

Integrating Current Psychotherapies into Adlerian Psychotherapy

Michael S. Nystul

The purpose of this article is to present a case study which will illustrate how various current psychotherapeutic techniques can be integrated into Adlerian psychotherapy.

The writings of Alfred Adler have often been associated with providing the origins for other major psychological theories. Bottoms (1939) related to Adler's impact on existential thought by noting he was the founder of existence psychology. Ellis (1970) described Adler as one of the first humanistic psychologists. Ellis (1971) went on to give Adler credit for originating much of the theory and practice of Rational Emotive therapy. Mosak and Dreikurs (1973) also saw many commonalities between the theories of Carl Rogers and Alfred Adler —

“Both are phenomenological, goal-directed, and holistic. Each views man as self-consistent, creative and capable of change.”

More recently, O'Connell (1976) provided an extensive list of psychological theorists (including Victor Frankl and Rollo May) who have borrowed liberally from Adler's writings without acknowledging the source.

Since many current psychotherapies owe their origins to Adler's ideas, it is therefore logical that many of the current psychotherapeutic strategies can be readily integrated into Adlerian psychotherapy. The excellent new book *Adlerian Counseling and Psychotherapy* by Dinkmeyer, Pew, and Dinkmeyer (1979) provides numerous examples of how this can be done (e.g., relaxation, centering, fantasy, and psychodrama).

An Adlerian Psychotherapy Approach

“Jan,” a 24-year-old self-referred student, was seen by the present author at an Australian university counseling center. Jan's presenting problem was that she was underweight, feared being a lesbian, and generally felt lacking in social skills.

Michael S. Nystul is on the counselor education faculty at Portland State University in Portland, Oregon.

Phase I: Relationship Building and Insight

The second, third, and fourth sessions were structured in two parts. During the first 45 minutes, the therapist conducted a life style analysis. The last 15 minutes were spent in a Creative Arts therapy (CAT) experience through the medium of music (Nystul, 1977 & 1978).

A summary of the life style analysis is as follows—

Summary of family constellation—Jan is the third child of a family of four siblings (three girls and a boy). She is a typical middle child, often feeling out of place and not very special. Her older brother and sister were high achievers excelling in most areas. Finding a special place in the family was a discouraging experience for Jan, leaving her lacking in confidence and self-esteem. Jan began to develop tomboy characteristics to win approval, since the parents seemed to prefer their son to the girls. Jan's father encouraged her boyish mannerisms, rarely relating to her feminine characteristics.

Summary of early recollections—Jan described four early recollections which showed her to be prone to injury, fearful of society, and concerned about her body image. The first early recollection was as follows—"When I was around three, I remember being at a neighbor's house and falling over while attempting to walk upstairs." Another early recollection at age three was—"I was hurt. I don't remember how, but I do remember a nice man, like an ambulance attendant, trying to make me feel better." Jan's third recollection at age four related to having trouble sleeping because of dreams which showed her body grossly out of proportion. Her last early recollection at age six or seven: "I used to daydream about being in the blue sky at night floating in and out of half completed buildings. I felt bad being alone and scary next to the aggressive buildings."

Mistaken Ideas—are ideas or beliefs of life that keep a client from reaching his or her goal. Several of Jan's mistaken ideas were identified from the life style analysis: (a) she saw males as nonpersons only interested in sex; (b) she believed that thinking about being a lesbian causes her hormones to change, which makes her become a lesbian; (c) she saw her conversational performance as either too intellectual or too stupid; (d) she believed that since she is a lovable person, she can't say no to people; (e) she believed others would only like her if she took care of them first.

Assets—(a) she had managed to hold a secure and profitable job for 10 years; (b) she was in good health; (c) she was highly motivated to commit herself to therapy.

The CAT experience was structured through the medium of music, since playing the guitar was the creative outlet for the client and therapist. The

actual procedures used were consonant with the strategies described by Nystul (1978). The four phases of CAT are as follows (1) Setting the stage for a creative expression—encouraging the client to bring to counseling whatever creative material (e.g., guitar) they use for their creative outlet. If they have no creative outlet, then the counselor can provide some materials for creative expression (e.g., paints, tools, modeling clay). (2) Set an example—if clients are reluctant to express themselves, counselors can model risk taking by sharing their own creative outlet first. (3) Set yourself at ease—the counselor needs to be nonjudgmental when the client shares their creative expression. This allows clients to freely express themselves and not try to perform according to the counselor's standards. (4) Understanding the client—once the creative expression is finished, the counselor can attempt to understand the client. This can be done by having clients project themselves into their creative expression. For example, if the client sang a song, the counselor could ask—“What does that song say about you?” The goals of the CAT experience were three-fold—to establish rapport within the counseling relationship, to obtain additional information for the lifestyle analysis, and to increase the client's social interest.

The first CAT experience involved Jan playing her guitar and singing several of her favorite songs. The therapist, then made up a song which described his relationship with Jan. When they finished playing, Jan remarked that she felt more relaxed and secure with the therapist. He responded by saying that he felt closer to her also.

At the end of the first CAT session, the client was asked what the song said about her. She made several comments that helped the therapist identify two additional mistaken ideas of life. First, she mentioned that any form of hesitation (in a conversation, song, etc.) is a sign of stupidity. Second, she mentioned that she has to know a song perfectly (i.e., know *all* the words and *right* chords etc.) before she can sing.

The therapist's nonjudgmental reaction to Jan's songs appeared to have helped her move towards more self-acceptance and increased interest in others. By the end of the fourth CAT session, Jan seemed less self-conscious as she began to “let herself go” when she sang. When Jan finished, she mentioned that she had never sung that way before and felt good about expressing *her* voice. Soon she began referring to her singing as a positive dimension of herself (a personal asset). Jan began to want to share her music with others and began asking the therapist if he knew of any “musical jam” session she could join. Fortunately, several clients were informally dropping in to the counseling center during the evenings to play their instruments and Jan was encouraged to join them.

Phase II: Identifying the Mistaken Situational Reactions

The client's mistaken ideas represented the part of Jan's philosophy of life that was keeping her from her goals. The therapist also wanted to identify

any mistaken reactions the client might make in a specific situation. Ellis (1962) identified irrational (illogical) thinking as the primary mistake people make in life situations. Nystul (1979) identified negative focus as another example of a self-defeating mistake clients often make in specific situations, (e.g., concentrating almost totally on mistakes made in situations.)

The present author prefers to refer to illogical or negative focus reactions that occur in a specific situation as mistaken situation reactions. To identify Jan's mistaken situational reactions, the therapist needed to have an opportunity to see her in situations that she might have difficulty.

From the eighth to eighteenth week, Jan was not only seen in individual psychotherapy but also in a human relations training group. During the first two human relations groups, the therapist identified two mistaken situational reactions Jan made. First, when Jan and the therapist were holding hands during a Gestalt exercise, she said that her skinny hands must feel awful. During another session, when Jan was talking with a male group member that she liked; her voice began to shake and she withdrew from the conversation. When the therapist explored what was happening, Jan mentioned that she felt stupid because she didn't know what to say next. The therapist then asked what she was saying to herself in the situation (i.e., her mistaken situational reaction). She replied that her thoughts were something like this—"If I can't think of something good to say, he won't think I'm very interesting, and he will reject me, and that would be terrible."

Other mistaken situational reactions were identified during individual psychotherapy sessions using the following three-phase strategy—

1. The therapist and client role played conflict situations (e.g., telling a male visitor that she can't invite him in because she has to work on her thesis).
2. The role plays were videotaped and then played back to the client.
3. The therapist used Kagan's (1970) Interpersonal Process Recall procedure to help the client identify her mistaken situational reactions. This involved having the counselor and client review the video tape together. Clients are encouraged to stop the video tape whenever they find themselves recalling thoughts, feelings, and bodily states that they would like to explore further.

Jan enjoyed using the Interpersonal Process Recall procedure, because as she put it "it gave her time to sort herself out." She wanted to play back parts of the tape several times. With each replay, she seemed to better understand what she was experiencing and thinking.

Phase III: Reorientation

Once the mistaken ideas and mistaken situational reactions were identified, the therapist began to reorientate the client to more useful life movements. First, the therapist provided insight into the “psychology of use” that her mistaken ideas had (e.g., it is very useful to see men as nonpersons who are only interested in sex because then there is an excuse to place yourself at a distance from them). Second, the therapist explained how Jan’s mistaken ideas contributed to an incongruence between her short-term goal (feeling safe) and her long-term goals (not being a lesbian and developing a meaningful relationship with a man). Third, the therapist encouraged Jan to experience the cost of maintaining her mistaken ideas by having her concentrate on the negative aspects of her life movements (e.g., being lonely). The resulting existential tension seemed to motivate Jan to seek life views (e.g., maybe men are not so bad) which were more consistent with her long-term goal of developing a meaningful relationship with a man. The therapist used the same three-part strategy to reorient Jan from her other mistaken ideas in life.

Once the mistaken ideas were directed, the therapist began to focus on reorienting Jan from her mistaken situational reactions. Rational Emotive therapy (Ellis, 1962) used in conjunction with other psychotherapeutic techniques were the basic strategies used in this process. The actual procedures varied according to the setting in which the mistaken situational reaction was discovered. One example previously mentioned occurred in the human relations group when Jan said, “If I can’t think of something good to say, he won’t think I’m very interesting, and he will reject me and that would be terrible.” The therapist then sought feedback from the group members to help Jan dispute her irrational (illogical) reaction. Jan was somewhat surprised to hear that she didn’t come across as “stupid” or “uninteresting.” The members saw her as acting concerned and a bit anxious. The group then helped her structure a more rational reaction to not knowing what to say, such as—“When I don’t know what to say, it is a good opportunity to listen and learn from others. Besides, interesting people *don’t* talk all the time.”

Reorienting Jan from the mistaken situational reactions obtained from the Interpersonal Process Recall sessions involved two phases. First, as Jan identified the Mistaken Situational Reactions, she was asked to place the statements on one side of a “T” chart. She was then asked to balance the statements on the other side of the chart with a more rational (logical) reaction or a more positive focus (less critical) reaction:

Irrational Self-Talk

Finishing a thesis is not a socially acceptable reason for not letting a visitor in (illogical)

Rational Self-Talk

Finishing my thesis is very important to me and requires limiting my socializing.

Negative Focus

1. I don't look so good with my hands over my face. (Focus on mistakes)
2. When I allow silence, it makes me look stupid. (pessimistic interpretation of situation)

Positive Focus

1. My body language could be improved but I did greet him with a friendly voice.
2. Choosing my words carefully helps me to not hurt him.

Second, Jan was asked to say the self-defeating statement and then concentrate or meditate on the positive counterpart for a couple of minutes.

After three RET-Interpersonal Process Recall training sessions, Jan began to break free of the self-defeating tendencies associated with her mistaken situational reactions. She began to handle conflict situations without getting emotionally upset (e.g., tell visitors that they would have to drop back later because she had to work on her thesis).

As Jan reoriented herself from her mistaken ideas and her mistaken situational reactions, it was not surprising to see her gain some weight and develop a close circle of friends. During the termination phase of psychotherapy, Jan reported having enjoyable relationships with several men. She felt comfortable with these males and was also free from her lesbian fears. Perhaps most importantly, Jan reported feeling more in control of her life since she had learned strategies that she could use on her own to reorient herself from her self-defeating life processes.

Conclusion

The present paper has attempted to provide an illustration of how some current psychotherapeutic strategies can be integrated into Adlerian psychotherapy. Since many current psychotherapies have received their origins from Adler's writings, there would seem to be limitless potential for integration within the Adlerian model.

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*If we do not change our
direction, we are likely to end
up where we are headed.*

—Chinese Proverb
