

Harnessing Adler's Healing Process

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Abstract

The authors reexplore some of Adler's therapeutic formulations with the aim of presenting a renewed look at the meaning of psychological healing. They begin with Adler's concepts of mental health and psychological disorder and how Adler developed a healing process as movement toward greater community feeling. They discuss the processes of healing as a guiding ideal accomplished via treatment that requires practical, humane interaction. The process emphasizes the importance of the client feeling understood—with a holistic emphasis on both feeling and understanding. The authors use an alliterated conceptualization: client–clinician connection (mutual feeling), cooperation (mutual action), and common sense (mutual understanding) to describe movement in the healing process. The second half of the article offers a clinical illustration of how felt understanding between client and clinician can manifest practically.

Keywords: Alfred Adler, common sense, connection, cooperation, healing processes, psychological movement, social interest

If non-Adlerians tend to recognize Alfred Adler as the conceptualizer of the inferiority complex (Ehrenwald, 1976), Adlerians themselves acknowledge him more frequently for his conceptualizing of *Gemeinschaftsgefühl*—a feeling of being in community and socially interested (Ansbacher, 1992)—as *the* basis and measure of mental health. After 1918 his therapy developed in the direction of enhancing that social feeling with the aim of healing those who felt little or no interest in the community (Adler, 1918/2003b).

As he grew his theory into a wide-ranging system, Adler synthesized aspects of child and family development into it (Peluso et al., 2004), eventually developing an expansive understanding of early childhood development. Still, his theory was seldom described as developmental in focus. Rather, the developmental focus was consolidated by early followers (e.g., Wexberg, 1929/1970; Dreikurs, 1948/1992) and revisited at the turn of the current century (Kopp, 2003). Adler's lack of direct focus on childhood development may have been due to his particular focus on the therapeutic goal of the healing. He conceptualized healing as developing feelings of security by means of feeling part of one's community and being helpful in it (Adler, 1935/2006a). While he traded on such development being possible throughout the life span, he put stock in it taking root as a

personality “prototype” within the ages of 3 (Adler, 1933/1964c), 4 (Adler, 1931/1964a), or 5 years old (Adler, 1930/2006). Adler observed unique developmental behavior patterns in his clients, and that such patterns tended toward rigid formulation and utilization under the influence of physical impairment, pampering, or abuse. As he conceived of it, the developing response pattern is influenced by physiological and rudimentary psychological experience. This pattern reciprocally impacts the individual physiologically and psychologically.

Interrelated with the infant’s already-functioning temperament, this pattern evolves in the shadow of challenges that the child experiences as inabilities and limitations leaving a felt sense of inadequacy. The infant initially strives to overcome these challenges by trial and error. At the child’s disposal is an undeveloped, perhaps instinctual, ability to mimic the more able-bodied people in the environment. Soon enough, mimicry develops into a more cognitively aided imitation of siblings and adults as the family–child attachment coalesces. Later, almost-automatic imitation becomes conscious as practice, which eventually resolves into unconscious behavior, manifesting over time as patterns—once deliberately trained with regularity (Wexberg, 1929/1970).

If such a sequence is assisted by parental guidance that encourages children to conquer the age-appropriate challenges they face, the typical outcome is one of feeling empowered to face and function in the world as it unfolds around the child. Such an environment is imbued with what might be called empowering love—a mediator of optimal mental health.

Adler’s Conceptualization of Mental Health

By participating in activities that are unfolding around them, children practice doing what they are learning. As their own unique contribution to the world around them, they give back what they have learned. The growth and skill development that children experience amid the bonding pattern of mimic–imitate–practice can lead to a creative reciprocation. The creative aspect of this cannot be overemphasized, for even as we are describing general movement, each of us does so in a specifically unique manner—based on our creative interpretation of our physical capabilities and the environmental surroundings. As an expression of the human feeling of solidarity, such reciprocal interaction is the basis for the connectedness that Adler called *Gemeinschaftsgefühl*—a feeling for and being in community. Children participate as contributors in the give-and-take of life, aware of receiving and eager to contribute in turn. This is a feeling of participation in shaping life. Individual Psychologists have come to appreciate such a natural state as the mental health baseline.

The need to overcome our inabilities and limitations always challenges us because we live in a physical world that still threatens our well-being—more so today given the misuse of that physical world resulting in cumulative environmental threats. If we add the communal failings of pampering and neglect to our existential fragility, we have a good model for understanding how the compensatory bonding movement of mimic–imitate–practice can warp away from reciprocity and toward entitlement, which cultivates a path of withdrawal and retaliation. Rather than giving back in a contributing fashion, a child, by the trial-and-error method may come to believe that taking or getting (rather than giving) is the way to feel significant and overcome felt inferiorities. In addition, pampered children feel even more entitled to take as they wish. “Individual psychological therapeutics aim directly at correcting” precisely the resulting faulty relations—taking or getting rather than reciprocally giving (Wexberg, 1929/1970, p. 24).

Even today it is hard to match the elegant simplicity and strength seen in this “line of movement” schema of Adler’s. An underdeveloped interest and trust in one’s community accounts for those that feel they do not, cannot, or determine they will not, fit into the larger community. In Adler’s time, as in ours, “the Individual Psychological treatment of . . . nervous, . . . discouraged, ambitious people, consists in discovering their mistakes, in diminishing their striving for power, in increasing their community feeling” (Adler, as cited in Wexberg, 1929/1970, p. 24). Then, as now, there are anxious, disheartened, and even ruthless individuals who push to overpower others rather than work together in overcoming common threats.

Mental health for Adler originates and develops in communion with others: between caretaker and child, among families and neighborhoods of countless cultural structures, within humane international collaborative efforts. While Adler understood the individual would be both safer and more secure because of the commonweal, he knew this was not the result for everyone. For him, ultimately the responsibility of building a sense of community, the common sense, was a collective of individual decisions. “Every person must decide in favor of one or the other—either the tricks of . . . individual style, or the spirit of community” (Adler, 1936/2004c, p. 212). Unless humanity could grow further and further in the direction of community spirit, Adler was reluctant to envision a victory for human thriving in the ongoing struggle to survive.

Adler’s Conceptualization of Psychological Disorder

Adler’s Individual Psychology has a unique definition of psychological disorder, and this psychological disorder, in turn, defines Adler’s healing processes. The community spirit does not always prevail. This failure can

manifest in a sense of entitlement as well as in the discouragement felt by reduced economic opportunities. Within the first generation of Individual Psychology, Wexberg (1929/1970) recognized the “disturbance in the relations of the individual to the community” (p. 24) that may be represented by the snowballing attitude of taking and expecting without reciprocal giving.

Adler saw both successful and failed social interest through the construct of movement, which accounts for our impulse to move away from inferior feelings of weakness and moving toward superior feelings of mastery. Moving from inability to capability is the evolving way of life. Adler discerned that within the successful instances of compensatory striving is a direction-giving social component as well (Eife, 2010). Capability, experienced in joining with others against a common challenge, is, for Adler, the surest compensation for human inferiority feelings.

As Adler thought through this twin schema—striving and social connectedness—he determined that it suitably addressed the most comprehensive categories of human interactions. For him, humans need to address three interwoven tasks: social relations, labor relations, and intimate relations. Humans learned that caring for one another (social relations) allowed them to share the burden of toiling for sustenance (labor relations), which offered the conditions under which we could propagate more successfully (intimate relations). Movement across these three groupings brings one again to the challenge of social relations—interacting in the community.

It is in community that we recognize the advantage of cooperating to conquer common obstacles. Whatever the difficulties are—from inadequate food supplies to enemies threatening our livelihood—Adler (1933/1964c) proposed that social relations were the proper compensation and working solution; social relations founded in feelings of cooperation, connection by social cohesion, and a sense of sharing in common. Such “belonging” was the cement needed not only for realizing mental health but also for working cooperatively in a potentially dangerous and overwhelming world.

Adler (1923/2004a) insisted that, together, we can conquer most shared obstacles and thereby generate the security that supports mental health. He also contended that striving to simply conquer other persons, rather than the common obstacle, was the core of psychological disorder. Adler surmised that the long evolution of our cognitive capacity shaped our compensation striving for felt inferiorities. That is, he envisioned that a final remedy for inferior feelings took shape in the mind of the youngster. This was a unique, imagined goal of superiority over all obstacles. Our imagined attainment of such a fictional goal, whether realized or not, offers assurance that we will finally triumph over our personal inferiority.

This striving to overcome, as Adler noted, can move in different directions: toward or away from community feeling. To be socially successful, however, striving needs the guiding direction of community feeling, which

stimulates the felt understanding that in giving one receives. Lacking community feeling, the striving tends toward raw power: "the strongest, deepest motive power of the nervous character, the striving for power arising from the feeling of inferiority" (Wexberg, 1929/1970, p. 19).

Without adequate community feeling, the movement toward the fictional goal heads in a mistaken, asocial direction: the conviction that one is sufficient unto oneself, that the community is superfluous and cannot be relied on (Adler 1923/2004b). Without the feeling of belonging in the community, one's sense of being in common with others inevitably gives way to an individualized, private logic: "Like a horse which in senseless dread turns aside from the hurdle . . . thereby falling into a swamp from which [it] cannot get out unaided" (Wexberg, 1929/1970, p. 20). So, the adult, like a neglected or pampered child, resorts to taking rather than giving. The result is the same for the adult as it is for the child. The three life tasks, whether aspects of each of them or all three together, are avoided as a result of withdrawn confidence.

Adler's Conceptualization of the Healing Process

How does the Adlerian therapist help individuals move into the reliable security of the community out of a quagmire of imagined safety and private isolation? For Adler it was a matter of deeply understanding the client. Identifying with the one seeking help involves sensing the force and direction of the individual's movement, as well as the level and depth of the individual's activity.

The healer's identification with the situation of the discouraged is accomplished by seeing with the eyes, hearing with the ears, and feeling with the heart of the other (see Adler, 1931/2004a, p. 75). Adler insisted that "we can understand only if we identify" (p. 76); and in doing so, we are exactly halfway there. For the healing process cannot be accomplished from one side only. Healing is a cooperative venture that requires both understanding by the therapist and feeling understood in the client. The empathic understanding of the therapist meets the desire to be understood, perhaps newly awakened in the client. The feeling of being understood is cultivated and grown by both in the therapeutic dyad. In helping our clients feel understood, we affirm that they belong to the greater community and that we stand in solidarity with all who are seeking to understand and to be understood (Adler 1923/2004a).

These are the conditions under which the line of compensatory movement can be redirected to reciprocal contribution. When one truly feels understood, one has the courage to change; one can see, and risk, the way forward. Adler (1913/2003c) said, in his practice of Individual Psychology,

“understanding this language of symptoms has become my primary prerequisite for the success psychotherapeutic treatment” (p. 117, emphasis in original).

The Adlerian practitioner goes about this understanding and identifying with the other, by analyzing salient characteristics of the individual’s lifestyle. “Imagine the [childhood] situation,” Adler (1932/1964d) counseled, “and you will . . . arrive at the technique of treatment” (p. 198). But, he insisted, “to present the individual understandably in words requires an extensive reviewing of all [that individual’s] facets” (Adler, 1935/2005a, p. 161). Understanding is best achieved by being aware of, and sympathetic to, the individual’s facets to such a degree that we can recognize the patterned moves our clients formulate in search of attaining their fictional goal. We can then present their uniqueness and individuality to them in an emotionally recognizable manner (Stein, 2016).

Adler offered more than 25 constructs to creatively conceptualize and treat his patients. (See Stein, 2013, for an exposé of constructs established in Adler’s original writings.) These include the already-mentioned constructs of movement, fictional final goal, *Gemeinschaftsgefühl*, and life tasks. The following section explores movement and activity level in detail because of their impact on identifying with the client. This perspective helps the clinician determine the depth and breadth called for in planning the unique healing encounter.

Movement

While conceptualizing client movement varies from therapist to therapist in the Adlerian community, a common perspective includes watching the force and the direction of the movement (Eife, 2010). Gauging the force of an individual’s movement is related to the depth of the person’s inferiority feeling. Adler conjectured that the greater the feeling of inferiority, the stronger the compensatory striving. Subjective inferiority can manifest, for example, in number of symptoms, seriousness of the symptomology, or the sheer comprehensiveness of life-task dysfunction. By comparison, direction of movement is related to the amount of community feeling the person exhibits, by moving toward or away from the community. In the therapeutic setting, direction can be determined by listening for the number of personal relationships identified by the client as well as by the relative antagonism the client holds toward the others; that is, by the psychological distance maintained from them.

Activity

For Adler, understanding the whole personality necessarily included “evaluating the level of activity” with which a person approaches the tasks of life (Stein, 2013). One’s “level of activity has been formed in the person’s

earliest childhood in a sort of free choice, in which hereditary and environmental factors play a role, not as a cause, but as an influence" (Adler, as cited in Stein, 2013, p. 58). Assessing movement throughout the clinical encounter is to gauge it in terms of the client's activity level and radius of activity.

Depth and Breadth

The depth of intervention relates to the long-ago constructed misinterpretations about one's interactions with others. Prominent among such errors is failing to develop one's relative capacity for cooperation (along a passivity–activity continuum). By Adler's description, activity errors involve "hesitation, withdrawal, diminished energy, a rash beginning followed by a slowing down, or changing from one activity to another" (Adler, as cited in Stein, 2013, p. 58). Breadth, in contrast, goes to radius of involvement, or the number of others being affected by the individual's stylized, asocial (sometimes antisocial) unconscious push to attain the fictional goal at any cost (Stein, 2016).

By considering the depth and breadth of functioning, the clinician comes to understand the client's patterned style of avoiding some or all the life tasks. Is that avoidance guided by an undue burden of feeling inferior such as a sense of entitlement? "Whichever form of movement is underway, behind the [symptom-laden] illness is the pathological ambitious striving of the patient to [be] regard[ed] . . . as something extraordinary," Adler observed (1932/1964d, p. 198). To see, hear, and feel as our clients see, hear, and feel is to understand and appreciate what their fictional goal means and how internally demanding the imperative is to achieve it while at the same time creating opportunities to move in more socially contributing directions.

Cooperation, Connection, and Common Sense

To accurately depict Adler's healing process as therapist identification, we need to emphasize its social embeddedness. Indeed, Adler understood the human movements of actions, feelings, and beliefs all in terms of their social impact. Here we use consonant alliteration as a memory aid. Cooperation, connection, and accepting common sense over private logic can illustrate socially embedded action, feeling, and thinking. Cooperation, connection, and common sense—as qualities of human healing—are distinguishable from one another even while they are integral to one another. The healing individual actively engages in all three as the expression—movement and activity—of *Gemeinschaftsgefühl*.

Once the Adlerian therapist has communicated a deep and broad understanding of the client's lifestyle and the client feels understood, the movement away from self-boundedness and toward community feeling becomes the general therapeutic aim. The more specific aim of therapy, of course, is individually constructed early on by stimulating the client's interest in

cooperation. Whether the cooperative effort will prevail remains in question for a measurable portion of the therapy. A cooperative alliance will be constructed on the basis of feelings of connectedness between the therapist and client. In turn, this new direction is revealed as being aimed in the direction of connectedness with the community. The result, still with one eye on the specific therapeutic aim, is to carefully help the client relinquish his or her private logic by growing appreciation for participating in the community logic (see Adler, 1928/2004b).

Cooperation. If active cooperation is the fruit of therapeutic connection between the therapist and the client, then ultimately this movement in mutuality determines the length of therapy and its success, measured comparatively by an imagined optimal mental health. The first move toward therapeutic cooperation is developing the relationship in which clients can understand information about their long-established, patterned approach to life. “Part of the technique of treatment,” Adler (1932/1964d) believed, “is in any case information on these aspects [i.e., the mistaken lines of movement], and extension of the ability to cooperate” (p. 200). In eliciting clients’ stories, Adler reminded us, clients must be guided away from themselves,

toward productivity for others; [they] must be educated toward social interest; must be led from . . . seclusion from the world, back to existence; must be brought to the only correct insight, that . . . is as important for the community as anyone else; [and] must get to feel at home on this earth. (p. 200 n. 5)

Connection. A feeling of connection between client and counselor is the result of cooperation. This nascent feeling grows from session to session by encouraging the client’s connection to the community, where commonality of understanding is experienced. If the client indicates an interest, and if time permits, connections to the greater and greater context—up to and including the cosmos—is also considered. This is not likely to be accomplished on a brief timeline. Adler knew this. While he certainly had success with occasional brief encounters, he trained his students to be present throughout the course of therapy, short or long. How present is the therapist to be? According to Adler’s student, Sophie de Vries, “[Clients] should have the feeling of, ‘Here is someone who is interested in me, and who is listening to me, and has all the time in the world for me.’ That’s the impression that the other person has to get” (in press, p. 106). Why? Because “curing a neurotic and psychotic requires an alteration in [their] upbringing, correcting mistakes made, and [their] unconditional return to human society” (Adler, 1913/2003a, p. 135).

Common Sense. It is by this newly found and regularly developed therapeutic connection that clients sense their self-worth as advancing them into a wider and wider band of humanity. Here, their imagined, private sense of safety from the world can be surrendered to a reliably felt security within

the world and among others; here, one's private logic gives way to common sense. They actively feel a part of the world and long for more. The forward-with-others movement heralds a new, healing interaction with the world. "Healing could only have been achieved," Adler (1913/2003a) discovered, "by renouncing [their] tactics for gaining prestige, and through an unfolding of social feeling" (p. 140). In Adler's holistic process, actions, feelings, and thoughts—cooperation, connection, and common sense—definitively reorient the client. "The cure of reorientation," Adler (1936/2005b) held, "is achieved by a correction of the faulty philosophy and the unequivocal acceptance of a mature picture of the world" (p. 211).

That mature picture of the world, for Adler (1936/2005b), contrasts definitively with "the neurotic's picture of the world" and its exclusion, to a small or large degree, of one's interconnectedness with the human community. It is partially by being understood within this community, initially by the therapist who represents it, that the path to healing can be undertaken. "The individual, as a complete being," Adler (1933/1964c) said in his last published book, *Social Interest*, "cannot be dragged out of his connection . . . with the community" (p. 39). Adler refused to examine a solitary individual, one separated from the context of the community. "All the methods of Individual Psychology that are meant to lead to an understanding," Adler said, "take into account the meaning of the individual about [the] goal of superiority, the strength of [the] feeling of inferiority, and the degree of . . . social feeling." He emphasized again, "The relation of these factors to one another will make it clear that they all contribute to the nature and extent of the social feeling."

For illustrating Adler's healing process from the perspective we have been discussing, we chose (and masked according to Sperry et al., 2010), the case of Dominic. This young man found himself locked into a battle for his autonomy—against the autocratic involvement of his well-meaning parents. We believe the case, chosen for its clarity rather than for its complexity, illustrates particularly well both movements of the healing process. Care has been taken to detail the constructs mentioned earlier.

In presenting the case, composites of three periods of work with Dominic are shared: a period of client–counselor identification or connection, a period of developing connection and cooperation, and a period of encouraging connection and common sense. We have incorporated initial and final instances of conceptualizing the healing process.

Therapeutic Illustration: The Case of Dominic

When he sought counseling from the first author, some years ago, 21-year-old Dominic presented as a lanky young man, taller than 6 feet,

who spoke with a crisp, citified British accent. He and the counselor met weekly over a 10-month period, primarily in person but some virtual sessions were also included. Dominic shared with the counselor that he was involved in his second year of university mathematics—a field at which he had been told all his life he was good. He did not appear as frustrated as his parents did in their initiating phone call. He was not excelling as expected, he explained, and acknowledged in his words, that he was “failing spectacularly.”

He had, in fact, failed to complete so much work and missed so many exams that he had the equivalent of less than 1 year of university credit. This record notwithstanding, early in the initial counseling session Dominic shared many instances of his parents and others assuring him that he was quite intelligent, and their sentiment that it was a shame he did not apply himself. Stanley, his brother, three years older than Dominic, had successfully completed his initial degree at university in languages and was engaged in graduate work at the time.

Dominic’s parents were businesspeople in the community and made the referral of Dominic on his behalf as the summer break arrived. Dominic returned home at the official conclusion of the academic year after taking year-end exams. Dominic had started counseling before being notified of his year-end grades, as is typical in European universities. In line with his poor course performance throughout the semester, he learned while counseling that he had failed most of them. Dominic’s parents were beside themselves out of concern for what their son must be going through, especially his experiencing such failure at university after a promising high school experience. It went without saying, they said to the counselor, that they were personally outraged at spending so much money on the failed academic venture.

Initial Phase: Identification Connection by Assessing Movement and Activity

When Dominic first arrived, and then for the first few weeks, he lamented much about his dilemma, though not so much his academic situation. The following is a compilation of Dominic’s sharing from several conversations:

I am stuck at home this summer; I am not motivated and have no control in my life. I think I want to do something useful, but my occasional bursts of inspiration simply do not change my general inertia. If I do not have a daily plan, not much gets done except gaming with my friends on the internet. Still, when I imagine myself in 10 years, it is like I will have everything figured out, so I don’t worry, really. It is my parents who say I need to do something. I know I must change my habits sometime in the future. They share their ideas and lots of them are interesting, but I get overwhelmed with all the ideas and they get frustrated when I do not act on them.

My parents know I am not a worrier, but they seem to *want* me to worry so that I will do something, eventually. I never had to study in high school except right before exams, so I did not think I'd have a hard time at university. It is true that with my not-quite-stellar high school grades I hardly got into my first choice [of university], but I did not worry about that.

I think my nonchalance is linked to a belief I have developed to avoid being blamed. It is as if I do not really have free will to decide what I do. Inspiration will have to come from the outside. I think that is why they sent me to you for therapy—so you could show me how to do it. I tend to just go along and think everything will work out.

Dominic had a sophisticated explanation of his circumstances, which indicated that his presenting problem may have been purposive rather than an expression of a learning difficulty. He confirmed this notion by affirming that the extensive testing his parents paid for earlier in his life showed him to be quite within or above the norm. Perhaps, in his case, his high potential yet low completion rate indicated a purposiveness in his performance quite early in his academic career. In fact, Dominic shared again that many people felt he was gifted by noting his pleasant surprise when his roommates referred to him as “the smart one” in their dormitory, even as his grades dropped at university.

At the outset of counseling, Dominic spoke hesitantly and somewhat coyly. He started by using truncated sentences, even single words to respond or convey his ideas. The counselor refrained from any impulse to finish his sentences for him or to say aloud the words that frequently seemed to be on the tip of Dominic's tongue.

By the end of the first month of counseling, Dominic's verbal presentation was different, as he began sharing that many people saw him as shy. To the counselor's inquiry, Dominic acknowledged that this was an advantage. It seemed others often would give him extra time to talk or made the effort to invite him into a discussion that he seemed to be reticent to join. He said this was regularly the case in family discussions to which his mother would invite him. “It's not that she was interested in what I said,” he clarified; “she simply thought it was good for me for social skill building reasons, I believe.”

At the end of each session during this first phase of counseling, he would dutifully ask for homework, which the counselor congenially declined to offer. Instead, it was suggested that Dominic do or not do what he felt might be helpful from the discussion recommendations. Within the initial month of meetings, he was invited to think about the shared conversations and return with a summary of the past discussion or a linking thought for continuing the discussion.

Initial Conceptualization. While the early childhood was not detailed in the case vignette, Dominic's childhood was one of continual parental

praise. So much so that it had little or no correlation with any effort he was making to overcome the challenges of childhood.

The force of Dominic's movement (the relationship of the person's depth of feeling inferior, which stimulates greater compensatory striving) gathered considerable strength from his earliest years, when a dominant, active older brother confirmed Dominic as more thoughtful but less active. Rather than assess this relative passivity as an individual characteristic in need of redirection, his parents made up for what they perceived as a deficit by praising nonexistent effort or activity. The result of not having to make any effort yet receiving boundless attention in the form of cajoling and praise may have contributed to Dominic's later diagnosis as suffering inattentive attention deficits. At any rate, the outcome was that Dominic found that his feelings of personal incapability brought his mother toward him. The direction of his movement (the relationship of the person's movement toward or away from the community) exhibited a rather narrow social outlook: "How can I feel good about myself unless others tell me they are happy with me?" If his parents had commented on actual effort by Dominic—successful or not—and then offered attention and encouragement, it would have allowed Dominic to feel belonging by doing what he could to take his place in his immediate familial community.

As for his activity level (relative capacity for cooperation along a passivity–activity continuum), Dominic developed from a very early age—that is, from a deep stratum of development—a hesitating attitude. He and his family members seem to have stifled Dominic's infant activity level of walking and talking patterns. Instead, he learned to await others' response to him—after which he could be quite engaged, if for a limited amount of time. The depth of his conviction that "safety is found in slowing down still further than his norm, and withdrawing until called upon," was matched by a similarly limited breadth of actively engaging others. His immediate family reliably tried to draw him into activities and some of his classmates did as well. Dominic seldom initiated activity with others except for internet gaming.

It seemed that Dominic's sensitive temperament (nature) and his solicitous parental environment (nurture) brought forward a creative (nuanced) withdrawal response of shyness. The shyness became more pronounced with each parental intervention, in which they expected to keep him from feeling shy. Thus, the confluence of his nature, accompanied by ambitious parental nurture, ensured the nuanced consequence that Dominic could appear smart—irrespective of his effort (lowered level of activity) while remaining unaware and uninterested in reciprocal engagement, with the marked diminishment of involvement with others (shrinking radius of activity). Far from building authentic self-esteem, such unearned recognition impressed Dominic in a way that, for him it was best to avoid making real effort, lest he not meet others' expectations.

Accompanying this opinion was the mistaken feeling that safety was to be felt in not participating. Otherwise, he might be shown to be of less worth than his older brother. Perhaps the exaggerated feeling of inferiority—that Dominic was not as valued in his parents' eyes—led to him concluding that the world could be made right only by everyone recognizing his intelligence and worth, without him having to make effort to demonstrate it. Such a fictional final goal was, in childhood, a clever and helpful way of Dominic negotiating his feelings of worth. But as he grew to adulthood it no longer served him well. Instead, it resulted in him not accepting himself for his efforts and occasional accomplishments. Instead, despite his accomplishments, he was able to trick others into praising him and being impressed by his "look of intelligence." He arranged to "get, get, get" from others, without it occurring to him how to give in return. This strategy culminated in his nearly failing his work task of university studies, having already narrowed his bandwidth of friends to those who would play video games with him and consider him smart without demanding proof.

Middle Phase: Developing Connection and Cooperation

For weeks during the initial phase of therapy, Dominic could not for the life of him remember what the previous weeks' therapy discussions were about. That response swung 180 degrees after a session in which an early recollection became the focus.

In the next phase of therapy Dominic and the counselor fell into a conversation about how, in Dominic's words, his mother's "nagging" facilitated his ignoring her. Asked if he had a theory about why the nagging persisted despite his ignoring it, he was clear that it was his mother's way of moving him "to do something, anything." Yes, he found it annoying, but he saw little chance of diminishing it. Asked under which conditions she might quit her nagging, he joked wryly, "That would be under conditions of the miraculous." When asked if it would be more pleasant for him if the counselor approached his mother to facilitate her not reminding him of his responsibilities, Dominic developed a slightly troubled look on his face. After thinking it over, he guessed that his mother's ceasing to nag him could be tantamount to her no longer caring for him. Once spoken, he affirmed this response, "Yes, that might be dreadful!" he thought aloud. By the look on his face, this possibility seemed a bit revelatory to him. Dominic then spontaneously shared the following incident that occurred when he was 9 years old:

My mum used to nag me and Stanley all the time about practicing our musical instruments. When he was 12, he decided he would not practice his anymore; and he got away with it! I asked Mum why she stopped reminding him to practice and yet still nagged me about it. She said, "Because I think you have more potential!"

Dominic reported the recollection enthusiastically, then added, "That was really rather pleasant to hear." Only seconds later he added that the early recollection recalled a recent incident. It seems he and a friend had shared time together upon his return for the summer. The friend had surprised Dominic by saying, "We ought to get together more often because today was such fun."

In subsequent discussion, Dominic noted that both recollections were surprisingly invigorating. He said he felt that affection was a definite connection between the memories. He explained that he took his mother's explanation of nagging him (due to his potential) as a rare but sure show of affection. This observation went some distance in helping understand how persistent Dominic became in evoking a nag response from his mother. Being nagged, for him, seemed to mean he was loved.

It was just the next session that Dominic came back to the topic of the early recollection as we opened the session. This being the first time he spontaneously recalled the previous session as he had been invited earlier to do, it felt as if a cooperative alliance were under way. He was eager to share some of his thoughts and returned to the earlier discussion about the conditions under which his mother might stop nagging. If he were to do what he knew he needed to do without her reminders, yet could be assured of her affection, then a good feeling might develop for both. "There'd be nothing scary about it at all," he determined.

At the end of that session the counselor ventured an assignment, inviting Dominic to share at the following session specific times when he had been told he had potential, was special, or smart.

Final Phase: Encouraging Connection and Common Sense

The near-end phase with Dominic was spent exploring the quite-long list he provided of remembering when people had commented on his specialness and intelligence: having been voted "most likely to become prime minister" by his graduating high school class was probably the most objective instance, while the others followed a pattern of his shyness precipitating comments from his classmates, acquaintances, friends, and teachers. Sometimes these were solicited by Dominic. For example, he told a well-liked teacher who had asked what Dominic's hopes were for the future that he "wanted to be considered interesting." The teacher's response was to state affirmatively that he, indeed, found Dominic quite interesting.

Exploration of the list led Dominic to discuss how he often played along with what others thought of him: "When they say I'm 'shy but intelligent' for example, I become shyer—which gives the impression that I'm quite smart as well." His growing candor with the therapist likely coincided with a developing, introspective awareness. Near the end of our in-person

meetings—before the last few virtual sessions while he was back at university—the discussion focused on Dominic's sentiment:

I ought to be making an effort to be more talkative with my friends. That way I would be more notable for who I am, not for who they mistake me to be. I do not want to be a “fade into the background” or “fill in the space” person. I think I could be a “bring in the fun” person, just as well.

Dominic had become able to articulate that he was less and less fearful of not living up to the expectation of being “really smart”—against which he had formulated the strategy of avoiding any actual assessment of his intelligence, for example lowered class participation and avoiding exams. But perhaps the greater evidence of his joining the community was his recognition that the effort he put into conversations and academic activities became slowly but notably more rewarding for him. He reported finding himself more readily joining conversations and sustaining them in class—at times to the unsolicited appreciation of his teachers. In one of our closing virtual conversations, Dominic commented that for the first time in many years he had earned a respectable grade-point average. He wondered aloud if his mother “might find other ways of showing affection since she won't need to nag any longer.”

Final Conceptualization. Dominic's line of movement back to mental health and well-being was by way of understanding, without shame, the faulty reactive measures he used for keeping others engaged with him. We related the faulty measures to his deep inferiority feeling, and thus loosened the grip of his privately conceived fictional compensatory goal. The movement out of his private logic and into common sense began by his diminishing the instances of adults praising and prodding him to join their conversations. Instead, he demonstrated greater interest in the family and classroom discussions and creating a space for other thought ways for his conversational contribution.

The turning point came over a spirited discussion of the early memory and his associating it with a recent interaction with a friend. Initially, Dominic was unaware of how the memory and incident embodied issues of worth and affection. In an unexpected manner, possibly prepared by the friendly atmosphere of the therapy, Dominic and the clinician were able to imagine the original situation of the early recollection and agree on the treatment pathway. Once Dominic understood how he saw his mother's cajoling as mementos of affection and preference, he was able to explore his pattern of soliciting a regular diet of praise with an exaggerated shyness. This dawned slowly on him, and he did not express feelings of defensiveness but was fairly amused by antics of which he was formerly unaware. His susceptibility to being praised took a turn in a friendly direction toward others. He sensed the enjoyment of connecting freely via conversations without fear of

being discovered as less than, and with the delight in being able to share what he was learning among his classmates to the appreciation of them and his instructors: a triumph of common sense over his severely limiting private logic.

Case Outcome

As he returned to school and preparation for the task of work, Dominic was fully engaged in the process of healing. By the counselor patiently identifying with the client and offering an encouraging attitude of understanding, Dominic came to feel both understood by the counselor and understandable to himself. His healing manifested as cothinking about his narrated dilemma (cooperation), relating with the counselor as well as expanding his collegial participation in his classes (connection), and participating with his family and academic community in an unsolicited manner that felt like a contribution to the overall education mission of his university studies (common sense).

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