

CONSTRUCTS OR CONFLICTS

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Introduction

This article, and the presentation from which it was drawn, were occasioned by the on-going discussion within the International Association of Individual Psychology about the standing of Adler's original theory among those who practise as "Adlerian" therapists. More to the point, in many parts of Europe including France, Germany, Italy and parts of Switzerland, portions of Adler's theory are combined with Freud's psychoanalysis by those who identify themselves as Adlerian.

Thus, this article is the first portion of what was a two-part panel presentation at the 26th International Congress of Individual Psychology (triennial IAIP Congress) in Paris during the summer of 2014. Representatives of *Classical Adlerian Depth Psychotherapy* and *Psychoanalytically-oriented Adlerian Psychotherapy* were invited to address specific questions within the "Science, Theory and Research" section. The discussion title was as follows: "The Relevance of Intra-psychic and Relational Conflicts in Aetio-pathogenesis of Psychic Disorders and Therapeutic Practice. A Comparison Between Traditional and Recent Concepts of Individual Psychology."

My presentation focussed on Adler's original theoretical constructs as they relate to the phenomenon that Psychoanalysis conceptualises as psychic conflicts. It opened with a Socratic discussion about the power inherent in the construction of focal

questions – and its relative influence in leading to expected conclusions. This is especially relevant in the on-going discussion about the value of Adler's complete theory and its therapeutic application.

There are considerable differences among various Adlerian organisations' understandings and applications of Adler's theory and therapy. In the light of the mainstream American Adlerian technique of shortening Individual Psychology into a cognitively-oriented brief-therapy and the psychoanalytically-oriented Adlerian technique aimed at resolving intra-psychic conflicts, Classical Adlerian Depth Psychotherapy (CADP)^(*), by contrast, suggests a deep reading and thorough application of Adler's complete theoretical writings which provide a set of very effective constructs. Though not simple, the constructs can be effectively applied; and when mastered, these enliven a therapy congruent with Adler's theory.

The presentation maintained that the fictional final goal is the construct most often overlooked by other theoretical applications of Individual Psychology.

The Power of Asking Questions

Focal questions are important in scientific discussions. In the service of *open* scientific inquiry, they can lead to fuller explorations of important topics. They can lead back to previously discussed matters – and by referencing already established positions, they can push these boundaries into creative new directions.

(*) For accurate historical information on CADP refer to the article, "Historical Note" also found in this *2015 UK Adlerian Year Book*

If care is not taken, they can limit the discussion by framing the answer within a realm of pre-approved responses. This is accomplished by shrewdly inserting the desired conclusion into the phrasing of the question.

Adler certainly knew the power of questions and used them Socratically to help clients understand what they were *leaving out* of their lives. His questions would draw attention to what they were spending their energy compulsively repeating, and what was keeping them from solving the challenges more successfully in a social manner.

In this spirit, I found myself brimming with curiosity about the focal questions of this panel presentation:

- Do these questions help us better understand Adler's comprehensive theory – and to clarify its application to the [IAIP] Congress's objectives in an effective manner?
- Are these the best questions to bring forward the heart of Adler's theory and demonstrate the application of his original treatment style?

If such questions cannot be answered affirmatively, other questions arise:

- In what way is it helpful to compare once again Adler's and Freud's approaches?
- Is it possible to improve on the positions taken by the two masters now over a hundred years later?

Nunberg and Federn (1974) record Freud's response as follows:

“While Stekel does not see any contradiction between Adler’s views and Freud’s doctrines, one has to point out that two of the persons involved do find this contradiction: Adler and Freud” (p. 59).

Adler, while still part of the Wednesday Psychological Society, responded in his writings (later to be included in *Heilen und Bilden*, the volume we celebrated at the 2014 IAIP Congress) that the fictional final goal leads the individual in a futuristic and unified manner towards the accomplishment of a single objective. Adler’s papers on aggression (1908/2002a), desired affection in childhood (1908/2002b) and the neurotic disposition (1909/2002), all clarify *conflict as a contrivance*, since drives (or what today we know as the functionality of organs) are co-ordinated towards a single unitary goal. What seem to be dualistic conflicts are justifications of one’s “standing still” in the face of life beckoning one forward.

I have been asked how the dualistic direction of a conflict – converging from two different directions or diverging in two different directions – can be explained within Adler’s original theory. Thus, more questions arise:

- Might not starting with the affirmation of *dualism and causality* preclude answers being formulated from a *holistic and teleological* perspective?
- Does exchanging holism for dualism yield anything useful in the therapeutic conceptualisation of our clients?
- Might there be more fruitful theoretical comparisons, systems more commensurate with a holistic and goal-oriented theory? (Such unexplored theoreticians as Kurt Goldstein, Abraham Maslow, Kurt Lewin, William Stern, and Max Wertheimer come to mind.)

- In so doing, might we deepen our understanding of *Adler's* theory and then more effectively apply Adler's approach for the healing of our clients?

Of course, in a way, my Socratic questions have already been answered by the fact that some clinicians – who identify Adler as a therapeutic progenitor – have, seemingly, wed Freudian and Adlerian theory, dualism with holism. Which raises still more questions:

- To what end? For what purpose?
- Do they find Adler's comprehensive approach somehow ineffective or even defective?
- Do they find it unfathomable? Is it too difficult?
- Have they never seen it demonstrated? Might they be unable to conceive that his theory represents a thorough understanding of human nature (*Menschenkenntnis*)?
- That is, Adler provides both the micro- and the macro-view of humanity, which includes his understanding of:
 - optimal human potential;
 - an understanding of deviations from this potential; and
 - a congruent method of treatment that can fully and deeply heal the individual – a healing which also benefits the group.

I would hope that my next point might be discussed more fully than the attention it received during the deliberations at the Congress; but similar questions apply to the mainstream American Adlerian programme, which is also practised in the UK, Israel, Canada and parts of Germany and Switzerland.

- Does the systematisation of parts of Adler's theory appreciate the comprehensiveness of Adler's theory?
- Is it really possible that its integrationist-focus represents the best of Adler's healing power?
- For what purpose does it relieve the practitioner of wrestling with and mastering Adler's depth and dynamism?
- Why must Adlerian therapy be subject to accusations of superficiality and, of all things, *lacking depth*?
- Does this approach really support the flourishing of Adlerian theory?

Within this questioning framework, my responses to the *focal questions* might be better understood.

Focal Questions

A very curt definition of relational and intra-psychic conflicts, according to Classical Adlerian Depth Psychotherapy.

A definition was provided by Adler himself twenty-one IAIP congresses ago. In his address to the 5th International Congress of Individual Psychology, held in Berlin in 1930, he (1931/1964) commented that:

“Conflict means only standstill....”

This is *quite* a curt – and clear – definition. Adler continued:

“We cannot properly speak of ‘conflict’ in ... neurosis, since the patient never deviates from the road of evasion, which he paves with good intentions or feelings of guilt. These ... feelings of guilt ... signify nothing as to any real change in the life of the patient. ... By ... raising

trivialities to a rank of importance and dignity, he can appear to be more genteel and more honest than any of his fellows, [but] it means nothing so far as altered behaviour in the patient is concerned” (p. 118).

Yet still earlier, in Adler’s *magnum opus*, *The Neurotic Character* (1926/2002), his two references to “conflict neurosis” (pp. 115 & 217) have nothing at all to do with intra-psychic conflict, but with the quarrelsome nature of neurotics who like to dispute with others, and do so compulsively at every opportunity.

And in 1913, Adler understood that:

“The significance of consciousness as well as unconsciousness rests in the fact that these states enable action according to a [self-consistent] ... life plan... Thus every conscious manifestation of the psyche points to the unconscious, fictional, final goal, just as does the unconscious striving, in so far as one comprehends it rightly. The frequent antithesis of conscious and unconscious impulses is an antithesis of means only, but irrelevant for the final purpose of enhancing the self. This final goal ... must remain unconscious and not understood if, by its opposition to reality, it would make action impossible” (Adler, 1913/2003, pp. 171-172).

First question: According to Classical Adlerian Depth Psychotherapy, are relational and intra-psychic conflicts the main or relevant pathogenic factors for some, or all, psychic disorders?

In brief, given the congruence between conscious and unconscious striving, the answer is: No, they are not main pathogenic factors for psychic disorders; rather they are typically symptoms intended to hide the main thrust of the neurosis.

Second question: According to Classical Adlerian Depth Psychotherapy, how can conflicts relate with other pathogenic factors in some, or in all, psychic disorders?

In answer: They do relate to other factors and disorders, in that “intra-psychic conflicts” are one example of the many manoeuvres clients use to evade responsibilities in life since they do not feel prepared to master them. The illusion of such conflicts frequently appears as a *safeguarding, antithetical scheme of apperception*, to use original Adlerian constructs. Clients feel they must be seen as innocent, so they deny or fight any feeling of guilt, believing that their consequent anxiety is a matter of “life *or* death” – or the countless other bifurcated ways which “can entice people ... from the path of critical thinking ... and can intoxicate them into impulsive action or frozen immobility” (Stein, 2013, p. 53).

“Clearly, a lack of preparation can lead our clients into conflict with other people and demands of reality” (ibid., p. 40). Still, such disruptions can be resolved in the thoroughgoing work of the individual socially realigning his or her self-focussed goal orientation outward, towards a more stable other-orientation.

Adler’s Theoretical Constructs

This second question and answer also allows an *aide-mémoire* of Adler’s theoretical constructs that do, thoroughly, address pathogenic factors. These constructs were already conceived by 1912 – appearing in Adler’s *The Neurotic Character* (1926/2002).

They include:

- 1) the just mentioned safeguarding; and
- 2) antithetical schemes of apperception; as well as
- 3) the feeling of inferiority;
- 4) striving for completion;
- 5) the style of life,
- 6) the fictional final goal;
- 7) counter-fiction;
- 8) the feeling of community;
- 9) private logic; and
- 10) activity level and radius, among others.

This is not an exhaustive list, but contains some of the constructs that I referenced in my brief illustration of working with a client (unpublished).

Concisely then, a word about the constructs:

The *inferiority feeling* is the primary motivator of human beings in that it presses towards a resolution. Adler originally named this striving, “the aggressive drive” – meaning, “the sum of ... manifestations ... indicat[ing] ... an effort to overcome or to come to grips with something” (Adler, 1908/1928a, p. 62). That is, “aggression” was not understood as one drive conflicting with another – that is how Freud *misappropriated* it when refashioning the aggression drive as “the death instinct” (Freud, 1923). As Adler’s theory matured, he refined this concept of movement from a felt “minus” to a fictional “plus” by describing it as “the will to power” and “the masculine protest”, and finally he used formulas such as “*striving for completion.*” This striving includes:

“... the movements individuals make as they strive away from the feeling of inferiority [which can] point in a multitude of directions. ... Throughout his writing and lecturing, Adler identified this major striving [by] using several similar phrases with parallel meanings. Trying to capture the dynamic of this psychic movement, over time he flavoured his descriptions with many nuances: ... ‘striving toward completion’ implies an imagined goal of perfection; ‘striving to overcome felt difficulties’ reflects the never-ending struggle to deal with the inevitable obstacles in life; ... ‘striving for superiority’ can be an attempt to outdo others or simply advance beyond our prior level of functioning ... “ (Stein, 2013, pp. 19-20).

If the individual does not feel capable of resolving the inferiority feeling in a socially constructive manner, he or she will likely do so in an *antisocial* manner by striving for personal power *over* others (the psychological movement which Adler determined best characterises the neurotic disposition). Understanding that relationships are essential to playing out such hidden aspirations of power over others, Adler posited the *counter-fiction* as the seemingly social interaction that could obscure the antisocial intent of the individual’s movement. Such *faux*-social behaviour “lures another into an engagement, promises one result, but actually deliver[s] another, opposite finale” (ibid.). That is, it seems to be inclusive of others’ interests, but inevitably serves only the individual’s self-bounded interests. As cleverly contrived as it is, “this apparent deception can be carried out with a good conscience because it is carried out unconsciously, beyond critical awareness” (Stein, 2013, p. 44).

But the “crown jewel” of Adler’s theory is *the fictional final goal*.

This construct:

“... provides a compelling nucleus for integrating all [of our] insight [about] the unique individual ... Our task as clinicians is to imagine a psychological endpoint and its probable root in the past from an abundance of seemingly unrelated mental, emotional, and behavioural clues” (Stein, 2013, p. 39).

It is this goal that compensates for the desperately negative feelings of inferiority and promises the client sure, if temporary, relief from them.

This is where Adler’s genius shows through so remarkably. He was not alone in conceiving the individual as goal-oriented or behaviour as teleological. Gordon Allport, William Stern and Abraham Maslow among others, also came to this conclusion. Adler, however, was able to conceptualise just how the individual uniquely contrives such an end-point as a “guiding line” that directs all of the creative symptomology towards accomplishing this goal. Adler taught that “we can understand a part of the psychic life,” such as the symptom-list, “*only* when we conceive it as part of a unity, proceeding along the same course towards the same goal with other characteristics of the individual” (Adler, as cited by Stein, 2013, p. 39).

This means if we clinicians learn how to understand the fictional final goal, and patiently expend the effort needed to uncover it (relatively-early in long-term therapy), we can better understand why the client is suffering; for it is the height of the compensatory goal (as it tries to obliterate any memory of the inferiority feeling) that exerts such pressure and expectation on the client.

At the point of discovering the fictional final goal, we can slowly, kindly and experientially reveal our clients' idiosyncratic reasoning, or *private logic* to them. It is within this dawning awareness that alternative interactions become available, appealing and manageable to the client. At this point, a more socially competent and confident individual can emerge. Optimally, the mistaken approach to life, with its consistently mistaken applications (which manifest regularly in interpersonal conflicts), can eventually be set aside altogether – a phenomenon that entails the outright dissolving of the intense feeling of inferiority and its compensatory goal.

This, at least, is what Adler promised and what we are accomplishing with the theoretical constructs of Classical Adlerian Depth Psychotherapy.

Conclusion and Invitation

The future of Adler's Individual Psychology is to clarify and make vivid the congruence and uniqueness of his theory and therapy. For those of us who believe that his theory has the power to heal suffering – and to heal it deeply by means of therapy as he constructed it – then this legacy deserves our full attention, careful replication and promotion “full-of-care”. Becoming familiar, fully aware and conscious of exactly what Adler meant, taught and did is of the greatest interest. Not only with the content and the meaning of it, but also with the feeling and the style of it that has not been represented accurately for generations.

This is what the Classical Adlerians, trained by the Alfred Adler Institutes of San Francisco and Northwestern Washington, USA, are trying to do: bring Adler's words, style and feeling alive once

again. The future of Adler is to bring forward the congruence of these teachings and applications, of the style of treatment with the personality behind it.

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