Recovery Adlerian Style

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Abstract

Abstinence is often seen as an ultimate goal in chemical use treatment. Yet, abstinence as a goal is frequently measured in terms of the type, the length, the frequency, the amount, and the manner in which substance is consumed. Relational roots and purpose of the use are frequently disregarded. Becoming aware of the impact of an Adlerian therapist’s movement and the therapist’s unique ways of solving the life challenges are part of being an Adlerian Psychotherapist. The therapist establishes a therapeutic alliance with a client seeking recovery through connectivity by aligning the treatment goals based on the individual's needs versus the therapist’s expectations. This paper will address understanding the chemical use through Adlerian concepts in comparison with the 12 Step Treatment Modality and Cognitive Behavioral Therapy (CBT).
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Recovery: Adlerian Style

**Introduction**

According to Maisto, Galizio, and Connors (2015), research on the acute effects of alcohol measures how much alcohol humans drink and how much was consumed over a period of time (a day, a week, a month, a year). In fact, this is usually asked as part of an Alcohol and Other Drug Abuse (AODA) Assessment is how much alcohol a person drinks and how much was consumed over a period of time (a day, a week, a month, a year). The Rule 25 follows a specific assessment format produced and promoted by the state of Minnesota. It is a long interview process that asks for scores of information about the history of drug and alcohol use, whether a person should or is likely to moderate use, and what sorts of consequences have resulted from prior drinking. It ends with the assessor’s recommendation based on the information provided by the client: attendance at Alcoholics Anonymous (AA) an education program, Mothers Against Drunk Driving (MADD) panel, outpatient treatment, or inpatient chemical dependency treatment (Edwards, n.d, para 2). However as a part of conduction this assessment, some questions may be brought up as to what symptoms the alcohol has caused the client.

In Adlerian Psychotherapy the questions would vary depending on what presenting symptoms brought on the behavior which is the action (overindulgence in alcohol or drug use and abuse). Maisto et al. (2015) found chronic heavy drinking is difficult to precisely define. A standard for what is heavy, or at least unsafe drinking, had been proposed. According to Doweiko (2015), there are many symptoms that, when present, suggest that the drinker has moved past simple social drinking or even heavy alcohol use. Chemical dependency is recognized as a chronic, relapsing disorder (Gerwe, 2000; Hser, Longshore, & Anglin, 2007;
McKay & Hiller-Sturmhofel, 2011), and relapse prevention is a primary focus of chemical dependency treatment (Westhuizen, 2011). The degree of success (or lack of it) of treatment is often measured in terms of the type, length, frequency, amount, and the manner in which is consumed. The purpose of use (including relational purpose of use) is frequently disregarded. The focus of chemical dependency treatment has lost focus on life problems or the underlying symptoms which caused the behavior or addiction.

This paper gives a brief overview of the 12 Step Treatment Modality and Cognitive Behavioral Therapy, followed by an Adlerian understanding of chemical use and The Adlerian view of recovery. A review of existing literature will be presented to identify and explain the different treatment modalities for recovery from chemical dependency. Adlerian Psychotherapy will be the proposed approach for treating individuals with chemical dependency addiction.

Twelve Step Facilitation Therapy (TSF) refers to independent treatment interventions designed to familiarize a person with the 12 Step philosophy and encourages participation in 12 Step activities, such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). Many outpatient and residential chemical dependency treatment facilities use the 12 Steps as the format for the treatment program. Consequently, the entire program is centered around the 12 Steps; the client is introduced thoroughly to the 12 Step Program and the treatment program encourages meetings and sponsorship which is often implemented in the individualized treatment plan.

Longitudinal studies usually find that 12 Step involvement after treatment is linked with higher rates of abstinence regardless of the kind of treatment received. However, consistent and early attendance with involvement leads to better substance use outcomes. Small amounts of participation may be helpful in increasing abstinence, whereas increased attendance may be needed to reduce relapse intensity. However, reductions in substance use associated with 12 Step
involvement are not attributable to the influences of motivation, psychopathology, or severity (Donovan, 2007). Through studies of participation in 12 Step groups are part of aftercare programs and support the positive correlation with 12 Step treatment involvement, it does not have solid research ensuring complete abstinence. In the Big Book of Alcoholics Anonymous (2000), Step 1: “We admitted we were powerless over alcohol - that our lives had become unmanageable” (p. 59). Prinz (1993) states this represents a statement of personal limitation. In reviewing the 12 Steps, accepting powerlessness over alcohol is much like having to accept any other personal limitation or handicap. People do not react to limitation calmly, but they resist or deny it. The question may be asked, “Who has the power to admit their own powerlessness?”

Greene (1992) reviewed Ellis and Velten’s (1992) thoughts on “Powerlessness” which emphasizes the importance of alternative methods to Alcoholics Anonymous: The irrational thoughts and beliefs of the alcoholic, as opposed to the concept of “Powerlessness” taught by Alcoholics Anonymous (AA), contribute to alcoholism. Also, “Stinking Thinking,” a phrase coined by AA is used to describe the negative thoughts that often lead to relapse. A growing number of books being published present new ideas: exercise in positive self-talk, creative imagery, and daily self-care which can be used as alternative methods to AA along with professional guidance (Green 1992, quoted Ellis & Velten 1992, Para 5). Prinz (1993) analyzed the work of Helen Cooley, James Croake, and Bernard Shulman. Their themes of interest were based on “The Paradox of Powerlessness”. Stressing the paradoxical act of admitting powerlessness at the same time one makes a decision to make such an admission of his problems will seek help; the individual who accepts that he is powerless over the consequences of his drinking does not experience any feeling of helplessness or powerlessness. Helen Cooley stated, “On the contrary, this is a paradox, the recovering person begins to feel empowerment”. James
Croake stated, “A symptom lasts as long as one fights it”. Bernard Shulman saw the AA concept of powerlessness as a useful “trick of words” (Prinz, 1993, pp. 93-97).

**Cognitive Behavioral Therapy**

The therapeutic relationship between a therapist and a client for CBT is based on the therapist assuming the role of a diagnostician-educator who assesses maladaptive cognitive processes (Dowd & Kelly, 1980). The therapist helps the client understand that if the client alters cognitions and behaviors his/her thinking patterns will change. The cognitive-behavioral therapist only addresses the first two steps of Adlerian Psychotherapy: (a) establishing a cooperative relationship (b) analysis and assessment. Cognitive Behavioral Theories are best conceptualized as a general category of theories through empirical studies researched by behavioral and cognitive oriented psychologists and other mental health workers (Dobson & Dozois, 2001, as cited in Capuzzi & Gross, 2011, p. 193).

Perhaps Cognitive- Behavioral Psychology’s strong array of treatment and research strategies could be joined with the theoretical concepts of Adlerian Psychology to the benefit of both systems. Adlerians should find the Cognitive-Behavioral concept of reciprocal determinism stimulating. In this concept, it implies that individuals do set their own goals, while also acknowledging the influence of environmental contingencies upon human behavior. (Bandura, 1977a, as cited in Dowd & Kelly, 1980, p. 131-132.).

“Motor vehicle crashes are the most common non-natural cause of death in the Unites States, they are the leading cause of death overall of people aged 1 to 24” (NIAAA, 2000, as cited in Maisto et al., 2015, p. 215). The process of receiving sensory messages and producing a response can be viewed as cognitive processing. We receive sensory information from our bodies and the environment through our sensory systems. Therefore, when all sensory skills are
greatly decreased due to alcohol, the consumption of alcohol affects the individual through
vision, hearing, smell, taste, touch, vestibular, and proprioception. Due to the decreased sensory
abilities, it is much easier to get behind the wheel of a vehicle and drive. However, all cognition
(Central Nervous System) is lessened once alcohol or drugs are consumed. Therefore, the
alternative thought process could even be applied to driving a car by providing thorough
education on CBT which can be taught in a harm reduction based treatment programs.

**Adlerian Psychotherapy**

The major assumptions of Individual Psychology are: we are socially embedded; and
goal-oriented, all behavior is purposeful and occurs in social context; we are guided by a central
theme, in our goal-oriented movement we seek sense of completeness; we are subjective and
live in a subjective reality built by fictions that we create and maintain; we are guided in life by
soft determinism, and, we all have creative power. Whereas, life presents only such problems as
require the ability to cooperate for their solution. The levels of *Gemeinschaftsgefühl*
(Communal Feeling) is a method to assess the degree of Mental Health (MH), with high
community involvement or common sense leading to mental health and low levels of
community involvement leading to private logic and socially useless behavior. Alfred Adler
wanted to identify humans as members of a single family, emphasizing the importance of
community and the ways in which we are mutually interdependent. Ansbacher and Ansbacher
reiterated Adler’s concept, “Human beings in general yearn for a feeling for identification,
sympathy, and affection in spite of occasional anger, impatience or disgust” (Ansbacher &
Ansbacher, 1979, p. 15). When the feeling of connectedness and the willingness to contribute
are stronger, a feeling of equality emerges, and the individual's goal will be self-transcending
and beneficial to others. Adler identified three challenges in life: a challenge of work, a
challenge of love, and a challenge of fellowship/friendship. Each of these problems can only be solved cooperatively; an ineffective and socially useless approach will affect the resolution of the life tasks. Social interest, the ability to “see with the eyes of another, hear with the ears of another, and feel with the heart of another” is necessary for mental health. A core of Adlerian exploration is based on Lifestyle (a pattern of life). According to Mosak and Maniacci, (1999), “Adlerians attempt to understand people’s goals and their movements toward them: (p. 143). Adlerian family therapy differs from individual therapy, because a goal of therapy needs to be established by a therapeutic contract. The contract should address all needs of the clients involved, so they agree on the goal. If the family gives broad goals such as better harmony and cohesiveness, the goals need to be more specific and broken down. Therapists get the whole family involved by using terminology to help the therapist understand the family. It is interesting to know the one person who is making the change can begin giving the other members respect and dignity which creates a sense of belonging. Therefore, destructive behavior can be eliminated and new priorities for the family goals could be put into practice (Abramson, 2007, p. 381).

Carlson and Maniacci (2012) stated, “The thesis of the Individual Psychologist; talent is not inherited and potentialities of an individual for performance are not fixed” (p. 99). According to Ansbacher and Ansbacher (1964) the most functional moods create affects such as fear, rage, sadness, and guilt feelings. The ultimate motivation is to advance from “below” to “above.” The purpose is always to create movement from an increased inferiority feeling towards superiority over the other, the opponent (p. 255).

Alfred Adler understood that misbehavior occurs from a sense of discouragement. Moreover, an impaired sense of belonging is seen in every pathology. The aspects of Adlerian
Psychology are stated in goals which could be used interchangeably with a plan. All individuals assert toward the dynamic value of mental emotions and movements which are directed toward our goals. Another key point is the feeling the therapist has toward the patient will set the tone for the therapeutic environment. Moreover, no psychotherapy was the determinate of the success, but more the rapport established with the patient. The therapeutic relationship established with the patient and therapist is the determinate of success. It does not mean this is independent, but various techniques must be used to allow for therapeutic success and clearly the experts (therapists with good reputations) would create the “Ideal Therapeutic Relationship” (Fiedler, 1950, p. 444). Understanding one’s goals is a means toward finding the meaning of life. When one has a clear vision of goals, the movement from a minus to a plus situation begins with a more secure effort. Basically, neurotic symptoms are safeguarding strategies used by individuals who do not know how to handle life on life’s terms. A cure is safeguarding and coping strategies found through recognition of life’s problems.

According to Ansbacher and Ansbacher (1979) different coping behaviors of a neurotic person are: self-inflicted pain (jumping out of windows), imitating sounds of animals, continuous use of profanity, runaway tendencies, washing compulsions, and blushing (p. 127).

Encouragement is essential in all stages of Adlerian Therapy. Adler fashioned a humanistic theory of personality which was the antithesis of Freud’s conception of man. The foundation of the Adlerian therapeutic process is encouragement and restoring the dignity and self-worth that may have been destroyed or damaged by the addiction. Moreover, to be human does not mean to be right, does not mean to be perfect. However, to be human means to be useful, to make contributions, not for ourselves, but for others (Mosak & Maniacci, 1999). This concept is particularly difficult for a person who may just be entering recovery from chemical
dependency. Per Adler (2010), “He feels being alive as a difficult and dangerous thing, offering few opportunities and many defeats, life means to preserve myself against hurt, to stockade myself it, to escape untouched” (p. 7). On the other hand, consider a man who has an intimate love life, success at work, and friends who enrich his life. This man will have a level of courage to meet the problems of life. Adler observed, “Life means to be interested in my fellow, to be part of the whole, to contribute to the welfare of mankind” (p. 8). When the individual in recovery discovers the courage to face life problems through chemical dependency treatment, individual therapy, or social support groups a better understanding of becoming a part of something bigger through connecting with others who suffer from addiction.

Safeguarding tendencies become the principle reason why addicts and alcoholics do not recover. The client has rejected all activity of what community life may be. It is much easier to avoid or use safeguarding mechanisms which exhibit neurotic behaviors than to face what seem to be difficult problems of life, while pretending to be blind to persistent symptoms which never change without courage and cooperation. The apperception of striving may be dismissed based on pure vanity with the fear of not succeeding. According to Holder and Williams (1995) “The motive forces behind our lives are too well entrenched. Among those motive forces are what Adler called “guiding fictions” which are ideas that may not be entirely true, but which our behavior would suggest we regard as absolute truth” (p. 15). The hardest concept for most individuals entering a sober lifestyle is to realize life will not be perfect, because the recovering individual has only abstained from using chemical substances. Therefore, it is important the therapist helps the individual understand through this process of recovery it will not be perfect. In addition, understanding that addiction does not define the individual is important to instigate
positive recovery. Griffith’s and Powers’ discussion about imperfection seems especially relevant here:

The courage to risk imperfection is a process of self-perfection. This requires the realization: I am no angel, I am no superhuman, I make mistakes, I have my faults. But I am pretty good, because I don’t have to be better than the others which is a tremendous relief. (Griffith & Powers, 2009, p. 17)

**Characteristics of an Adlerian Therapist**

According to Stein (2013), entering the client’s world may be hard to do at first and difficult for new therapists. It is a deeper expression of empathy, and the therapist must let go of self-concerning personal concerns and preoccupations. In the words of Sophia de Vries “You must empty yourself and fill up with the other person. Let the impressions come to you, until you gradually gain a complete picture of the other person” (Sophia de Vries, n.d., as quoted by Stein, 2013, p. 108). The therapist must be confident in their own counseling abilities showing interpersonal stability, so the client feels safe in a therapeutic environment. Therefore, a high degree of congruency is needed on an interpersonal level to work with various populations with diverse backgrounds. It is important for the therapist to continue to offer enthusiasm while tolerating ambiguity and not to expect immediate ‘success’ from the client. Adlerians focus on a willingness to give up a need to control and be non-directive when needed to establish and maintain the therapeutic alliance. Furthermore, Adlerians understand that self-care is important or the client may suffer, because the therapist may be showing the client transference. In addition, Adlerians remain humble and are not afraid to consult other professionals, the need to be right (exhibited by the therapist) could destroy the therapeutic process established with the client. In Adlerian Psychotherapy, rapport is essential to ensure the alignment of goals between
the therapist and client. If the goals of the therapist and client clash, no therapeutic relationship can be established; winning the client’s cooperation is important. Resistance constitutes a discrepancy between the goals of the therapist and client. If resistance occurs, the therapist and client must solve any differences and reach agreements. There are no difficult clients – there are discouraged therapists.

Adlerian therapists use Life Style Assessments as therapeutic methods to instigate change. The action of picking up the drink of drug can be stopped by re-evaluation of behavior. In turn, by educating the client that lifestyle is not a behavior, it is reassuring to know that past behaviors will be addressed, and re-learned through therapy and recovery support systems. Lifestyle is a set of convictions about oneself and one’s world, a biased apperception, a subjective interpretation of oneself in relation to life, and is the framework within which we interpret experience (life is as we see it), control experience, and predict experience (move in line with our expectations). The therapist takes responsibility with the client to achieve the treatment goals. Adlerian therapists do not use shame or guilt as a therapeutic method if the client is unable to achieve the goals. Instead, encouragement is used as the therapist and client work as a team for realignment of the treatment plan goals. Adlerian therapists never act as an authoritative figure when conducting therapy. As an example, (in a group setting), the Adlerian therapist would sit in a circle (versus standing behind a podium) to show the clientele this is a group effort to accomplish goals together. The therapist would have difficulty by taking a stance as an authoritative figure. Because, many clients in the chemical dependency treatment program have previously been incarcerated or institutionalized. Regarding their addiction, they have not had positive outcomes with punitive action versus therapeutic interaction. Consequently, the group becomes cohesive by connecting with one another and the therapist concurrently.
Another tool used by Adlerians is an acting ‘As If’ technique. People in recovery have had so many setbacks through relapse, destroyed relationships, and no self-worth. Therefore, the individual suffering needs hope for a better future. “Striving toward a goal, toward an objective, we find everywhere in life. Everything grows ‘as if’ we are striving to overcome all imperfections and achieve perfection” (Ansbacher & Ansbacher, 1979, p. 15). Alfred Adler was an optimist and his concept of ‘Act as If’ is used when an intolerable feeling of minus toward a desired meaning of plus must be used to instigate change in the client. However, one of the first things to do with a new client is to review short and long-term goals. “Act as if your goal has happened.” Then, it is important to ask the client to tell what they are feeling after the goal has been accomplished. It may be in treatment planning or in implementing new creative ways to interest the client into entering a healthy recovery, which always leans toward a philosophical/therapeutic approach.

Exploring emotions with the client will allow the ability to explore while offering a safe environment. It is important to explore the emotions with the client. Adlerian therapists must be comfortable in their counseling abilities to sit with an individual when they are experiencing painful emotions. At times, there may be an awkward silence in the therapy room. This time is crucial for the healing process to begin. Therefore, the therapist’s presence in the room is part of the therapeutic alliance. However, the most important therapeutic factor is to realize the limitations of the client. Emotions may not always be expressed verbally. Therefore, it is important to watch for non-verbal cues; genetics and environment have influence, but are not decisive. According to Maltz, 2001, “If you have been fearful and anxious in certain situations, see yourself acting calmly and deliberately, acting with confidence and courage, and feeling expansive and confident because you are” (p. 67). Maxwell Maltz extends Adler’s philosophy
and theories in his book. Maxwell Maltz was the originator of “How to Change a Habit in 21 Days.” Maxwell Maltz extended Adler’s philosophy and theories in his book. Many self-help gurus have used this method as their own, without giving credit to Maxwell Maltz who wrote Psycho Cybernetics, which was first published in 1960. Also, this book is helpful and an inspirational way to move from being discouraged to developing courage.

How does a person change? Through life experience broader and more diverse that her family upbringing, societal pressure, begins befriended by people of the race she was programmed to hate, one way or another, challenging what she believed to be true, discovering, it is based on illusion, and replacing that truth with another truth. (Maltz, 2001, p. 51)

Maxwell Maltz (2001) speaks of Dr. Alfred Adler as his friend. He talked about his difficulty in mathematics, and how he solved an arithmetic problem that no other student could solve. He goes on to speak about “deprogramming and reprogramming” beliefs, and to do this task, private logic must be used. Each client has an interpretation of self: “Who am I?” “Who do I want to be?” “What are my options?” “What are my goals?” “What is my purpose in life?” “What ought I know?” “What can I hope for?” “Where am I going?” The responsibility is placed on the client. In Adlerian theory, movement is created form the client which creates movement from inferiority to superiority. This is consistent with the following:

Individual Psychology has uncovered the fact threat the deviations and the failures of the human character—neurosis, psychosis crime, drug addictions etc., --are nothing but forms of expression and symptoms of the striving for superiority directed against fellowman ship which presents itself in one case as striving for power, in another as an
evasion of accomplishments by which another might benefit. (Carlson & Maniaci, 2012, p. 55)

Hence, for Adlerians, motivation moving along the useless side of life explains the needs for safeguards “safety mechanisms” of the ego consciousness. According to Corsini and Wedding (2000), the “I – Am” experience in existentialism can create the realization of one’s being. The human being can be victimized by circumstances of other people until the client empowers self to come to the realization “I choose my being.” Interestingly, the private logic of addicts or alcoholics may differ from that of a patient who does not have a substance abuse issue. Mosak and Dreikurs (2002) speak of Dr. Adler in his experiences that alcoholics meet the problems of love and marriage particularly poorly. However, when the client identifies and examines the earlier sense of what gave meaning to their life, the analyst becomes a critical part of the process of working through the resistance. Prevailing issues of safety and avoidance, attachment and separation, loss and integration may surface, but the analyst must stay strong and form an alliance with the client. The patient often tries to dismiss the analyst with and display resistance because the analyst is disturbing their peace in the world they know (Adler, & Bachant, 1998, p. 452).

Mosak, and Dreikurs (2002) concluded that the term “liquid courage” is defined by allowing oneself to use of this terminology is obviously discouraged. Therefore, would be operating on the useless side of life (p. 209). The therapist’s objective is to move the alcoholic to the useful side of life. Prevention of alcoholism in therapy and encouragement toward getting involved in the human community are needed. An Adlerian viewpoint would be resistance is used in treatment to return to the useless side of life, and the fear of failure when operating on a horizontal plane would be the biggest motivator to stay stuck. The rejection of life and the
human community are only curable when we view the patient as a whole person. Moreover, it is necessary to grasp the personality at the same time the nature of the disease. A study by Ansbacher (1956) involved the construction of a questionnaire to measure eight dispositions of personality. The results appear valid and the terminology of “alienation” would bear close to Adler’s concept of “distance.” The author was reaffirming through this study alienation/distance would cause increased inferiority feelings and lack of social interest. Also, the author brought up anxiety as safeguarding and termed it, “addiction to anxiety.” This is caused by running away from the difficulties of life. The data revealed someone who is alienated has a perception the world is a hostile place which is in agreement with the Adlerian concept, “Schema of Apperception (Ansbacher, 1956, pp. 383-384).

Bluvshtein, Belangee, and Haugen, (2015) found that humans don't need to be physically connected— humans cannot survive without feeling connected. Some people may feel connected while in solitary confinement; others may feel disconnected in a crowd. In that sense, our reality, which is based on perceptions, is always virtual, and it has been virtual since long before the word virtual became a fixture of our pixilated and wired universe (p. 89).

In a substance use field, the social interest and community feeling is a direct reflection of the amount of involvement with Alcoholics Anonymous (AA) or Narcotics Anonymous (NA), attendance at church, completing a General Education Degree (GED), enrolling in college, volunteering in the community, or any other activity that would give an individual a feeling of connectivity.

Alfred Adler held true to his belief that each individual is a unique variant of human possibility while creating four typologies for his assessments: the avoiding type, the getting type, the ruling type, and the socially useful type. Adler used the word “type” for narrowing the
prospective on such a broad field and for teaching purposes. The term “here and now” was used frequently through the case studies through speaking of Individual Psychology. Ansbacher and. Ansbacher (1964) state:

Individual Psychology has also shown that thirst for dominance, ambition, and striving for power over others, together with the multitude of concomitant trait are innate or unalterable through human nature, it also protects these traits and prevents their reduction through social interest. (p. 448)

Likewise, this is a common term used in 12 Step programs. Individuals need to stay in the “here and now” to accomplish the task at hand in the present day. In addition, it is relevant the client’s lifestyle should be known by the therapist to help achieve short and long term goals. The terminology of Early Recollections is a valuable tool to understand any of the client’s mistaken beliefs. Adlerian therapists begin to initiate movement for change in the client’s life. According to Androuotsopoulou (2013) “a narrative framework, early recollections are beginning episodes in the current version of an autobiography or self-narrative which is continuously updated to make sense of current concerns” (p. 12). Using early recollections, Adlerians begin to initiate movement for change in the client’s life. Another key point is the therapist’s and the client’s goals must continue to be mutual no matter what Adlerian concept is being utilized. The encouragement for growth constitutes living in the solution and not the problem. Adlerians believe that short and long-term goals should be implemented into therapy. The main theme is connectivity which is essential in Adlerian Psychotherapy. The relationship with the client and the therapist is essential for the client to be able to heal. Also, what is required to become an efficient therapist was re-iterated by the psychotherapist as to not becoming grandiose and get underneath the symptoms to find a cure for the neurosis. Other key words were the therapist is...
never to be a teacher, father, or saviors; these are superior roles. Treatment was explained as a test of cooperation. The terminology is to see through the client’s eyes, to hear through the ears, and feel with the client’s heart. Treatment with Individual Psychology could take as little as three months if Adlerian concepts are followed (Overholser, 2010, p. 352). According to Duncan, Miller, Wampold, and Hubble (2009), “When there are shifts within these treatment components (i.e., culture, myth, or rationale, ritual or technique, relationship) or the connecting principles, the entire treatment must be brought into balance for the treatment to remain sustainable” (pp. 147-148). It would be essential to understand the order which Adlerians use for the phases of psychotherapy:


Conclusion

“Everybody can accomplish everything” (Ansbacher & Ansbacher, 1979, p. 400).

Using a philosophical approach leaves psychology wide open for new ideas and concepts. Ansbacher and Ansbacher stated “writers, poets, artists, and philosophers have understood human nature longer than science has existed” (p. 60). Hence, Adlerian therapy may be utilized through respecting cultural sensitivity with the use of new research to enhance Adlerian concepts. It is important that the therapist has self-awareness to any cultural biases or stereotypes which would destroy the program of recovery for the client. Alfred Adler used his theories as a foundation and welcomed them to be developed further. His humility and personal life experience enhance his legacy and enlighten fellow Adlerians to continue practicing
Individual Psychotherapy. Adler did not believe in evidence and empirical support because of scientifically limitations (Hoffman, 1994). Moreover, in this time, the differences between psychology based on philosophy (Adler) and psychology based on science (Freud) were quite distinct. “Freud chooses analogies from physics and chemistry; rather these are an expression as a reductionist natural scientist” (Ansbacher & Ansbacher, 1964, p. 60). Freud focused on drives and impulses through the neurological process and tried to relate much of his terminology to scientific practices such as id, ego, and super ego. Could the controversy between the scientifically and philosophical approach between Adler and Freud be another determining factor why he was never given credit for his ideas? With empirical scientific data is very concrete and often professionals as Freud did. Adler was more a thinker who left room for new ideas to be implemented, which would often be discredited or not credited at all. Each client is a unique individual and creativity will be experienced through the therapeutic process. As well, other treatment modalities such as CBT and the 12 Step Treatment Modality may be implemented into treatment planning to complement Adlerian Psychotherapy.
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