



Ideas That Work

Don Dinkmeyer, Jr., *Column Editor*

This column is devoted to practical applications of Adlerian psychology. Brief articles about specific techniques and strategies are presented. Special consideration and editorial assistance are given to potential contributors. Send contributions and inquiries to Don Dinkmeyer, Jr., 236 Crestlake Way, Bowling Green, KY 42104.

Adlerian Group Therapy with Substance Abusers¹

Joseph Prinz and Sharon Arkin

This article describes Adlerian ideas as applied to substance abuse and codependency treatment programs.

Though both authors are well-versed in Adlerian theory and the application of Adlerian ideas in non-drug-abuse settings and have worked with substance abusers in non-Adlerian programs, we had never had the opportunity to observe or practice Adlerian group therapy with this population. There was little in the literature to guide us. A doctoral practicum held in Denver at Crossroads Counseling under the direction of Steve Cunningham was the source of many of the ideas presented in this article. (Steve Cunningham is no longer with Crossroads. He is in private practice as a consultant, counselor, and trainer in Evergreen, Colorado. This article describes Crossroads under his leadership.)

The main encouragement we found was in a 1932 article by Dreikurs in German (since translated by Mosak, 1990), in which he asserted that alcoholics, once sober, could benefit from Individual Psychological treatment like any other neurotics. He advocated groups for drinkers, dedicated to mutual aid, self-understanding, and encouragement, as a vehicle for developing social interest, a feeling of belonging, and the conviction that one can meet life's responsibilities instead of avoiding or excusing oneself from them through drinking.

Dreikurs would be pleased to know that his ideas are alive and well, indeed flourishing in Denver. In this article, we share our observations about Crossroads and the Adlerian group norms and culture that have been implanted there, reflect on the experience of working as cotherapists, and describe several group therapy techniques.

Adlerian Culture at Crossroads

All therapy approaches or treatment programs have an underlying philosophy, whether stated or unstated. At Crossroads, it is virtually impossible to observe a group therapy session and not hear Adlerian terms and concepts being used by group members and leaders. Posters, signs, and slogans cover the walls, many of them quotes from Rudolf Dreikurs, Ray Corsini, and Buzz O'Connell. Before people are assigned to a group at Crossroads, they are seen individually for several sessions during which they are introduced to Adlerian concepts and terms that they will encounter in the course of their group meetings. All treatment plans are made in terms of life tasks, and are reviewed and revised periodically.

The cornerstone of the treatment philosophy is Corsini's "4 R's" (Ignas & Corsini, 1979)—respect, responsibility, responsiveness, and resourcefulness. These are the behaviors which are expected of and strived for by group members, and encouraged by the leaders. The mistaken goals of Dreikurs (1964), originally developed as an aid to understanding children's misbehavior, are used at Crossroads to help group members become aware of when they or their loved ones are exhibiting discouraged behavior. The concepts of holism, goal-directedness, and movement are colorfully conveyed in the frequently heard expression: "make sure the tongue in your mouth and the tongue in your shoe are moving in the same direction."

One doesn't hear about "powerlessness over alcohol" but rather about choices and self-determination. One doesn't hear excuses of behavior because of being "adult children of alcoholics." Rather, group members are all regarded simply as "adult children of parents," and free to decide for themselves how to interpret the world and interact with others.

Didactic sessions and structured exercises are interwoven with interactive process-oriented therapy and develop important communications. con-

flict resolution, and emotional awareness skills. This is consistent with the Adlerian view that therapy is essentially an educative process (Mosak, 1989).

Life-style games, such as planning a party by subgroups of people with the same sibling position, and describing one's personality traits by identifying with a favorite animal bring understanding of important concepts in humorous, fun ways.

Rituals. Other than the Adlerian "lingua franca" that was evident during sessions, there was not much ritual during regular meetings. The standard AA form of self-introduction: "Hi, I'm John and I'm an alcoholic," is not used at Crossroads because it "forces people to identify themselves with the lowest point in their life" (Steve Cunningham, personal communication, July 1988). Nor was there any closing ritual, such as AA's serenity prayer and "Keep coming back." We believe that use of an appropriate opening or closing affirmation, such as "I am a self-determining individual who is free to make choices and decisions" could be a useful addition.

There was a tradition of periodic potluck suppers at group members' homes, which built cohesiveness and social feeling. Graduation of members from a group was marked by a cake and some ceremony. One particularly moving one included presentation of farewell letters from all group members to the graduate.

The Operation of Group Norms

According to Yalom (1985), group norms develop as a result of therapist and program input interacting with the expectations of group members. We would add "patient experiences" to that equation. Steve Cunningham, a creative Adlerian, has been successful in training staff—from master's degree therapists to certified addictions counselors without a college degree—to create the Crossroads Adlerian group culture. Frequent inservice training sessions, review of training videotapes, staff parties, picnics, and retreats, as well as regular visits by Cunningham to the various clinics Crossroads operates, provide ongoing encouragement to the staff and continually reinforce the Adlerian ideas to which Crossroads is committed.

Duration of treatment at Crossroads is typically 6–8 months of weekly group therapy, followed by six months or more of weekly aftercare meetings. Entry into a treatment group may occur at any time, so that there is always a mixture of "veterans" who know the ropes and newcomers or relative newcomers. This facilitates the transmission of group norms and the communication of behavioral expectations. The accomplishments of the older members serve to encourage the newer ones, and it is not uncommon for graduates to maintain contact with their treatment group after graduation.

Some of the people in substance abuse treatment at Crossroads have

spouses or partners participating in parallel copendency treatment groups, which are also based on Adlerian principles. Thus, the values and behaviors practiced in the treatment groups become a common idiom for the marital or partner relationship. There are many advantages to treating both partners in an alcohol-affected relationship together (Arkin, Lewis, & Carlson, 1990).

An incident occurred in one of the treatment groups we were leading that illustrated group norms and what happens when a member is out of sync with them. We had been working with a particular group for about three weeks when a woman who had been a regular member returned after a month-long absence and found us, in addition to the leader she was used to, and a tape recorder, besides. Whereas the rest of the group had been prepared for our arrival and had developed trust in us, she had not.

Our attempts to introduce and explain ourselves, to welcome her, and involve her with the group were rebuffed, and she attacked us for butting into her life. She voiced objections to being tape recorded and demanded to know how the rest of the group felt about the situation. One man said, "I'm glad they're here," and the rest of the group quietly assented. We acknowledged her right to her feelings, and she admitted that her reaction had been a bit extreme, and that maybe she needed to work on readjusting to sharing herself with others after having been mostly alone the past month. She cooled down and eventually came to accept us. However, her acceptance probably would not have occurred without the group's overt and tacit support.

Working as Co-Therapists

Most group therapists prefer working with a co-therapist (Yalom, 1985), and we are no exception. Mosak, Shulman, and Dreikurs (1952/1977) wrote about the advantages of two therapists working with one client, and Yalom (1985) about the advantages of co-therapists working with a group. Rather than reiterate their ideas here, with which we agree, we will report on our experience working together.

We worked as co-therapists in a variety of situations. With some groups, one or both of us functioned as co-therapist(s) with the group's regular leader. In these cases, it was clear that the regular leader was in charge. Even when he or she chose to have one or the other of us take over a leadership role during a given session, the lines of authority were clear.

When the two of us functioned as a team, independent of a regular leader, it was important that we establish, in advance, who was to be the primary leader for a given session, and to delineate our respective roles. As we worked it out, the primary leader's task was to open the session, present or elicit the agenda, structure the session, and regulate participation so that no one dominated and everyone had an opportunity to participate.

The auxiliary leader served as an extra pair of eyes and ears for the primary therapist, observing reactions or cues the other may not have noticed, "rescuing" him or her when stuck or under attack, leading a subgroup when doing smaller group exercises, and providing feedback and suggestions at the break. In addition, the auxiliary leader handled all administrative tasks for the session, such as collecting money, taking attendance, setting up the tape recorder, etc. This freed the primary therapist to give full attention to the group and its dynamics.

It is important for the co-leaders to have preparation time together before each session, consultation time at midsession, and postmortem time after the session. These are valuable opportunities to plan and evaluate interventions, compare perceptions of the group process, as well as of individual members, and to give and receive feedback on each other's behavior.

It is also important that the co-therapists develop the habit of checking in with each other nonverbally periodically during the session. While it is OK for co-therapists to disagree on an interpretation or to have different opinions on an issue, statements of disagreement should not be made in a way that challenges, competes with, or puts down the other therapist.

It was our experience that the group benefited from having a male and female leader alternating in roles of primary leader and "helper." The perspective Prinz brought as representative of another culture was appreciated. We noticed that group members became aware of their use of slang and idioms, and sometimes paused and rephrased things when they saw a puzzled look on Prinz's face.

Life-Style, Personality Priorities, and Purposes for Drinking

Mosak (1971) took Adler's concept of life-style, an individual's "style of acting, thinking, and perceiving" (Ansbacher & Ansbacher, 1956) and used it to create a set of 14 categories or typologies, and described some probable behaviors associated with each. Kefir (1981) categorized people according to personality priorities, asserting that, in every individual, one of four personality priorities predominates, and that, when the conditions of life required by the predominant priority are absent, the person feels insecure, suffers symptoms, etc.

Three of Kefir's personality priorities correspond to typologies identified by Mosak (1971): (1) pleasing (Mosak's "need to be liked"); (2) control (Mosak's "controller"); (3) superiority (Mosak's "need to be superior"). The fourth priority, Kefir's "avoider of stress," has no equivalent in Mosak's typology.

Crossroads Counseling uses the concept of personality priorities in group exercises and games, using animal metaphors to describe each priority. The avoider of stress priority is represented by a turtle; pleasing by

Figure 1
The Four Personality Priorities

	Comfort	Pleasing	Control	Superiority
Tries to:	Seek his comfort (whatever comfort means to him) (Active: "spoiled brat") (Passive: seek pleasure)	Pleasant others (Active: demand approval) (Passive: evoke pity)	A. Control self (usually passive) B. Control others (Active: "tyrant") (Passive: "artful dodger") C. Control situations	Be better than others Be more competent Be more good, right Be more useful Suffer more nobly—be a "victim" or a "martyr"
Assets:	Easy going, few demands Minds own business Peace maker, diplomat Empathetic, mellow More predictable	Friendly, considerate Nonaggressive Compromises Likely to volunteer Does what others expect	Leadership potential Organized Persistent Assertive Law abiding	Knowledgeable, precise Idealistic, seeks perfection Stick-to-it-iveness High level of "social interest" (Adler)
Reaction of others:	Irritation Annoyance Boredom	Feel pleased at first: "He's a nice person" Later, exasperation & despair at his demands for approval	Feel challenged Feel tension Feel resistance Feel frustration	Feel inadequate "How do I measure up?" Feelings of inferiority and guilt
Price paid:	Reduced productivity Doesn't use his talents	Reduction in growth Discrepancy: self-ideal vs. self-appraisal Alienation	Diminished creativity Lack of spontaneity Social distance	Feel overburdened Feel over-responsible Feel over-involved

Figure 1 (continued)

	Comfort	Pleasing	Control	Superiority
Tries to avoid:	Stress Responsibility Expectations "Don't corner me"	Rejection	Humiliation The unexpected Fears ridicule	Meaninglessness in life and its tasks
Complains of:	Diminished productivity Impatience	Lack of respect for self and others	Lack of friends Wants more closeness Feeling "uptight"	Overload, lack of time Uncertain of relationship with others, guilt
May stem from:	Discomfort Pampering	"In enemy camp" (battered child)	Tight controls Being overpowered	Shaming Perfectionism
Drinking purpose:	Escape Mellow out Tune out Drop out	Be sociable, "one of the guys or group" Response to peer pressure To please, be accepted	Illusion of control Avoid control by others Control family which must adjust to drinker's moods, behavior	To feel more confident, capable, aggressive (for negative or positive acts)

Source: Personality priorities chart used by Crossroads Counseling.

Note: Drinking purpose category added by Sharon Arkin and Joseph Prinz.

a chameleon; control by an eagle; and superiority by a lion. In one such exercise, group members are asked to name an animal they'd like to be, and to list the characteristics and behaviors of that animal that they find appealing. This is followed by a forced choice exercise in which they are to first describe the animals representing the four personality priorities, and then to choose one which is most compatible with their own personality as they know it. Discussion is focused on the interpersonal ramifications of having each of the different priorities, and how the various personalities relate to purposes for drinking.

The consensus of the group was that the "avoiders of stress" (or "comfort" people, as Crossroads refers to them) would tend to drink in order to tune out, drop out, escape from problems.

Pleasers drink to be sociable, "one of the guys," as a response to peer pressure, to please, to be accepted.

The control priority gave the group a bit of a problem, since abusive drinking is associated with loss of control, and a relaxing of inhibitions—the opposite of what one would expect from a controller. It was pointed out that many drinkers have an illusion of control while they are drinking, that controllers are not only concerned about controlling, they are equally concerned about avoiding control by others. It was further pointed out that a problem drinker or alcoholic, willy nilly, controls his or her family via the drinking, since the family must adjust its life-style and schedule to the drinker's moods and behavior.

Superiority people drink to buttress their confidence and to give themselves an advantage in competitive situations. They drink before asking someone for a date, before an important meeting, speech, or performance. Some "lions" become bullies when they drink. The "roaring" and fighting they do when acting "lionlike" get them in trouble, and they hurt or embarrass themselves and others in the process.

A chart used by Crossroads to illustrate the personality priorities concept is presented in Figure 1. The Drinking Purpose category was contributed by the present authors.

Modified "Behind the Back" Technique

Corsini's "behind the back" technique (1957) invites a member of the group to talk about himself or herself for 15 to 20 minutes, after which the speaker steps outside of the group, turns his or her back to it, and listens without responding, while group members speak about him or her as if he or she were not there. While honest and useful feedback can be derived via this technique, the experience can be intimidating and painful.

The following is a description of a modification of the "behind the back" technique that was used to encourage two group members to share information with the group which they had disclosed to the leaders privately. The technique is similar in format, dynamics, and intent to multiple psychotherapy, as described by Dreikurs, Shulman, and Mosak (1952/1977).

Two members of one of the groups we were working with had confided to us that they had had recent lapses, that is, incidents of drug or alcohol use. Though two weeks had elapsed since the disclosure to us, neither had brought up the subject in group.

We structured an exercise on the subject of lapses and divided the group into subgroups of three, manipulating the situation so that each of the lapsers was in a separate group. The task presented to the groups was for one of their number to talk without interruption for 10 minutes about his or her most recent substance use incident: feelings just before, during, and after the use; the chain of events that led to the use; description of the use episode itself. The others were instructed to listen carefully and silently to the speaker. At the end of 10 minutes, they were to reflect back to the speaker what they had heard.

The lapsers could make corrections when they finished, but no comments. The two listeners were then to discuss what the lapsers had said in an encouraging manner: their assessment of the speaker's honesty and sincerity; how the lapse was "set up"; how it might have been avoided; alternative ways of dealing with high-risk situations; how the aftermath was handled, etc. Ten minutes were allotted to the feedback discussion during which the lapsers had to remain silent.

The final step was to reassemble as a large group and have each of the lapsers talk about what it felt like to be the subject of candid discussion without the opportunity to interrupt or defend his or her position; what was learned from the experience; and to give his or her plan for dealing with the next occasion when a lapse could occur.

As was hoped for, the two recent lapsers volunteered or were selected to be the focus of the small groups. At the end of the exercise, the lapsers shared their reactions to the experience and what they had learned about their own lapse patterns. All three reported that the experience had been encouraging. Some of the comments were: "I felt encouraged having M and S speak about me . . . how things that were disadvantageous to me before could be turned around into something positive." "It's good to be talked about, especially when the talk is about what you just talked about." "What did I learn? It's like you came to the same conclusion I came to about how I react, and that's part of my problem . . . Any time you head out lookin' [for trouble], you find it. Best thing for me is not to head out!"

Summary

This article describes the application of Adlerian concepts, vocabulary, and techniques to an outpatient substance abuse program as seen through the eyes of two doctoral practicum students. The authors' experience and observations about working as co-therapists in group situations and several group therapy techniques were shared.

Reference Note

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