

Examples and Explanations of the Socratic Method in CADP

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Abstract

The following demonstrations by Sophia de Vries (1901–1999) include process commentary by Henry Stein in order to clarify the strategies and logic behind each of a therapist's responses to a client's statements. The "clients" are volunteers dealing with a single issue in workshop demonstrations.

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Demonstration with a Depressed Person

(Client has his head on the table, eyes closed. Long sigh, then silence.)

THERAPIST (T): Not quite rested? From yesterday?

[The client is trying to annoy the therapist with passive withdrawal. The therapist deliberately misinterprets the gesture and shows the client he does not have the impact he seeks. His provocation does not work.]

CLIENT (C—A STUDENT ROLE-PLAYING ONE OF HIS CLIENTS): (Coming out of his hiding position, speaking very slowly and drowsily) Huh?

T: What time did you go to bed?

[This logical question looks for the factor that would normally account for sleepiness.]

C: Oh, umm . . . (Stretching out a vague, delayed response.)

T: Never mind, you don't have to tell me. You didn't want to tell me, did you?

[Not waiting endlessly for his response, the therapist takes the initiative and tells him it's OK not to do what he doesn't really want to do but won't admit. His hidden intention is also brought out into the open in the form of a question. It's no fun not to talk if the other person says it's OK and sees through your ploy.]

C: No. I'll tell you.

T: (To audience: See how he changed quickly?) You said you were going to tell me?

C: I don't remember, it was very late, I was up . . . I was umm (long sigh, then very quickly), I had to clean the kitchen and I was cleaning all the grease

off the stove, it took a very long time and nobody was helping me, and I was just working all night on it, I'm so exhausted. I don't know, I went to bed very late.

T: Well, wonderful, you did a good job in cleaning up the mess.

[His depressed negative view is counteracted by the therapist's positive praise for the same activity.]

C: (Loudly) Yeah, but nobody was willing to help. I had to do it all by myself.

T: Well, don't you feel a little bit proud of yourself?

[The client continues complaining, but the therapist persistently suggests another potential positive in the same situation. The client is being encouraged to feel differently about an action.]

C: Proud?

T: Yes, proud. That you did all of the cleaning?

C: But I had to do all of it! (Very rapidly) I mean why do I have to do all of it when the rest should be helping too? There are three people living with me in this situation, but they don't want to help. I have to do it all by myself. It makes me very angry!

T: Have you ever tried asking them?

[The questioning focuses on specific actions that the client may have omitted.]

C: Oh, they wouldn't do it. Not these people—no, you can't talk to them.

T: You can't talk to them? Have you tried? How often have you tried?

[His vague generalizations are countered with a precise series of questions that uncovers his lack of initiative.]

C: (Pause) I don't want to talk about this.

T: All right, what do you want to talk about?

[Modeling cooperation, the therapist backs off for the moment to avoid a power struggle. The client is free to change the topic right now, but later his changes and evasions can be pointed out to him. This is not the right moment to challenge him.]

C: My depression.

T: What do you do with it?

[An elaboration is requested.]

C: I have it!

T: But have you tried to get rid of it?

[He is confronted with the responsibility for his symptom. He holds on to his symptom as a defense and challenges the therapist to dissolve it. The therapist puts the task back in his lap.]

C: It comes on me and I don't know when it's coming on me and I don't know how to get rid of it, and I've had it all my life. I'm tired of it.

T: Isn't that why you're coming to me?

[His attention is drawn to his reason for coming to therapy. He is beginning to do something about it, but he does not see the meaning of his early movements.]

c: Well, why don't you help me with it?

t: There are certain things we have to do together, you know? You can't do it alone and I can't do it alone. You have to talk about yourself and you have to tell me what depresses you so much.

[The task of cooperative work is emphasized and the client's role is clarified. He is invited to offer concrete information.]

c: Everything! I hate myself, don't you understand? I hate myself!

t: You hate yourself.

c: Yes, I hate myself.

t: Uh-huh. And for what specific thing that you are doing do you hate yourself?

[The client loves to throw out broad, dramatic statements. He is guided from the general to the particular. He likes to create big symptoms that elicit sympathetic responses. He gets a request for further information instead.]

c: I don't know.

t: That's kind of a vague hating, isn't it? If I hate somebody, I really know why I hate him.

[A mirror is held up to the client's expression and vague reasoning. He is also offered a contrasting picture of clarity. This is a stimulating ploy with an intelligent, competitive client.]

c: Why do you ask me so many questions?

t: Don't you come here for a reason?

[Instead of just telling him that it's our job to question him and find out what's bothering him so much, he is offered a question that promotes his active thinking. He is a spoiled, passive person who wants everything served to him. He must come to the conclusion, with the therapist's clues, that we, as therapists, are doing what therapists are trained to do.]

c: Yes.

t: You want to get well, don't you?

[This is a very powerful question. He has not been cooperating, and we have to get him to change his direction. He will probably not admit that he does not want to get well. He likes the attention of a therapist and the safety of fighting with one. If he says he does not want to get well, then his father might discontinue paying for treatment that isn't going anywhere. If he says he wants to get well, he will be faced with the contradiction of his movements. He has been led into a conceptual trap.]

(Long pause)

t: You want to stay the way you are?

[He is given an alternative, simpler question, after he stalls with a strong confrontation. He can respond positively to this one because it seems harmless to him.]

c: No.

t: So a change is necessary.

[Now the logical implication of his previous answer is presented. He did not realize where the questioning would lead.]

c: I would like to be very different. If I knew how to do it.

[He comes to this more positive conclusion himself.]

t: Different is what we call "change."

[He envisions a magical transformation of "being" different. The therapist suggests the realistic process of "doing" something differently.]

c: But I don't know how to change.

t: You also don't like me to give you advice. You want to do it all yourself, so I stay away from giving any advice.

[He likes to make the other person do all the work. He invites suggestions, which he will probably reject. Knowing his rebellious nature, the therapist uses this fact to put him in a corner. He is stuck with having to figure out what to do.]

c: (Angrily) I don't like anybody telling me what to do!

[He can't resist confirming his resistance.]

t: No, I know that. So I obey you absolutely, I don't give you any advice. But you may have your own ideas. You're kind of bright, you know.

[He has been trapped into an open protest. Now it comes back to him in an unexpected way. He likes being in charge, and the use of the phrase "I obey you" puts him in a bind. He cannot ask for suggestions. Now, it is time to encourage him to do his own thinking. The therapist has to bait him with a positive quality he already possesses. He likes to think of himself as a genius.]

c: What makes you think I'm bright?

[He takes the bait.]

t: By the way you talk, and the way you answer questions, and the way you do things in general. You're bright. You know how to avoid giving an answer, and how to aggravate people, and you know a lot of things. That's kind of bright. Dumb people don't do that.

[He is offered a sugarcoated pill that has a bitter aftertaste. He is faced with an interpretation of how he uses his brightness. He has been led into a trap from which he cannot escape. The use of the right bait keeps him on track.]

c: You think that's a sign of brightness, to aggravate people?

t: Oh, sure! That's a way you use it. I don't particularly think that people approve of the way you use it, but it is a sign of brightness. You could use the same brightness in a different way, you know?

[He is faced with the impact of his actions on others now. He is also encouraged to consider a different direction.]

c: That's true. A lot of people are very annoyed at me.

t: Uh-huh. Do you like that?

[People generally do what they like to do. The therapist is verifying the client's feeling about provoking others. She wants him to admit openly that he likes bothering people.]

c: Sometimes I don't mind. It bothers me when my parents get annoyed at me because then I can't go visit them. And they won't let me visit every week.

t: They won't let you visit every week. Now if I were very annoying, would you like me to visit you every week?

[By turning his behavior around and making him the recipient of it, the therapist leads him to recognize the normal social reaction. He has not thought these connections through. He only indulges in what he likes to do and expects others to respond according to his fantasies.]

c: (Weakly) I don't think so.

t: No. So your parents are right, aren't they?

[With a series of questions, he has been guided to the conclusion that his annoying behavior results in his parents not wanting to see him. He had complained about their lack of interest but never connected it to his behavior. His private logic supports only his right to do as he wishes. However, he does not give others that same right. He presents his situation and problem. He blinds himself to what is normal, if it prevents him from attaining his ends. While he is latently aware of what is normal social behavior, he expects it from others but feels exempt from the same responsibility. This client wants his parents and the therapist to be helpful and considerate of his feelings and needs. He must gradually learn that he has to provide these qualities to others. He may not want to, but when he begins to see the real consequence of his actions, he may conclude that the price is too high to continue his lack of cooperation. For him to feel better, his concept of social feeling needs to be nurtured. Our concept of normal, cooperative behavior is that which benefits all concerned.]

Demonstration with a Fearful Person

CLIENT (C—A STUDENT ROLE-PLAYING ONE OF HIS CLIENTS): This morning, when I woke up, I was so afraid. I'm just so afraid today. I just feel like going back into bed and not getting out of bed.

[The client presents a symptom, a strong feeling that justifies a retreating impulse.]

THERAPIST (T): Hmmm. Does it help to do nothing, then?

[The significance of the movement is highlighted: the evasion of tasks and effort. The consequence and usefulness of the symptom is questioned. The therapist is not being lured into the trap of focusing on the symptom. The symptom is being minimized.]

c: It feels safer to do nothing.

[The client presents another feeling justification and a private idea of safety.]

t: So you think it is safe, for instance, to stay in bed and not eat, and not do anything? I would think that it would be devastating, because you wouldn't develop.

[The therapist intentionally extends his movement much further than the client does to dramatize the effect on him. The client does not consider long-range consequences or the impact on his development. He thinks only one day at a time. The therapist adds a new perspective that changes his imagined positive into a real negative.]

c: Well, I don't know how to develop. I just sort of get by, day to day. I go to my job, and I do my work, but some days I'm very frightened.

[He pleads ignorance and returns to a feeling as an excuse.]

t: Everybody can have some fears, but the art of living is how to overcome them. You seem to stay put and enjoy having fears.

[The therapist democratizes fear, taking it away from the client's specialness. The seed of a new idea is planted: what to do with fear, how to use it. The client's lack of movement is highlighted. He is then surprised with an unusual comment: the enjoyment of a symptom.]

c: I enjoy my fears?

[He is understandably confused by the word enjoy.]

t: They seem to be nice for you, because otherwise you would try to get rid of them.

[The therapist confronts him with an explanation that is opposite from what he experiences. He feels he suffers from his fears. He does not want to admit that he also holds on to them and benefits from them. Yet the logic of the therapist's explanation corners him.]

c: I don't like having my fears.

[The client denies liking his fears. He has been led into admitting that he does not like them. The therapist can then use this admission later on to confront him with what the client does to overcome them.]

t: Who makes the fears?

[Now, responsibility for the symptom is targeted.]

c: Well, it's just how I feel once something happens. I have a bad dream, and it's terrifying sometimes to have this dream and think you're going to drown, and that you'll be swallowed up. It's a horrible thing. I wouldn't do a thing like that deliberately.

[He tries to avoid responsibility by bringing in the powerful impact of dreams.]

t: And do you feel that it is so strong, as if it is reality? Or can you be realistic and say, "Well, that's a dream."

[The client is challenged to compare his fantasy with objective reality.]

c: When I wake up, I know it's a dream, but the feeling still stays with me. It's hard to get rid of the feeling.

[He stubbornly holds on to the feeling.]

T: Aha. So you use the feeling.

[The idea of use and purpose is introduced. The client tries to sell the idea of a feeling as something that happens to him. The therapist offers him a new perspective: a feeling as means to an end.]

C: What do you mean?

T: What does the feeling prevent you from doing during the day?

[Going from a general comment to a more specific question, the therapist suggests a real purpose of the symptom: the avoidance of a task.]

C: What do you mean, "prevent"?

T: If you are afraid of something, then you must be very cautious. And if a person is very cautious, he usually doesn't do all the things he has to do.

[The therapist offers logical exposition of the connection among feelings, actions, and circumstances.]

C: That's true. But how can you do something when you're afraid?

T: Let me ask you, how do you want to overcome fear?

[After he tries to make the therapist solve the problem, she puts the task back in his lap with a question.]

C: I do want to overcome it; I don't know how.

T: So you want to, but you say you don't know how to. And do you think that the way I overcome my fear would be the same for you? It wouldn't, because I have my own type of fears, and you have your own type of fears, and you have to deal with your own fears, and find out how to overcome them.

[He affirms his motivation but pleads ignorance. Again, the therapist hands the task of thinking back to him.]

C: But I've been trying to do this all my life and I haven't done it so far. So how am I going to find out by myself now, if I've never done it before?

T: Well, one day you start.

[He tries to sidestep. The problem is then reduced in scale to the beginning of a change: the decision to start.]

C: But how do you begin doing it differently? I don't understand.

T: How do you "begin"? By thinking about it and trying to make a plan, and then carrying out the plan and seeing if it works.

[He wants an easy prescription handed to him: "Take three pills, four times a day, for two weeks." The therapist offers generalizations about the logical steps involved in changing behavior: thinking, planning, acting, and evaluating. He needs to learn to do some active thinking for himself.]

C: You mean I should say to myself, "I don't want to be afraid"? But then I'm stuck, what do I do next?

T: Then you didn't think enough. I cannot give you the recipe for what you have to do, because it is your life. You have to give yourself the recipe for conquering this fear.

[The client pushes for some "how-to" hints. The therapist gives him encouragement to struggle with this problem with the implication that he is capable of solving it.]

c: Well, you could give me a couple of hints, couldn't you?

t: They would be mine, for my life.

[The therapist draws a firm line of expecting the client to struggle for new ideas.]

c: Maybe they would work for me.

t: No, I don't think so. Because then you could make me responsible for the result, and you need to be responsible for that result.

c: I don't understand how thinking about something changes your feeling. It doesn't make sense to me.

[He wants an instant formula for relieving a symptom. He does not see the connection between his thinking and his feelings. Indeed, he frequently intoxicates himself with feeling and blocks out clear thinking.]

t: Doesn't thinking lead to understanding?

[The client is offered a clue in the form of a question to which he must respond. He makes a conclusion that he wants to verify.]

c: Sometimes, yes. You mean understanding helps overcome how you feel?

t: Uh-huh.

c: Would you help me understand something then, or do I have to do that by myself, too?

t: Yes, you can do it out loud, and then I can help you.

[He shows that he is beginning to understand the task in front of him. The therapist refines his insight by reassuring him that he will get feedback and assistance once he makes some steps.]

c: OK.

[He accepts this offer of reasonable cooperation and support.]

Demonstration with a Procrastinating Person

CLIENT (C—WORKSHOP PARTICIPANT VOLUNTEERING TO WORK ON A PERSONAL ISSUE): I have problems with procrastinating.

THERAPIST (T): How do you feel about it yourself?

[The therapist needs to know how much this problem bothers him. The client states only his problem behavior. The therapist doesn't know if it doesn't bother the client, if it irritates him, or if he hates it. The intensity of his feeling about the problem has to be added to the complaint.]

c: I do it. I wish I didn't do it.

t: How does it make other people feel?

[The therapist then checks to see if he knows the impact of his problem on other people.]

c: It inconveniences them.

t: Have you proof of that?

[Is he guessing, or have other people expressed their reactions to him?]

c: Yes.

t: And how do you feel about that?

[How does he react to the feedback of others? Does he take their feelings and their inconvenience into consideration?]

c: I dislike that very much, because I don't like to inconvenience people, but it happens.

t: And yet you still don't know what to do about procrastinating? You don't like to inconvenience people, you know you inconvenience them [client indicates yes], and you haven't tried to do anything about it?

[How strong is the client's motivation for change? Is he really ready for change, or is he waiting for it to just happen without any effort on his part? What has he done about it so far?]

c: I've tried. I've often said, "You know, I must organize myself, I must do these things," and then there are still things left undone.

t: So there must be something the matter with the organizing then.

[His motivation is good, but he may be lacking in insight or knowledge. He doesn't seem to know what to do about this. As he doesn't get a good result, his organization may be faulty.]

c: Yes.

t: Well, let's find out. Is it a matter of time?

[The therapist is now fishing for the factors that would contribute to or detract from good organization.]

c: No, it's not a matter of time, because I spend time doing other things.

t: You deviate from what you originally wanted to do?

[He uses a vague phrase, "doing other things." The therapist sharpens this movement for him by using a stronger word: deviate. This helps the client see more clearly the significance of his movement. Clients frequently minimize the meaning of their unproductive actions. We, therapists, must bring their vision back into focus.]

c: Uh, I guess so.

t: If you spend time doing other things, do you want to do too many things at once?

[This is continued fishing for factors that contribute to poor organization.]

c: Partly that. Maybe there are things that I enjoy doing more than other things. I think it might be in that area.

t: How do you feel about having constant enjoyment?

[To find out what his expectations of life are, the therapist makes an intuitive jump from his clue about "things that I enjoy more" to an exaggerated absolute. Does he expect life to be pleasant all the time? The phrase "constant enjoyment" is a way to test an idea by enlarging it.]

c: I'd like that.

t: You would?

[The guess hits pay dirt. Asking for a verification draws him deeper into this line of thinking.]

c: Oh, yes!

t: You don't think you would get sick and tired of it?

[The client has been drawn into a trap. He nibbled the bait of admitting an ideal that he has never examined critically. In a childlike way, he imagines a future paradise without an awareness of how an adult would actually feel about living in it. By enlarging a quality that seems harmless in its smaller scale, we can dramatize the beneficial or harmful implications.]

c: By constant enjoyment I was thinking in terms of . . . that things were organized so I didn't have a lot of things left over. This is one of the things that stops me from enjoying—having jobs left undone.

[Feeling caught in this exchange, the client tries to sidestep the issue a little.]

t: Yes, you talk about jobs left undone as if someone did it to you . . . left them undone.

[His expression, "having jobs left undone," is a little impersonal. It reflects not taking full responsibility. He must see that he is leaving work undone.]

c: No, I leave them undone.

t: You realize that you leave them undone.

[Confirming an insight is helpful. Having a person hear from us what he just said verifies its truth and provides a needed reinforcement of a correction in thinking.]

c: Oh, yes.

t: So you do something to yourself that you dislike very much.

[Now a connection is made from the immediate insight of his responsibility for a symptom, to his earlier expression of how he feels about the symptom. This makes him face the logic of his movement.]

c: Yes.

t: Why would you have to dislike yourself so much? (Long pause.) Were you punished a lot as a little boy?

[First there is a search for the hidden reason behind this action. When he does not respond with an explanation from his present frame of mind, the therapist explores associations from his past.]

c: No, I don't think so.

t: Why do you need that punishment now?

[This is an unexpected jump using a very strong word, punishment. The intensification of a quality stimulates or provokes a person to think more fully about it. He may deny or confirm the interpretation; either way the therapist gets more useful information. "Why do you need . . ." is a surprising question. It creates a new perspective on a symptom. He has to make sense of what he is doing.]

c: (Long pause) I don't know, but that's an insight, "Why do I need the punishment now?"

t: You're the only one who can answer that, you know? . . . You must be dissatisfied about yourself in some way.

[The client avoids giving an answer, hoping it will come from the therapist, who puts the task back in his lap. Because he does not respond at first, another logical question provides him with a general clue to search deeper for a hidden feeling.]

c: Yes, I am dissatisfied. I have expectations of myself that I don't meet, and that makes me very dissatisfied.

t: Then let's go to the root of it. There are expectations that you don't meet. There must be a reason for this.

[Now the client is prompted to search for a hidden reason behind what he has told the therapist. The therapist must help him think deeply and thoroughly about the root of his problem.]

c: If there is, I don't know.

t: Is it lack of knowledge?

[He is stuck and needs some help. Providing him with a range of probing questions helps him recognize or reject factors and then refine them. The therapist wants to help him think this through and reach a useful conclusion.]

c: No, not lack of knowledge. I know what I have to do.

t: And it is not lack of time?

c: No, no.

t: Lack of effort, maybe?

[He is stuck in the middle of the problem. By working around the perimeter logically, the therapist eventually may hit on a factor that he identifies with.]

c: Yes.

t: And how would you like to correct it?

[Having targeted the missing factor, the therapist then needs to know if the client is willing to do something about it. Is correcting this important for him now? Does he know how to correct it?]

c: I guess what I'd like to do is put more effort into the things that I know I should do.

t: I hear you say, "I would like to put more time into things that I know I should do." No decision made yet of "I'm going to"?

[By listening carefully and taking the client literally, the therapist can find the cracks in his intentions. He has more of a wish than a decision to put more effort into solving his problem. The therapist wants to bring him closer to the doing, rather than just the thinking and feeling.]

c: No.

t: How much time would you like to take before you come to the decision of "I'm going to"? You can set a time limit: you can take two years; you can take three years . . .

[The client procrastinates, and others generally want him to speed up. The therapist surprises him by doing the opposite of what he expects. She exaggerates his procrastination and tests his feeling about extending the time frame longer and longer. In a spirit of gentle playfulness, she helps him see the foolishness of his tendency.]

c: Or my lifetime.

t: Or your lifetime. Yes, sure. Nobody pushes you. It's only you who creates your own suffering.

[The client does not see the impact of his symptom on himself. He hurts himself with this problem and must see the consequence of what he has created. By guessing at the intensity of his hidden experience, the therapist has faced him with a feeling that he has become used to.]

c: And it is suffering.

t: Oh, yes, of course it is. So if you're pleased with suffering, go right ahead and continue what you're doing.

[By phrasing his suffering in an unusual and dramatic way, he reacts more strongly. He may feel it is an absurd claim. The technique called "pulling the pig's tail" is effective at this point.]

c: I don't want to.

t: All right, then we have a contradiction. What are you going to do about the contradiction?

[Now the therapist faces him with the tension of a contradiction. The client says he wants to get rid of a symptom and yet he keeps it up. He has been cornered conceptually. Like Socrates, we gradually lead a person into a trap of self-contradiction.]

c: (Long pause) I have said to myself many times that I don't want the contradiction, I'm going to do something about it, but it doesn't get done.

t: No, but "something" is such a vague thing, and if I said the same thing, then also nothing would get done, you know? "Something" is vague. I have to make a decision on what I am going to do about it. I have to make one small decision on what am I going to do. (Pause) Do you have an example of procrastination in your life?

[He uses a vague, general word—something—and needs to be confronted with a commitment to a concrete, specific decision. The task is also reduced to a small, manageable step. The therapist has to attack the problem using a concrete example of his procrastination. The client is now ready to try a new approach.]

c: Many.

t: No, just one. (Pause) Getting up in the morning?

[He comes up with too much. The concept of "many" is so much for him that he cannot do anything about it. The scale of his thinking has to be reduced and the complexity simplified. The new task cannot overwhelm him. The therapist asks him for only one example so that he can start somewhere.]

After waiting a moment for him to offer an example, she starts with the first action of his day, getting up in the morning.]

c: No.

t: Well, mention one.

[He does not respond to the first question, which is designed to get him started, so once again he is encouraged to bring up his own example. The therapist's question suggests a very simple activity. This model may help him scale down his thinking at the moment. He is offered some assistance in thinking, but he must eventually take responsibility for the task.]

c: My desk at school is very untidy, always. I clean it up, but very soon it gets untidy with things that need doing.

t: Yes, I hear you say "it" gets untidy. How can a desk get itself . . .

c: I make it untidy! (Laughter)

t: Oh, now you're talking. I like my desk to be clean and I make it untidy.

[Careful listening is again important, as "it gets untidy" suggests that the client had no part in the problem. This magical thinking has to be cleared up. In a playful way, he is faced with his evasion of personal responsibility and he accepts it in good humor. His corrected statement is then reinforced immediately.]

c: Yes.

t: You are punishing yourself all the time.

[He needs to recognize the meaning of his repeated movements of untidiness. The insight of self-punishment will bother him and perhaps stimulate him to conquer the habit.]

c: I guess so. That's a new idea.

t: Why are you so angry at yourself that you need to punish yourself? You are not used to this, you told me, from your early years.

[The guess about anger is a logical connection to what he has been doing. He does not say he is angry at himself, but he must be if he hurts himself. The therapist guesses at the hidden feeling behind the action. Then the client is asked to think about the hidden reason behind the feeling.]

c: I don't know.

t: But you do it anyhow.

c: Yes.

t: Do you think it's worthwhile to find out?

c: Yes.

t: And to think about it?

c: Yes.

t: Well, I think that next time when I see you, I would like you to come with an answer. If you haven't found it, we can talk about other things, but in this respect we cannot go further on this subject until you have found an answer. You have to come up with something. I cannot give

you a suggestion because you might either simply follow it or rebel against it, neither of which would help you. Testing your own ideas is more important.

[His motivation for deeper exploration has to be checked out. Then he is encouraged to do some homework and challenged to bring back an answer on his own. The cooperative working relationship between client and therapist is clarified. He is not going to be given answers; he will be encouraged to do his own thinking and examine the results with the therapist. He will be left with a question to ponder until the next meeting.]

c: So the question you're asking me that I should answer is, "Why am I punishing myself?"

t: Yes, why do you like to punish yourself when that didn't happen when you were young? Your parents didn't punish you, and now that you are grown up, and you have your work, and you are happy in your work, you want to punish yourself.

[This question of self-punishment is finally put into the perspective of the client's early childhood situation and his current living situation. It gives him a context for examining his actions.]

t: OK. Does this give you an idea of what we are doing?

c: I think so, thank you, and I have something to work on now, and it's a new idea.

t: Yes, indeed.

c: Yes. Thank you.

t: OK. Thank you for participating.

[A few hours after the demonstration, the client came up to the therapist and said, "I have thought a lot about this. Now I don't have to do it anymore." Discussing the issue any further was not necessary. The purpose of the brief counseling demonstration had been achieved. The client decided to give up the symptom. If he goes in a different direction that adds to his well-being, that could be enough for the moment.]

Authors' Note

The demonstrations here were drawn from *Classical Adlerian Depth Psychotherapy, Volume 1. Theory & practice: A Socratic approach to democratic living*, by H. T. Stein, 2013 (Bellingham, WA: The Alfred Adler Institute of Northwestern Washington), with slight adjustments having been made to the text for publication here. The examples are reprinted from that work with permission of the publisher.

Sophia J. de Vries, PhD (1901–1999), a psychologist who practiced in Oakland California, was trained by Alfred Adler, Alexander Mueller, and Lydia Sicher. She also studied with Ida Loewy, Martha Holub, Fritz Künkel, Charlotte Buhler, Karl Buhler, Carl Jung, August Eichorn, Ludwig Klages, Ernst Kretschmer, and Maria Montessori. From 1945–1948 she taught Adlerian courses with Dr. Mueller in Amsterdam, Holland. For twenty years she served as mentor to the Alfred Adler Institute of San Francisco and as a consultant to the Classical Adlerian Translation Project, as well as to the development of the training program for Classical Adlerian Depth Psychotherapy.

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