

# “ADAPTIVE REORIENTATION THERAPY (A.R.T.): AN ADLERIAN MODEL FOR THE TREATMENT OF EMOTIONAL DISORDERS

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## Abstract

*Compelling emotions emerge in a person's life as adaptive mechanisms to help the individual overcome the challenges that life presents. When one's lifestyle orientation is characterized by biased convictions and skewed private logic, those compelling, aversive emotions can predominate life and contribute to recurrent and worsening difficulties, many of which are diagnosed as a recognizable clinical condition. Rather than focusing specifically on the expressed symptoms, Adlerian treatment focuses on the lifestyle orientation that necessitates those symptoms. Needed is a reorientation to life that is more optimally adaptive. Adaptive reorientation focuses on the individual's desired state and helps the individual to adjust lifestyle orientation in a way that it proves more optimally effective.*

**Keywords:** *Adaptive Reorientation Therapy (A.R.T.); Individual Psychology; Adlerian Psychology; emotions*

## Resumen

*Las emociones imperantes surgen en la vida de una persona como mecanismos adaptativos para ayudar al individuo a superar las tareas que presenta la vida. Cuando la orientación del Estilo de Vida propio se caracteriza por unas convicciones y una lógica privada sesgadas, esas emociones que nos empujan a la acción pueden predominar la vida y contribuyen a dificultades que se repiten y van empeorando, muchas de las cuales se diagnostican como trastornos clínicos reconocibles. El tratamiento adleriano, en lugar de centrarse específicamente en los síntomas, se centra en la orientación del Estilo de Vida que provoca esos síntomas. En estos casos se necesita una reorientación adaptativa hacia la vida más óptima. La Reorientación Adaptativa se centra en el estado deseado del individuo y lo ayuda a ajustar la orientación del Estilo de Vida de una manera más efectiva.*

**Palabras clave:** *Terapia de reorientación adaptativa (A.R.T.); Psicología Individual; Psicología Adleriana; emociones*



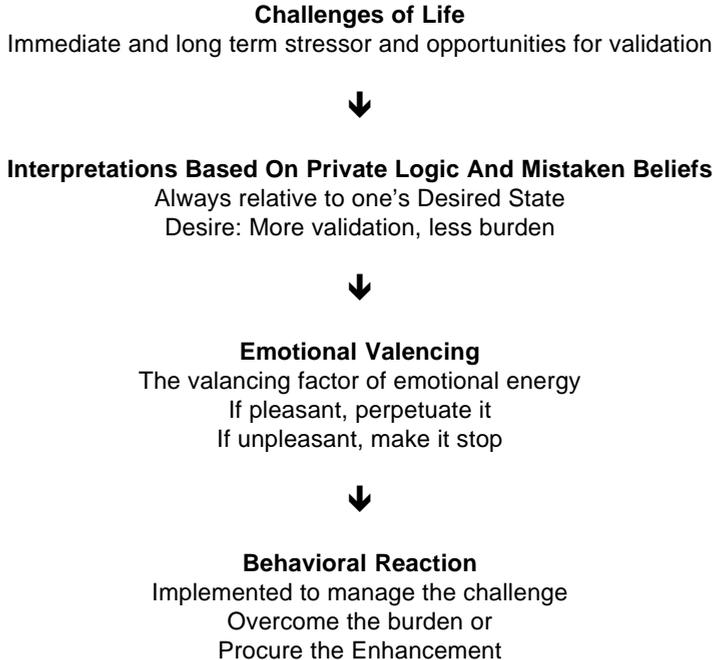
From conception on, the human individual exists in a state of movement through advancing time and ever changing circumstance. When movement ends, life ends. Adler referred to this as the “law of movement” (Ansbacher & Ansbacher, 1956; p. 195). The style of movement is guided by the basic desire to minimize and overcome burden and to create feelings of enhancement and validation (i.e., to minimize *minus* states and maximize *plus* states; respectively). As an individual grows he or she develops a style of perceiving, interpreting and reacting to the events of life. As long as the realities of life correspond to one’s lifestyle orientation, life goes relatively smoothly. *Reorientation* is necessary when biased or naïve interpretations and emotional and behavioral reactions prove ineffective or maladaptive and subsequently contribute to the development of continuing and additional difficulties. Each individual strives to maximize experiences of joy and validation, but life necessitates constant adjustments against challenges to one’s optimal existence.

Problems in life, many of which get labeled as pathological by conventional diagnostic standards, emerge when one’s lifestyle conflicts with the realities of the world. As illustrated in Figure 1, lifestyle includes one’s characteristic way of interpreting situations and reacting to those situations, emotionally and behaviorally. For instance, the interpretations, which characterize the individual’s private logic (i.e., idiosyncratic way of making sense of information; Mosak & Maniacci, 1999) and mistaken beliefs (i.e., optimally faulty convictions and assumptions; Mosak & Maniacci, 1999), may not be aligned with the realities of social living. In such circumstances, the individual experiences compelling emotional energy that puts into motion behaviors directed at overcoming the challenge. However, some social realities are not readily eliminated and problems re-emerge.

While the idea of “social realities” could be long debated by psychologists, politicians, theologians, philosophers, and others, some realities simply exist. For instance, all humans move through time and circumstance with a preference for validating feelings over pain and discomfort (See Millon, 1990 for discussion of evolutionary imperatives). However, what is joy for one person may create discomfort for another, and vice versa. Further, the greatest joys and pains in life will, either directly or indirectly, occur within the context of social relationships. If one nurtures relationships, he or she maximizes the probability of enjoyable friendships and intimacies. If one abuses relationships or takes them for granted, he or she will be required to deal with recurrent conflicts and painful feelings. It is also true that there is no one way the world *should* or *must* go, it goes the way it goes and sometimes people don’t like it. Further, the fact is that a large percentage of every individual’s day will be spent doing things that he or she might prefer to avoid. If one does avoid those things, he or she will face the consequences of having left things undone. But, to get those things done, one will, on frequent occasion, have to sacrifice doing other things that are perceived as more desirable. It is also the case that humans are biased in their thinking, act without having all the pertinent

information, and perpetuate their own errors in thinking in order to protect fragile self-esteem. Humans also tend to be quite self-serving and act in their own self-interests; although some learn that attending to relationships does enhance their own lives. These are some of the social realities that are not negotiable. They simply exist as part of the reality of life. Problems occur when a person's lifestyle orientation, reflected in one's private logic, mistaken beliefs and behavioral reactions (as compelled by emotional energy) conflict with these realities.

To manage social realities and the recurrent challenges that life presents, it is important that one's orientation to life include rational and reasonable beliefs, and include the skills necessary for optimal functioning. When one fails to understand the implications of one's choices and expects accommodations from others that those others are unlikely to provide, emotional problems are nearly inevitable. An attitude toward life that includes an awareness and acceptance of social realities and an awareness of the necessity of contributing to positive solutions maximizes the likelihood of more optimal outcomes. One must be prepared to sustain the self without unnecessary dependency upon others, live with and get along with others and manage one's urges and impulses. Adler referred to these as the life task challenges (Ansbacher & Ansbacher, 1956). They include the Work Task, the Social Task and the Love/Sex task. Elements of these Life Tasks include the willingness and ability to accept *responsibilities*, which implies the willingness to do what is necessary, even when it is perceived as unpleasant. This is a critical component of the Work Task. It is also necessary that one learn to cooperate with others, which means doing what is necessary to meet the requirements of the relationship, whether that includes meeting a broad social obligation (e.g., contributing to a community function) or expectations in a friendship or intimate partnership (e.g., listening and keeping a secret). This is the Social task, which relies heavily upon *cooperation*. It is also important that one learn to manage sexual urges and develop mutually respectable intimacies. This is the Love/Sex task and relies heavily upon *respect* of self and of others. In addition, the challenges of life require courage, which is the willingness to face challenges despite compelling energies that encourage escape or avoidance. Taken together, these four qualities, responsibility, cooperation, respect and courage make up psychological muscle. Psychological muscle is necessary if one is to effectively manage the challenges of life (Rasmussen, 2014). It is through optimal navigation of these life challenges that one comes to feel capable, competent, useful and connected with others (Bettner & Lew, 2005); those outcomes that best validate human experience and produce healthy feelings of joy and validation.

**Figure 1. The Cycle of Movement**

Emerging from the individual's biased private logic, emotional energy often includes states of distress that compel compensatory actions. These emotionally compelled, behavioral reactions may be effective as *immediate* resolution to perceived challenge or burden, but prove to be mal-adaptive when considered more *optimally*. For instance, expressed anger defends against perceived threat and removes obstacles to desired outcomes, but invariably damages relationships. Similarly, depression produces immediate relief from burden and potential failure, but contributes to prolonged distress. Indeed, it is the focus on immediate rather than optimal resolution to compelled states that most problems in life originate and that often induce one to seek psychiatric assistance (Rasmussen, 2010). By the time an individual presents for treatment, he or she is facing the consequences of years of sub-optimal accommodations to life challenges. In the following section, those consequences are presented in the form of recognizable clinical conditions.

### **Common pathologic themes**

Each of the symptom categories below reflect strategies that people rely upon to manage the challenges and burdens of life. Indeed, from an Individual Psychology perspective, the problem is not the symptoms per se; symptoms are simply aspects of the solution, which are emotionally compelled and behaviorally enacted. The more specific problem is the bias and limitation inherent in the lifestyle relative

to the demands of life.

To better understand symptoms, it is important to note that what is often labeled a *clinical disorders* should not necessarily be taken to represent *things* that one *has*. Clinical diagnoses reflect professionally agreed upon descriptions of the nature of a person's struggle; they are not necessarily things that one possesses that are foreign to the self. The difference is illustrated by considering the use of a noun and an adjective in language. An adjective is a descriptive term, while a noun is a thing. Clinical diagnoses in this regard are descriptions not things. Of course, given an individual's temperament, physical attributes and early experiences that culminate in a style of movement, an individual may be more or less vulnerable to a particular manifestation of symptoms. Nonetheless, these symptoms most typically reflect efforts to solve and overcome life challenges and are not *abnormalities* that a person *has*. For instance, the symptoms of ADHD reflect a thinking style and temperamental attributes that often create liabilities to overcome. ADHD is not simply a physical abnormality that one has, rather, it is a tendency to be hyperactive and inattentive in a way that is often problematic. This description reflects a *psychology of use* or adaptation model, which is in contrast to a more convenient and common *psychology of possession* view, which implies that symptoms reveal an underlying abnormality independent of lifestyle. Within the Individual Psychology perspective is the notion that what people do, including how they think, feel and act is done as a means of accommodation to current situational demands (Ansbacher & Ansbacher, 1956). This is the notion of use or adaptation.

To more fully conceptualize a clinical condition, it is important to understand the role of emotion. Emotions serve three critical purposes in the individual's orchestration of life (Rasmussen, 2010). First, it is the *feeling state* aspect of emotion that provides existential feedback concerning current quality of life. If one feels good, a felt plus, life is good at that moment. If one feels badly, a felt minus, at that moment life is not good and some accommodation to life is necessary. Second, emotions are the first means of interpersonal communication that humans rely upon to make their needs and desires known to others. Indeed, were it not for the ability of the infant to scream and cry, caregivers would not know to attend to that infant's need (Tronick, 1989). Likewise, infants invest the positive attention of caregivers through laughter and other expressions of joy. Emotions continue to serve the important role of interpersonal communication throughout the individual's life. Indeed, words and rules of language, which develop after years of engagement with the world, get much of their meaning through the emotional intonations accompanying their expression. Indeed, emotions are at the foundation of all nonverbal expressions. Third, emotions are the critical factor energizing expressed behaviors. To be sure, humans do not do anything behaviorally that is not energized by emotion (Rasmussen, 2010; Frijda, 2007).

It is important to note that people rarely present for treatment because they know their thoughts to be distorted or their behaviors to be biased. People seek

treatment when life becomes excessively painful, which underscores the importance of emotions. Subsequently, it is important to understand emotions within the context of the psychology of use. More than simply the consequence of biased cognitions, genetic disposition or chemical balance, emotions are major components of one's style of life and what people strive for is the opportunity for positive feeling states. Common emotionally-based clinical conditions are described below as they relate to the psychology of use model.

### **Anxiety**

Anxiety reflects the felt awareness of a challenge/threat that must be overcome (Öhman, 2008). Events that are perceived as a threat may include stressors that are anxiety provoking for most individuals, including financial shortfalls or important performance evaluations as examples. In other cases, the anxiety emerges from more idiosyncratic stresses such as fears of embarrassment in normal social discourse or the need to get a task completed. Anxiety is a normal adaptive mechanism that serves a critical role in the orchestration of life. It becomes problematic when the individual fails to effectively meet the challenge prompting the anxiety or misperceives the challenge. Anxiety serves to compel the individual to attend to and hopefully resolve a challenge; how the individual addresses that challenge will impact quality of life, now and in the future. In addition, expressed anxiety often energizes both blatant and subtle expressions of distress that serve to invite the assistance and accommodation of others. This is problematic when the individual could and perhaps should manage the problem him or herself.

When feeling anxious an individual is compelled to resolve the anxiety. Attention to the task is only one option and is often the least preferred option because of the effort, risk or sacrifice necessary. Anxiety typically compels avoidance, escape, denial, or distortion, all of which led to a decrease in attention to the problem. Such forms of avoidance decrease immediate anxiety and thus are negatively reinforced. However, the source of the anxiety typically remains.

For many individuals, focusing attention on the anxiety serves as justification for not addressing the actual source of that anxiety, which the individual does not do for any of a variety of reasons; including lack of skill, lack of confidence, lack of courage, etc. In this case, focusing on the anxiety serves as a safeguard (i.e., what an individual attends to in order to avoid addressing the more specific need or problem) against the other factors (Adler, 1973).

To the extent that the challenge can be overcome (e.g., get a homework assignment done), anxiety is an effective motivator. Indeed, were it not for the anxiety, one may not be compelled into action. To the extent that the solution requires a violation of social realities (e.g., the requirement that others agree with one's worldview, or that others stop what they are doing to assist the individual or cease reasonable expectations), anxiety will not be effectively resolved. An optimal resolution would be to respond to the anxiety by getting the work done in a relatively

independent and efficient manner. In the case of worldview violation, an immediate resolution would be to verbally attack anyone with an alternative view and thereby create a feeling of superiority, but this is likely to lead to more conflict. An optimal solution would be to consider alternative views and advocate for interpersonal respect and, as much as possible, interpersonal tolerance. To be sure, the rigidity of worldviews and their connection with issues of life after death can make more optimal solutions very difficult.

In the case of immediate resolution of anxieties, distress is likely to return with greater intensity and subsequently compel other reactions that create immediate, optimally ineffective solutions to the mounting problems. Anxiety sets the stage for the development of irritability, anger, and somatic preoccupation (e.g., somatization disorders) and eventually to hopelessness and retreat, the critical factors in depression. Indeed, these later emotions emerge to energize behaviors directed at dealing with the source of the anxiety.

### **Animated Symptoms**

Animated symptoms include anger and mania. These emotions indicate active and often aggressive efforts to overcome challenge and/or obtain validation; perhaps through the compliance/obedience of others or through the acquisition of other desired outcomes. That these feeling states emerge in response to some form of anxiety should not be surprising given that the individual is compelled by anxiety to deal with a life challenge. Animated symptoms often arise in the face of interpersonal struggles and comparisons, and frequently lead to conflicts as the well being of others is compromised by those animated symptoms. Indeed, those in animated states are often concerned only with the immediate needs of the self and are rather indifferent to the welfare of others. Animated symptoms contribute to a cascade of conflicted relationships and often lead to the abandonment of legal, moral and ethical guiding principles. It is when these consequences are felt that the animated symptoms give way to hopeless retreat, which is experienced as depression.

In the case of anger, the animation is expressed as a means of energizing the actions necessary to removing an obstacle to an outcome one feels entitled to receive (Rasmussen, 2010; Eckstein, Milleren, Rasmussen & Wilhite, 2006). The outcome might include respect, accommodation, financial benefit, rescue, or simply getting the last cookie in the cookie jar. When one feels entitled to an outcome and perceives an obstacle, anger will likely emerge in some form, whether passively in the form of quiet resentment and expressed innuendo, or actively in the form of harshness, active confrontation and/or aggression.

In the case of mania, the animation is expressed as a means of acquiring a validating outcome, which could include some form of direct gratification that comes from material gain (e.g., shopping or theft), sexual activity, social participation, or abrupt life reorientation (e.g., impulsively quitting a job to pursue an imprudent ambition; Rasmussen & Alexandrof, 2014). The animation may also be directed at

the overcoming of challenge or threat, such as evident in emotional breakdowns, anger fits and acts of aggression. In many cases of animation, it is not the activation of a reaction that is most problematic; everyone gets excited, enthusiastic and frustrated on occasion. The problem is that the individual does not have the self-regulating skills necessary to control impulse and strong emotion (Rasmussen & Alexandrof, 2014). These skills are tightly linked to psychological muscle. For instance, an individual who is concerned about maintaining respect would be more likely to limit behaviors that could put him or her in a position of hurting others and subsequently feeling guilty. Similarly, a person who fears facing unwanted consequences and who knows that others are unlikely to provide rescue are more likely to put limits on their enthusiasm. Bipolar disorder is an excellent example of the urgency of movement and the vacillation between the two poles of felt plus and compelling minus.

### **Depression**

Depressive symptoms, including dysthymia, major depression and suicidal ideations and intentions, are indicative of felt hopelessness concerning one's ability to overcome challenge(s). Hopelessness is expressed as retreat into a state of depression (Gilbert, 2001). Via the retreat, the individual derives some relative relief from the burdens faced, but because the burden, often in the form of more-or-less reasonable obligation remains (e.g., the college student with assignments, parenting responsibilities, work assignment, etc.), painful emotions persist. In addition, the retreat of a depression often necessitates rescue and accommodation by others who are invested in the individual's welfare and/or performance (e.g., parents, teachers, spouses, etc.). This is an excellent example of primary gain (i.e., relief) and secondary gain (i.e., reward). The challenges faced could relate to one's efforts to escape/avoid perceived burden (e.g., hated job or supervisor, or the consequences of bad choices), or to obtain validation (e.g., to achieve in some capacity thereby warranting recognition and perhaps praise). To be sure, meeting the hopes, aspirations and expectations of life can be daunting. When one becomes hopeless that he or she can meet ambitions and expectations, depression is nearly inevitable (Rasmussen & Alexandrof, 2014). In the most extreme circumstance, the individual is hopeless that distress can be resolved and seeks relief from ongoing emotional pain by way of suicide.

### **Goals of Adaptive Reorientation**

The assumption of Adaptive Reorientation Therapy (ART) is that people cannot function efficiently in life when lifestyle orientation is not aligned with the realities of social living. Subsequently, the goal of ART is to help clients align personal ambitions with those realities such that interpretations (private logic and mistaken beliefs), feeling states (i.e., plus vs. minus states) and actions are more realistic (aligned with the requirements of social living), less self-bounded and more

optimally effective.

The intent is not simply the elimination of aversive, compelling emotions, but the encouragement of a lifestyle that more efficiently and optimally addresses challenges, while maximizing opportunities for validation (positively valenced experiences); thus, an orientation to life that will *make symptoms less necessary*. Considering that symptoms are primarily overused adaptive mechanisms and not as often conditions emerging independent of lifestyle and goal striving, it would not be sensible to eliminate the symptoms or to block their expression. It is more important that the individual alter his or her orientation to life in such a way that emotions are more balanced and optimally useful.

### **Critical Components of Adaptive Reorientation**

The most critical factor in the adaptive reorientation approach is validation of the desire to experience minimal burden and maximum validation. It is the assumption that every individual desires to feel safe and unburdened by unwanted demand and to perceive the self as an individual of worth and life as an opportunity for joy. The validation of this desired state serves to align the goals of therapy between client and therapist, thereby decreasing a client's resistance to the therapeutic process. The critical question becomes, "what are the individual's mistaken beliefs about what must occur or not occur in order for the desired state to be fulfilled?" This is where reorientation is critical. Understanding these mistaken beliefs requires assessment and understanding of one's style of perceiving, interpreting, and reacting (emotionally and behaviorally) to life events.

#### *Consideration of Lifestyle*

One of the first areas of attention is an assessment of what the individual believes, at a conscious level, to be of value (one's values or sense of meaning) and, in a related sense, an assessment of what the individual is striving to achieve (his or her ambitions); which are typically revealed as lifestyle convictions. Values and ambitions reflect targeted goals by which one evaluates the self. It is important to acknowledge that these values and ambitions often contribute in important ways to the individual's burden and subsequently set the foundation for safeguards. Values and ambitions are critical aspects of joy, satisfaction and fulfillment. However, values and ambitions need to be understood within the context of the desired state. One may value achievement and status, but find the challenge to achieve overly burdensome. Values and ambitions are best understood by way of a retrospective lifestyle assessment and analysis.

Lifestyle assessment includes consideration of early influences that set the standard for the individual's style of movement through life. Consideration of family constellation and niche adoption is useful as a means of identifying the individual's developed style of movement. While children may grow up in the same home and family, each is in a unique position with difference influences and

opportunities. Important is the understanding that each child is seeking a role in the family that will maintain the investment of care-providers and produce feelings of both security and validation. How the child negotiates the childhood environment will, in important ways, carry over to a style of engagement with the world later in life. Consideration of parental influences, including style of parenting (e.g., harsh vs. permissive), presence or absence of one or both parents, parental ages and age differences, parental careers and values will all lead to a better understanding of the individual's style of movement, including guiding lines (e.g., how men and woman should behave and how they do behave, as examples) and reactive tendencies (e.g., anger, acquiescence, passive resistance, etc.). What is most important is the individual's own perception of these early influences; indeed it is not the reality of the childhood circumstance that is most important, it is the individual's perception of the childhood circumstance. What may be important and influential for one child in a family may not be important for another, or important for different reasons.

Consideration of cultural influences related to racial, ethnic, religious and regional differences can reveal additional guiding lines (e.g., standards of behavior that one might fulfill or fail to fulfill), inferiority feelings (e.g., a belief that one does not measure up to perceived standards) and fears, as well as experiences with feelings of real or imagined superiority. For instance, one social group may feel culturally inferior or superior relative to other groups (e.g., races, ethnic group, economics classes, religions, gangs, social clubs, etc.). Lifestyle assessment will reveal prejudices and sources of interpersonal conflict. All of these areas reveal potential vulnerabilities to distress (e.g., anxiety, anger, depression, etc.). Of course, lifestyle assessment may also reveal particular areas of strength and resiliency.

A hallmark of Individual Psychology is consideration of early recollections and recurrent dreams, which often reveal lifestyle orientation, including desired state and fears (i.e., what the individual hopes for and what he or she fears). For instance, an individual may report a recollection that reveals a desire for indulgence and attention, which would also suggest a fear of being ignored and left to feel unappreciated. Another may share a recollection of being humiliated and now acts to avoid any potential social failure or embarrassment. Current dreams are also useful as they reveal current challenges within the context of lifestyle. It is also useful to consider traumatic experiences and developmental injury, which may reveal stuck points preventing further growth and development. In such cases, the client may need to engage in specific trauma recovery treatment (Moore & Newbauer, 2014).

Through the consideration of these critical, developmental factors, the therapist and client are able to derive the following: Clarification of mistaken beliefs and idealistic goals associated with the desired state. For instance, one may have the value and ambition of being a good father and husband, but find the task of parenting and partnering to be burdensome and unsatisfying. What does the individual do to

manage ambitions and desires? While this assessment is helpful to the therapist, most important is the opportunity for the client to recognize his or her outdated and counterproductive attitudes and behaviors that were developed as a function of early life experiences and thus do not reflect genetic or physiologic inevitability.

An additional advantage of lifestyle assessment is validation of the client's desire to be understood and respected, which serves to help therapist and client align treatment goals thereby minimizing treatment resistance. Wanting to be respected and understood is reasonable and considered a universal human characteristic, the question is "how does one go about deriving those outcomes?"

Through lifestyle assessment, therapist and client are able to engage in a life goal re-clarification. The goal is minimal burden and maximum validation; this point is to be emphasized. Life-goal re-clarification involves the revision of beliefs about what needs to occur in order to reach the desired state of maximum plus, minimal minus. This includes acceptance of the challenges and burdens of social living, and the necessity of periodic disappointment and occasional sacrifices. Goal reorientation emphasizes the desire to feel of worth among others; and this must be reconciled with the values, ambitions and movement of the individual.

#### *Assessment of Strengths, Assets, Liabilities and Limitations*

In addition to the individual's desired state, it is useful to get a sense of the individual's strengths and assets that the client can draw upon in his or her change efforts and of what factors will need to be accommodated. A strength assessment provides insight into the skills and abilities that the individual can use to his or her advantage. For instance, the individual may be well organized, intelligent, and tenacious, all of which are strengths that will help in the process of reorientation. In addition, what are the unique resources, or assets, that the individual can draw upon in the reorientation process? This might include family support, financial resources, educational background and other advantages. Next, what are the liabilities that will need to be overcome or compensated for with adaptive reaction? Perhaps the individual has an insufficiently developed work ethic, weak family system, or unusual financial challenges. These liabilities cannot be ignored and will need to be addressed in the process of reorientation. To be sure, poorly developed psychological muscle and unrealistic expectations of others are the most common liabilities. Finally, what are the limitations, which include those realities that the individual may wish were different but that he or she will need to accept. This might include chronic illness or handicap, physical attributes, genuine obligation, etc.

#### *Lifestyle reorientation*

Adaptive reorientation focuses on helping the individual to reorient him or herself to the realities of social living, which will require an attitude of social interest and the display of psychological muscle. The point of these realities is that one cannot choose to accept or reject these realities, they are realities that all must accept;

they exist and influence the individual whether he or she accepts them or not. Failure to accommodate the realities will inevitably lead to states of distress and often to the emergence of DSM/ICD clinical conditions. Successful living also requires social interest, which is the ability to think beyond the self and the willingness to make the necessary personal sacrifices to promote optimal solutions to personal and interpersonal problems (Ansbacher & Ansbacher, 1956). These demands will also require psychological muscle.

Adlerian-based Adaptive Reorientation helps the individual reorient him or herself to those realities in such a way that the movement of life proceeds with improved efficiency. In sum, Awareness + Education + Social Interest and Psychological Muscle leads to decreased reliance on what is labeled as symptoms. It is not the intent to eliminate symptoms, but rather to make their expression less necessary. As an outcome of a more adaptive orientation to life events, the individual is better able to derive feelings of competence, connection, positive self-esteem and self-respect.

### **Task of the Client**

The task of the client is to understand that everyone can grow; everyone can do better. Mental health clinical diagnoses can be overcome. The individual must also be prepared to accept the realities of social living. This includes the understanding that humans are all doing the same thing, which is moving through time and circumstance with the preference that things go well. The client must also accept responsibility for effective change, which includes a commitment to reoriented movement or acceptance of current, *pathologic* status.

The client must also be prepared to abandon outdated safeguards. This will require the development of accountability, part of the Responsibility task. He or she must be willing to accept that humans are social creatures and required to cooperate with others or face the burden of recurrent conflicts. He or she must accept the inevitability of sacrifice, disappointment and periodic failure; this requires the *courage to be imperfect*. Finally, the individual must learn effective ways to recognize and celebrate the joys available in life.

### **Responsibilities of the therapist**

The ART therapist explores and conceptualizes the style of movement characterizing the individual such that he or she is able to assist the client in better self-understanding and more optimal movement. He or she provides recommendations for reorientation coupled with support, encouragement, hope and optimism. Because his model recognizes the responsibilities of the individual to face life challenges and places that responsibility on the client, it is critical that the therapist be compassionate, understanding of the burden, sympathetic and empathetic about the nature of the challenges. It is also important for the AR-oriented therapist, as much as possible, to model psychological muscle and social interest.

## ART-Techniques

Adaptive reorientation does not rest on the use of specific techniques. Whatever the client can do to meet life-task obligations, accept the realities of social living and subsequently foster better interpersonal relationships and sense of belonging among others is good. Nonetheless, specific tasks can be identified.

**Basic Social Skills grounded in Social Interest** – A primary focus of ART is teaching the individual how to function as a member of a civil community. This includes understanding and accepting the realities of life. To assume that one cannot learn is excessively limiting and devalues the individual's ability to grow. Everyone can do better. This include psycho-education training that includes presentation of the basic realities of social living, distinction between the immediate resolution of a challenge and optimal resolution, the basic rules of social discourse emphasizing the commonality among people to shun unnecessary burden and to celebrate moments of joy and validation. Specifically, the clients are taught how to develop and nurture relationships in a less self-bounded style and are encouraged to develop greater psychological muscle. The focus is the needs of the relationship in addition to the needs of the self.

**Management of Emotional Distress** - Because the choices people make are typically compelled by aversive emotional states, management of those states is critical to therapeutic success. This is best accomplished by first helping the client to understand that states of burden and the necessity to overcome challenge is a fact of life. Indeed, most of each day will be spent accommodating to states of burden. How well one responds to those minus states will determine overall life satisfaction. Clients are educated about the role of emotions and their adaptive purpose and encouraged to use that knowledge in such a way that feeling states becomes informative rather than simply aversive (Rasmussen, 2010; Rasmussen & Dover, 2007). By paying attention to what the emotion reveals about private logic, one is in a better position to make optimal accommodations to the challenge. For instance, anxiety indicates challenge to one's desired state, anger reveals a sense of entitlement or violated expectation and, depression indicates hopelessness and desire for retreat. Rather than simply giving into the emotional energy, the client can use the awareness of emotional meaning to choose more optimal reactions. The client is encouraged to always link chosen reactions to the optimal desired state. What can the individual do to make the situation go well, or at least to make it better.

It is also very useful to include more traditional strategies such as relaxation training and mindfulness to help the person tolerate and minimize the impact of emotional distress. However, the usefulness of these strategies is limited by neglect of more optimal reorientation strategies. Further, medications can be helpful in the same regard, but may suffer the same limitations.

**Interpersonal and Intrapersonal Encouragement** – Every human being benefits from encouragement and every human being has the capacity to encourage and be encouraging. Dreikurs said that people need encouragement just as plants

need water (Dreikurs & Soltz, 1964). A human has the ability to provide self-encouragement, while providing it for others at the same time; and rather than one diminishing the other, doing one enhances both. One of the most important things a child can learn from a parent is encouragement; it comes in the form of reassurance, faith and statements that remind the child that he or she is capable. A child who reaches adulthood with the ability and willingness to be a source of strength to others, as well at the self, is a person with strength and resilience.

**Development of Social Interest** – Because each individual is a part of the larger whole, it is important that clients be encouraged to think beyond the self and contribute to the optimal betterment of a situation. This includes acting with psychological muscle and making a contribution to the welfare of the world rather than simply a consumer of the world's resources.

### Comments on Resistance

Because Adaptive Reorientation promotes personal responsibility in one's recovery and optimal functioning, resistance may be common. Indeed, the burdens and stresses of life overwhelm many clients, subsequently, they retreat into helplessness and many become stuck in memories of past traumas and defeats. It is also the case that some clients prefer the freedom and deferred responsibility created by taking on a helpless or victimized perspective and lifestyle. Psychological health requires effort and some are not prepared for that burden and resist the real work of therapy. To minimize resistance and promote personal responsibility for change, several factors can facilitate the positive outcomes of therapy.

It is important to affirm and frequently reaffirm the basic desire for life to go well. Freedom from unwanted burden and the experience of joy, happiness, love, and self-esteem are all reasonable ambitions. Problems occur in how one derives these outcomes. Even when the client is focused on one life issue, such as a better relationship with a friend or family member or seeking the resolution of bad memories, the basic goal of living a pleasant and/or fulfilling life is at the foundation. The client is reminded of this ambition frequently throughout the process of reorientation.

It is useful for the therapist to remain appropriately *optimistic* (i.e., not dismissive of the challenge and/or limitations), constantly *encouraging* (i.e., emphasizing the capacity for growth) and *matter-of-fact* in a way that underscores the realities of life. For instance, a therapist might say, "yes, that can be a difficult challenge to overcome," or confirm that "others can indeed be difficult to live with at times," and "it would be nice to have things always go our way, but these are the challenges that can be overcome and not the fatal limits to joy and contentment."

It is important to remind the client of his or her control over the *choice of change*. Part of choice is the option of remaining stuck where one is at present and thus doing nothing. This is the individual's right and they can be reminded of their right to exercise this option. However, they cannot exercise this option and live a

life free of avoidable distress.

The pace of treatment should be managed in a way to avoid invalidating the struggles faced by the client. The adaptive purpose of the symptoms may make sense to the therapist very early in the process, but the client may not be prepared for that degree of insight and understanding. It is easy for the therapist to get ahead of the client's pace. Further, while it is best to provide the client sufficient opportunity to be heard, the therapist need be weary of letting therapy become the client's self-bounded indulgence. It is useful to allow the client the opportunity to tell his or her story, while offering insights and observations along the way that may become more central in later sessions. The challenge is to find the balance between directed reorientation for optimal, current functioning *and* retrospective reflection that validates one's struggle while allowing opportunity for productive insights. Too much directed reorientation will promote resistance by suggesting that problems are minimal and change should be easy. Too much retrospective processing can interfere with change and potentially reinforce a pathological position.

Adaptive Reorientation Therapy does not require that the therapist neglect other tools of conceptualization or intervention, but encourages the therapist to remain focused on the style of movement of the individual client, his/her lifestyle goals and the production of optimum outcomes. The Individual Psychology-based, ART approach provides a growth-based foundation upon which a therapist can utilize classic behavioral and cognitive interventions, including progressive shaping, reinforcement and desensitization. Evidence-Based Therapies, dynamic therapies and other change strategies oriented to facilitate more optimally effective movement through advancing time and changing circumstance can also be used in the reorientation process.

### **Case Example**

Marco is 45 years old and has been diagnosed with Bipolar Disorder. He goes through periods of highly animated feelings that include impulsively acting out (e.g., becoming argumentative, throwing and breaking objects of value and threatening revenge and self-destruction), work absenteeism, and periods of focused and unfocused anger, and phases of sexual indiscretion. Animated phases are followed by periods of withdrawal and feelings of guilt and hopelessness. He has been treated medically for his symptoms, with some limited relief. He would like to become less dependent upon these medications.

Marco is a firstborn in a family of high achieving parents. He has three younger siblings who have had different levels of life success. He is divorced and had no children. His marriage ended because of their repeated conflicts and his infidelity. He feels a tremendous need to achieve, but also feels burdened by the necessity to achieve, which is a common characteristic in bipolar clients (Preven & Shulman, 1983). As a firstborn he tends to feel entitled to respect and to more accommodations than he is receiving. The necessity of having to earn that respect and accommodation

is a burden to Marco, however he understands that respect needs to be earned. Because he is failing to earn that respect, he struggles with periods of self-contempt that contribute to manic episodes (Rasmussen & Alexandrof, 2014).

He has a university degree and a keen intellect. However, he has not been able to maintain successful employment because of the difficulty he has working with those he perceives as inferior to him. He has often left positions, either by his choice or his employer's, because of interpersonal conflicts and performance failures stemming from his absenteeism. Following these conflicts, he has often retreated into states of depression with periodic suicidal thoughts.

Marco maintains the conviction that a person of worth is one who is in charge and respected in his superior position. These are his values and ambitions. He strives to be a leader and to be respected by others. Challenge to his assumptions and directions by others are taken as a direct violation of this conviction and his response has been to confront the challenge with personal attacks compelled by anger. Marco has very little patience with subordinates. When discouraged, Marco tends to retreat from responsibility and indulge his desires until the consequences become unavoidable.

One of Marco's early recollections is particularly revealing of his lifestyle. He reports a memory of being on a family outing when 6 years of age. His mother was pregnant with his youngest sibling and was at a Doctor's appointment. He was left to watch his other two siblings. His younger brother, who was rather rambunctious, ran off and could not be found. When his mother returned from the appointment and found his brother missing, she was angry with Marco and yelled at him for his irresponsibility. Most vivid in this memory was the anger and contempt for his brother who put him in the position to be the target of his mother's wrath. The emotion, even as he thinks of it now, is anger and contempt. His summary of this memory is that underlings (those in his charge) will get you in trouble if not managed and they are prone to irresponsibility. It is also noteworthy that the response to circumstantial failure, expressed by his mother, was anger.

While this is a brief overview of Marco's lifestyle orientation, it illustrates the developed orientation to life that contributes to immediate resolutions and the perpetuation of worsening problems. For Marco, the desire to be respected and take on the position of leader is indeed admirable and could be undertaken with social interest, but this is not part of his style of interaction. In consideration of psychological muscle, shortcomings are revealed. For instance, he may question his own sense of responsibility. After all, he did fail to keep his brother under control and has had repeated professional failures. He now finds the task of being responsible quite taxing. His cooperative skills are limited. He views other as objects to be controlled and uses threat and intimidation to control them. This inevitably leads to their passive and active resistance and subsequently to conflicts, as well as to his feelings of contempt for self and others and to periods of discouragement. Marco is also lacking on the respect aspect of psychological muscle. He reacts poorly to what he

perceives to be disrespect and does not act respectfully towards others. It is this factor in particular that contributed to the failure of his marriage. Marco disrespected his wife, himself and the individuals whom he entered into an affair with. Finally, at present, Marco is lacking in the courage to face his own difficulties and is inclined to retreat in the face of disappointment and discouragement rather than alter the rigidity of his convictions and his strategies.

Marco does possess a variety of strengths that he can rely upon. He is intelligent and has a good education. His social skills are good, even though he may abandon those skills when frustrated. His most significant liability is his sensitivity to opposition and his lack of patience and respect. Marco fails to understand that others are not here simply to accommodate him and have feelings and ambitions that may conflict with his and they are likely to view his oppressive strategies as a burden to deal with. He possesses no limitations that would impede his growth and reorientation.

Successful treatment will require reorientation. Marco's basic desire to be a leader and be responsible is respectable, even admirable. While the therapist could focus on the liabilities, a focus on the desired states is critical. Rather than striving to eliminate a problem behavior, the treatment focus is on developing better ways to reach his goals of respect and success. How Marco has come to fulfill his ambitions has contributed to a host of interpersonal and emotional problems, which has led to clinical diagnosis and treatment. Realizing that what he desires, to be an effective and successful leader, is reasonable and even admirable will be encouraging to Marco. His desired state is thus validated. Of course, he will need help in managing the emotions that emerge from old, outdated beliefs and convictions, but this is not the focus of treatment. Knowing where these convictions and subsequent emotions originated will be helpful to Marco. The beliefs and emotions are not simply genetic inevitabilities, but the result of early assumptions about life that tend to be suboptimal. His sense of responsibility, his devotion to work and self-sustenance will be encouraged and developed; his ability to cooperate with others will require reorientation, yet these are skills that can be learned. Once Marco comes to understand the importance of encouragement in relationships and in leadership, he will find more success in his relationships and ambitions. This will also help him to manage what he perceives as disrespect from subordinates. As he understands that others are simply striving, as is he, to manage life challenges and derive feelings of validation, and are subject to the same social realities that he is, he will be able to engage with others in a more respectful, patient and encouraging manner.

## Summary

Adlerian therapy begins with the assumption that all individuals can do better in life and continue to grow as members of civil society. However, as the results of misdirected training in childhood an individual may develop an orientation to life that proves to be sub-optimal and that contributes to the development of what

becomes a diagnosable clinical condition. Attention to the symptoms making up a clinical condition may help to provide some temporary relief. More important, is a reorientation to life that leaves the individual less vulnerable to emotional distress. Through consideration of the individual's lifestyle development, therapist and client can work together to identify mistaken beliefs and find new, more optimal strategies for deriving a feel plus state. This will require that the individual to adjust his or her orientation to life such that it is characterized by greater psychological muscle and social interest. Adaptive reorientation is an Adlerian-based approach that relies upon encouragement, optimism and psycho-education as a means of promoting optimal lifestyle orientation.

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