Adlerian Brief Therapy with Individuals

Process and Practice

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Abstract

Adlerian Brief Therapy (ABT) is a specific application of Individual Psychology that aims to bring focus and effective change to the lives of humans in a relatively short period of time. The authors believe that a focused Adlerian approach meets the needs of individual clients now and in at least the early decades of the 21st century. This article is designed to explicate the process and practice of ABT with an emphasis on the flow of therapy sessions and the specific listening skills that facilitate change in a time-limited format.
Adlerian Brief Therapy with Individuals

Process and Practice

Adlerian psychology with its related therapies and counseling processes has evolved substantially over the six decades since Adler’s death in 1937. Indeed many different approaches to clinical practice currently co-exist under the umbrella of Adlerian psychotherapy (e.g., Disque & Bitter, 1999; Kopp, 1995; Mosak & Maniaci, 1999; Powers & Griffith, 1987). In spite of their differences in style, modern Adlerian approaches focus on an understanding of an individual’s “lifestyle,” Adler’s term for each person’s subjective, socially constructed pattern of living. Further, these therapeutic models have remained holistic, systemic, and teleological in both assessment and treatment. Adlerian Brief Therapy (ABT) is one such therapeutic model, grounded in the original conceptualizations of Adler (1929) and Dreikurs (1997), and applied to our work with individuals, couples, and families (Bitter, Christensen, Hawes, & Nicoll, 1998; Nicoll, 1999; Nicoll, Bitter, Christensen, & Hawes, in press).

Anticipating the future. Counseling and psychotherapy as professions have also evolved over time. Both have long roots to models that valued long-term assessment and treatment: therapeutic approaches that were substantially voluntary and available to those who could afford “therapy.” In the United States, long-term, inpatient care of the “mentally ill” has been gradually replaced by community based, mostly outpatient care, and this care increasingly comes under the control of corporate, managed-care systems. This change has had real effects on the delivery of services. Counseling and psychotherapy are now generally available to all who need it, and there are more people seeking therapy. In addition, rather than coming to treatment voluntarily, many clients
are now “sent” to therapy by employers, families, courts, etc. The problems with which clients present are often both quantitatively and qualitatively more difficult (Sperry & Carlson, 1996). At the same time, the sheer numbers seeking help and managed-care systems mandate that treatment be both focused and time-limited. The question is whether such focused, time-limited approaches are effective. Indeed, are they even better than doing nothing?

Initial results seem to suggest that brief therapy approaches are at least as effective as the long-term, time-unlimited therapies (Butcher & Koss, 1978; Koss & Butcher, 1986; Steenbarger, 1992). And while therapists, in general, seem to favor long-term therapies, third party observers, the results of standardized measurements, and even client self-ratings indicate that time-limited, brief therapies are equally effective to the long-term models based on treatment outcomes. Clients come to counseling and psychotherapy expecting an active, directive counselor who will structure the sessions and move them toward problem resolution (Budman & Gurman, 1988; Garfield, 1986). In spite of some therapist’s preference for longer termed models, clients average four treatment sessions (with a median of one session) (Phillips, 1985). Indeed, Garfield (1986, 1989) found that up to fifty percent (50%) of clients fail to return for a second session, and for those that do, most of the change appears to occur in the first eight sessions. Howard, Kopta, Krause & Orlinsky (1986) concur, adding that treatment gains tend to occur early in therapy and diminish thereafter. The “... use of brief, intermittent therapy wherein the counselor or therapist works with the client for relatively short durations of time and then interrupts, rather than terminates, treatment allowing the client
to integrate these changes into his or her life” is supported by these findings (Nicoll, 1999, p. 16).

As we look to the start of a new century, it is not at all clear that brief therapy models will continue as the treatments of choice in the United States. Disenchantment with managed care and a lack of care for individuals designated as chronically mentally ill could easily lead to the reinstatement of long-term, perhaps residential, care and a greater investment for some individuals in long-term, on-going therapy. Even if such a re-balancing occurs, those counselors skilled in brief, intermittent therapy will be well situated to help those who need on-going therapy and support as well as those whose difficulties are more acute.

Characteristics of Brief Therapy. There are five characteristics that form the basis for an integrative framework in Brief Therapy: time-limitation, focus, counselor directiveness and optimism, symptoms as solutions, and the assignment of behavioral tasks. Individual models of Brief Therapy and even individual practitioners within a model may differ as to which of the characteristics they most emphasize. Even the authors of this article differ to some extent with regard to their relative emphasis upon a definitive time-limitation, counselor directiveness, and the assignment of behavioral tasks. Both, however, agree that focused work will tend to keep therapy brief, that non-organic symptoms are the client’s solution to a personal problem, and that motivation modification is the goal when both directive interventions and behavioral tasks outside of therapy are used.

For those who choose to integrate a time-limitation into the therapy process, there are several therapeutic advantages. A modifiable contract for treatment can convey an
optimistic expectation for change in a short period of time. Further, defining clearly the
number of sessions and time devoted to each session can motivate both the client and the
therapist to stay focused on desired outcomes and to work more quickly than when time
in therapy is perceived as unlimited.

It is also not uncommon, once a time-limited contract has been established, for the
acuteness of initial symptoms to reduce or even disappear for a while. This is similar to
the effect of seeing a doctor for a medical problem, only to have the exact symptoms
disappear or not hurt as much during the examination. It is as if the client starts the
“healing” process immediately, because she or he expected to start feeling better. Even if
symptoms initially disappear, they almost always re-emerge around the midpoint of
therapy when the client may feel that time is suddenly running out. By the midpoint,
however, the therapist and client will be likely to have a strong working alliance that will
support their best efforts at real change.

Clarity of focus and practice is the central element that limits the duration of
therapy. For the Adlerian Brief therapist, there are two foci that guide every session.
The first seeks to develop a systemic and holistic understanding of the people involved in
treatment, including their rules of interaction. The second seeks to understand the goals
the client has in seeking help. Again, individual therapists will differ in emphasis, but
effectiveness requires the therapist to work from both foci; we need to know where we
are going and with whom.

ABT is also teleological. Human beings are understood to have goals and to act
purposefully based on the interpretations they have made about self, others, and life (i.e.,
their worldview). A teleological orientation places a stronger emphasis on the client’s
brief therapy

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present and intended future than on the past. Indeed, the past is more accurately understood as a “revisioned context” created by the individual in support of current motivations. An understanding of purpose makes sense out of both symptoms and patterns of behavior. Real change, second-order change, always includes some form of motivation modification stemming from a reorientation of client interpretations regarding the current circumstances that bring him or her to counseling.

Adlerian therapists also believe that people do better when they have a sense of belonging; are less self-absorbed and more interested in the welfare of others; and when life tasks are faced with optimism. Indeed, client’s problems always relate to the stances that the individual takes in relation to life’s demands. In this sense, human problems are really “attempted solutions” that have not worked.

Adlerian Brief therapists seek to effect functional solutions; expand limited choices; create new possibilities; and activate underutilized resources—both personal and external. It is not impossible to reach this therapeutic goal in a single session. Whether one session or twelve, making a difference in our clients’ lives requires that the therapist pay attention to the flow of therapy as well as the unique understandings that arise from that therapy.

The flow of ABT. Figure 1 presents a flow to therapy that has been adapted from Dreikurs’ (1997) approach to psychotherapy. We use the word “flow,” here, to indicate a movement that is fluid, dynamic and that eschews mechanistic steps or stages. There is nothing in the ordering of this flow that cannot be re-ordered to fit the needs of the client or the therapy session.
1.0 Data Base. Counselors often receive information about a client before a first meeting ever occurs. The information may come from any number of sources of secondhand information (e.g., an intake interview or a referral). Neither the source nor the data are as important, however, as the opportunity for the counselor to engage the data teleologically and to formulate guesses that can later be either affirmed or discarded in the counseling process. Early guesses—first hypotheses—form a background against which significant differences can be more easily noticed. The counselor has “a picture” of the person she or he will meet; within the context of this picture, the presenting problems already start to make sense. When actually meeting and getting to know the client, differences with the initial hypotheses stand out, and they signal a need for an immediate reorientation, refocusing, and modification of the hypotheses on the part of the counselor.

2.0 Meeting The Person. Although client concerns tend to surface quickly, Adlerian Brief therapists focus initially on the client as a person. The therapist seeks to make a person-to-person contact based on mutual respect, genuine interest and even fascination. Such contact is often facilitated in the first few minutes of therapy by making full use of one’s five senses, especially a focus on what can be learned from what the therapist sees, hears, and even experiences in the touch of a handshake. Clients sense early into the session whether the therapist is interested, competent, and fully present for them.
Adlerian Brief therapists may actually start the interview with a question like, “What do you want me to know about you?” rather than “What brought you in?” or “What difficulties can I help you with?” Meeting and valuing the person is essential. In ABT, relationship may not be everything, but it is the foundation for facilitating change. It is often the difference between a working alliance and initial resistance.

3.0 The Subjective Interview. Initially almost all Adlerian counselors want to help clients tell their particular story. The goal, here, is to have the client feel fully heard, a goal that is facilitated by the generous use of empathic listening and responding. Interest and fascination with the story will lead the counselor to select questions that follow directly from what the client has said, as opposed to using a formal interview form. Staying with the next most logical or interesting question enables the counselor to direct and focus the interview toward greater depth of understanding while also establishing the client as “the expert” on his or her own life (Anderson & Goolishian, 1992). A client who can clearly articulate what is important to her or his life has already begun to take some control of self and life. Toward the end of this part of the interview, the Adlerian counselor may ask “Is there anything else you feel I should know to really understand you and your concerns?”

Writing in 1969 before an emphasis on non-sexist language was common, Dreikurs (1997) noted:

When interviewing a patient for the first time, the doctor should let him talk about his condition, his symptoms, his discomforts and dysfunctions. What he describes we call his “subjective condition.” We know then what he came for, how he feels, and what he experiences within himself (p. 187).
The subjective interview should help the counselor develop an understanding of motivational and behavioral patterns in the person’s life. At least tentatively, hypotheses about what works for the client can be generated. What motivates the client? What purpose does a symptom, feeling, or behavior serve? How do the patterns in a person’s life reflect the individual’s rules of interaction, and how do these patterns and rules directly contribute to maintaining the concerns that have been identified? Indeed, how does the stated concern represent the person’s solution to life’s demands?

4.0 The Question. Adlerian Brief therapists differentiate an organic problem or symptom from one that is psychogenic by use of “The Question” (Dreikurs, 1997). Initially phrased by Adler (1964) and later re-phrased by Dreikurs, The Question is “What would you be doing if you didn’t have these symptoms or problems?” or “How would your life be different if you didn’t have these issues, concerns, or problems?” When the answer is that life would not be different, except that the symptom or problem would be gone, Adlerians suspect an organic etiology. When the problem or symptom serves the purpose of avoiding a fundamental human task, the answer will indicate that issue from which the client is in retreat (Adler, 1996a, 1996b).

For example, if part of the client’s presenting issues is a constant headache, The Question could yield a response of “I wouldn’t have these headaches and I would be able to work and enjoy life like I normally do.” Such a response would suggest an organic cause for the headaches warranting an appropriate medical referral. On the other hand, responses like “I would probably be a success at work,” or “I guess I could go ahead and get married without much fuss” reveal the both the client’s ambition and hesitation: the headaches in these cases act as an excuse for retreat, an avoidance of anticipated failure.
Recently, solution focused therapists have transformed *The Question* into what Steve de Shazer (1988) calls the **Miracle Question**. They use this question to co-construct with clients desired outcomes that are now the total focus of therapy. What solution-focused therapists often encounter is resistance, because the Miracle Question almost always indicates solutions based on avoidance strategies rather than a delineation of preferred outcomes. Adlerian Brief therapists instead use *The Question* as a “verifying” intervention that links the client’s rules of interaction to the problems presented. In this sense, it is also an excellent bridge between the subjective interview that elicits the client’s presenting story and the objective interview that seeks to generate a holistic understanding of the client’s style of living.

## 5.0 The Objective Interview

The objective interview constitutes what Adlerians most commonly refer to as “lifestyle assessment” (Eckstein & Baruth, 1996; Powers & Griffith, 1987, 1995; Shulman & Mosak, 1988). The aim of lifestyle assessment is create a holistic picture of the individual, including but not limited to (a) information about when the problem started; (b) precipitating events; (c) medical history, including the use of current and past medications; (d) a social history, and (e) the reasons that brought the person to therapy. The therapist seeks to understand the social context(s) in which the client functions. The data from these areas of investigation lay a foundation for lifestyle narratives related to the family constellation, the life tasks (especially social relations, occupation, and intimacy), and early recollections.

Again, to quote Dreikurs (1997):

We want to know the field in which he moves, the conditions under which he lives, how he actually functions. The three life tasks constitute the framework of
his activities; they include all human actions and endeavors; the areas of work, social relationships, and relations with the opposite sex (p. 187).

6.0 Family Constellation, The Tasks Of Life, & Early Recollections. The uses of family constellation, life tasks, and early recollections have been well documented in Adlerian literature (Carlson & Slavik, 1997; Sweeney, 1998; Watts & Carlson, 1999). Each of these investigations tends to produce life stories that taken together yield patterns of living and coping: they “make sense” of the client’s concerns. Listening to the individual’s interpretation of the place she or he holds in the family helps the counselor to understand the client’s overall sense of place in the world. Listening to the individual’s experience of life’s demands helps the clinician to discover client strengths, perceived weaknesses, and coping styles. Listening to early recollections can reveal the person’s convictions about self, others, life, the world, and even ethics; they can reveal the client’s stance in relation to the counseling session and the counseling relationship; they can also reveal coping patterns, verification of perceived strengths and weaknesses, and interfering ideas: all of which directly impact the issues and concerns that are brought to counseling.

7.0 Disclosing Goals And Purposes. Adlerian therapists differ from almost all other clinicians in their uses of goal disclosure and suggesting purposes. Based on Dreikurs’ (1961) original disclosure process, goals and purposes for symptoms, behaviors, feelings, values, and convictions can be introduced into the therapeutic dialogue in order to bring clarity and meaning to what has formerly been unconscious process. Adlerian Brief therapists believe that client meaning always follows from an understanding of interactions; that is, assessing the social results of an individual’s
behavior is the surest way to formulate a hypothesis or guess about a person’s goals and purposes. When such disclosures follow from a clarity and focus obtained in the subjective and objective interviews, they often create the experience of recognition in the client.

Because goals and purposes are suggested tentatively in a manner described as “actively wondering,” even incorrect guesses will have value. They communicate that the clinician is working hard to understand the client and is willing to take the risk of being wrong. It invites a collaboration with the client by asking him or her to become an expert at clarifying the therapist’s understanding. The elimination of an incorrect guess often leads to a better interpretation, allowing the client to experience mutual respect in a dialogue for clarification.

8.0 Reorientation & Re-education. Adlerians use the concepts of reorientation and re-education to suggest that the treatment goal is toward a change in direction, better coping skills, and meeting life with new understandings. Augmented social-emotional competence and mental health rather than a mere decrease in symptoms is the foremost goal. We want clients to develop a sense of belonging and of being valued in their community as an antidote to isolation and withdrawal. We encourage the development of a community feeling and social interest to ward off self-absorption, self-depreciation, and self-protection. It is through courage, confidence, contribution, a sense of humor, an interest in the welfare of others, and a friendly approach to people that dysfunction and acts against one’s fellow beings can be prevented. ABT seeks to connect individuals to others and to enhance human courage.
9.0 Encouragement & Empowerment. Encouragement and empowerment are foundational to any change facilitated by counseling. Adlerian Brief counselors believe that courage follows from a sense of empowerment, and that empowerment results from re-discovering both the internal and external resources available to the client. For a brief period, counselors can be one of an individual’s most important external resources. We meet our clients in the middle of their lives, and we will say good-bye to them long before the end of their lives. If we can help people to discover their strengths, walk with them through difficult times, and create—even enact—new possibilities, then new solutions to their original problems seem to just evolve.

A client’s courage seems to be most bolstered through the faith that a counselor has in the client—even when the client has none. Counseling is also an act of hope, and the client’s involvement manifests her or his desire to improve life. Counselors build on this hope through reframing and the co-creation of new possibilities in the client’s life. More important than any other essential factor for change is the experience of a counselor who can communicate caring.

10.0 Chaos & Change: The Search For New Possibilities. Change is always difficult. Even small changes can be met with resistance as they require the client to move into the unknown or never before experienced. More difficult changes often produce personal and interpersonal chaos and disorientation. When the client enters into periods of chaos, he or she needs the therapist to remain steady, to be focused, and to help the client re-focus. Throughout the experience of chaos, moving slowly, carefully, and deliberately is essential.
Therapists can remind clients that they are not alone and that they are not without strengths. Clients can also be encouraged to make decisions that can be immediately implemented, such as what they think or feel. Larger, life-changing decisions (e.g., about getting a divorce, moving, or quitting one’s job) should be addressed when the client feels more in balance and is re-focused.

New possibilities can emerge within counseling from either the client or the therapist. In general, client-generated possibilities are more useful. They reinforce a sense of personal strength and courage. They invest clients more fully in solutions that work. It is the therapeutic relationship based on mutual respect and caring, however, that also makes it possible for therapists to suggest and even prescribe changes in the clients’ processes and activities. Adlerian Brief therapists develop possibilities when clients are stuck. These possibilities follow from a holistic understanding of clients, including what has motivated clients in both useful and useless approaches to living. When the relationship has been caring and collaborative throughout, most clients accept therapist-generated options and prescriptions calmly—and with hope.

**11.0 Making A Difference.** Adlerian counselors seek to make a difference in the lives of their clients. That difference, occurring in a single session, may only be a small shift, perhaps substituting a smaller mistake for a bigger one. It may be a small movement, a desired change in behavior, a new attitude, or a shift in perception. In ABT, counselors ask themselves: “If I had only one session to be useful in this person’s life, what would I want to accomplish.” In this sense, making a real difference is not just about bringing focus to the client’s life and activity; it is also about staying focused on what is therapeutically possible in each engagement we have with the client. There is
never any guarantee that a future session will occur. Flow and structure support therapeutic interventions and help the counselor to maintain clarity and focus.

12.0 Terminating The Interview. Adlerian Brief therapists may terminate or end sessions, but they don’t believe in terminating the therapeutic relationship. The more common experience is for therapy to be interrupted. That is, a professional relationship is formed; it is characterized by intense involvement for a short period of time; a separation of weeks, months, or even years may occur, but the relationship is always available. Re-connecting is facilitated by the value the intense involvement has had in the client’s life. In this sense, every parting is also a transition. Sometimes that transition is from one session to the next. Sometimes, it is from one part of an individual’s life to the next. What we know, as Adlerian Brief therapists, is that life and its many changes is what happens between sessions. Therapy is only a launching pad or a way station for planning or re-directing the ongoing journey of one’s life.

The Therapist’s Framework For Understanding The Client

Reading Between The Lines. “Both the subjective and objective areas of inquiry require skill. . . . The basic requirements for conducting a satisfactory interview are the abilities to listen, to read between the lines, and to ask pertinent questions” (Dreikurs, 1997, p. 187).

All therapeutic models rely on certain assumptions about human nature and behavior that guide counselor assessments and interventions. ABT is an integration of Individual Psychology and systems theory. In this approach, almost all behaviors, feelings, issues, and concerns are understood to be social in nature and to be enacted within an interactive system. As clients’ stories unfold, ABT counselors listen from what
Nicoll (1999) calls “the three levels of system behavior” (p. 20); that is, to understand the clients’ behavior at all three levels.

Level one involves an identification of the client’s precise actions and emotions and the social context in which they are exhibited. Specifically, what does the client do and how does the client feel when she or he engages in these actions or interactions. Further, who else in the client’s social sphere is involved or affected, and how do they respond? Specific questions might include: “In what situations or circumstances does the presenting issue occur?” “Is there a pattern of response to the presenting issue?” And most importantly, “When was the last time symptoms, actions, interactions, feelings, or problems occurred?” Level one is concerned with the “how” of the client’s behaviors, feelings, and difficulties. Specificity is what makes the how clear.

Level two addresses the function served by the client’s actions, interactions, feelings, concerns or issues. Symptoms and problems are maintained because they are “client-solutions” that serve a social purpose. Discovery of that purpose often requires the therapist to place behavioral or emotional patterns in their social context. Following the interaction between the client and significant others or between the client and life expectations (the life tasks) is the easiest way to reveal individual purposes, symptom or problem functions, and interpersonal/interactive goals. Level two is concerned with the “what for” of presenting problems and concerns. Understanding behavior at level two requires reading between the lines. And as already noted, Adlerian Brief therapists use a tentative disclosure process to share their discoveries and work with the client toward a fuller understanding.
Level three involves an investigation of the client’s idiosyncratic rules of interaction. With individuals, counselors seek to discover the client’s basic assumptions (especially about self, others, and life); apperceptions; private logic, phenomenological perspective, and belief systems; all of these aspects of human meaning taken together constitute lifestyle guidelines and convictions. Adlerian counselors want to know “why” the client acts or experiences situations in a certain manner. What is the underlying rationale, or logic, that maintains symptoms, dysfunction, or problems? Level three is what makes “second-order” change possible. It is the “deepest” level, if you will, of reading between the lines.

Changes in behavior or emotions can merely amount to symptom substitution or first-order change. Understanding the purpose of one’s dysfunctional behavior makes it more difficult to maintain. But listening for, understanding, and disclosing the rules of interaction makes sense out of everything. All behavioral patterns become clearly focused—even predictable to some extent. A change in the rules of interaction is second-order change and consequently facilitates lasting changes at the other two levels.

Clarity about one level leads to an understanding of the next level. The key to effective therapy is to understand client meaning at all three levels, to listen with a third ear (Reik, 1948), to read between the lines. In ABT, however, our interventions are focused primarily at the third level on the rules of interaction.

**Briefly, The Case Of Selena.** Selena was an elegant Hispanic woman who initially presented herself for therapy because of “intermittent acute headaches” and a general feeling of being overwhelmed. The referral source indicated that these headaches
seemed to “knock Selena out” for five to twelve hours at a time with medication having little or no effect.

When the counselor first met Selena, she was dressed in a professional manner with her hair pulled back tidily and just the right gold jewelry to accessorize what she was wearing. She greeted the counselor warmly and sat in a chair across from him in a manner that was totally composed. The counselor’s first impressions were of a woman who knew “the right thing to do” at all times and for whom appearances held some importance.

Counselor: I see from this referral that you have been having headaches and that you have been feeling somewhat overwhelmed. And I do want to know more about that. But I was wondering if you could start by letting me get to know you? What would help me really appreciate who you are?

Selena, it turned out, was a married “single” parent. Her husband was a salesman, and he was away from home a lot. Selena worked full-time as a teacher in an urban setting. In addition, she was completing her graduate degree in social work. She had a dream of starting a school in the city, a school in which parents and teachers worked together toward the common end of educating their children and keeping them safe and out of trouble. She had spent more than ten years thinking about and preparing for the implementation of her “dream.” But now, when she was so close, her life seemed to be so complicated that she wondered if she would ever be able to realize her dream.

Recently, she had moved her mother in with her. Her father had died about a year before, and though her mother had tried to live on her own, it did not work out. Her
mother did not drive, and she needed support. Selena initially felt that her mother could be a help to her with her only child, a four-year-old boy, Miguel. Selena described the relationship between Miguel and her mother as “spoiling him half the time, and then getting upset when he does not behave.” Selena would get phone calls during the day if Miguel was too out of hand. And there was always a problem waiting for her when she returned home from work or graduate school. “My mother is strong when I don’t need her to be (e.g., when she tells me what I should be doing) and weak when I need her to be strong (i.e., handling Miguel).

Counselor: And how does your husband get along with his son?

Selena: It is probably best that he is away a lot.

Selena’s headaches almost never occurred at work or during graduate school. They would hit her at night when she was at home, and often she would have to go straight to bed. When asked The Question in relation to her headaches, she replied that Miguel needed so much from her. She would be able to spend more time with him, try to help her mother and Miguel get along better, make her husband’s time at home more pleasant, and make some progress on setting up her inner city school. She knew that Miguel would do better if he had a parent who met more of his needs and still set boundaries with him, but she had so little time with him during the week. Only on weekends did they really get “quality” time together.

If only her mother would just handle things more. She felt angry with her mother at the same time that she needed her help. She could not imagine saying anything to her mother that would not reveal her anger, so she said nothing. She had wanted to work with families in the inner city, and now her family took up every spare moment. If she
wasn’t making family life pleasant for her husband when he was home, she was trying to support and care for her mother while finding time to raise and care for Miguel.

It was easy to see how Selena wound up feeling overwhelmed. It was also easy to see the purpose of her headaches; they provided her with a “good reason” to withdraw from her problems at home rather than face them. When the counselor disclosed this purpose to her, Selena felt he was right. She even admitted that she often stayed in bed even when the headache had stopped.

Counselor: I think I might know why “headaches” became the symptom that came to help you. Would you like to hear my idea?

Selena: Yes.

Counselor: You’ve been so busy being good, always doing the right thing, and trying to do it all so perfectly without a whimper or a fuss. People who wear their halo too tight often get headaches.

Selena’s objective interview revealed that she was the youngest of four children, the only girl among boys, and the one who had outshined all the rest. She did so by completing more school (and almost perfectly) than anyone in three generations of her family. She did so by always behaving properly and within the expectations of her extended family and her culture. She did not even leave home until she married, and she made sure that she “married well.”

Her father had been a hard worker who always provided for his family and who kept the boys “on a short leash” until they were in late adolescence. “His Selena” was his pride and joy. He never tired of her company or her achievements. Her mother was much easier on the boys and more strict and protective with Selena. She was loving and
always busy with the needs of the family and their community. “She did not have a lot of fun in her life, but she knew everyone, and she knew everything that was going on.”

It is not uncommon for people who feel overwhelmed and even trapped to experience life in rigid, dichotomous terms; as if the only options are between two extremes (as in “either life or death”). Selena concluded early in life that she had to do everything right or she would be a failure. She could see that other people had much more difficult lives than she had, so she should never complain. And even now, as she talked to the counselor, she feared that if she allowed herself to get angry, she would really explode. It was better to stay quiet—and calm. She believed it was her job to keep everyone happy or life would fall apart.

Counselor: So let me see if I have this straight. You have all these people to keep happy: a husband, a mother, a son, the people at your work, the faculty and your fellow students in graduate school, and you are preparing to save most of the inner city children and their families in a new school. Did I get that right?

Selena almost laughs: Yes.

Counselor: Actually, I hope you make it. You probably can make a miracle of a difference as long as you include you as one of the people for whom you care.

Toward the end of the session, the counselor asked Selena to tell him how effective her mother had been with three boys when they were little. And Selena had to admit that mother had handled everything when her father wasn’t around, and she had
kept the boys in line. Nor did she think her mother was incapacitated in any way now, only perhaps still in grief over the loss of Selena’s father.

Counselor: I have an idea that I think would reflect a new effort to care for both yourself and your mother: that would respect your mother’s capacities and, at the same time, relieve you of some of your burdens.

Selena: Let’s hear it!

Counselor: I wonder if when your mother calls you during the day or when she meets you at the door with a problem with Miguel, you could say, “Mama, I am so glad you are here with us. I don’t know what Miguel and I would do with out you. You are the strongest mother I know, and I know you will handle this problem in the best possible way.”

Selena smiles: I can do that.

Counselor: Do you suspect you’ll need as many headaches next week?

Conclusion. Adlerian therapists often work as if they had only one session in which to make a difference. In many instances, ABT seems designed to facilitate a change almost immediately. As in most cases, however, Selena did come back, and while she had been headache free for a week, she was still struggling with the feeling of being overwhelmed. Her mother had not called her for the entire second half of the week, and she was even reporting some wonderful times with Miguel when Selena came home. Building in real time and care for herself and learning to involve others more in the fulfillment her hopes, dreams, and ambitions would take time and practice. With the
assistance of intermittent support, Selena focused on making changes in one area of her life at a time. Rather than overwhelming herself, she was empowered by learning to focus on improving and moving forward rather than trying to “fix” everything all at once.
References


Notes

James Robert Bitter is Professor of Counseling at East Tennessee State University in Johnson City, TN. He is a former editor of the *Journal of Individual Psychology*, and he has been a member of NASAP for twenty-five years, serving on the Delegate Assembly for six of those years. He has written numerous articles and several chapters on Adlerian Psychology and the work of Virginia Satir. Together with Bill Nicoll, Oscar Christensen, and Clair Hawes, he has helped to develop Adlerian Brief Therapy.

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