting boundaries with Tracy on her abusive outbursts. I let her know that there were other ways to get what she needed in this process other than lashing out. She was receptive to this form of interplay and her tendency to lash out and shut down the process lessened. Tracy was raised in an environment where there was little or no intimacy established between her parents or her siblings. She was sexually abused by her Father’s friends when they were drunk. She had deep trust issues. However, I feel as though we made significant progress utilizing Adlerian theory of Individual
Psychology. I empathized with her dysfunctional upbringing and encouraged her to recognize that life can be different. She didn’t have to be controlled by her emotions, or by what happened to her as a child, but she could control her emotions and how she was going to react to her feelings. I encouraged Tracy extensively by supporting those things that she was good at doing. She had found a haven working with senior citizens within a nursing home setting. She felt safe and secure at work. Tracy, unwittingly had found a place to develop her social interest. I explained Adler’s theory on the three life tasks to Tracy, and also the idea of social interest. We examined together her functioning level in the life tasks.

C. Supervision

The staff member at the jail with whom I worked closely was Mary Herman. She was the superintendent/administrator of inmates and operations. She was very involved with the day to day activities and overall functioning of the jail. Her education and training had been in criminal justice, however, she could easily appreciate my efforts with the inmate population who sought my time to talk. She wanted to hire me part-time after the internship was over, but upon further investigation, the budget wouldn’t stretch to cover my salary.

Mary Herman was a wonderfully qualified person for her role as jail administrator and jail supervisor of operations, however her credentials did not meet the requirements of Alfred Adler Graduate School of Psychology. Therefore, I needed permission to find a professional with acceptable credentials in the field of psychology to supervise me. I received that permission, and sought out a supervisor that had an, LP and an MS.
My supervisor and I worked out a financial arrangement with which we were both comfortable, and we met regularly. In the beginning we met weekly, at which time I would review my case load and discuss the problems and progress of the clients. She was very helpful indeed in advising me with some difficult clients.

My supervisor offered me direction in dealing with difficult clients. She helped me a great deal with Tracy. My supervisor suggested that Tracy never experienced the level of intimacy that she had with me. Therefore, it scared her and caused her to push me away by being abusive for her own self-protection.

My supervisor gave insightful feedback when I didn’t know which way to proceed with a client who had become apathetic in our sessions. She was wonderful to have around to give my confidence a boost every now and then as well. Her background was rich in the chemical dependency field, which could not have been a better fit for me since this was primarily the population with which I was working.

My supervisor also helped me work through a troubling ethical problem I found myself immersed in. I was sure that my sessions of therapy were being observed by jail administration. After working with a client for some time, he developed trust in me, and told me about an armed robbery he had been involved in. I was told in the beginning by Mary Herman that my therapy sessions would not be listened to. I explain more about this matter later in my paper, but I bring up here only to reflect on the benefit that supervision offered me on this matter.

Ethically, I wasn’t sure what was right. I thought, if they did the crime, shouldn’t they do the time? But on the other hand, this is therapy, and one should be able to expect
strict confidentially, except of course for the laws of mandated reporting.

My supervisor thought it to be completely unethical to offer therapy for inmates and then observe the sessions hoping to get the goods on them. It was a complete set-up.

D. Evaluation of Internship Site.

The internship site could do much better in offering inmates opportunities for self-improvement. Even though most of these inmates won’t be in jail that long, it would be a good time to offer them the opportunity for therapy. The overwhelming interest I received from the inmate population suggested very strongly to me that there is a great need for this kind of help within this population. There were inmates suffering from depression and many were put on needed medication. Therapy allowed the inmates to release issues of shame, guilt, hurt, childhood traumas, and many other issues that he/she never told anyone else before. It was disappointing knowing that when I left, the program would stop.

One strength of the internship was the variety of the clientele that I had the chance to work with. I had a good variety of men and women, however, men were greater in numbers, since there were more of them at this jail site. Also, I worked with a population that was dealing with chemical dependency issues, and many of them were not aware that they were addicts. It was rewarding to bring the basic knowledge to these clients about addiction. Working with this chemical dependency population offered me an invaluable education that greatly enhanced my experience in this area. I had the opportunity to administer eight or ten Lifestyles with clients. It was rewarding to see them grow as they began to understand what motivated them to think,
believe, and hence behave in the ways that they did. I worked with people from diverse backgrounds. There was Native American clients, African American clients, an Asian American client and many Caucasian Americans. There were clients with mental illness, such as schizophrenia, depression, and bipolar. There were clients who wanted to talk about God. This one young man who was on his way to serving a ten year sentence for criminal vehicular homicide wanted desperately to talk with me so he could tell somebody what really happened. He also wanted to know if God was a forgiving God. He asked me to pray with him as he sat there. Through tears, we held hands and prayed. This internship was such a moving experience. There were many times tears welled up in my eyes. These weren’t clients coming in to discuss their mid-life crisis or their low self-esteem, however important. But many times these clients were in desperate situations facing desperate situations, being locked up for a long time. I was always so amazed at how graciously they handled themselves with me. Many just wanted to pray. I saw many men one or two times before they were taken away to a prison environment. I felt blessed to have experienced this absolute desperate trust.

E. Ethical Challenge I Experienced

A young African American man made an appointment to see me. He came to check me out at first and get out of his cell for an hour, but he kept coming back. He opened up slowly. He talked a lot about his grandmother who raised him and prayed with him everyday. I could tell he had a secret and he wanted to talk to me about it. He was afraid he would go to prison because he couldn’t trust me not to tell. I assured him
that what he told me was confidential and that I could be banned from getting a license as a therapist if I repeated what he said, unless of course he violated the mandating reporting that I was required to report by law. He said it didn’t have anything to do with abusing anyone or anyone abusing him, nor was he wanting to hurt himself or anyone else. Eventually he told me about his involvement in an armed robbery. It was really hard to sit expressionless when he told me his story. No one was injured, but armed robbery is a serious offense.

The room where I met my clients must have been under surveillance. Our next session together, I discovered that he was moved to prison. I was angry and weighed out my response, for which I decided there was none. At that time, I realized the distinct possibilities that all my sessions were probably under surveillance. I was so disheartened that I didn’t get a chance to say goodbye to this young man. He was a good kid. He was a poet/rapper and he shared this wonderfully beautiful poem/rap song that move me to tears, and I don’t care for rap. It was about how he experienced the world as a black kid. Lyric after lyric of oppression and victimization. I talked to him about black poets, none that he knew of. He wasn’t very educated and actually acted surprised that black poets had their own books. He never heard of Langton Hughes, so I agreed to bring him the book the following week. I never got the chance to give him the book because he was gone. I felt awful, wondering if he thought that I had ratted him out. He told me once that I was the only white person for whom he had this much trust. Unknowingly, I let him down, and ethics were challenged.

I suppose the criminal justice system saw him as just another criminal, but I saw him as
a very sensitive, reflective heart felt individual who lost his sense of belonging and his place in the world when his grandmother passed away.

A very valuable lesson was learned from that very heartrending experience. From then on I cautioned clients that our sessions might be under surveillance. However, I still pledged my confidentiality. Again, I warned them about the mandating reporting, as I did before, and about the possibility that I could be subpoenaed into court. Therefore, I instructed them to share with their lawyers the details of what brought them here, and share with me from their hearts and souls. Some looked perplexed. They lacked personal boundaries. They didn’t protect themselves. Many times I had to stop them from possibly incriminating themselves by suggesting that they talk to their lawyers about this or that, even after I told them that there was a good possibility that we were being observed.
3. Similarities Between Adler’s Individual Psychology and Bill Wilson’s Alcoholics Anonymous

A. General History

Bill Wilson was the Co-founder of Alcoholics Anonymous. Bill W. is credited with writing the first one-hundred and sixty-four pages of the book, Alcoholics Anonymous. I will refer to these pages extensively when drawing similarities between Wilson’s Alcoholics Anonymous and Adler’s Individual Psychology.

Alfred Adler gave rise to the Individual Psychology approach for working with and trying to understand an individual. His work was accomplished many years before that of Bill W., Therefore, he could have been an influence, directly or indirectly, on Bill W’s final analysis about the psychological problems with alcoholics.

I found the similarities to be fascinating. Thus motivating me to select this theme in respect to my clinical work for the literature review. Also, I hold a great respect and admiration for both these men. They were icons in their time. They were pioneers in uncharted territories. Neither man received much support, and both men came under heavy criticism at one time or another because of their beliefs. However, both men believed enough in what they created and the merit of its functional application, that they would not be silenced. Hence, society has been the better for their tenacity and their personal sacrifice.

B. Discussion on Adler’s Behavioral Psychology

Individual Psychology is the name Alfred Adler gave to his theory of personality and his system of therapy. By Individual, Adler meant that man is indivisible, which is in
contrast to Freud’s division of personality into segments, (i.e., ego, id, super ego).


Adler believed in a holistic approach to personality. A part is never understood by itself. A whole is more than the sum of its parts. We look for patterns. Thus we move fast in therapy, by recognizing these patterns. (Dewey, 1978).

Individual Psychology can be considered as a behavioral psychology. It is more important to focus on what one does verses on what one says. In addition, Adlerian Psychology places emphasis on what one does with what one has regardless of potential, a psychology of use not possession. (Dewey, 1978).

It is not so important how smart one is, but rather, what has one done with their level of intelligence. For example, one with average intelligence can become more successful than one who is brilliant. It is not a psychology of possession but use.

C. Discussion on Bill Wilson’s Behavioral Psychology

Bill W. was a behaviorist in his own right. He talked incessantly about the behaviors of the alcoholic. For instance, he believed that more than most people, the alcoholic leads a double life. He is very much the actor. To the outer world he presents his stage character. This is the one he likes his fellows to see. He wants to enjoy a certain reputation, but knows in his heart he doesn’t deserve it. (Alcoholics Anonymous, 1939).

The above example is indicative of false pride. The alcoholic who is still using is in constant contrast between what they say verses what they do. In addition, the alcoholic has moral and philosophical convictions galore, but we could not live up to them, even though we would have liked to. (Alcoholics Anonymous, 1939).
Bill W's description of the alcoholic who has high moral values, but yet doesn't live up to them, is similar with that of Adler's psychology of use not possession. What good are high morals, if one only talks of them, but doesn't live life by them. In the same way, we see the description that Bill W. gives to the alcoholic who is very much the actor to the outer world, (Alcoholics Anonymous, 1939) presenting what he would like the world to see, but in reality he is not who he really presents himself to be. As Adler says, it is more important to focus on what one does verses on what one says. In acting, one can say many things to impress others, however, when no one is watching, how does the actor behave.

D. Clinical Application and Experience

As I worked with a new client it became apparent early on that this client might be an alcoholic because his behaviors were a replica of Bill W's descriptions. Therefore, Adler's theory on psychology of behavior, a matter of use not of possession, offered me a technique to try to reach and teach this client. I asked the question, "Can you explain why you seem to say one thing and do another time and time again"? The client looked confused at first, but softly stated that he wasn't sure. He said that he tries real hard to do the right thing, but things just get messed up. I moved on to the next behavioral question about why he seems to fall short of his own morals and values. Again the client was stumped and said he didn't know. His answers were not so important at this point, as I only wanted him to start thinking on these ideas. This was a starting point, for me as a therapist to offer this client enough information that he himself would eventually identify himself as an alcoholic.
We had spent a good amount of time in sessions together at this point, therefore I knew enough of his history to know his problems were alcohol related. It was up to him to decided if he was an alcoholic or not. Early on, I asked him point blank if he was an alcoholic and he adamantly denied it. To truly help this client I had to become the myth breaker. My second approach was to gently reveal the client’s mistaken beliefs, since the confrontational method got me no where. It was helpful combining both Adler’s theories with that of Bill Ws. in my endeavor to educate this man about behaviors of alcoholics.

All to often, people think that alcoholism is about how much one drinks, where they live, if they hold down a job, or if they drive a nice car, not understanding that alcoholism is a “thinking” disease that becomes a “drinking” disease. They rationalize, that they can’t be an alcoholic if they have all those things mentioned above, or that they only drink this much, or this often. When one becomes a member of Alcoholics Anonymous, one does finally began to understand that wrong thinking leads to wrong behaviors and that alcohol was a mere symptom of a living problem. Adler would suggest that all failures, including alcoholics, are failures because they are lacking in fellow feelings and social interest. In AA the “living problem” is essentially the result of lacking social interest. More will be addressed on the social issue later on in this paper. Suffice to say, that Bill W. and Adler were on quite similar social wave lengths. Bill W’s suggested approach on working with others and Adlerian’s suggested approach for the Adlerian therapist are replicas of the same social theory constructs.

E. Approaching and Working with the Client
For Adler, the therapeutic process is a cooperative enterprise between the therapist and the client. Bill W. takes the same approach in his suggestions for working with other alcoholics. Bill W. suggests we should cooperate and never criticize or force ourselves or our ideas on another alcoholic we are trying to help. To be helpful is our only aim. (Alcoholics Anonymous, 1939).

As Adlerian therapists we are encouraged to establish an empathic relationship with our clients. The relationship Adlerian counselors seek to establish is one between equals, a collaborative effort in which counselor and counselee are active partners working toward mutually agreed upon goals. The counselee is not a passive recipient "being counseled" but an active party in a relationship between equals. (Dinkmeyer, Dinkmeyer, Sperry, 1987).

Bill W. suggests to establish an empathic relationship with the alcoholic, as well as a collaborative effort in which sponsor and sponsee are active partners. If he is in a serious mood dwell on the troubles liquor has caused you, being careful not moralize or lecture. If his mood is light, tell him humorous stories of your escapades. Get him to tell some of his. When he sees you know all about the drinking game, commence to describe yourself as an alcoholic. (Alcoholics Anonymous, 1939). In AA, the sponsor is suggested to establish a relationship of equals with their sponsees. Never is a sponsor suppose to talk down to an alcoholic from any moral or spiritual hilltop. Instead, sponsors are to offer them their friendship and fellowship. Adlerian's also suggest to approach a client like a friend, of course, the friendship is limited to the confines of the office where the sessions are held, but nonetheless, this approach can
be extremely powerful to the healing process for the client. Similar indeed to the AA approach, we as Adlerian therapists are encouraged and trained to treat the client with mutual respect and equality. As we play out our role as therapist in this relationship, we try only to be helpful. We do not approach the client with the attitude that we have the answers for their lives, instead we offer encouragement and support as they began to learn in the therapeutic environment.

Helping the counselee consider available alternatives to the problem behavior or situation and make a commitment is another Adlerian goal to therapy. (Dinkmeyer, Dinkmeyer, and Sperry, 1987). This is considered to be the final stage of the counseling process. New attention is directed toward seeing alternatives and making new choices. (Dinkmeyer, Dinkmeyer, and Sperry, 1987).

Encouragement is considered to be a prime factor in helping the client make new choices that may often times seem scary and out of reach. Another factor that an Adlerian therapist uses is clarity. Be clear about the purpose of counseling. Be clear about the goals. The clarity will help the client gain insight. Insight is the factor most frequently mentioned as instrumental to therapeutic change. (Dinkmeyer, Dinkmeyer, and Sperry, 1987).

According to Bill W. an important goal when working with an alcoholic is to get him to admit to being an alcoholic and to show him there is an alternative life to the one he has been living. The first goal when working with an alcoholic is to get him or her to admit that they are indeed an alcoholic. Than we encourage the alcoholic to change, which becomes our initial purpose, and this purpose must begin with abstinence.
If you are satisfied that he is a real alcoholic, begin to dwell on the hopeless feature of the malady. Continue to speak of alcoholism as an illness, a fatal malady. Talk about the conditions of body and mind which accompany it. Keep his attention focused mainly on your personal experience. You will soon have a friend admitting he has many, if not all, of the traits of the alcoholic. Even though your protege may not have entirely admitted his condition, he has become very curious to know how you got well. Tell him exactly what happened to you. Let him ask questions. (Alcoholics Anonymous, 1939).

In A.A., as in Adlerian Therapy, encouragement and goal setting are important parts of the process. Insight in A.A. is generally discovered by the revelations of others as they share their stories. The common element between Bill W’s A. A., and Adler’s psychology is that insight is a necessary agent for change. One must first discover and understand who he is in order to stretch and grow into who he is envisioning himself to be. The alcoholic must first admit he is an alcoholic and that he can’t control how much he drinks when he drinks. This insight will be a catalyst for change.

F. Social Interest and Self-Centeredness

An important goal of Adlerian counseling is to foster social interest. (Adler, 1931).

Social interest is described as a feeling and demonstration of one’s concern for others, a sense of belonging, sharing, giving, and depending upon others, a sense of community, and being supportive. (Adler, 1939).

In Adlerian theory, one’s mental health is directly related to the quality of social interest that an individual develops. Adler further explained all failures, including
neurotics, psychotics, criminals, drunkards, problem children, perverts, and prostitutes, all failures because they are lacking in fellow feelings and social interest. (Adler, 1931). Every human being strives for significance, but people always make mistakes if they do not recognize that their own significance lies in their contribution to the lives of others. The true meaning of life depends on contribution and cooperation with others. (Adler, 1931).

Adler's Individual Psychology asserts that humans not only need other humans, but they need to be needed, to have a feeling of belonging. (Manaster and Corsini, 1982). Chemical dependency drives alcoholics into isolation for fear of their true identity being revealed. Hence, they lack social interest and become self-centered as they squander away the hours chasing the "high". Of course, this life style leads to deep feelings of uselessness and inferiority. They lose their place and significance in the world. They no longer feel that sense of belonging. They drink more and more to stuff those dreadful feelings. Many get lost in this cycle of addiction. An intervention will be needed to break the cycle. An intervention can be anything ranging from self admittance to a treatment center, divorce, loss of job, trouble with the law, or a car accident. It is after the intervention, that they show up in therapy or A.A.

Similar in thought, Adler and Bill W. would both recognize the fact that these troubled folks feel as though they don’t belong, they suffer from deep feelings of inferiority, and they lack feelings of significance in the world. Both men would suggest that a life of self-indulgence created the maladies since their primary focus in life has always been about themselves. Adler would say, they lacked social interest. Bill W. would say, they were
selfish and self-centered. Either terminology one uses to describe the alcoholics root malady, the similarities between Adler and Wilson are fundamental and profoundly the same. Social interest is Adler’s corner stone for his Individual Psychology. Self-centeredness is Bill W’s cornerstone to the Alcoholics Anonymous. Bill W. suggests that the root of all our trouble is our selfishness and self-centeredness that takes on the form of thinking disproportionately of one’s self, and what we can get out of life. Only when we turn our self outward and began to help others, do we finally develop a sense of belonging, pride, being supportive, and in the end, develop good feelings about ourselves.

Using Adlerian principles when working with an alcoholic, the measuring stick for the client’s growth, is his increase in the social interest in others. Bill W. suggests that our real purpose is to fit ourselves to be of maximum service to God and the people about us. Adler and Bill W. formed very similar principles of being useful to others as a means to transform one’s own negative view of the world and of the self. One can’t help feeling good about oneself when helping others. It is a law of nature. To give is to receive. To help others find their way, one finds their own way as well. Both disciplines suggest very strongly that to think of others more than one thinks of oneself is the true road to joy.

Of course, when one is all bogged down with self-loathing, shame, and guilt from an abusive childhood and/or from their own abusive behaviors one may have perpetrated on others, it is impossible not to think negatively about oneself and others. Equally, it is impossible not to get stuck in self-absorption. However, in this mode of operation
it would be futile to attempt to wrestle some goodness, peace, and happiness out of the world. Bill W. would describe this behavior as self-will run riot. At the cost of another, the alcoholic’s needs always come first.

The natural tendency is to turn inward to try to solve the perceived maladies. It is the object of the Adlerian therapist and the A. A. program to help the client understand that “getting out of the self” by helping others is when the true peace and happiness will finally come. Adler’s psychology would say to improve one’s social interest is to improve one’s own peace and happiness within.

G. Parallels Between Adler’s Lifestyle and Bill W’s Inventory

We see magnificent parallels between Bill W’s notion of cleaning house by doing a personal inventory and getting rid of some of the worst secrets in stock, and of Adler’s theory of Lifestyle.

Adler explained Lifestyle as follows: “It is one’s style of acting, thinking, and perceiving, a unique law of movement of the individual, the wholeness of his individuality, and finally what is frequently labeled the ego”. (Dewey, 1978).

Dreikurs, one of Adler’s students describes Lifestyle in this manner: “How do I, seeing myself, as I do, in a world such as I view it, and people being what I see them to be, deal with life?” (Dewey, 1978)

The Lifestyle as well as the Inventory teaches people a great deal about themselves. Both processes help them become free of guilt, shame, and feelings of inadequacy. In the A.A. inventory process they admit faults and harms they have caused to another. In the Lifestyle process they begin to grow in understanding the origins and causes of
the unwanted feelings of guilt, shame, and inferiority. Knowledge is gained about themselves in both the inventory process as well as in the Lifestyle process, that will be crucial in rebuilding the foundation on which they can walk a free soul once again, or perhaps for the very first time.

H. General Discussion

It is not my contention that an alcoholic does not need to become a member of Alcoholics Anonymous because they have worked with an Adlerian Therapist. However, I think the transition into the A.A. program from an Adlerian perspective can be very smooth and simple because of the foundation of both constructs are socially compatible. For example, both entities strive for cooperation and interest with others. Nor is it my contention that all alcoholics need to become members of Alcoholics Anonymous in order to remain sober. As the program of Alcoholics Anonymous suggests, it is merely a suggestive approach.

If Adler were alive today utilizing all the information available to him on all the new research and theories about alcoholism, I believe he would look upon the alcoholic as one with an organ inferiority. Meaning of course, that Adler would see alcoholism as a disease. Adler was a free thinker, who was an originator of ideas that attracted other people to them. Not all alcoholics start out with bad self-images. It is my opinion that the misery alcohol causes in a real alcoholics’ life is to grave to determine that the cause is the result of mistaken belief systems. Further, having heard many real alcoholics describe their childhood as pleasant, and their lives as well adjusted and wonderful before they started drinking, points to a disease model.
For the real alcoholic who has an allergy to alcohol, and when he drinks an obsession occurs which begins taking over his life, and thoughts of drinking subtly occupy his mind, until the craving is satisfied by more drinking. (Alcoholics Anonymous, 1939).

There are hard drinkers and long term drinkers, but they don’t necessarily have this disease model of allergy/obsession with alcohol. Therefore, the problem becomes weeding out the real alcoholics from those who are hard drinkers but not allergic to alcohol. Hard drinkers may have many of the same problems that real alcoholics have, but when confronted with a life changing problem such as a threat of divorce, or trouble with the law, the hard drinker can usually stop drinking with little assistance.

If an alcoholic has accepted the belief that it is impossible to control his or her drinking, then even a single slip may precipitate a total, uncontrolled relapse. (Marlatt and Gordon, 1985). The authors go on to say that drinking under these circumstances is equated with the occurrence of a symptom, signifying the reemergence of the disease. One is likely to feel as powerless to control this behavior as one would with any other disease symptom. (Marlatt and Gordon, 1985).

People get the silly notion that once an alcoholic takes a drink, an uncontrolled relapse will occur. This of course can happen, but more common is the casual cocktail after dinner that turns into two, than three, than four, while the real alcoholic convinces himself that he can control his alcohol, sometimes at great personal expense. A real alcoholic has to accept the fact that they are indeed powerless over alcohol, and when they drink, their lives, at some point will once again become unmanageable. (Alcoholics Anonymous, 1939).
Adlerian therapy can be a slippery slope for the real alcoholic, if the therapist doesn't recognize that the real alcoholic can never drink again. The therapist will be right to encourage the alcoholic client to function successfully in the three life tasks, social, occupation, and love, as well as work on the rebuilding the self-confidence of the client. However, once the alcoholic client is functioning well again, he will inevitably think he can drink and will be driven by the obsession to do so, if they are a real alcoholic. It is paramount for a therapist to know this when working with a real alcoholic, and/or when working with a client whose drinking has caused him troubles in his life. He is not the same person. Troubles caused from drinking do not equate an alcoholic, anymore than do troubles with the IRS equate one as a tax evader.

I. Closing Thoughts

Ironically, the more we research the alcoholic, the more I believe we are losing some very fundamental truths about the alcoholic. The first fundamental truth is that real alcoholics never drank socially. Ask any real alcoholic, and they will tell you, in the beginning, they drank for the affect, never for the taste, and the more the better right from the start.

I believe we have the wrong notion as to why the alcoholic started drinking in the first place. It wasn't necessarily, or only just to escape some dreaded social stressor in life, but more importantly, it was because of how alcohol makes one feel. It obviously doesn't have the same affect on the non-alcoholic. The overwhelming euphoric feeling that many alcoholics describe when they have that first drink was the same
time they realized that they no longer felt feelings of inadequacy, or inferiority, or not belonging. Instead, their feelings were quite the opposite, beautiful, smart, powerful, and they began to have friends. We must keep in mind when most people first begin drinking, they are usually teenagers. Those feelings of inadequacies and inferiority's are common place. Therefore, I suggest that alcoholics don’t begin drinking to escape some dreaded social stressor, but rather innocently they discover euphoric feelings that are powerfully overwhelming. Non-alcoholics never reach this euphoric state with alcohol, therefore there is no addiction modality at work here. The alcoholic, wanting to feel those euphoric feelings again will drink. I believe it to be more a search for good feelings, known as chasing the “high”, then it is trying to escape the bad. Although, escaping the bad feelings is the eventual outcome since the alcoholic’s life becomes unmanageable and their problems begin to mount.

Some Adlerians tend to have trouble accepting the powerlessness model of alcohol. “AA is entirely wrong to call these people powerless”. (Kurt Adler). Ray Corsini rejected completely the AA concept of powerlessness. (Manaster and Corsini, 1982). Although some Adlerians are not as extreme when in comes to the powerlessness idea. For instance Bernard Shulman saw the AA concept of powerlessness as a useful “trick of words”. Guy Manaster described it as “a ploy to allow change”. Len Sperry, another Adlerian saw the declaration of powerlessness as “a decision for health”. Helen Cooley, an Adlerian who has focused her attention on the alcoholic, has this to say, “The individual who accepts that he is powerless over the outcome consequences of his drinking does not experience any feeling of helplessness or powerlessness. On
the contrary, and this is a paradox, the recovering person begins to feel empowerment”.

(Adlerian scholars’ opinions drawn from Prinz’s article, 1993).

Even within Adlerian thought, there are varied opinions about the powerlessness of Bill W’s A. A. Alcohol is a mind altering chemical which changes personalities when ingested, therefore it only seems reasonable that it has the power to control.

Further, it changes some personalities more than others, and rather immediately as well. Some personalities are not changed what so ever by the use of alcohol. This unexplained phenomenon suggests that alcoholism is a disease. Disease is defined as a condition of the body, or one of its parts that impairs performance.

Adler was way ahead of his time when he saw the individual as holistic in nature.

We are to be understood as human beings not for the sum of our parts, but for the whole of our being, which would include the spiritual part of us.

When alcoholics admit that they are powerlessness over alcohol, they are drawing from a part of themselves that has been under developed, and that is the spiritual part of themselves. The alcoholic isn’t necessarily admitting defeat, but they are surrendering to a power that is greater than themselves. Surrendering is a great victory when they finally achieve and recognize a power greater than themselves.

One thing is certain, powerlessness over alcohol is not considered a weakness to any alcoholic who has surrendered their lives to this higher power. Instead, it takes strength turning the “will” over everyday, and trusting that this higher power cares about each and everyone of us, and that power want us to be joyous, happy and free. (Alcoholics Anonymous, 1939).
4. Student’s Approach to Counseling and Self-Evaluation

A. Area of Competence and Strengths

I find myself most experienced, and therefore, most competent working with the chemically dependent population, especially the alcoholic. I feel confident working with adults. I am a member of Alcoholics Anonymous and have sponsored women in the program. I found Adlerian psychology to be most helpful when working with this population.

In addition to my own personal experiences in A. A., including sponsorship with other women, I have gained valuable experience working with the inmate clients since many of them were dealing with chemical dependency issues.

There were more men at the jail site than women, therefore, I gained valuable experience working with men. In addition, I worked with a diverse population.

As a Hennepin County Guardian Ad Litem, I gained vast knowledge working with a diverse population as well. In addition, I interfaced with many different social service organizations, which prepared me with the knowledge of what is available for the client should referral be necessary.

In addition, over the years I have facilitated groups of women centered around personal growth issues. Lastly, I have participated in women’s groups for many years which still continues to be educational and inspirational for me.

As the result of my experience, I would need minimal supervision when working with adults, especially with these problems.
B. Areas of Weakness

Working with children is an area in which I have had little experience. Although, I was a child advocate and received some experience working with children, I still need and would want supervision, at least in the very beginning when doing therapy with children. I love children and have generally hit it off with them quite well. I believe that I can reach them on their level verses talking over their heads. Given the experience necessary for working with children in a therapeutic environment, I feel confident that I could be a good child therapist.

Another weakness I have to work on is not letting the client control the sessions. Of course, they pay for them, however, to be most helpful to them, I need to continue making progress in the least amount of time available. There are times that I allow the client to ramble on in hopes that they will gain insight by talking it out. When to break the client’s train of thought is tricky, too soon and valuable insight can be lost, not soon enough, and valuable time between the therapist and client is lost. As a client talks, he/she can gain wonderful insight into their behaviors which can be critical in the healing process.

My biggest weakness is the lack of experience that I have working with clients. I am a newcomer to the role of therapist. It will take time for me to become a seasoned therapist.

C. My Approaches

My approaches to counseling were naturally inclined to Adlerian Psychology rather than to Freud’s Psychoanalysis. I like the idea that as Adlerian therapists, we view
the client’s personality in a holistic manner, verses breaking the personality into parts such as Freud’s id, ego, and super ego. I approach the client with an attitude of equals which is Adlerian. I offer the client a friendly environment filled with encouragement and positive direction.

As an Adlerian therapist, I feel that I offer clients some concrete examples of how to make life better. For example, the clients and I can examine how they function in the three life tasks, social, love, and work. If the clients are faltering in one or more areas, together we can discover ways to make the necessary improvement. Thus, empowering clients, as well as boosting their self-reliance.

I also use the Lifestyle with the client. The Lifestyle offers me a rich variety of solid evidence about how a client moves in the world. For instance, when working with a client that keeps repeating negative patterns in his/her life, the Lifestyle’s use of early memories offers valuable insight and understanding into the client’s behaviors.

One can’t change what one does not know, therefore, one is likely to keep repeating old patterns until insight and wisdom is gained as to the origin. Then it becomes an “aha” experience, and the client can work on changing old defeating behaviors and break the pattern.

D. Future Development

My plan for future development is to refresh myself with Adlerian Literature. Perhaps I will take a workshop on counseling skills at the Adler Graduate School. I will pursue the requirements necessary to gain my LMFT license.

I have also contacted the local work force center for assistance in changing careers and
to get help in job location. I am updating my resume. In my job hunt, at this time, I am willing to take a part-time counseling job, or perhaps a volunteer position to gain further experience as a therapist if necessary.

Finally, I am in the process of checking out the classes I would need in order for me to be certified as a Chemical Dependency Counselor.

The job market is small in this community. I am hopeful that once I get my resume revised with the recommendations that Susan Brokaw suggested, I will get more responses from employers. Due to health issues, I haven't been job hunting very aggressively, but hopefully that will be changing soon if my health improves thanks to some new medical treatments and medications.
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