A Narrative Survey of Classical Adlerian Depth Psychotherapists

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Abstract

This article reports on information gathered in 2013 from available Classical Adlerian Depth Psychotherapists worldwide. After a summary of what is involved in the certification training, simple data from the questionnaire are shared.

Keywords: Individual Psychology, Classical Adlerian Depth Psychotherapy, Alfred Adler, CADP training, Henry T. Stein

In putting together a special issue on Classical Adlerian Depth Psychotherapy, we wanted to say something about the depth psychotherapists themselves. The question of interest was, "Why devote oneself to a thorough and systematic study of Adler's theory, philosophy, and style of treatment?" This survey is a very modest attempt to find out where we are and whom we are serving, but also why we choose to do this.

To conduct the survey, we contacted 15 individuals who had completed the Classical Adlerian Depth Psychotherapy certification program. A questionnaire developed by the author (see Appendix A) was emailed to all 15 Classical Adlerian Depth Psychotherapists (CADPs). The questionnaire tried to elicit reactions about their Classical Adlerian Depth Psychotherapy training and current practice.

In the following, I offer a description of the Classical Adlerian Depth Psychotherapy certificate training and then summarize the information; I also include some representative quotations from the respondents.

Classical Adlerian Depth Psychotherapy Training

The training for certification includes a minimum of 20 courses covering theory, practice, and case study. Each course typically includes 5 weeks of instruction along the following format: 6 hours of audio instruction per week (30 per course), along with self-study of specific published source material and unpublished manuscripts from vast holdings of the Adlerian Institutes of San Francisco and Northwestern Washington. The listening and
reading are followed by a minimum of one hour-long, one-to-one discussion (by telephone or Skype) with the training analyst each week. The intent is to discuss and deepen understanding of the material.

Training begins with a strong emphasis on Adler’s theory in its entirety—six courses on this alone. Theory courses develop in complexity from basic concepts to a thorough reading of *The Collected Clinical Works of Alfred Adler* (Stein, 2002–2006). Along with theoretical studies, courses are provided in each of the following modalities of treatment: individual adult psychotherapy (two courses); couples therapy; child and family therapy; brief therapy; group and marathon therapy; and substance abuse diagnosis, assessment, and treatment. There are also courses on advanced Socratic method (two courses) and case analysis and treatment planning.

Once the treatment modality courses are under way, CADP clinician-students begin working actively with case studies. This portion covers four courses. It begins with reviewing and creatively exploring completed cases of the training analyst and mentor, as well as some cases that have been presented in monthly Classical Adlerian case consultation seminars. The case study portion of training begins with individual cases and increases in difficulty to include couples and family case studies, and it moves into studying the CADP clinician-student’s own cases.

This self-paced training is supplemented each year by an experiential workshop and ongoing personal study analysis. Clinician-students, psychotherapists, and training analysts come together from all over the world to participate in a 3-day experiential workshop. The focus is on helping one another work on personal or professional issues, practicing what is known about Adlerian theory and treatment, and building bonds of mutual support. To augment this learning opportunity, the workshop can be preceded by an individual session with a training analyst and mentor; a follow-up session is scheduled for the week after the workshop.

One hundred hours of personal training analysis is recommended (minimum 50 hours) “to experience Classical Adlerian Depth Psychotherapy firsthand, and utilize the processes as an opportunity for maximizing personal and professional growth” (Stein, March 2014). The analysis also focuses on integrating the clinician-student’s “personal insights with Adler’s theoretical constructs and Maslow’s model of optimal functioning” (Stein, March 2014).

Within this basic, intensive training the clinician-student has a number of elective courses available for study. Adler’s theory is the organizing principle for each of the special topics with which the Classical Adlerian Depth Psychotherapist deepens and extends his or her practice. The special topics include courses in career assessment and guidance, organizational consulting, and conducting education workshops for classroom teachers.
Also included are courses in conducting workshops for parent and preschool teacher education, conducting workshops for parents of teens, and administering Charlotte Bühler’s (1951) World Test.

Woven throughout the coursework is a philosophy congruent with Adler’s humanistic approach to teaching and therapy. While this is focused on mastering the art of depth psychotherapy, it is well understood that an Adlerian approach involves more than learning a theory and a series of strategies; “it requires ongoing mentoring from a highly experienced clinician whose character reflects Adlerian philosophy. This experience is essential for grasping the necessary depth of feeling and trust in the therapeutic process. Larger institutions rarely offer this master-apprentice relationship. Our training analysts work with a limited number of psychotherapists to bring each of them to a high level of mastery. Adler handed down a remarkable legacy of therapeutic artistry to a small group of first-generation Adlerians. Each of those Adlerians trained a few others very comprehensively. This tradition of quality and depth cannot be translated effectively into large-group instruction. Only a mentor with expertise in Adler’s original principles and therapeutic style, who has completed an effective study analysis, can offer the personal relationship necessary for training of this caliber. Mentors may alter the content and length of courses to facilitate individual progress” (Stein, n.d.).

What, then, do these therapists have in common, and what differentiates them? The following section provides the data in a summary form with representative quotations from the respondents.

**Questionnaire Information**

**Demographics.** Fourteen of the 15 CADPs responded to the questionnaire and were found to be practicing in the following locations: in the United States, in California (four), New York (two), and Florida and Nevada (one each); in Europe, in Switzerland (two) and Italy (one); in Canada, in Ontario (two); and in Asia, in Taiwan (one). The language used in therapy is primarily English. Three CADPs reported also using English, but as secondary to the primary language in therapy—namely Chinese, French, and Italian. Six of the CADPs are female and eight are male. The CADPs ranged from age 42 to 75 years.

Seven of the CADPs are master’s-level therapists, four are doctoral-level therapists, and three have medical degrees and were involved in medical practice at some point in their careers. One is a licensed psychiatrist; the other two have trained as therapists under the auspice of their medical licensure authority. Twelve respondents said their primary work setting was
private practice. One reported this was a part-time practice due to his retired status. Regarding urban or rural settings, well over half reported working in the city, including inner-city locales. One, from his rural U.S. setting, primarily provided telepsychology (see Joint Task Force for the Development of Telepsychology Guidelines for Psychologists, 2013).

The dates of certification of the respondents ranged across 30 years. The earliest was certified in 1982 and the most recent in 2012. As a point of record, at the completion of this article (January 2014), three clinicians were currently involved in the certification studies—two are male, two are from Italy, and one is from Texas. The one-to-one training hours for the certified individuals ranged from 671 to 2,000 (with an average of 821 hours). Almost all the certified CADPs continued to participate in clinical supervision at rates ranging from once per month to twice per week. Almost half of the clinicians acknowledged that they used individual and group supervision. Most of those who used group supervision identified the setting for that supervision as the monthly Classical Adlerian Group Case Seminar (Stein, June 2014), and five identified their individual supervision was with their CADP training analyst and mentor.

Why Adler? The CADPs were attracted to Adlerian psychology for a range of reasons, such as wanting to become a more effective therapist or wanting more therapeutic depth than graduate training had to offer. One clinician wrote that, for him, Adlerian theory “encompasses the therapeutic strengths of the major schools of psychotherapy while avoiding many of their limitations.”

Others sought out Adler for more personal reasons; for example, one wrote, “Adler’s understanding of the human need for connection and a sense of belonging was a reassuring clarification of something that I was seeking in an existential movement.” Other CADPs noted specific theoretical constructs of Adler, such as “his encouragement to move from a self-centered style of living to an other-centered style,” or they found that “the concept of community feeling was incredibly optimistic and provided a guide for what to move toward rather than what to move away from.” One former psychoanalytically trained therapist wrote, “I became interested in Adler’s theory because it is rooted in the theory of fictions, which to me represents the only significant bridge between neuroscience, anthropology, philosophy, Eastern and Western psychology.”

Why CADP Training? But why had they gone the route of Classical Adlerian training? The CADPs were asked how they first became acquainted with the training, and then why they sought it out. Half of respondents (seven) initially encountered Classical Adlerian studies by means of the Classical Adlerian website (www.adlerian.us) or meeting Henry Stein
personally. Three more became familiar with CADP through professional contacts (e.g., North American Society of Adlerian Psychology or American Psychological Association publications, announcements from Adlerian institutes). Others encountered CADPs themselves and were duly inspired to seek out the training. For example, one of the current training analysts remembers meeting a Classical Adlerian for the first time at her workplace: “His ability to go to the heart of a case, the depth of insight, knowledge and compassion he exhibited in our case consultations made me want to learn how to do this, too.”

As to the reasons they took on the challenge of certification, the CADPs shared various ones, but most were along the lines of wanting to study and apply Adler “in-depth . . . and to be able to work with the more difficult clients I was receiving.” Some of these had been trained at Adlerian institutes that seemed to be more oriented to the mainstream approach, or they felt that their prior training was not giving “the depth of understanding that I wanted for my clinical work with families and individuals”; this concern was voiced by American and European CADPs alike. One respondent commented, “The European Adlerian approach is more psychoanalytic and has been contaminated by several other orientations. . . . I wanted to go back to [Adler’s] original consistency and root.”

Others chose the training because of the specific manner in which it is designed. One wrote that “mentor-oriented training was of great interest to me, and as a young graduate, I felt the need for personalized training.” Another wrote that she “was attracted by [the] distance-training program. I like the depth of the program and the learning process. I teach counseling theories in [the] university; I needed to enrich myself with knowledge of Adlerian theory and psychotherapy.”

**Clinical Involvement.** The questionnaire tried to get at the issue of whether Classical Adlerian Depth Psychotherapy training was helping the clinicians deal with the range of cases they encounter. Most respondents acknowledged that they worked with the same type of clientele before and after their training and expressed that after training—and with ongoing supervision—they work “more effectively” or with “better understanding,” or they are able “to take [clients] further, if they want, than I could before my training.” An example of a representative response is: “After training, I was more effective both in teaching and practicing. I was more skilled in listening to the stories of clients and more effective in conceptualizing the strategies of how to help them.”

The age, gender, and ethnicity of the clientele of the Classical Adlerian Depth Psychotherapy practitioners appeared to be quite diverse. All ages (young children through the elderly) were reported among the group. A third of the CADPs reported working exclusively with adults and couples,
and two reported working exclusively with preadolescent and adolescent clients. Clients were described as split evenly between both genders, and two clinicians reported working with both primary sexual orientations. As to ethnicity, just under half of the clinicians reported working primarily with White clients, though not exclusively so. As a group, the breadth of culture, religion, and ethnicity included regularly working with African American, Chinese (also outside Taiwan), English, Hispanic, Indian, Italian (also outside of Italy), Japanese, Korean, Vietnamese, Filipino, Swiss, French, Bulgarian, Russian, and Middle Eastern (including Turkish, Iranian, and Egyptian) clients, as well as those who were religious (including Christian, Jewish, Muslim, and Buddhist) and nonreligious.

The presenting problems that the CADPs identified as their major areas of clinical focus are listed here from most frequent to least frequent: anxiety; depression; nonfamily relationship problems; family and parenting problems; marriage problems; panic, stress, and posttraumatic stress disorder; chronic health and aging; addiction; sexual abuse; work and career problems; personality disorders; financial problems; "third culture" challenges (see Pollock & Van Reken, 1999/2009); grief; and major psychiatric disorders. In subjective comparison with their peers, most of the CADPs felt very well prepared for their clinical work.

When asked whether the CADPs have Adlerian colleagues in their immediate locale with whom they may interface—Classical Adlerians or otherwise—nine of them responded affirmatively. However, four of these were from the Bay Area in San Francisco and were referring to one another. Four of the other five found the available Adlerians differently trained and found it difficult to conceptualize cases effectively with them. One of the Europeans commented, "It’s completely different. It almost looks like a different orientation." As for the Bay Area Classical Adlerians, one of them commented about the group:

We all have our unique style and ways of approaching a client. However, we all use the same constructs, have the same theoretical orientation, and go in generally the same direction. The purpose is the same: to encourage the client to stretch and grow, to live in a more cooperative, productive, useful manner and to develop themselves to their potential so that they can make their own unique contribution.

Additional Comments Offered. Nine respondents took the opportunity to share further, expressing that the training was deeply personal and encouraging to them. One wrote:

Training with [my mentor] has been a unique experience of consistent, coherent guidance based on his deep and clear understanding of Adler and [Adler’s] theory. He has trained us with encouragement, support, and personal involvement in our own . . . training and personal growth.
Another compared the training to past experiences:

Having practiced clinical social work for 40 years[,] ... I've been exposed to a wide variety of training. ... [Classical Adlerian Depth Psychotherapy] training—with the exquisite time and care given to the student both in developing theoretical comprehension, applying it clinically and in a personal study analysis—is the finest I've ever experienced.

Finally, regarding the distance aspect of the training, one respondent appreciated that the process of distance training was customized: "I could study at my own speed and [my mentor] discussed with me and taught me individually; that made me feel comfortable to study as a non-English native." She added, "The healing power in therapeutic groups ... was of much benefit to me."

**Conclusion**

Adler said that it was clear to him that "the unresolved remnants of preconceived opinions" (Adler, 1933/1964, p. 282) of Adlerians and non-Adlerians alike left Individual Psychology subject to contradictory expositions. He understood the difficulty of his theory—especially for those with a "tendency to ease the work by ... attempt[ing] to smuggle into Individual Psychology justified or unjustified thoughts from other areas" (Adler, 1933/1964, p. 282). To prevent such distortions of his empirical understanding of human interaction, Adler called for the development of the practitioner's "artistic ability." Indeed, he believed the therapist could attain that requisite artistic ability only through profound self-knowledge, creative spontaneity, rhetorical persuasiveness, and the courage to guess expansively.

To the question of why one may devote oneself to a thorough and systematic study of Adler's theory, philosophy, and style of treatment, one could answer: "Because the depth and complexity of the original Adler demand it." Classical Adlerian Depth Psychotherapy trains therapists to carry on his legacy.

**References**


Appendix A

Classical Adlerian Depth Psychotherapy (CADP) Survey

Please complete the following questions with as much detail as you believe would be useful.

About You
1. Name:
2. City/Country:

About Your Training
3. Year CADP certification was earned (or estimate when it will be awarded):
4. What attracted and/or interested you in Adler (Adlerian psychotherapy?)
5. How did you come to know about CADP?
6. Why did you seek out CADP training?
7. How many years of continuous training did you receive?
8. Approximately how many hours of face-to-face training (individual, group) did you receive?
9. Were you able to practice with different clientele after receiving CADP training compared to before your training?
10. Which theoretical constructs do you use/find most useful with your clients?
11. Any additional information you'd like to share about your training:

**About Your Career**

12. Where do you practice (if different from No. 2 above)?
13. Please share some information about the setting—as to city, neighborhood, and accessibility.
14. Is your therapeutic practice with an agency, privately established, or some other setting?
15. Did you practice prior to receiving your CADP?
16. How long have you been practicing as a CADP?
17. With what percentage of your clients do you incorporate your CADP training?
18. Do you avail yourself of professional supervision?
19. If so, of what sort and frequency?
20. If not, what prevents you from doing so?
21. Who are your primary clients (consider age, gender, ethnicity)?
22. What type of presenting problems do clients bring to therapy?
23. If this clientele has changed over the time you have practiced, please share some information in this regard.
24. How do you think your professional training and preparation compare to your colleagues in the local area where you practice?
25. Do you find yourself interfacing with any other Adlerians in your area or in any other location?
26. If so, is your therapeutic approach similar?

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