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The Journal of Individual Psychology, Volume 77, Number 3, Fall 2021, pp.
286-304 (Article)

Published by University of Texas Press

DOI: <https://doi.org/10.1353/jip.2021.0021>



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Adlerian Depth Psychotherapy: Intersubjective and Relational Elements

Gisela Eife, Erik Mansager, and Karl Heinz Witte

Abstract

The authors share the context of the depth-psychotherapeutic approach of Alfred Adler. Then, responding to the growth of interpersonal approaches in psychoanalytic and psychodynamic psychotherapy, the authors present vignettes of Adlerian psychotherapy to demonstrate its historical and companionable approach to intersubjectivity and relational elements in the larger world of psychotherapy. Publishing in an Adlerian journal rather than one of psychodynamic psychotherapy offers members of the North American Society of Adlerian Psychology a taste of Adler's expanded potential in the therapeutic setting.

Keywords: Alfred Adler, analytical Individual Psychology, classical Adlerian depth psychotherapy, psychoanalysis, relational psychoanalysis and psychotherapy

Alfred Adler was an original psychoanalytic collaborator of Sigmund Freud and the first to depart from the Vienna Psychoanalytic Society. Since Freud's (1914/1957) judgment on Adler's Individual Psychology and Jung's analytical psychology in his 1914 article on the early history of psychoanalysis, little has been heard about Adler from the psychoanalytic side. By disregarding Adler's prior impact on psychoanalytic tenets and their later development, a virtual death sentence was imposed on Individual Psychology in psychoanalysis. His psychotherapeutic approach survived not within mainstream psychoanalysis but within a broader integration of current psychotherapies. Nonetheless, many of Adler's tenets have been developed in contemporary psychoanalysis. One of these is Adler's intersubjective and relational approach.

Other major beliefs of Adler's psychology and psychotherapy—including goal orientation, systemic interdependence, sibling influence, interpersonal dynamics, and subjective perception of reality—also found their way into mainstream therapies but without the integrated theoretical Adlerian basis. The result has been the mining of portions of a whole theory to serve as the fruitful foundation of many effective therapeutic approaches today.

The fate of Adler's psychotherapeutic legacy took another, more quantifiable twist in its modern and postmodern development over the past

70 years. As the shadow of National Socialism began dominating Europe, Adler made his home in the United States. He died in 1937 at the relatively young age of 67. Expressions of Adlerian therapy soon thereafter took generally one direction in North America and a decidedly different direction in Europe. The national association that formed in North America in the early 1950s was, by the 1960s, profoundly influenced by Rudolf Dreikurs, who emphasized the cognitive and behavioral aspects of Adler's theory. Adlerian Individual Psychology subsequently became a leader in education, in family counseling, and in the brief therapy model. Depth or analytic Adlerian psychotherapy was concentrated on the eastern seaboard and was subsequently less represented in the annual meetings of the North American Society of Adlerian Psychology—up to and including the present.

Although some Adlerian institutes in northern Europe had training from Dreikursians, for the most part Adlerian theory and therapy retained its depth and analytic orientation—with a twist. In the mid-1970s, when mental disorders were included in the service catalog of public health, Adlerian training institutes in Europe had to apply the same standards as the other therapy schools—subject as they were to the Freudian paradigm. Neo-Kleinian, self-psychology, and existential theory, along with object relations theory, became the leading methods in psychoanalysis. From the 1990s forward, a very influential group of psychoanalysts spoke of a “relational turn” (e.g., Beebe & Lachmann, 2003). Subsequently European Adlerian therapists (in contrast to the counselors) started integrating these modern psychoanalytic concepts into their own clinical work and some of them even left Adlerian theory aside. Considering the different bearings of Adlerian psychology in North America and in Europe, the once distinct cast of Adlerian therapy—humanistic, teleologic, holistic—became simultaneously more aligned with European psychodynamic psychotherapy and the North American cognitive revolution.

Despite—or perhaps because of—these disparate attitudes, a spirited movement of Adlerian depth psychotherapists has arisen over the past decades on both sides of the Atlantic. This depth-psychological attempt is committed to Adler's unique psychodynamic approaches to healing while also attending to the holistic, socially focused aspect of Adler's theory. Adler's well-developed body of creative and artful psychodynamic therapy introduces a meeting point between his original intersubjective and relational thoughts and the intersubjective work of relational psychoanalysts and psychotherapists.

The authors intend to demonstrate, by means of vivid case presentations, this intersubjectivity and relationality with one another and, as Adlerians, with the psychoanalytic community. We have kept the psychoanalytic terminology to a minimum and have explained it when we thought necessary. Each case example carries the name of the therapist. Each is independent of

the others, with its own introductory abstract. We have chosen not to comment on one another's work or offer explanatory summaries at the end. This way, the clinical weight is born by the case examples.

Gisela Eife: The Moment of Meeting as a Source of Community Feeling

Daniel Stern's theorizing around "the present moment" is the point of departure for understanding Adler's mode of therapeutic and human interaction in the spirit of community feeling. Adler's formulation of the person's creative act of self-development as both artist and artwork is used as the mode of understanding one's presence in the world formed by goal orientation and community feeling. In the described "moment of meeting," a concept of Daniel Stern's, the "frozen lifestyle" of the client dissolved and a curative feeling of connectedness between therapist and patient emerged.

According to Adler, every human being can compensate for traumatic experiences. The psyche is structured by this intrinsic principle: Striving toward a goal of security and superiority. The client looks for therapy when his or her compensatory striving fails. Adler's second fundamental concept besides compensation is his concept of community feeling. Entrapped in a lifestyle pattern, the client is isolated or isolates him- or herself from the community and thus from his or her own community feeling. For Adler, healing depends on the emergence of a sense of connectedness, which is the most fundamental aspect of community feeling. My thesis is this: in therapy, community feeling emerges in special moments that may pass unnoticed or show up as moments of meeting.

Case Presentation

The 36-year-old female client came to therapy after she had been running through the night with a knife in her hand obsessed with just one thought: "I want to kill my boyfriend." She rang his bell, but when her friend opened the door, they embraced. They often had these ups and downs in their relationship and sometimes separated for a while. After one passionate weekend together and a lovely dinner in a restaurant, he confessed to her that he was definitely going to leave her for another woman. She ran home in despair and intolerable pain. Then the incident I described above occurred: her running through the night.

She often had such outbursts; the first one she can remember happened when she was a teen. In her adolescence, she tried all kinds of drugs, including heroin. One day, when she was locked in her room by her parents, she broke the window glass, climbed out the window, and stayed away from home the whole night. Then she called and asked her parents if she should come home or if it would be better for her to stay away forever.

Her subsequent life had not been easy. After leaving school after the 10th grade, she found a job, got pregnant, and underwent a drug detoxification together with a friend, whom she married. She tried twice to have a respectable marriage, yet each time she ran away after some period. She had no professional qualifications, had run a secondhand shop without much success, and had been living on welfare when she entered therapy.

In our sessions, the client talked about herself in an impulsive and passionate tone, condemning herself as a bad human being and a bad mother. For months in the recent past, she could not get up in the morning, and when her three children came home after school, she was still in bed and would send them to the supermarket to get some food.

Here is some information about her early childhood: Her parents had married at a very young age and left the client with her grandmother for the first 3 years. Her mother reproached the client over and over again that her birth had forced her to marry her father. That means the client was blamed for her own existence. She adored her father, though she could not tell why, it was as if she badly needed somebody to love. He had broken with his own family and told her that she reminded him of a horrible sister of his.

Psychodynamics. Let me try to sketch a few lines of the client's psychodynamics or—in Adlerian terminology—her lifestyle to understand how the moment of meeting developed.

The client was not only emotionally neglected by her mother but also condemned to feel guilty about her very existence. She felt ignored and rejected, but first and foremost there was a feeling of deep worthlessness or nothingness, as if she did not exist at all, like a psychic death.

Striving to overcome these intolerable inferiority feelings, the client developed a huge amount of energy and aggression. As a teen she rebelled against her parents, joined the drug scene, and later on broke off “normal” relationships. While she rebelled against being condemned to live as an outcast, she unconsciously accepted her negative identity and lived it in a powerful manner.

Here is the moment of meeting: The client comes into my consulting room chewing a muffin—something understood as being irregular in a therapy session—and smiling triumphantly. I am flooded by an unusually strong aggression and at the same moment I sense that my reaction is the worst case that could happen to both of us. I turn to my desk to calm down and wait until the client has sat down. Then I also take a seat and find myself calm again. However, the client looking at me triggers something. She says: “You are angry.” All of a sudden I am flooded with rage again. The client bursts into tears. I am confused and terrified—what has happened to us? I move my chair near hers. The client, shaken by her crying, slowly calms down and puts her hand on mine. Now I also feel like crying. We quietly sit there for a while sensing a new awareness and a deep connectedness.

Conceptualization. We are accustomed to looking for psychodynamic explanations. However, psychodynamic explanations cannot grasp the essence of the phenomenon of the moment of meeting. But nevertheless let me try an explanation using the concept of projective identification.

The client and I had already taken a therapeutic path together, in which the topics of worthlessness, of being mean and rejected, were dealt with in various ways. Now, what the client unconsciously had *wanted to avoid* and *tried to provoke* at the same time had happened: being accepted and not pushed away, even when she did not care about rules and when she belittled me with her triumphant smile. She had tested me before and now she tried harder to provoke me. This time she succeeded; I felt humiliated and ridiculed. She had drawn me into her own wounded feeling of life. And this was the projective identification: The internalized relational pattern was now reanimated as an unconscious common construction: on one side triumph and power, on the other side worthlessness and powerlessness. My aggression was a defense against being treated like that and against my own sense of worthlessness.

Further interpretation can explain the episode using the concept of enactment. My client reenacted her pathogenic relational pattern. She acted like a little child in wanting to finish her muffin, which she had bought at the bakery. By this she did not want to be aggressive. However, if an impulse is thwarted again and again or misunderstood as aggression, it provokes not only an aggressive affect but also a fusion of self and aggression. My spontaneous countertransference reaction to her triumphant enactment triggered this fusion; that means the aggression here was not only a passing affect but that also the client was highly explosive, like a spewing volcano. In such a neurotic collusion of a relational retraumatization, powerlessness is extremely humiliating and power is experienced as extreme triumph.

At this point the psychodynamic interpretation would come to an end, yet such explanations do not grasp what actually happens in the moment of meeting. By explaining everything they foreclose and prohibit further questions and any new experience. Daniel Stern (2005) differentiates between a meaning that can be understood by explanation and a meaning in terms of an ever-deepening experience that never comes to an end.

Stern succeeds in vividly characterizing the phenomenology of the moment of meeting: It suddenly emerges—disturbing, weird, scary, charged with expectations and anguish—the feeling that anything is imminent, that one has entered an unknown, unexpected area. “The presence is subjectively condensed like in a moment of truth. An open space is created, in which everybody is alone in the presence of the other person and in which something new can evolve. These moments are filled with an unknown

future, which can be experienced like a dead end or as a new opportunity” (Stern et al., 1998, p. 912).

In addition to Stern’s wonderful phenomenological description I would like to describe how I experienced that moment: In the face of her triumphant smile, all of a sudden I came down to being nothing. It was more than humiliation. I felt nothing—I was a nothingness. Then I was almost swept away by an unbelievably strong aggression. The strength and intensity of my reactions were overwhelming, as if something had been taken to the extremes. This moment condensed my reaction against worthlessness. At this point the question was whether I would condemn her provocative behavior or accept it, would I accept or reject her in her core self. These pros and cons were a question of life and death. When I was flooded with aggression, I felt that my reaction could possibly have a devastating effect; this shocked me. But all of a sudden my defenses broke down. I was not mighty and there was no need for her to trump, humiliate, or get even with me. Then my client burst into tears. She did not cry to get even with me, and my aggression did not pass away because she cried. This explanation simply does not describe the situation. What hit us both at this time was a deep emotional upheaval in both of us.

If I follow the underlying movement (Stern, 2010) in the moment of meeting, the neurotically rigid pattern of movement (Adler’s concept of the unconscious lifestyle) increases in intensity to a state of high arousal until it comes to a turning point. At that point the patterns of movement, in which both of us were entrapped, suddenly and radically burst into the open, and the frozen lifestyle of the client melted and dissolved. Through this crisis our inert awareness—which usually rotates around itself—became radically awake and bright.

The moment transformed us, a qualitative shift transporting both participants into another dimension. And this is my thesis: There came a trans-subjective dimension with a surrender, a letting go of all safeguard mechanisms and a new awareness of our own existence, a deep connectedness, and at the same time awareness of something bigger than us. This transformation will persist even when the daily safeguard mechanisms reorganize again.

According to Stern et al. (1998), something more than interpretation is necessary to bring about therapeutic change. Such a moment of meeting calls the analyst as a person into play. For Adler, the therapist’s intuitive attunement, empathy, and artistic immersion into the existential core of the client is essential. The primordial feeling of connectedness is the basic aspect of Adler’s community feeling. Community feeling is characterized by Adler (1928/2004c): “To see with the eyes of another, to hear with the ears of another, to feel with the heart of another” (p. 64).

Erik Mansager: Truth in Movement as Striving for Mutual Well-Being

Conceptualizing a patient's psychological movement is demonstrated in the case of Suzanne, which illustrates the impact of her inferiority feeling, her creative formulation of a guiding fiction to compensate for that feeling, and her initially intended direction of power over others. More important, the moment of meeting—the forming of community feeling—between Suzanne and her therapist helps redirect her movement and facilitate her reexperience of circumstances.

A phenomenon common to the theoretical approaches of both relational psychoanalysts and Adlerian depth psychotherapy is found in Daniel Stern's construct of forms of vitality. This construct serves to illustrate the original and ongoing relational and interpersonal grounding of Adler's theory and therapy. Let me quote briefly from Stern's (2010) book on forms of vitality: "As dynamic experience arises from forces in *movement*, the place of *movement* becomes crucial. *Movement* is our most primitive and fundamental experience. Many thinkers have long argued that . . . *movement* . . . has a primacy in experience throughout life" (p. 19, italics added). And he adds later: "Subjectively there seems to be a 'super-Gestalt' of force, motion, time, space and intentionality all combined to make emerge a dynamic form of vitality" (p. 27).

To Adlerians, these are among several striking comments on movement by Stern. Indeed, this is one of the central concepts in Adlerian thought. And the "super-Gestalt"—with special attention to motion and intentionality—is what I illustrate in the following case presentation.

Adler held that "there is truth *only* in movement" (1928/2002, p. 114, italics added); that we must try to decipher the meaning behind the movement. Wherever movement is found—whether physical or psychic movement—it has an aim, a tendency, a target. Adler believed that all behavior is so guided—but not in an independent manner in each action; rather in an unconscious, unified manner that intends to subjectively benefit the individual in the distant future.

When considering psychological form, expression or function, such mental states can be thought of "as a kind of frozen movement" which needs to be dissolved back into fluid movement in the mind of the therapist in order to fully understand its meaning (Adler, 1931/2005b, p. 35). The therapeutic redirection of this movement is accomplished by stimulating an increase in community feeling, moving from a *striving for personal significance* to that of a *striving for mutual well-being*. It is at this therapeutic goal that my section's title is directed and to which I will return later.

In the following I share brief segments of two sessions within "the case of Suzanne." This includes our initial encounter and another that occurred some months later. After brief presentations of each session I will share my

case conceptualization at that point, attempting a dynamic synthesis of constructs that reveals the Gestalt of her psychological movement: *away from* an intensified specific feeling of inferiority and *moving toward* a unique unconscious fictional goal.

Case Presentation

Suzanne was a 46-year-old White woman who had three adult siblings, an older brother and two younger brothers. Her brothers remained in their native South Africa while Suzanne accompanied her 48-year-old husband to Switzerland. It was from there that the couple sought therapy. Although Suzanne grew up wanting to be a nurse, she trained and worked as a social worker prior to their relocation. Since arrival, she had not been employed. The couple had been married for 20 years and had two teenaged daughters: Alice, 17, and Beth, 15. The original reason Suzanne sought services was that both daughters had recently been released from in-patient psychiatric care. Both had been admitted 8 weeks earlier due to severe depression and, on Beth's part, self-harming behavior.

Segment of Initial Session. Suzanne insisted within the first minutes of our meeting that she wanted only what was best for the kids. She told me how important it had been for her to develop independence in her children, especially as she measured it in school success: doing their homework, preparing for exams without prompting, and getting along with friends without getting involved with drugs.

Suzanne said that as a child she was generally stubborn but obedient and shared the following recollection when asked for an example:

I remember once when I was 5 or 6 years old, I did not want to go to bed. My parents were angry with me and told me, "Don't get out of bed again!" So, I stuck my finger down my throat until I gagged and vomited in my bed. When I went and told my parents I felt guilty but at least got a little of the attention I'd been craving. My mom changed my bedding, tucked me in, and I was able to go to sleep.

At a later point in the session, after confiding the deep distress of facing her daughters' deterioration, Suzanne abruptly confided: "I'm exhausted. Just give me cancer or a car wreck! Anything; just take me away. I don't know how to handle these things." We discussed the particular behaviors of the girls that made her feel this way. "Where would I start?" she asked, "I've felt manipulated by Beth since she was a toddler. I remember when we caught her in the very act of stealing as a little girl, and she *still* wouldn't admit it."

Initial Conceptualization. Following are some preliminary observations and guesses for understanding Suzanne's unconscious movement as representing intentionality; that is, nondeliberate, less-than-conscious aims.

In the early years of parenting, Suzanne cheered her children on to be “real go-getters.” Family life seemed to go well, so it was not clear what had gone so wrong in the past couple of years.

Suzanne felt she had taught her daughters to be independent and was initially welcoming of their teen decisions, but recently she had felt they weren’t doing very much and she really needed them “to do something and not nothing,” she said. During our first encounter, she said she felt “clueless” since the girls had entered their teen years and no longer seemed to be self-directed and happy. Suzanne’s ever-present cheering them along seemed to be robbing the girls of their opportunity to handle frustration and to develop decision-making skills.

The current failure of her children was both a great aggravation and a threat to Suzanne’s well-being. Perhaps this was stimulating projective identification regarding her own original inferiority feeling: not being able to meet her parents’ expectations. She had shared that their expectations had focused on her compliant behavior as a girl, more so than the accomplishments expected of her brothers. Inasmuch as she was the only girl, perhaps she despaired of, rebelled against, or rejected outright the expectation of meeting her parents’ standards.

A first guess about Suzanne’s counterfiction (i.e., the socially acceptable behavior adapted in order to obscure the seeming aggression in her compensation) was focused on her energetic, cheerleader approach to parenting. This upbeat attitude may have been covering an even more ambitious movement that had worked when the girls were younger, but no longer.

When it came to her children’s teenage thinking, it seems they either did not feel prepared for adolescence or were covertly rebelling against or rejecting it. This may have been why they had backed away from normal teen challenges. Although Suzanne didn’t know what else to do, she nonetheless insisted that her daughters “keep performing,” first insisting in a cheerleading style and eventually by direct commands. I wondered what might have happened had Suzanne understood and addressed the girls’ lack of preparedness. My guess, then, about the nature of Suzanne’s unconscious fictional goal was that it might have had something to do with expectations from and toward others.

This initial conceptualization of Suzanne’s movement addresses whether her daughters’ refusal to meet their mother’s demands might have stimulated Suzanne’s inferiority feeling about not being good enough for her own parents, as she did not meet their expectations. Dynamically, this could have had the effect of making Suzanne feel increased distance from her still unconscious fictional goal. If this was the case, perhaps her counterfiction—the cheerleader mother who was so successful in the early years—just crumpled. This would make sense of her despondent desire for an early death. The situation in which she found herself might have been a protest

against her role as a mother of teens or against the children for not letting her succeed in that role.

Segment of Later Session. This meeting occurred after the winter holiday break. Suzanne came in despondently, sat quietly for most of a minute, and then said, "I feel like giving up." She explained that Beth had refused to return to school. Suzanne and her husband had been infuriated. In response, Beth retreated to her bedroom and refused to come out. Suzanne panicked, she said, as this was the behavior that had heralded Beth's first retreat into depression and her subsequent cutting. Suzanne responded by coaxing her daughter to return to the discussion, providing much attention with her softest and most playful voice. Beth did, in fact, come out of her room, and I asked Suzanne how she felt about Beth's reaction. She replied ambivalently that she was happy to have had *some* effect, and yet she said she feared Beth would milk it for all it was worth.

In exploring this interaction with Beth, Suzanne conceded that threatening Beth did not bring about the desired response. I did what I could to explore whether she was aware of what Beth might have been feeling. Suzanne's guesses seemed to me to lean in a slightly new direction. That is, she guessed that even while Beth felt incapable of going to school, Beth's look was as if she felt quite capable of defeating her mother. She managed the school decision simply by rejecting her mother's demands. Having puzzled this out in a somber mood, Suzanne grew altogether quiet. Then came a sigh: "There are so many things that I've failed at. And isn't it crazy that I still hold on to them." Quiet, head in hands, Suzanne shared: "You know, early in high school they let me be a chorus substitute singing in the top choir and play on the varsity basketball team. But when real openings came they wouldn't give those to me. It is probably ever since that I've felt I'm not good enough. I think I resolved that I just don't deserve those things."

I asked Suzanne to talk a little more about these withheld opportunities. "Do you remember what you were going through in moments before they made the decision to give the varsity positions to others?"

"Oh yeah," she said. "There was lots of anticipation. I really hoped and probably even prayed that I'd be chosen. I knew I was doing well. I really expected to be chosen for the permanent positions."

Curious about how she handled the disappointment, I asked her, "What kind of feelings went with your expectation?"

She responded: "Well, at first I guess it was excitement; but then when I didn't get *either* position I was *so* resentful. I couldn't believe it! All I could think about was all the wasted effort. I kind of refused to even think what it would take to fight for the positions."

I had seen the momentary flash in her eyes when she acknowledged her resentment. It was as if that were all she could muster—a momentary consideration of what it would take, and then her decision not to fight for

the positions. I ventured, "Suzanne, do you think you might have made a conclusion about your situation at that point?"

"Well, at first I knew I'd *refused* to take any further action. Soon enough, though, it felt like I couldn't please them anyway. So, I thought, why try?"

"If you were to revisit your younger self with all the wisdom you have now," I asked, "would it be possible to offer young Suzanne a different way out?"

After some moments, Suzanne reflected, "Hmm. Maybe now it is; but it didn't feel like it then. But, sure, I could have tried again. And again, I guess. I really enjoyed singing and sports. Funny; but I just gave them up and kind of never really put myself out after that." And after another reflective pause, "Hmm, just like when I gave up the study of nursing for social work."

Our ensuing discussion explored this shifting perception of Suzanne's self-esteem, from not feeling worthy to not being willing to try. She said it with a wry smile. This was a new direction for her. Later in the day she sent the following email:

Today's session felt like an aha! moment for me. I remember in school feeling like a faker or that I wasn't enough: not good enough, not smart enough, not qualified enough. Today it seemed as if I'd called my own bluff. I didn't have to expect them to give things to me that I didn't want to fight for. Getting over giving up is going to be key to helping me conquer my makeshift fear of failure.

In several of the meetings that followed I sensed Suzanne was opening to the possibility that what she had thought was best for the kids was somehow actually facilitating their illness. She didn't have to give up—on them or on herself—just because her strategy hadn't worked. She had developed a healthy curiosity about her unconscious intentions—her movement. And soon enough she began listening more to her daughters rather than cheering them on in a direction she thought was the right one.

Later Conceptualization. In refining the conceptualization of Suzanne's overall movement, I'll share some of her primary reference points, especially her attitude toward her mother and toward her father.

Suzanne said that her mother expected a lot of her and that in response Suzanne was overtly obedient. She described her father as authoritarian and in response said that she was respectful toward him—until she rebelled in her teen years. Can we assume her respect for him also included obedience? We ought not to confuse obedience with cooperation. Obedience in children is a common way they pretend to go along with something they really don't want to do. They perhaps go along because they consider it dangerous to not obey.

These were key relational issues. Such statements were not disconnected with how Suzanne understood herself to be in relationship to others.

Perhaps Suzanne experienced her mother's expectations as some sort of pressure, such that she felt she must be obedient in return. This perspective supports the initial guess about her felt inferiority: she was unable to meet the expectations of the authorities around her.

Regarding Suzanne's childhood response to her parents' high expectations of her, it seemed her budding teen rebellion may have marked an attempt to break free of her parents' expectations. This could be an important hint about her unconscious goal toward which all her movement aimed—her movement in feeling, believing, and behaving.

It was as if she were still preoccupied with the idea of dealing with enemies—enemies who always expected something from her. That might have been anyone who told her what to do or expected something of her and whom she believed she had to obey.

In her desire to be free of these demands, she may well have thought in terms of the reverse as an ideal situation: "I must have *total* freedom from all expectation while everyone adheres to my expectations of them." This ideal, fictional goal—as a solution that could last forever and ensure her security—would have been especially fitting should she have been able to express it in feelings. Such an unconscious goal could have been an orienting device, one that served like a compass needle pointing her to the "true north" of security. As such it likely served to coordinate all her related activities.

However, one might have to cover up such aggressive striving! Semi-consciously, Suzanne's counterfictive of a cheerleading parent style obscured her demands for performance as well as her insistence on compliance from her daughters. It was as if Suzanne's counterfictive behavior allowed her to deny her aggressive demands when accused. Still, her daughters seemed to have felt their mother's aggression and rebelled—similar to their mother's own childhood rebellion.

This fuller conceptualization of Suzanne's movement provided a framework within which the major portion of her familial difficulties could be coherently addressed, which I can summarize in concluding observations.

Striving for Significance. This hypothesizing of Suzanne's movement allowed Suzanne and me to refocus on the presenting concern: her daughters not functioning well. They likely felt that they had to perform for their mother and that if they didn't meet her standard, they would have severely disappointed her. That is precisely what Suzanne got from her own mother—the demand to perform. But how could the girls have rebelled against a mother who herself was not clear about her movement and intentions? Open rebellion would be an option—but wouldn't it be safer to take a more covert path? Perhaps Suzanne's daughters implicitly grasped that depression was an effective way to rebel against a mother who as a girl wanted to be a nurse and who had also learned to make herself appear sick to get wholly free of the standards demanded of her.

Striving for Mutual Well-Being. When an opportunity to diminish the inferiority feeling arose in the later session, Suzanne and I seized and re-framed it in our interaction. Up until that session, Suzanne had been feeling unable to meet the expectations of others. She was “feeling like a faker.” After that session she experienced an insight. The brief Socratic questioning helped Suzanne acknowledge that something she had not attempted until that point could be attempted. As a result, she came to consider that she was actually *refusing* to meet these expectations while acting as if she was “not good enough” and simply couldn’t meet them. With significant daring, she determined no longer to run from a felt impossibility and to take responsibility for the relationships she wanted—notably with her parents and her daughters. She dared to look clearly and openly at her movement. She was illustrating what Adler meant by “courage”—not heroic behavior but simply and profoundly doing the unfamiliar without knowing what the outcome would be. In her willingness to trust another—at the time, her therapist who wished her well and was standing by to lend a cooperative hand—Suzanne had begun striving for the mutual well-being of herself and her daughters.

Karl Heinz Witte: Experiencing Truth Means Being Touched

Adler’s intersubjective and relational attitudes in therapy are quoted and interpreted as guidelines, which are rooted in Adler’s concept of community feeling. This approach fosters the emotional element in psychotherapy that moves client and therapist alike to experience the personal truth of the client’s suffering and goal orientation. The coexperience of a vital and healing truth can be seen to emerge via the mutual immersion into the need and the client’s movement to a fictional rescue point. This experience of community and common feeling in therapy can modify a client’s interaction with everyday occurrences.

Alfred Adler (1928/2004b) voiced his commitment as a therapist: “‘I can heal you,’ I tell my patients, ‘only with the truth I have attained myself’” (p. 79). This may sound amazing. Does the therapist have a truth? What is truth?—We all know the epistemological difficulties to find *the* truth. “We are not blessed with the absolute truth,” as Adler (1933/2005c, p. 98) frequently asserted. But nevertheless he considered it crucial for each individual to find his or her personal truth, and he even regarded one’s personal truth as the individual’s “absolute truth” (Adler, 1923/2004a, p. 27).¹

There is another quotation that most of you will be familiar with. Wilfred Bion (1965/1984) wrote: “Healthy mental growth seems to depend on truth as the living organism depends on food. If it is lacking or deficient, the personality deteriorates” (p. 38). No doubt, neither Adler nor Bion spoke about a kind of objective truth, but they both highlighted a truth that is crucial for

our personal life. Personal truth equals what Winnicott (1965) called the “true self.” What the phenomenologist Heinrich Rombach (2012) applied to psychotherapy: “In the inner life of a person, everybody bears their own light, their own truth. Only when recognizing the other’s truth, you recognize her or him” (p. 255).²

Recognition of our clients’ personal truth is an essential of relational and intersubjective psychotherapy. My intention is to point out that already Alfred Adler contributed cornerstones to this task in the house of relational depth psychotherapy.

Case Presentation

Here is an example of how a client in therapy depicted his personal truth:

In conversation, I am so clever that nobody recognizes me as being present only as a counterfeit of myself. I am very attentive and adaptable. In a matter of seconds, I grasp what impresses my counterpart and what he or she responds to. I’m able to tell anecdotes or conduct an informed political discussion. People have the feeling it was a “pleasant evening” in my company. But all this rests only in the outer courtyard of my consciousness, not penetrating and not even touching my awareness. To put it another way: I perceive what I am doing as if through a tube, a reversed telescope. It remains at a distance from me which I do not sense as painful or annoying but only infinitely far away.

Through this report, we can experience the client’s helplessness. But his helplessness can also affect the therapist because nothing which he might consider as help can be accepted by the client because the very prerequisite for anything the client might attempt is missing, namely anything that could touch his heart.

Conceptualization. Generally speaking, one can tend to a diagnosis within the scope of narcissistic personality disorder, as may be seen in his problems of self-appraisal and in interpersonal functioning. The usual and necessary way to come to a preliminary understanding is to review some circumstances of the client’s development. But let me take a short cut and give only one hint to a possible psychodynamics.

A special factor in the family relationship is significant: the climate of affection, caring, and love. Broadly stated, there was in his life rather too much of those things than too little. The little boy was welcomed like a prince, abundantly esteemed from both the maternal and the paternal side. His mother’s and his aunt’s care was colored by concern, worry, and anxious love, and his father’s appreciation was more in favor of skillfulness, achievement, and future success of the heir. The different expressions of love and expectation induced an ambiguity in the boy’s feelings, a conflict between affection and striving for self-realization. His striving for personal growth succeeded most in his intellectual and professional development, including

his social performance, but he is not able to acknowledge and appreciate this. He is not satisfied with this kind of success because he doesn't feel it to be in accordance with his true self. He cannot, however, accept the affection of his friends and colleagues, and most important, he cannot return it, and this is the client's severest complaint.

It is from a collection of similar clues, incidents, and circumstances of the client's life that we psychoanalysts and therapists draw on our psychodynamic hypotheses. In general, this is a hermeneutical method that is directed toward an interpretation. The results, presumptions, or convictions differ widely according to the school the therapist adheres to (Eife, 2016; Fosshage 1990). Alfred Adler also provided his followers with a range of concepts to unfold the understanding and therapeutic process of our clients.

Adler's Intersubjective Stance. In my following comments, I want to focus on only one fundamental principle of Adler's therapeutic theory and practice: his markedly intersubjective approach.

A system of psychological diagnoses generally attempts to summarize the same psychopathological symptoms of different persons in one consistent clinical picture, that is, a diagnosis of the client's specific mental disorder. Adler (1931/2005a) called this seemingly specific diagnosis the "general diagnosis." In his eyes, a specific diagnosis "is able to understand the selection of symptoms only when we regard it as an art form. We must divest ourselves of our judgmental view and observe with awe how every person is an artist in his life" (Adler, 1931/2005a, p. 10). Adler was convinced "that symptoms meaning the same thing do not exist" (p. 11). Judgments in therapy try to find appropriate conclusions, diagnoses, hypotheses, interpretations, and so on, that are preferably correct or appropriate—these statements pretend to be a more or less objective truth. When Adler suggests refraining from our "judgmental view," he prefers a different, non-hermeneutical, "noninterpretive" approach (Stern et al., 1998). How can that be? As was noted earlier, Adler wants us to recognize the "selection of symptoms" as an "art form" and the person as "an artist of his life." This is, of course, a recommendation that diverts from the usual classical Western approach in epistemology, science, and academic psychology. His therapeutic understanding proceeds by "artfully reaching deep into that person and by intuitively empathizing with his nature" (Adler, 1913/2003, p. 123).³ Adler emphasized the attention to and immersion into the other with whom a person identifies: "We identify with a picture by regarding it. We identify also with all other inanimate objects, e.g., in playing pool or bowling, the player follows the ball with his eyes and makes the movement which he hopes the ball will make" (Adler 1928/2004c, p. 65).

And he recommended a special attitude to understand the personal truth of a client: "We must come so far that we are able to say: if I were in the same situation, if I had the same mistaken attitude toward life, if I had

trained in the same way as this person, then I would suffer from about the same symptoms. Only then, after such an identification, could we claim to truly understand a person, and comprehend his selection of symptoms" (Adler, 1931/2005a, p. 10).

When the analyst and client are well attuned, both are touched by the truth. In this case vignette, it is mainly the analyst who is emotionally touched, whereas the client obviously suffers from not being touched. But the feeling of not feeling is immensely painful. The client feels doomed to live in misery, in an inner desert. Concerning the common or mutual feelings of therapist and client, we get by with the psychoanalytic terms transference, countertransference, and projective identification, as well as the Adlerian terms fictional goal and inferiority feeling. That is our professional speech. But what do these terms mean phenomenologically?

The fact is that the analyst himself feels that the atmosphere in the dialogue with the client gets sticky, the conversation is at an impasse, and the air is poisoned—that means the therapist is no longer empathically concentrated on the client but is eager not to say false, misconceived, hurtful words. Actually, the client's mood has affected, almost infected, the therapist's mood—as long as the analyst is plainly in tune with the client. If this emotional state continues, we can suppose that the analyst is only identifying with the client's suffering. Then he can be trapped in his client's emotional inhibition. Yet the lack of emotional sensitivity in the client yearns for the possibility of touching and of moving experiences. The analyst can come in contact with the full range of the client's potential, not only with his suffering but also with his gifts and possibilities.

It is the therapist's empathetic and compassionate feeling that represents the substitutional hope for a change in the client and this is an indispensable condition for healing. When both analyst and client touch the existential core of the client, the self-healing forces have a chance to unfold. It is not the truth of words that incites healing, but the emotional upheaval that can sometimes be induced by words. We experience personal truth not by words. In a really attentive partnership you understand the other or feel understood even when his or her words are inappropriate. So it is not explicit understanding that constitutes a genuine relationship, but the mutual connectedness "in being," so to say, the feel for the core of the other, the experience of touching and being touched emotionally. "We taste, smell and touch each other's personalities, character, tone, essence" (Eigen, 2016, p. 25), and that can also engender healing.

There are distinguished moments in the encounter when all theoretical, intentional, prejudicial fog clears away and both client and analyst are blinded by a "formless infinity" (Lombardi, 2015), touched by a common truth, captured in a speechless understanding. Needless to say, these moments are not at all blissful but mostly frightening. Michael Eigen (2016),

in *Image, Sense, Infinities, and Everyday Life*, has depicted wonderful examples of such kinds of moments.

It is the work of Wilfred Bion (1970/1983) to whom I owe the most important information and guidance in this field of experience. But I have already found the roots of intersubjective psychotherapy in Alfred Adler.

Notes

1. Adler (1923/2004a, p. 27): "Like a mathematical problem, life too has a solution for every individual: *to be absolutely truthful to oneself*. However, that solution is difficult to find and impossible to attain completely." Original: "Wie eine solche [Rechenaufgabe] trägt auch das Leben jedes Einzelnen seine Lösung, *seine absolute Wahrheit in sich*, nur dass wir sie schwer und unmöglich ganz errechnen können" (Adler, 1923/2009, p. 110, italics added).
2. "Im Innenaspekt seines Lebens (nicht seiner Seele) hat jeder ein anderes Licht, eine andere Wahrheit. Er begreift den anderen nur, wenn er seine Wahrheit begreift."
3. "Durch künstlerische Versenkung, intuitive Einfühlung in das Wesen des Patienten" (Adler, 1913/2010, p. 69).

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