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Lifestyle, goals, and Adlerian Personality Priorities

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Why does sb seek counseling or therapy?

Patient/client

Suffering (symptoms;
“inferority feelings”)

Vague awareness that this
suffering has to do with them

In Adlerian terms:

goals of lifestyle can not
longer be attained

the price for attaining the
goals it too high

Professional

Genetic
predisposition(biological
vulnerability)

Defective or conflictual
childhood experiences
(psychological vulnerability) □
development of specific
maladapptive **person ality
patterns (lifestyle)**

Incidence of significant life
events

The individual’s response
(compensatory mechanisms) □
lifestyle



Goals of Adlerian counseling



Modification of lifestyle

(broaden, loosen, change maladaptive patterns into more adaptive patterns; use lifestyle more adaptively)

Encouragement

Insight (in maladaptive lifestyle patterns)

Training of new patterns

Foster social interest (= feeling of belongingness and capacity to cooperate)



Personality

Three approaches to the concept of personality: typologies, profiles, idiographic approach

Personality in different theories: cognitive patterns, schemata,.....

Lifestyle as the Adlerian view of personality



Life Style in Individual Psychology

Definition

“Adlerian view of personality”: how people face and cope with the life tasks (love, work, community) and existential challenges (Adler, 1931)

All healthy or pathological methods used to face inner difficulties and life events (Ferrero, 2018)

The main limitation for the freedom of choice, because all situations are interpreted in terms of the individual's life style (Abramson, 2018)

Is formed in early childhood

Adler, A. (1931). *What life could mean to you*. Hazelden.

Ferrero, A. (2018). *Adlerian Psychodynamic Psychotherapy*. ASIIP.

Abramson, Z. (2020). *Basic concepts of Adlerian theory*.

Adler:

“As long as a person is in a favorable situation, we cannot see his style of life clearly. In new situations, however, where he is confronted with difficulties, the style of life appears clearly and distinctly. A trained psychologist could perhaps understand a style of life of a human being even in a favorable situation, but **it becomes apparent to everybody when the human subject is put into unfavorable or difficult situations**”. (Adler, in Ansbacher & Ansbacher, 1956)



Adlerian Personality Priorities (APPs)

Exercise 1: The top card activity





The top card activity



**Meaninglessness
and
unimportance**



**Criticism and
humiliation**



**Rejection
and hazzles**



Stress and pain

(Adapted from Lynn Lott/ Positive
Discipline by U Oberst)



The top card (2)

Adlerian Personality Priorities



Meaningless and
unimportance
SUPERIORITY



Criticism and
humiliation
CONTROL



Rejection and
hazzles
PLEASING



Stress and pain
COMFORT

The top card (3)



Meaningless and
unimportance
SUPERIORITY



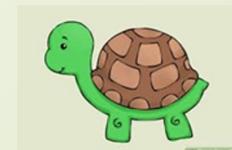
Criticism and
humiliation
CONTROL



Rejection and
hazzles
PLEASING



Stress and pain
COMFORT





Your top card

Strengths

Weaknesses/what should I improve?

How do other people see me/react to me?

Our motto





Theoretical background of APPs:

The idea of personality priorities (PPs) is already present in Adler's work (Adler, 1935) as "typical life styles" Adler (1935): getting, ruling, avoiding, and socially useful lifestyles

Further developed by different authors with different taxonomies containing between 4 to 11 different typical lifestyles or priorities (e.g. Langenfeld & Main, 1987).

One of the more consistent models of defining APP is that of Kfir (1971/2011), who, based on the model defined by Pew (1976), presented four priorities with clear definitions and theoretical consistency (pleasing, superiority, control, and comfort/avoidance).

Adler, A. (1935). The fundamental views of Individual Psychology. *International Journal of Individual Psychology*, 2(1), 3-16.

Kfir, N. (1971/2011). *Personality y Priorities. A Typology*. Bloomington: Author House.

Langenfeld, S. & Main, F. (1987). Personality priorities: A factor analytic study. *Individual Psychology*, 39(1), 40-51.

Pew, W. (1976). *The number one priority*. Munich, Germany: International Association of Individual Psychology.



Model developed by Nira Kfir (1971)

Personality Priority develops in childhood as a result of positive and negative learning experiences that are perceived by the child as thwarting the child's belongingness and psychological existence, i.e., as hurting, humiliating, feelings of insignificance, rejection, incompetence, and not being acknowledged as somebody special and unique (called *impasses* by Kfir). These experiences can be real or the child's subjective interpretations. The strategy that more frequently leads to a form of compensation and recovery of belongingness and significance

The priority is not only activated as a compensatory strategy but also converted into a personal asset (a pleasing person is likeable and agreeable); therefore, all four priorities are deemed to have positive and negative outcomes.

In this sense, APP represent the (unconscious) strategy people typically use "by default" to get a sense of belongingness and meaningfulness; the more the situation is perceived as challenging, the more thwarted the individual's sense of belongingness is, the greater is the tendency to activate the strategy that has shown to work (be a pattern of pleasing behaviors in our example), and which would eventually become a priority.



Summary of Kfir's model

Priority	fearing/avoiding	striving for	Prominent feature/ reactions from others
Superiority	meaninglessness	to be better than others, more competent	Knowledgeable, precise, idealistic; inadequate, inferior, guilty
Pleasing	rejection	please others	Friendly, considerate, non-aggressive; exasperated at demands for approval
Control	humiliation, surprises, ridicule	control of self, others, achievement	Leadership, organized, productive; challenged, resistant, frustrated
Comfort (avoidance)	stress, responsibility and expectations from others	comfort	Easygoing, predictable; irritating, boring, annoying



Adlerian Personality Priorities (Top Card Activity)

Advantage

Quick, easy, playful

Glimpse into aspects of lifestyle

Projective technique:
points at more tacit
aspects of personality (asks
for what people fear)

Disadvantage

As a typology, it classifies
people

Lifestyle is a much broader
and richer approach

Projective technique
(validity and reliability
problems) □ questionnaires
like the APPA (conscious
aspects)

Main elements of lifestyle (conscious and unconscious/not understood aspects)

1. **Basic beliefs**

- About myself, the others, life
- How are things and how they should be
- What to I need to look for (goals) and **what should I avoid (fears)**

2. **Basic strategy to cope with psychological challenges (to go from a felt minus to a felt plus / belongingness)**

(sometimes, developing a symptom or psychological disorder can be a strategy to achieve a felt plus)

3. **Degree of social interest** (Gemeinschaftsgefühl), defined as: feeling of belonging and capacity of cooperation



Lifestyle

- There are more functional (adaptive) and more dysfunctional (maladaptive) lifestyles □ social interest
- Mainly unconscious (not understood by the individual)
- People seek to confirm this dominant narrative (“tendentious apperception”)
- This narrative can be seen as a metaphor and guideline for our life (acts, feelings, thoughts) (holism)
- When there is a conflict between conscious and unconscious goals, we act according to the unconscious, even if it is counter self-defeating
- To understand the patient's lifestyle is the key to therapeutic change

Examples of lifestyles

- “I am weak, the others are strong, life is very complicated (basic beliefs), therefore I have to avoid stress and efforts and try to get the others do things for me (conclusión/strategy)” (low activity, low courage, low social interest)
- “I’m special and the others owe me attention and respect.”
- “I am important, but the others don’t realize it”
- “I am strong, the others are not up to it, the world is there to be conquered”
- “I am smart, the others give me opportunities to grow. Life is exciting and has to be lived to the full.”
- “I am a good person, but people are selfish and only think of themselves; life is dangerous, one could easily be harmed”.

Why are some aspects of lifestyle “unconscious”?

Development

Childhood experiences of discouragement (inferiority feelings)

□ fear of failure

Restriction of our actions to areas where we feel safe

Creation of a goal of superiority (cannot be achieved) □ inferiority feeling is reinforced)

Different ways to achieve superiority (easiest: belittle the other)

Strategies are developed that allow me to feel superior by still consider myself a good person

Purpose: to protect self-esteem



Function of symptoms

- Safeguarding device to preserve self-esteem:
- “Yes, I know I should/would like to...”
- (= awareness of what is dictated by social interest/cooperation/social norms)
- Excuse for not complying with social interest/cooperation/social norms
- “...but I can’t because I have this symptom/disorder”

Symptom (suffering) is the price the patient pays for saving one’s face



Lifestyle assessment

"clinical eye" on the client's complaints
(symptoms, difficulties)

Family constellation

Psychometric instruments (questionnaires,
projective techniques)

Early recollections

What are Early Recollections (ERs)

Images we remember from (early) childhood, not necessarily biographically true, but selective and subjective reconstructions of past; can be pleasant, unpleasant, traumatic, confuse, or(un important)

Projective material produced by the individual themselves

Metaphoric representations of the present lifestyle

Allow the therapist to identify adaptive and maladaptive patterns

How to work with Ers (1)

- Ask client to recall (or bring to the session) the narrative (in first person) of an early recollection; explain that it must be his/her own memory, not something they have been told. A specific event, not something that used to happen.
- **Therapist writes down the ER literally, without comments, read it aloud to check if it is correct or if the client wants to add something. Distinguish explanatory context from actual memory of event.**

Example: ER of a 40 year old man, in couple therapy:

Context: "When I was a kid we used to spend the summer holidays in my grandparents' house in France; they had a swimming pool and by then, I didn't know how to swim."

ER: "One day I took off my swimming ... and jumped into the water, I was floating under the Surface with my eyes wide open, everything was wonderful. Then I hear a splash, it was my mother who jumped after me and got me out of the water."



How to work with Ers (2)

- Ask client about emotions/feeling throughout the ER
- Ask client to identify the most vivid moment in the ER (“flash” or picture)
- In the **example**: “A boy floating peacefully under the surface of the water”
- Ask client to identify the emotion the **little child** had at that point.
- Example: “Immense pleasure”
- Ask client to put a title to the memory: “A boy floating free”



How to work with Ers (3)

Standard approach in
Individual Psychology

Syllogism

I am...

The others are...

The world/life is...

Being thing like that, in
order to have my place in
life/to belong, I must...

Metaphor approach
(Rachel Shifron)

Identification of metaphor
and strategy to cope with
life challenges



How to work with Ers (4)

Standard approach in
Individual Psychology

Syllogism

- 1) I am/do...
- 2) The others are/do...
- 3) The world/life is...
- 4) Being thing like that, in order to have my place in life/to belong, I must...
- 5) Challenge of the conclusion

Example

- (1) ... a boy who is free, confident and audacious
- (2)...help me, support me, protect me, are there for me
- (3)...marvellous, it's there to be explored and enjoyed
- (4)...explore freely, without restrictions and limitations



How to work with Ers (5)

Most vivid moment

What is the metaphor here? (floating free)

What is ... (floating free) in your present life? (be free, do what I want without attachments, go my own way)

Discuss with client the adequacy of the strategy then and now ("overdose")

Metaphor approach (Rachel Shifron)

- ❑ Identification of metaphor and strategy to cope with life challenges
- ❑ Expand the metaphor and relate it to present life
- ❑ discuss the price that has to be paid



Working with metaphors

- Working with metaphors promotes insight in the patient, in their non-understood strategies to face life
- Make them understand what they **really** do and the price they pay for it
- Prepare therapeutic change: ask client to make a change in the narrative or to tell something to the little child in it.
- Important: encouragement. Strategy was (and still can be) very useful, but becomes self-defeating when used exclusively, by default, or overdosed



Exercise 2:

Working with Early Recollections





Back to Personality Priorities:

In some contexts, it is not possible nor necessary to do a full Life Style assessment (e.g. using the client's early recollections), especially in time-limited counseling, coaching, educational settings etc.

The theory of Adlerian Personality Priorities (APPs) offers an alternative ("shortcut") for working with the client's basic private logic and main Life Style goals

Kutchins, Curlette, & Kern (1997), using the Basis-A and the Langenfeld Inventory of Personality Priorities conclude that "Personality priorities represent small to low-moderate portions of some lifestyle themes which constitute part of an individual's lifestyle" (p. 385).

Kutchins, C. B., Curlette, W. L., & Kern, R. M. (1997). To what extent is there a relationship between personality priorities and lifestyle themes? *Individual Psychology*, 53(4), 373-387.

Recommended literature

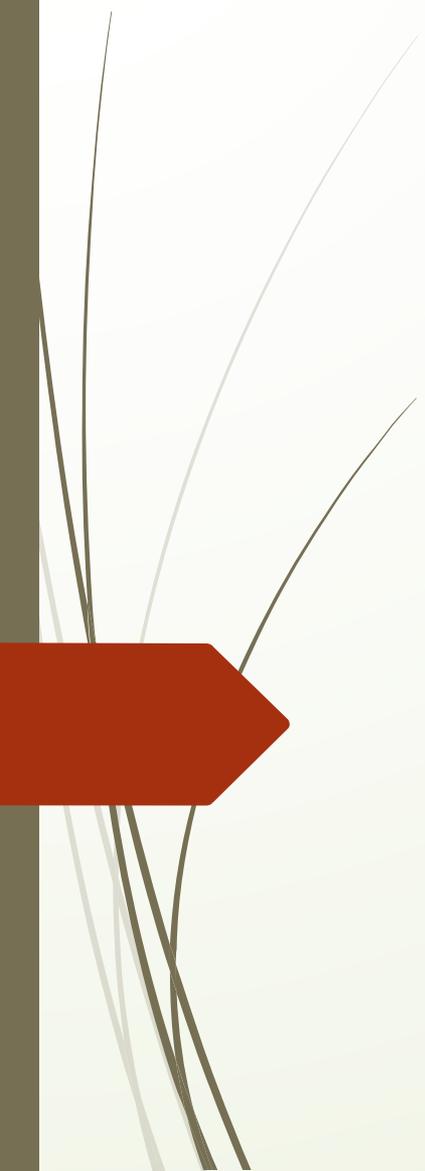
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Thank you for you
attention

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