

Adlerian Principles in Psychodynamic Therapy

Gisela Eife: Life style analysis in Adlerian psychotherapy

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<i>Adlerian Principles in Psychodynamic Therapy</i>	<i>1</i>
<i>Gisela Eife: Life style analysis in Adlerian psychotherapy</i>	<i>1</i>
Rudiments of a treatment theory	2
Life-style analysis	2
The inner attitude	2
The patient's experience and the processing of his experience	2
Reference to the structure-centered therapy of Gerd Rudolf	3
Treatment principles	3
Therapeutic goals	4
The life as a pattern-forming process	5
A neurobiological contribution	5
Adler's abstract principle of the life-style	5
Example of a life-style analysis	6
Life-style in each phenomenon	6
Life-style designed for surviving an emergency situation	6
Estimation, goal, creative mastering	7
The model of a disorder-specific psychotherapy	8
Integration of psychoanalytic concepts in Adler's perspective	9
Discussion of the equation of the abstract principle	10
Estimation	10
Goal	10
Arrangement and tendentious construction	10
Two Features of the Life-style according to Adler	11
1. Life-style as embodiment	11
2. The life-style as abstract principle, the philosophical impact of Adler's concept	11
Literatur	12

In my lecture I refer to Adler's essay "Individual-psychological treatment of the neuroses" (Adler 1913 A; 1913 a/1974 A). In the third chapter: "Psychological treatment of the neuroses" Adler assembles treatment guidelines. I understand this chapter not as draft of a treatment technology, but as rudiments of a treatment theory. I will demonstrate three aspects of this treatment theory: 1. Life-style analysis. 2. Inner attitude of the therapist. 3. The patient's experience and the processing of his experience.

Rudiments of a treatment theory

Life-style analysis

The central statement of Adler (Adler 1913 A, S. 46; 1913 a/1974 A, S. 58) about life-style analysis is: "Insight and understanding of the life-style is best acquired by artistic meditation and by intuitive empathy into the personality of the patient." Thus the material is arranged according to two hypotheses: The first hypothesis assumes the origin/emergence of the neurosis "under adversarial conditions" (Adler 1913 A, S. 46; 1913 a/1974 A, S. 58) and looks for patterns of experience and reactions in the childhood, which resemble the present life-style pattern. The second hypothesis sees in human life a prevailing principle, which Adler conceptualizes in the following equation (Adler 1913 A, S. 45; 1913 a/1974 A, S. 56): Estimation (of the personal resources and the circumstances) + X (arrangement and tendentious construction) = personality ideal. I will describe and discuss this equation in the second part of my lecture. It says that humans are influenced by their genes and the traumatising or development-promoting circumstances, but nevertheless they are guided by their estimation and their unconscious personality ideal.

To sum up: In the treatment situation life-style analysis interpreted in such a way is both an artistic meditation and a cognitive, internal activity of the therapist.

The inner attitude

The references of Adler concerning treatment express a certain internal attitude of the therapist. I quote to a large extent directly from Adler (Adler 1913 A, S. 47; 1913 a/1974 A, S. 59): Adler avoids a superior position, aims at equality and cooperation. He lets the patient guide the therapist (Adler 1913 A, S. 47; 1913 a/1974 A, S. 60) and puts "ostentatiously the hands into the lap", because "the change in the personality of the patient can only be his own work" (Adler 1913 A, S. 49; 1913 a/1974 A, S. 62). It is only under the condition of such an empathic interpersonal attitude that the specific analytic interventions of Adler are therapeutically effective. The view of the life style protects Adler against regarding the general neurotic negativism as a sign of a bad character or as a personal offence. Adler also shows this tolerant and critically analyzing attitude towards himself; because "the "Gottähnlichkeit", "the would-be similarity to god" occasionally plays tricks also on the therapist" (Adler 1913 A, S. 46; 1913 a/1974 A, S. 58).

The patient's experience and the processing of his experience

In the treatment the emphasis lies on the patient's experience and the processing of his experience. That means: In each gesture during the session Adler looks for the basic

subjective source of the neurotic development. That can be for example an early traumatisation or an experience of object relation. Adler calls this starting point the "operation line of the patient" (Adler 1913 A, S. 48; 1913 a/1974 A, S. 60). In therapy Adler is anxious to track down and unmask this neurotic operation line "in all its expression movements and trains of thought to accomplish at the same time without intrusion the training of the patient for the same work" (Adler 1913 A, S. 48; 1913 a/1974 A, S. 60). In other words: The attention is not directly aimed at the goal analysis, but each expression of the patient in the "here and now" is understood as a manifestation of the unfavourable starting situation and the patient's attempt to overcome it.

Adler's treatment features - characteristic of Adler's way of treatment - empathic attitude in the therapeutic process, intuition and cognitive structuring of the material, linkage of early emergency situation with current experiencing and behaviour patterns, all this is nothing new for contemporary therapists, but remember that the essay was already sketched in 1913.

Reference to the structure-centered therapy of Gerd Rudolf

In his book about the therapy of structural disorders Gerd Rudolf focuses on the experiencing and behaviour patterns of the patients.

The structure-centered psychotherapy was developed for patients, who require treatment for structural deficits and do not have precise internal conflicts. They do not have solid inner structures to create these conflicts. The structure of the self and its relation to the objects are considered as a structure in the psychodynamic sense. A predominant goal of the therapy of structural disorders is the fact that the patient being trapped gains distance from his fate, so that he learns to see the recurring pattern in his behaviour and experiencing. Therefore Gerd Rudolf formulates the following treatment guidelines:

Treatment principles

1. Generalized dysfunctional patterns of the patient are identified.
2. Dysfunctional patterns are accepted as an answer, an emergency solution (remedy) or accomplishment of biographic experiences.
3. Therapist and patient search together for new behavioural possibilities, mastering new patterns.
4. The new possibilities address in particular the current developmental tasks and resources of the patient.
5. The therapist as "supporting ego" promotes a therapeutic "us", with whose assistance the situation of the patient can be cognitively clarified and emotionally answered.

Therapeutic goals

The treatment principles can also be formulated as therapeutic goals:

1. Learn to perceive the behaviour and the experiencing as patterns.
2. Learn to see the behaviour pattern as emotional answer to a current (inside or outside) situation.
3. Work out a functional pattern
4. Accept the affective pattern as a biographical one, which also contains mastering attempts.
5. Examine the present functionality or dysfunctionality of the behaviour pattern: Is it useful or harmful?
6. Accept the behaviour pattern as his (own) and take responsibility for it.
7. Test alternative possibilities
8. Learn to make use of the therapeutic situation

The treatment guidance of the structure-centered therapy appears as advancement and systematization of Adler's thoughts. The patient is to understand his experience and his behaviour as life-style pattern and learn to accept it. In Adler's perspective I would add: To give up a neurotic life-style pattern is experienced as a threat to the personality ideal. This threat can cause a heavy narcissistic crisis with signs of self fragmentation. The therapist, identifying with the fears of the patient, will not feel threatened if he, like Adler, sees in all life movements an attempt to cope. Even fragmentation of the self and psychosis can represent (Mentzos 1994, S. 255) a coping strategy. If the inflated personality ideal can be given up, then the patient can develop solutions from the inside leading to a permanent restructuring.

If the individual psychology as modified psychoanalytic Adlerian therapy has been working on the analysis of the personality ideal, it resembles the therapy of the self structure according to Gerd Rudolf. Therefore the individual psychology can take over his treatment guidance as a differentiating development.

I have chosen Gerd Rudolf as an example of how psychoanalytic theory and practice have differentiated and overhauled Adler's therapeutic guidelines. The question is whether Adler is completely absorbed in these differentiations? Concerning the treatment technology, the answer is 'yes'. In order to gain treatment guidances, we do not need to reread Adler. Why do we still need Adler?

At the beginning I said that I understand the essay "individual-psychological treatment of the neuroses" not as treatment technique, but as rudiments of a treatment theory. Adler's

characteristic position lies in his theory. In order to appreciate this theory, a reorientation is necessary. The usual way of thinking goes from the disorder to the development of an autonomous self, from the particular to the whole. Adler's approach is reverse: He suggests proceeding from the intuitively sensed whole and then analyzing this cognitively.

The life as a pattern-forming process

A neurobiological contribution

Proceeding from life as a whole the neurobiologist Hüther (2004) like Adler identifies an immanent principle of life: life as a pattern forming process. These patterns or internal images (excitation patterns, programs, schemata or representations) serve to structure the relations on the cellular and genetic level, within the individual and between individuals. This recalls Adler citing Virchow (Adler 1912 a/1997, S. 35) that the "thought of the unity of life in all living beings [...] find its physical representation in the cell" (Virchow 1862 S.45).

Hüther: "In principle what an individual cell does, is not different from what humans or a whole society undertake, if the internal order and the continuity are endangered in what has been proved so far as a suitable way of life: Internally available proven images are evoked and used as action-leading reaction patterns, as remembered conceptions or as visions sketched into the future, in order to turn away the imminent danger. Without resort to such internal images no life is possible" (Hüther 2004, S. 43). Once developed it depends on the condition of these internal images, how and for what goal a human being uses his brain and which neural and synaptic interconnections are therefore channelled and consolidated in his brain.

Adler expresses this principle of living beings to produce images or patterns as life-style pattern in form of an equation (Adler 1913 A, S. 45; 1913 a/1974 A, S. 56).

Adler's abstract principle of the life-style

Estimation (individual + experiences + environment) + X (arrangement and tendentious construction) = personality ideal of superiority

This formula presents the self or life-style, according to Adler the way or the style, "how this strength of 'life' is shaped and accomplished in each individual"(Adler 1933 i/1983 A, S. 23).

I will first illustrate Adler's equation by a case example followed by a discussion of the equation.

Example of a life-style analysis

The life-style in its individual version is constantly generated and regenerated. It can be reified in the extreme case as "frozen movement". According to the equation of Adler I first present the analysis of a life-style, how it shows itself within the therapeutic relationship. The therapy of this female patient was successfully concluded with 420 sessions over 6½ years. Outlining the life-style I will point out where Adler's view differs from the structure-centered therapy. Finally I will demonstrate, in which way the psychoanalytic advancements can be integrated into Adler's treatment theory.

In the first session the patient complains about pains in her back and joints. The feeling to be nonexistent is prevailing in the patient. Her life is dull and stunted. She has felt this condition before, but now it seems hardly bearable. When her friend left her 3 months ago, she cut her arms in a mood of hopelessness, and a neurologist recommended psychotherapy. She lives on the money of her mother and does not regard herself capable of regular work. This was the first session.

Life-style in each phenomenon

According to Adler the life-style is recognizable in each phenomenon. A short vignette from the therapy will demonstrate this: In the first weeks of therapy the patient sat opposite the window and me. Again and again her eyes moved very fast from the window to me and back outside the window. I became dizzy, as if I did not have any longer a firm adherence to the ground. By-and-by I understood, in which way the life-style of the patient was expressed in this event. I had felt her attitude to life: on the one hand no adherence, being not really existent/present, on the other hand the goal of her longing in her glance into the distance. The life of the patient was suspended between the extremes absence and longing. This is her life-style. It becomes understandable, when I briefly outline its development in the first years of life.

Life-style designed for surviving an emergency situation

I would like to set the life-style analysis on a basic level, where we are confronted with early experiences of an emergency situation, with fears of annihilation and death and the problem of how to survive.

The patient, unwanted by her mother, grew up with a great-aunt, who educated the patient harshly with particular emphasis on order and cleanliness. The patient tried not to be in the way. The mother rarely visited her. She was imagined like a distant sun, and the patient longed for her visits. The father was missing, apparently also in the fantasy of the patient.

Some years later the mother also came to live in the common household. She did not correspond to the longing image of the patient: the mother was very poor and easily insulted. The patient rejected this needy mother. A stay in a children's home at the age of 5 years with traumatic experiences of sexual assaults "broke her neck" and she wished herself away, did not want to exist any more. As soon as she could read, she read continuously. She had little relation to her body, as if her body did not really exist. At the age of 19 she became pregnant, at the age of 22 her two-year old child ran onto the road and died in a car accident. The patient regards the disaster as a consequence of her absent-mindedness.

Estimation, goal, creative mastering

To comprehend the life-style pattern of the patient Adler proceeds as follows: He tries to imagine intuitively the life movement of the patient like a pantomime, in order to sense, where she wants to go, which internal image affects her, and from which intolerable state of distress she would like to save herself. Since the patient cannot change the circumstances, the question is: How does she have to be, in order to survive and to master life? The question deals with her self conception in the unconscious concrete goal of the conquest. If we insert the information about the patient in Adler's life-style equation, then the estimation is as follows: The patient feels unwanted, left alone again and again by her mother, living at the mercy of a harsh, threatening and raping environment (great-aunt, children's home). An early nameless horror, which is imprinted in body and mind! She believes, it is her fault that her mother leaves her again and again, this means, she takes over a responsibility, which weighed too heavily on her, resulting in severe feelings of debt. All this belongs to her estimation. Her processing towards the goal of conquest can be described as follows: She is longing for a place, where hope is, hope, to find an inner affirmation and right of existence in the union with her mother. This can also be interpreted as "imaginary return into the Uterus" (Reinert 1996, S.45). In her personality ideal her own good features are merged with the features of the ideal mother, later of the absent idealized father and figures in literature. It is a goal of overcoming of pain and suffering. The idea of ability contains the will for power. And this is tendentious construction, her creative fictitious mastering of intolerable experiences: The unwanted traumatised child does not want to be present any longer. The world and herself (feelings, sensual experiencing, body-feelings) become unreal. In order to fill the inner emptiness, the patient has the feelings of other human beings or lives in her dreams, longing for the place where hope is. This hope she wants to make real and to enforce by self injuries. In her absent-mindedness feelings of the patient were hidden, which could be felt after many sessions of therapy: Feelings of vital threat, fears to be abandoned, deep isolation, and in

addition, aggressive feelings and death wishes. The death wishes are directed against early helplessness and neediness.

With the formulation of the concrete life-style we fill the abstract equation of the life-style pattern - however only for the moment of the therapeutic session. In each session everything is open; in the actuality of the moment the concrete realization of the abstract principle is to be sensed and immediately experienced. In the essay "the individual psychology, its conditions and results" Adler writes (1914 h/1974 A, S. 20): "Whenever I hurry home, I will perform to the observer all the attitude, expression movement and gesture, which one may commonly expect from somebody returning home." If I regard the patient in her life movement, I see her on her way bearing an image in her heart, the distant sun she is longing for. She virtually is already at the goal, because she is not really present, not in her body. She moves clumsily, because her own body is unknown to her and because she has increasing pains in her back and joints. She hardly notices human beings around her. That means: Under the aspect of medical or mental disorder this woman is not well equipped for life. But under the aspect of compensation it was to some extent a successful mastering, in order to live in the world of her mother and great-aunt.

The model of a disorder-specific psychotherapy

Let us leave Adler's holistic aspect and proceed to the disorder-specific level: Let us assume, the patient interrupts her way because of the pain in her back and joints and enters the consulting room of an orthopaedist. Perhaps the orthopaedist asks her to walk on and off in order to see, how she moves. The patient will move differently than she did outside; because in the treatment room she does not have a goal; she only goes off and on. Then the orthopaedist asks her to lie down in order to examine her joints more exactly, and perhaps also technical devices are necessary.

With the orthopaedic treatment as with the disorder-specific therapy the patient is restricted to her disorder; the view of the therapist is deficit-orientated. If the therapist does not refer to the healthy portions of the ego, this can lead to therapy resignation. (Fürstenau 1994, S. 56). Adler points to a similar direction: If the unconscious goal of the patient requires maintaining her mode of movement, the methods of the orthopaedist or therapist will have no lasting effect. But the description of a disorder is also helpful. The extent of the disorder of my patient can be described in detail, the deficient perception of herself and others and the lacking ability for attachment, the deficient self structure. These concepts are the results of modern clinical psychoanalysis. All these advances in theory and practice, all these

differentiations are valuable, indispensable, because they sharpen our perception and enrich and extend therapeutic awareness.

My concern is, to differentiate between the various levels and perspectives: the view of life movement as a whole versus the differentiating view of parts. If I make this distinction, then Adler's basic concepts are to be understood only from his perspective, namely of the life movement as a whole, that means, Adler's concepts can not be introduced into psychoanalysis. My concern is not evaluation, but the distinction of perspectives. Adler's perspective deals with another paradigm, another model of reality, into which the psychoanalytic concepts can be inserted for the purpose of differentiation. To a certain extent Tenbrink (1998, S. 102) correctly argues that "a tendency is immanent" in Adler's approach to neglect microanalysis "in favour of rather general assumptions and statements". Yet these assumptions are neither general, nor non-specific; Adler sees in life movement the effect of an extremely complex fundamental principle.

Integration of psychoanalytic concepts in Adler's perspective

How can psychoanalytic concepts be integrated in Adler's perspective? In the allegory of the orthopaedist we would have to leave the practice if we want to physically and mentally and emotionally seize the life-style of the patient while accompanying her. In the writings of the physicist Hans-Peter Duerr (2001, S. 134) I found a comparison, which permits us to integrate the disorder-specific and the holistic perspective: "It is more like the focusing of a camera on a near-by object and a far-away background while photographing, where either one or the other are brought into focus; naturally also many intermediate adjustments are possible, where both are equivalent focussed and out of focus." All detailed psychopathological realizations and scientific differentiations are contained in this focusing of the camera and at the same time I do not lose track of the wholeness of the life-style as a far background. That is, we can focus for instance on Lichtenberg's model scene, on Kernberg's model of the pathogenetic primary object relationship, - and we can still as Adlerians recognize the life-style in these phenomena. The life-style as background image can tell us, which role certain phenomena play within this life-style. Concerning other phenomena such as the various forms of transference or attachment we become aware of their function within the life-style by the background image. We ask for the intention, why the patient develops this form of transference or why she shows this attachment behaviour. Similarly: If we better understand the development of mentalization, the estimation of the patient is accessible to us in a more differentiated way. Then we can insert these results into Adler's equation.

Discussion of the equation of the abstract principle

According to Adler's equation (Adler 1913 A, S. 45; 1913 a/1974 A, S. 56) I have tried to formulate a concrete life-style. Now I would like to discuss the abstract principle, which is expressed in this equation. Again, this is a change of perspective - a change to a higher level of abstraction.

Estimation

The "estimation" is the unconscious subjective processing of everything that constitutes the individual: genes, constitution, furthermore the experiences of the primary object relations, traumatizing events and finally environmental influences like family atmosphere, myths, historical and socio-economic limitations. For Adler the estimation is important, not the facts themselves. The ability for estimation or mentalization (Dornes 2004; Fonagy et al. 2002; Köhler 2004) is built up at the age of 1½ years and depends to a considerable degree on the affectiv-interactive quality of the primary relations. The estimation follows the unconscious goal, the personality ideal. The estimation of the childhood situation and the goal of overcoming this situation belong together like two sides of a coin: "The neurotic system, the life plan of the nervous person is extended between these two points" (Adler 1913 A, S. 45; 1913 a/1974 A, S. 56). One is not conceivable without the other and it is futile to question, what was first, the goal or the experience. But "the hypnotising goal" (Adler 1913 A, S. 45; 1913 a/1974 A, S. 56) draws all the vitality in its direction.

Goal

The personality ideal or the goal of superiority means overcoming, and the patient experiences it as an overcoming in order to survive. Adler writes: It is hard to cope with the "difficult conditions" of the early childhood, and "internal emergency forces to intensified gimmicks" (Adler 1913 A, S. 45; 1913 a/1974 A, S. 56). This makes the challenge of life very special. This special challenge of life does not only concern survival, but the ability to survive. The patient develops the "psychological capability" to feel more valuable (Adler 1912 a/1997. S. 57). What Adler in his early writings calls the goal of superiority, has this comprehensive basis. It is the "will for power" (Adler 1912 a/1997 S. 72), translated into a psychological term: the "absolute will to be able and to master"(Witte 2002, S.99).

Arrangement and tendentious construction

What is arranged and designed? Experiences, character traits, affects and symptoms. What in the mainstream psychotherapy is the building material, applies to Adler as subjectively and

tendentiously - not to forget: unconsciously - designed. In the equation the "arrangement" and the "tendentious construction" stand between estimation and goal. In this tension we arrange our life and are at the same time guided by our unconscious goal, therefore arrangement and constructions are variable, specific to certain situations, but dependent on the unconscious goal. In this tension we are at the same time the artists and the work of art (Adler 1930 a/1976 A, S. 7; Witte 1995, S. 198).

Two Features of the Life-style according to Adler

1. Life-style as embodiment

Life-style is embodiment, this means each concrete performance of life, each mode of accomplishment or compensation. Under the aspect of treatment this embodiment is the "here and now" of the therapeutic situation. Only here can the psychodynamic be seized concretely and changed. While the estimation of the early situation and the concrete personality ideal are first of all conceptions, they are in the "here and now" of the therapeutic situation directly experienced in their sensual and emotional qualities. This embodiment also comprises the change in life organization by therapy, the restructuring or transformation of pathological life-style patterns into healthier patterns, shaped by the community feeling.

2. The life-style as abstract principle, the philosophical impact of Adler's concept

- The incomprehensible abstract principle: Adler's abstract principle can not be seized completely in its individual concrete forms; the barrier, which separates the principle as an abstraction in the unconscious realm, remains insurmountable. This insurmountable, unseizable aspect needs a place in theory. The physicist Hans Peter Duerr (2001, S. 37) points to this aspect of reality in his book: "We experience more than we understand": "Reality is actually potentiality." Reality is "a field of expectation", a kind of potentiality, which indicates, how probable it is that in the future a real event may occur. It does not designate the reality of the future itself - the future is substantially open". This expectation field, the unseizable, is contained in Adler's approach. We do not know, what will be materialized. Therefore this unseizable aspect may never end completely in a concrete formulation of life-style. The capability to tolerate the not-knowing Bion calls "negative capability" (Bion 1993, S. 125). Integrating this capability of not-knowing into therapy is just as healing as mastering a problem.

- The unseizable other person: If I consider this aspect of the unseizable from the standpoint of intersubjectivity, then the "other" (Levinas) is not exhausted in his function for the ego, in the imaginary reflection (Lacan). The other withdraws himself from a complete adoption into the intentionality of my own world. Then the encounter of the other is not understood only as imaginary reflection. Rather there is alienation in the encounter, the experience of deprivation in the encounter, "the sand in the transmission of intersubjectivism". Therefore the unseizable, which transcends "the intersubjective sphere of thou" (Warsitz 2004, S. 804), comprises the "unseizable of the other" (ebd. S. 784).

To me Adler's principle of life-style analysis, understood in this way, represents his most valuable legacy.

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