

# Psychological Strategies

**Rachell N. Anderson and Paul R. Rasmussen, Column Editors**

This column focuses on counseling, clinical issues, and psychotherapy, including innovative strategies for aiding clients. Potential contributors are encouraged to submit manuscripts to Paul R. Rasmussen, Department of Psychology, Furman University, 3300 Poinsett Hwy., Greenville, SC 29613 USA.

## Emotional Reorientation: A Clinical Strategy

**Paul R. Rasmussen**

One of the great hallmarks of Adlerian thought is the emphasis on usefulness. Understood in this simple term is the appreciation that what human beings do, they do for some adaptive purpose; thus, there is reason in all that a person does, albeit often not understood by that person.

What a person does reflects the lifestyle developed as the most immediately adaptive means for attaining and procuring desired outcomes, that is, a felt plus. The term "immediately" is crucial in this discussion as it suggests that what may at one point (i.e., the immediate) be adaptive is not necessarily optimally or ultimately adaptive. Thus, there are degrees and kinds of adaptivity. For some, the search is for the ultimate adaptiveness, perhaps in the form of perfection. Such a search defines the compulsive character. For the compulsive individual, the immediate state is always relative to the ultimate state of adaptiveness: perfection or total control. Others search for immediate adaptiveness, with adaptiveness defined as immediate reward or a state of immediate relief. For instance, someone with a borderline personality is oriented toward periods of immediate pleasure, interspersed by efforts to achieve immediate relief, with little concern about the long-term consequences.

In all cases of adaptive functioning, the quest is for feelings of superiority consistent with one's private logic. Reference to the private logic of the individual describes the cognitive processes inherent in the person's orientation to the goals. How must the events transpire in order for the person to feel satisfied? Discussion of the person's *doing* describes the behavioral component of the quest for a felt plus. Often lost in this discussion of lifestyle is the

very issue that is regularly at the heart of the client's pursuit of psychological assistance.

While there are exceptions, the majority of clients present for treatment not because they do not like their private logic—their thinking. Indeed, people are generally motivated to maintain cognitive consistency and will deny and distort dissonant thoughts in order to derive that consistency. Similarly, people do not typically present for treatment with the specific intent of changing a maladaptive behavior. Some may present hoping to develop lacking skills, such as social skills, yet it is not the lack of the behavior that compels them to treatment as much as it is the consequence of that deficient, or excessive, behavior. Most clients pursue therapy because of how they feel. Their lack of skill in social functioning, for instance, contributes to feelings of distress in the form, perhaps, of anxiety, embarrassment, or personal contempt. Were it not for these feelings, the individual would be unlikely to pursue treatment. Essentially, a problem is not a problem until it is felt as a problem. To be sure, in discussion of the striving for superiority, superiority is described not as a cognitive plus or behavioral plus, but as a *felt* plus. In sum, the importance of the emotional component is critical as it relates in significant ways to why a person comes for treatment and how treatment gains are evaluated—if gains are not felt, there may be no personally significant benefit.

The goal of this report is to describe a treatment strategy that can contribute to the client's reorientation efforts. The strategy is specifically Adlerian and focused directly on those factors that typically compel the client to pursue treatment, which is most often to gain emotional relief.

Dreikurs (1971), in his discussion of the emotions, described them as part of the individual's overall *orchestration* directed toward achieving lifestyle goals. Similarly, evolutionary theorists Cosmides and Tooby (2000) wrote that emotions "are adaptations that have arisen in response to the adaptive problem of mechanism orchestration." Millon used the notion of orchestration in his description of the synergistic model of personality and psychopathology (1999). In each of these descriptions, emotions are recognized as *critical components in the individual's style of engagement with the world, oriented toward production of an anticipated outcome*. Elsewhere, Dewey (1984) described the "uses and misuses of emotions," pointing out that emotion can be used in a constructive or destructive way. Adler discussed the Individual Psychology perspective on emotions in his contribution to the Wittenberg Symposium on Feelings and Emotions in 1928 by stating that: "It can be taken for granted that every bodily and mental power must have inherited material but what we see in mind and psyche is the use of this material toward a certain goal" (Adler, 1928, p. 316). Adler also distinguished between two general classes of emotion; those that push people apart—the *disjunctive* emotions—and those that bring them together—the *conjunctive* emotions (Ansbacher & Ansbacher, 1956).

The current zeitgeist in psychiatry, and increasingly in psychology, focuses on emotions as the spontaneous outcome of biological balances that must be treated medically. Indeed, more and more conditions are being medicalized, and emotions—specifically the negative emotions—are with increasing frequency described as unfortunate aspects of the human condition that reflect physiological abnormalities in need of medical interventions. Without a rational understanding of emotional expression and a means for helping people to manage emotional expression, those in need of help will progressively more often turn to the medical establishment for pharmacological “cures.” In sections that follow, I describe a strategy for helping people to develop that emotional self-reliance.

The approach described presupposes that the therapist has conducted a thorough lifestyle analysis and has derived an understanding of the client’s private logic and lifestyle goals and that the client also understands his or her lifestyle goals and mistaken beliefs. This is important because failure to understand what the client seeks is almost certain to undermine any gains via this strategy alone. Without doubt, this approach necessitates a reorientation focus in which the client is working to derive a felt plus via social interest and attempting to decrease behaviors that are without social interest.

The point in therapy in which this can be introduced is when the client has come to accept responsibility for his or her emotions. It is understood that while he or she may have embraced this responsibility, skills at managing emotions are not well developed and that relying on changes in private logic alone may not be enough to alter conditioned emotional reactions, or enough to counter the gains often inherent in socially useless behaviors. This strategy is oriented toward equipping the client to derive positive feelings, but in a style far more adaptive to the person than the strategy used prior to treatment. In this situation, adaptive is more ultimate and optimal as a result of the reliance upon social interest.

*Stage 1: Lifestyle analysis and interpretation.* In this initial phase, the therapist and client use lifestyle information to uncover the client’s private logic and mistaken goals. It is crucial that the client come to understand personal motives and to accept responsibility for effecting change and acting with greater social interest. It may be this stage that commands the greatest attention in treatment.

*Stage 2: Emotional reorientation.* In this stage, the client is educated about the purpose of emotional expression. To begin, it is explained that emotions are not, in fact, random outcomes of biochemical reactions; they are ways of helping the individual to meet the challenges of life, which require for their expression biochemical processes. This description is generally nonthreatening. However, many clients benefit from hearing specific examples. The more dependent the client is on emotional expression, or the more the client has been exposed to medical, *psychology of possession* explanations, the greater

the probability that the patient will resist this explanation. In such cases, the task can be presented as a hypothesis, or a treatment experiment (“let’s see what would happen if we took this approach”). With such descriptions, the client should feel less threatened by the task. In addition, using as examples depression, anxiety, and anger, the therapist can give clients the following descriptions to help them understand the role of emotions in their lives.

*Depression.* If it were not for depression, we would continue to do the same ineffective thing over and over again. As Paul Gilbert has suggested (2001), “depression is the emotion that keeps us from fighting a fight we aren’t going to win.” Through depression, the depressed individual is able to retreat from a hopeless situation, and in many cases this is most adaptive. The problem is that often the depression becomes a defining aspect of the person rather than merely an adaptive response to a hopeless situation. Anger is often involved in depression, but most typically in the form of resentment about not getting what one wanted and having to give up the battle.

*Anxiety.* This adaptive emotion keeps us attentive to possible threats in the environment. The fact is that false negatives (i.e., attentiveness to a threat that does not exist) are better than false positives (i.e., missing a threat that truly does exist). So, anxiety helps us to stay safe. The problem occurs when one becomes overly sensitive to threats that he or she feels unprepared to handle. In many situations, the source of the danger is unclear and unexpected and the anxiety felt is experienced as panic.

*Anger.* This emotion is used to remove obstacles to outcomes that one feels entitled to receiving. As an example, most people feel some degree of anger while driving. The anger is related to the assumption that one should be able to drive from point A to point B undeterred by other drivers. Clients are quick to recognize the absurdity of this belief. Dreikurs’s observation that people never get angry when winning an argument can be shared with the client as well. Clients will quickly admit that if the world always went the way they wanted, they would have no need for anger.

For each emotion, the therapist can connect the emotional expression to the client’s own private logic and mistaken beliefs. Considering the way that the person sees the world (i.e., the private logic), it typically makes sense that the common emotional expressions of the individual would follow. Most clients will come to appreciate the above description and are then prepared for a general explanation of the adaptive purpose of emotional expression. Emotions serve three critical purposes, which include the following:

1. *Personal feedback.* In this context, emotions provide the individual with a sense of how life is going, at the moment that the emotion is felt. This is always relative to one’s private logic, which includes assumptions for how one “thinks” things should be going. Life is good when it “feels” good and life is bad when it “feels”

bad. Feeling good allows us to revel in the joy or bask in the glow of our successes. Thus, we judge life by how we feel about it. The role of private logic and social interest is critical. How does the client think life is supposed to go and is that client more self-bounded or characterized by greater social interest?

2. *Interpersonal communication.* Emotions also serve to communicate to others how one is feeling and to communicate potential intent based on that feeling. For instance, other people often do not take seriously one's verbalized distress but react quickly to one's expressed distress. Similarly, one can advertise an intent or willingness to act in a particular way such that others may alter their behavior. For instance, one can advertise the willingness to act with aggression via the display of various nonverbal cues indicating anger. Such cues might include an elevated tone of voice, widened eyes, a forward leaning posture, and raised shoulders.
3. *Behavioral stimulant.* Emotions provide the steam driving behaviors. As Virgil suggested, "fear lends wings to their feet." Were it not for the energy given to behaviors by emotions, many acts would never be completed. Similarly, one would not very well avoid many physical threats if one's avoidance was done causally, without emotional tension. As Driekurs (1967) suggested, "emotions are the steam in the engine."

Understanding the role that emotions play in one's life, coupled with the commitment to develop greater emotional self-reliance, the client can now begin to identify and alter his or her own emotional purposes.

In Table 1, several of the most common emotions are presented along with suggestions regarding the adaptive purpose of emotional expression. This table can be reproduced for the client, or notes can be taken from the table corresponding to those emotions most descriptive of the client's lifestyle. The table is derived from contemporary reports concerning emotional expression (see Lewis & Haviland-Jones, 2000). These descriptions are presented as guides and recommendations and may be modified in description in a way that is most useful to the client. Furthermore, therapist and client can also discuss how the emotion is experienced by the client. At this point, it is important that the client be able to recognize his or her own emotional responses when they occur. For instance, the client can be asked to describe what he or she feels when emotionally charged. Often this will include some physiological response. This response becomes the cue for the client to attend to and use as a prompt for further reflection on the emotion and its purpose. For example, a client prone to anger may recognize tightness in the chest or an increased heart rate; one prone to depression may note the feeling of sluggishness that accompanies the bleak mood.

**Table 1**  
The adaptive purpose of emotional expression

Negative Emotions	Adaptive Communication	Adaptive Action	Existence Feedback	Goal (Felt Plus)
Anger	"I will attack" "I will not accept this"	Aggression/hostility, revenge, obstacle removal, renegotiation Protest	Perceived threat to desired outcome	"Entitled" outcome
Frustration	"I don't like this" "I want the situation changed"	Distancing, rejection	Dissatisfaction, potential defeat, goal thwarted Threat, hopelessness	Compliance from others; Different circumstance
Contempt	"I reject you" "I reject myself" "I reject this"	Turn away from, avoid, escape, expel Vigilance	Unpleasantness	Positive self-esteem; belonging, acceptance
Disgust	"This is bad"	Escape, avoidance, protection (fight)	Threat to safety or integrity	Removal (physical or psychological) of stimulus Safety; ego-integrity
Anxiety	"There may be danger" (physical or psychological) "There is danger"	NO ACTION	Threat to safety	Safety; survival
Fear	"HELP!"	Avoidance, preparation	Threat, helplessness	Safety (rescue)
Panic	"I need to get out of this" "Get me out of this"	Relationship or self-esteem and status maintenance	Threat, displeasure	Relief
Dread	"Reassure me" "I need reassurance"	Accumulation; acquisition	Relationship threat by external agent	Loyalty; Positive Self-Esteem
Jealousy	"Watch out!"	Relationship maintenance	Promise of fulfillment	Fulfillment of insufficiency
Greed	"Sorry"	Hypervigilance	Relationship threat by personal action	Good relationship; sense of belonging
Guilt	"I should not have done it"		Possible threat, opportunity	Comprehension; security
Surprise	"Watch out!"			

Sadness	"I need retreat/nurturance"	Withdrawal, respite; tearfulness	Loss, disappointment	Relief; Nurturance
Depression	"Don't ask anything of me" "I need rescue"	Withdrawal, retreat; tearfulness; pleading	Failure, disappointment	Relief; Protection
Sorrow	"I need comfort"	Protection, connection	Terminal loss of relationship or ideal	Comfort
Shame	"Love/accept me anyway"	Avoidance, acceptance	Unacceptability	Acceptance
Mania	"Out of my way" "I'm on a roll"	Rapid, focused goal-oriented behaviors	Hope	Accomplishment; validation
Positive Emotions	Adaptive Communication	Adaptive Action	Existence Feedback	Goal (Felt Plus)
Love	"Bond with me"	Loyalty, closeness, intimacy, compassion, caring	Self-defining connection with another person	Intimacy
Interest/ Curiosity	"I am engaged/involved"	Exploration	Intrigue, possibilities	Knowledge; Understanding
Joy	"Life is Great!"	Celebration	Joy, desired outcome received	Joy
Happiness	"Life is good"	Complacency	Happiness, contentment; "Life is good"	Happiness
Lust	"I want you sexually"	Seduction; assault	Appetite, desire	Copulation, orgasm, reproduction
Hope	"We will persevere"	Continuation of adaptive efforts	Promise	Satisfaction of desire
Pride	"I am valuable"	Presentation	Accomplished!	Respect

<i>Emotion felt</i>	<i>SUD</i>	<i>Feedback (What does the emotion say about life?)</i>	<i>Private logic violation</i>	<i>Message conveyed</i>	<i>Behavior energized</i>	<i>Alternative display</i>	<i>Outcome of alternative display</i>

Figure 1. Emotional Reorientation Worksheet. SUD (Subjective Unit of Distress): How intense was the emotion? 0 (barely perceptible)—5 (middle intensity)—10 (extreme, most intense).



In Figure 1, a format for emotional monitoring is provided. The client is instructed to use the form to monitor and record emotional expressions between sessions. The task is for the client to use the recognition of affective reactions, described above, as the cue for further consideration of the emotional response. The client is instructed to complete a form anytime that a negative emotion is experienced. It may be useful to have the client monitor positive emotions as well; this will be dependent upon treatment aims.

On the form, the client first identifies the emotional experience and rates its intensity using a subjective unit of distress scale (SUD). This simply refers to a 0–10 or 0–100 subjective rating of the emotion. Having the client rate the intensity of the emotion serves two important purposes. First, it engages the client with the emotional experience, thereby prompting further consideration of the feeling. Second, the obtained score can be used as a tangible measure of the degree of emotional control the client currently possesses and is developing.

Next, the client records the private logic being violated in the situation. For instance, the person who expects to “be the best” may recognize their frustration as being part of their reaction to failing to meet an expectation of superiority. The work of identifying and spoiling the private logic and mistaken beliefs should have been accomplished in Stage 1, although it remains as a continuing task during reorientation. In the next column on the form, the client is to consider the message sent via the display of the emotion. This step prompts the client to stop and process the way that the emotion is being perceived by others. This is an important task because it provides the client with the opportunity to stop to think about whether the message being sent is the message being received.

Next, the action that is or could be enacted as compelled by the emotion is considered. This gets the client to consider what it is that they do when feeling that emotion, understanding that the emotion is not simply a random occurrence, but part of the effort to derive a particular outcome. The client also considers at this step the likelihood of being able to procure a desirable outcome given their emotionally compelled behavioral response. Typically they will recognize the futility of such an approach. This notion provides a rich resource for in-session reflection on treatment focus and potential therapeutic gains.

Finally, and most importantly, the client is to consider alternative means for deriving a felt plus, given the situational realities and the condition of social interest. An additional column is provided for the client to record the alternative strategy and the subsequent outcome. It is often helpful to have the client practice in session generating alternative responses in order to prepare himself or herself better to do so out-of-session.

During the reorientation process, the client brings to session copies of the reorientation log corresponding to the previous week. The therapist and

client can then discuss the successes encountered by the client and the benefit of acting with social interest. Likewise, therapist and client can discuss difficulties encountered and the correspondence of their expressed emotions to basic mistakes and private logic discussed previously. Therapist and client can also reflect on those problems that continue to occur in common situations and the implication of those problems to the client's private logic and revised reorientation strategies. Throughout the process, the Adlerian therapist displays constant encouragement and optimism, along with validation of the occasional struggles with the reorienting process.

In the following section, an example of the approach is provided using the case of a client with recurrent anger and depression. The name of the client and specific identifying information have been altered in order to assure anonymity.

### Case Example

The client was a 44-year-old woman, mother of two adolescent sons and a 7-year-old daughter. She was in a 23-year marriage and a partner in a part-time catering company. She initiated treatment complaining of extreme stress and general "emotional chaos" in her life. She reported that in all areas of her life there was just "too much yelling and screaming." She also reported feeling overwhelmed by all of the things that she needed to get done in a day. (It is pointed out that were she not distressed emotionally by not being able to get all things done in a day, she would probably not report this as a problem.) She described difficulties in her interactions with her teenagers. She stated that she and her sons did not talk to one another, they only yelled; this was particularly a problem with her second son. She yelled about what they were not doing to help around the house, and they yelled about being treated like children. She felt hopeless regarding her inability to have a rewarding relationship with her husband. They had not had a sexual relationship in several months. He regularly worked late, and she felt abandoned to deal with his "self-centered sons." Although the children were both of theirs, when frustrated, she gave him full responsibility. Her work, which had for years been a source of great fun and relief, was now just another source of distress. She and two of her friends had started the business several years previously as a way of doing things they all enjoyed (cooking and coordinating parties) and as a way of making their own "fun money." At the time, their children were very young and they took turns watching the youngsters while working on their catering contracts. Over the years it had evolved to the point that they could not get along with one another, and she was convinced that each one was hoping that one of the other partners would offer to buy them out of the business.

She completed the lifestyle analysis and was able to recognize her goals and private logic. She was the oldest of three siblings and was the only girl in the family. Her two brothers were 3 years and 5 years younger than her, respectively. Her father was employed as an insurance sales agent and her mother was a homemaker. She indicated having fond feelings for her father, who she described as a "good provider" but "prone to anger" and a "workaholic." Her mother was described as "motherly," "quiet" "not one to make a fuss," and "often had to smooth things over after dad threw a fit." Her significant ERs involved one in which she recalled being asked to come and sit with her immediately younger brother at school after he had gotten upset on the playground and "made himself throw-up." She remembered feeling important after being asked to sit with him, but also feeling frustrated that she had to sit with her "idiot brother." The vivid element was feeling "important." In another ER, she remembered going to her room feeling very hurt after being yelled at by her father who was upset about the television being left on and had blamed her, when it was her brother who had left it on. The feeling was "hurt, but also frustration." "I tried to make him listen, but he wouldn't" she described. She identified the vivid element as "crying on the bed."

Although there is more to the lifestyle report, the above is sufficient to point out critical aspects of the client's goals and private logic. As a first born and the older sister of two brothers, she had gotten used to being in charge and needing to manage the "idiots" subordinate to her. This was particularly important because while her mother was caring, she was not one to "make them mind." Because her father was not always around, responsibilities for the younger siblings fell to her; at least this is how she perceived the situation. In her view, others are to behave and to do what they are supposed to do and sometimes you have to get a little tough with them. After all, they were "idiots in need of looking after." While she was not opposed to "dishing it out," she was not good at "taking it." When others attacked her, in even subtle ways, she felt frustrated by the unfair treatment and was torn between retaliation and retreat.

It was suggested to the client that she wants others to comply with her demands and wants to be free from any personal criticism. When it was suggested that "you can dish it out but you can't take it," she recognized that this was true of her. Her expression of "oh my, that is exactly what I do," with hands clasped to her cheeks confirmed a recognition response. Through the discussion, she came to understand how she had adopted her father's strategy for dealing with conflict by getting resentful and angry. She recognized the effectiveness of her anger, admitting that through her anger expressions she was able to get others to comply with her wishes. However, she also recognized that those others had all, eventually, come to resent her anger. Further, she admitted that when others react to her with strong emotion such as anger, she would initially retaliate and when that did not work, she would

retreat into a depression that could last days or weeks. During her depression, she “just stopped doing everything.” Nothing would get done and the rest of the family and her business partners just had to fend for themselves. She also recognized that her depression always ended with her getting bored with being depressed and finding something “better to do than mope.” She reported that the joy she experienced in interactions with her youngest child, a daughter, had kept her from getting seriously depressed. It is likely that had she presented to a therapist more oriented toward diagnosis and pharmacotherapy, she would have received the diagnosis of bipolar II disorder or cyclothymia.

She recognized how she used her emotions as part of her effort to get compliance from others and as a means of punishing them when they failed to comply. She suggested that life had always gone well when others conformed to her wishes, but because so many people in her life now, with the exception of her 7-year-old, had their own agendas that were inconsistent with hers, her life was “just not going well.” The client suggested that perhaps her own expectations were “just a bit out of line.”

She agreed that she would like to make changes to her private logic and to reorient her goals. She felt encouraged when it was suggested that her desire for harmony was not unreasonable, simply her ways of trying to create that harmony. It was also suggested that while it would be nice if everyone would simply commit to complying with her wants and demands, it really was not a realistic orientation. She recognized the purpose of her predominant emotions, which included frustration, anger, and depression. In discussion, she recognized that when things were not going the way she wanted, she first reacted with a nonspecific reaction (e.g., grunting or grimacing) used to advertise her frustration—the *protest* response. In many cases, others would respond to this and comply. However, over the years, her children did it less reliably, and her friends increasingly ignored her gestures of dissatisfaction. Further, she acknowledged that when subtle protest did not work, her frustration would build into anger, which she would use to admonish and manipulate others. Because this often led to reactant emotions in the targets of her anger, she was left living a life of emotional reaction against emotional reaction, with her and those in her life trying to manage one another through emotional displays. “No wonder,” she said, “that my life feels so tense and chaotic.”

*Reorientation.* Once it was agreed that she needed to reorient her relationship with others, the emotional restructuring program was introduced. It was presented as a way to help her solidify her changes in attitude toward others and to develop greater social interest and emotional self-reliance. She was instructed to use her emotional reactions as a cue to stop and reflect on her experience. Using the procedure described above, for the next several

weeks she monitored her emotional reactions. It was important for her to understand that she could control only her reactions, not the reactions of others. However, she entered the task with an appreciation that given her techniques, she would be able to affect some considerable influence on the outcome of most situations. After all, as she suggested, "my anger has gotten me into this mess." She and the therapist discussed potential reactions of others to her changes and ways for her to respond to those reactions. Although the understanding of her contribution to problems was quickly achieved, her ability to wrestle control over her emotional reactions did not come as readily. Throughout the process, she contributed to the discussion of ways to act toward others that did not rely on disjunctive emotions and that was more conducive to positive outcomes and more characterized by social interest. A large part of this included setting limits regarding her accommodation of other's emotional demands, although without confrontation, and the development of a greater sense of encouragement. For instance, she learned to acknowledge how others were feeling without agreeing to what she thought to be unreasonable expectations.

During the initial week of monitoring, the client reported 33 instances of emotional reactions and said that there were several more that she could have included. During the course of the next four meetings (which took place over a 7-week period), the number of negative emotions expressed decreased from the high of 33 in the first week to a low of four, and as she reported, "those four were no big deals." Although this description provides a straightforward process of therapy and reorientation, it is not unusual. The strength of the strategy is the focus on the development of positive, encouraging interactions based upon the development of personal responsibility and social interest.

Throughout the process of emotional restructuring, she was reminded of how the emotional reactions reflected her self-bounded goals and private logic. To be sure, the encouragement that she received throughout the process contributed to her own encouragement of others and her developing optimism. Through the monitoring exercise, she was able to stay engaged in the reorientation process outside of therapy and able to experience and process the advantages of altering the style of her interactions with others.

Critical points in her reorientation included recognition of her mistaken goals and private logic. To her credit, she recognized that her expectations of others, specifically that they should comply with her wants and not be critical of her, were often unjust and typically unrealistic. Through discussion of her lifestyle, she was able to recognize how her lifestyle had developed and thus did not reflect "how the world really is." Also, she recognized her basic desire for positive relationships and affiliations with others and the futility of her current techniques. Using a common metaphor, she knew that her

“soup had been spoiled” (i.e., she came to understand that her anger and depression were strategies for managing herself and others). Without this recognition of how her typical efforts were often unjustified and usually maladaptive, she would not have responded as well to this or any reorientation strategy. The fact is that until the “soup is spoiled,” most people will stay with the soup/strategies they’ve got. However, many clients will continue to live on the old soup, even after it has been spoiled, because they fail to develop better ways to derive a felt plus.

### Summary

In a previous paper (Rasmussen, 2002), I argued that reorientation requires a clear presentation of alternative strategies for deriving a felt plus to the socially useless and self-bounded strategies that underlie the client’s motivation for treatment. In the approach presented in this paper, after the soup gets spoiled, the client is immediately engaged in an adaptive alternative strategy oriented toward a renewed felt plus. By being able to derive positive feelings via a new approach, characterized by greater emotional self-reliance and self-control, the client is better able to abandon the manipulative and self-bounded techniques associated with interpersonal conflict and emotional despair.

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