

# Adler and Maslow in Collaboration: Applied Therapeutic Creativity

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## Abstract

In this article, the authors revisit the professional relationship, mutual influence, and enduring legacy of two major inspirations on the humanistic psychotherapy movement, Alfred Adler and Abraham Maslow. Starting with their meeting and early relationship and then looking at the characteristic constructs of each man's theory, the authors expose the basis for a therapeutic collaboration between the two in a current psychotherapy. As both theoreticians held creativity as vital to the well-being of the individual, the final section of the article illustrates the importance of going beyond theoretical extrapolation and applying creativity within the therapeutic setting.

## Keywords

Alfred Adler, Abraham Maslow, self-actualization, fictional final goal, holistic therapy, creativity, classical Adlerian depth psychotherapy

The psychological theories of Alfred Adler (1870-1937) and Abram Maslow (1908-1970) are seldom mentioned together nowadays. While there have been a few articles written about them from both the humanistic (cf. DeRobertis, 2011, 2013; Frick, 1982) and the Adlerian perspectives (cf. Ansbacher, 1970, 1978, 1990; Chambers Christopher, Manaster, Campbell, & Weinfeld, 2002; Nystul, 1984), both were referenced more frequently in

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the early days of the humanistic movement. In fact, it was Maslow (1970, 1971) who drew consistent attention to Adler's contributions in this regard. But, neither man has been referenced as frequently in our age of neuropsychological influences as Maslow was in the heyday of third force, humanistic psychology through the 1960s (Goble, 1970), or as Adler was at the zenith of his popularity in the 1930s—when his Individual Psychology was eagerly applied as an alternative to Freud's psychoanalysis (Hoffman, 1994). There is, however, a noteworthy common history we would like to share. This article addresses the two theories and theoreticians as they can be located within a specific therapeutic approach. After reviewing their historical connection, we mean to address the conceptual level of the two men's work and then look deeper at their legacy. The import of the article is presenting the men's mutual legacy as connected trans-theoretically and focusing on its creative therapeutic application.

## Historical Connections

What was the connecting historical circumstance surrounding these two great thinkers? Maslow had become acquainted with and intrigued by Adler's theoretical propositions early in his doctoral career. Their initial encounter, however, sprang from their meeting in New York in 1935—probably at the instigation of Adler's chief expositor, Heinz Ansbacher (Hoffman, 1988) who was a friend to both. There followed the development of a strong mentor-mentee relationship for the remaining 18 months of Adler's life.

Hoffman (1988) likened New York in the 1930s to Athens and the New School for Social Research as its Parthenon, in describing Maslow's development of relationships with the likes of the classical Gestalt theoretician, Max Wertheimer (1880-1943), feminist cultural psychoanalyst, Karen Horney (1885-1952), social psychologist, Erich Fromm (1900-1980), and neuropsychologist Kurt Goldstein (1878-1965) among the panoply. In this light, Hoffman understood Adler to be the most influential of Maslow's numerous topflight inspirations. Maslow was struck by the positive potential of Adler's understanding that power—or the underlying movement away from inability and toward mastery—"underlies much of our social actions" (Hoffman, 1988, p. 104).

As a doctoral student at the University of Wisconsin from 1930 to 1936, Maslow was introduced to psychoanalytic thought. During the 1932-1933 academic year his social psychology professor suggested Maslow read *The Interpretation of Dreams* (Freud, 1900/1953). This reading, according to Hoffman (1988), was mind expanding for Maslow and helped him to see in ways he had never considered before. His reading of Freud's theory led

Maslow to become acquainted with Adler's writing as well, whereupon he was struck by the different stances these clinically grounded theoreticians took on the basic motivation for human behavior:

Freud insisted that unconscious sexual impulses underlie all of our actions. Adler emphasized our hidden striving for mastery and power. Which conceptual system was more accurate and which, as a psychologist, should Maslow adopt? (Hoffman, 1988, p. 57)

When it came time for his doctoral dissertation Maslow revisited his interest in these seemingly incompatible premises. Since Harry Harlow (1905-1981), famous for his maternal deprivation studies using rhesus monkeys, was Maslow's dissertation advisor, Maslow determined he could use monkeys to test Freud's and Adler's motivation hypotheses. For Maslow, the conclusion from his diligent, years-long experiment was inescapable: "a monkey's dominance or power status determined its expression of sexuality, not the other way around. In short, Adler, not Freud, appeared to be more correct—at least by analogy to human life" (Hoffman, 1988, p. 62).

Maslow, who saw his work as something of a vindication of Individual Psychology over the already prevalent psychoanalysis (Hoffman, 1994)—was invited to publish an overview of his dissertation in Adler's *International Journal of Individual Psychology* (cf. Maslow, 1935). Subsequently, their sharing was frequent and substantial, but, according to Hoffman (1988), this mutually enriching relationship was to be disrupted by an argument just months before Adler left New York for a European tour. To Maslow's deep regret, Adler's death in Aberdeen precluded their reconciliation.

In spite of the encouragement offered to the younger Maslow for his research agenda from an older Adler, after Adler's death there was no formal effort to compare their theories for complementarity until very recently (cf. Stein, 2014c). Nonetheless, Maslow continued to reference Adler and key Adlerian concepts in his developing theory up until his death (cf. Maslow, 1969, 1971). It was not that the similarities went unnoticed; historical comment on the two by Ansbacher (1971) and Obuchowski (1988) agreed, however, that humanistic psychotherapy's mention of social interest, for example, was superficial and individualistic to an unfortunate degree; missing altogether Adler's emphasis on social connection as a norm for mental health. Too often within humanistic psychology, they lament, the criterion of feeling connected with others becomes a pale reflection of itself. In these historians' view, humanistic therapy deemphasizes feeling connected with others. It is presented more as a mental health option rather than the foundation of human well-being and a means of healing humanity, as Adler understood it.

Part of the disconnect between the two theories, after Adler was gone, may have been that Maslow did not consider himself a therapist—though he seems to have conducted therapy-like philosophical discussions with young academics. He identified more as a social psychologist, and given the breadth of his interests, his work has been considered akin to sociology and anthropology due to his involvement with the Blackfoot Indian tribes of southwestern Canada/Northwestern USA and the Mexican culture (Hoffman, 1988). But in all this, Maslow was never hesitant to acknowledge the influence Adler had on him theoretically, which helps account for the description of Adler's own work as a version of "philosophical anthropology" by scholars of the broad humanistic movement as diverse as Hungarian Alexander Müller (1992) and American Eugene DeRobertis (2011) writing half a century apart.

One unambiguous approach which does bring Adler's and Maslow's original creative theories together into an applied therapy is classical Adlerian depth psychotherapy (CADP). Henry Stein, director and senior training analyst of the Alfred Adler Institute of Northwestern Washington understands the men's interconnection this way:

The synergy of Maslow and Adler is inspiring. As a researcher, Maslow describes the potential, positive destination for human personality development. As a psychotherapist, Adler provides the map and strategies for helping people reach this destination. They share a common, vigorously optimistic view of human evolution. (Stein, 2013, p. 42)

The depth focus of classical Adlerian therapy is more aligned with the psychodynamic approaches of its historical roots and can be differentiated from mainstream Adlerian practice today—with its cognitive basis (cf. Carlson, Watts, & Maniacci, 2006; Maniacci, Sacket-Maniacci, & Mosak, 2013) and strongly systemized approach (e.g., Carlson & Dinkmeyer, 2003; Dinkmeyer & McKay, 1976; Nelson, 1981). Adlerian depth psychotherapy, on the other hand, advocates a creative collaboration based on the individuality of the client and emphasizes Adler's original integration of cognitive structures, feeling tone, and behavioral interactions (Stein, 2013). The psychodynamic standpoint of Adler's theory and therapy has persisted in Europe where the Adlerian training institutes (e.g., in Berlin, <http://aai.berlin/and> Milan, <http://www.scuolaadleriana.it/>, as well as Vilnius, Lithuania, <http://www.lipd.lt>) consider themselves within the contemporary psychoanalytic movement.

In the United States, Adler's depth perspective is distinct from this present-day psychoanalytic movement (cf. Mansager, 2015). It had homes on both U.S. coasts: at the Alfred Adler Institute of New York (<http://www.aainy.org/>) and at the Alfred Adler Institutes of San Francisco and Northwestern Washington (<http://adlerian.us/>). The depth perspective was anchored in New

York by two of Adler's children, psychiatrists Alexandra (1901-2001) and Kurt (1904-1997), who practiced and lectured there. The continuation of Adler's classical theory and therapy on America's West Coast was in the hands of two of Adler's younger colleagues, one was in Southern California and the other in Northern. Both therapists had worked extensively with him in Europe. Psychiatrist Lydia Sicher (1890-1962) had been entrusted with Adler's Vienna child guidance clinics when he moved permanently to the United States in 1935 (Hoffman, 1994). The year after Adler's death, in 1938, Sicher also fled Austria after the Nazi occupation. She first established Adlerian training in Salt Lake City, Utah, and eventually settled and practiced in Los Angeles, California, until her death (Kenner, 2007).

Adler's colleague in Northern California was child and family psychologist, Sophia de Vries (1901-1999). Like Maslow, de Vries had been a determined student of a number of the luminaries of her day (cf. <http://adlerian.us/tribute.htm>)—including those who predated but were consistent with the humanist movement: Sicher in Los Angeles, Alexander Müller (1895-1968) in Zurich, and Charlotte Bühler (1893-1974) in Vienna (cf. Bühler, 1973; Davidson, 1991; Müller, 1992, respectively). Quite before Maslow gave shape to humanistic psychotherapy, there were people practicing in a similar vein, trying to inspire people to function in the healthiest way.

de Vries also met and studied with Fritz Künkel (1889-1956), who had studied with both Adler and Jung. Their meeting occurred most likely in the Netherlands, de Vries' homeland, where Künkel was lecturing in the late 1920s (Sanford, 1984). She credited him with introducing her to Adler's ideas and once she was acquainted she focused predominantly on learning and applying Adler's Individual Psychology (cf. <http://adlerian.us/devries2.htm#103>). She subsequently became active in the international effort to disseminate his theory and therapy which included helping arrange talks in Amsterdam in 1937. This European tour was to be the last before Adler's unexpected death in Aberdeen, Scotland.

Henry Stein was de Vries' supervisee while in San Francisco and he credited her with having seen and articulated a deep connection between the theories of Maslow and Adler (personal communication, February 16, 2017). While inspiring Stein to document the style of therapy which she had learned and emulated from Adler (Wolf, 2014, 2015), she engaged Stein in wide-ranging discussions about the possibility of bettering oneself by participating in therapy based on Adler's theory and therapy methods extended by Maslow's clarification of what optimal functioning can entail.

Given this historical connection, we now review the specific related concepts found in Adler's and Maslow's theories. Afterward, a therapeutic approach which joins the two theories will be described along with the enduring therapeutic contribution fashioned by these pivotal thinkers.

## Adler's and Maslow's Theoretical Concepts

### *Adler's Therapeutic Theory*

Adler's theory is unique and perhaps deceptively simple. Its holistic outlook is in some ways the diametrical opposite of that commonly accepted among helping professionals today. In a field where many are still more comfortable with issues of intrapersonal conflicts, persistent use of id, ego, and superego concepts and even of oedipal situations, a perspective that prefers holistic to dualistic-based formulations can be hard to grasp at first. Understanding the divergences between Adler's model on the one hand, and contemporary psychoanalytic thought on the other, is not helped by each approach using common constructs, such as the unconscious, in fundamentally different ways. Nevertheless, Adler's view of the individual offers a similarly rich pallet of concepts that are internally consistent and, Adlerians argue, more in line with the current *zeitgeist* of a unified field approach to reality.

While Maslow's (1970) motivation theory included holism at its foundation, he was of the opinion that "the times have not yet caught up . . . to [Adler's] holistic emphasis" (quoted in Ansbacher, 1971, p. 58). The thoroughgoingness of Adler's application of holism—which accounted for his perspective of the unified individual—is not easy to grasp and still more difficult to apply. As with any art form, training in examples and guidance by a seasoned practitioner is essential. Adler reiterated throughout his adult life that Individual Psychology

will be understood by some, but the number of those who misunderstand it will be greater. . . . Because of its simplicity many will think it too easy, whereas those who know it will recognize how difficult it is. (Adler, 1933/1989, p. vii)

We hold that Adlerian theory can best be accessed by understanding Adler's original constructs. While his theory continued to develop throughout his career, it was remarkably complete by the time he left Freud's inner circle in early 1911 (Ellenberger, 1970). Most of the theoretical constructs can be found—at least in their nascent form—in his early works, especially *The Neurotic Character* (Adler, 1912/2002a). These provide a comprehensive and application-oriented understanding of social interactions. For example, the constructs address the inevitability of social interaction in human life, the primary characteristics of social interactions, their conceivable purposes as well as their frequent limitations and failures. Adler believed the often self-imposed limitations and failures in relationships provided the reason for the existence of therapeutic intervention. Stein (2013) has identified over 20

major interrelated constructs, only a handful of which are presented in this article. These all pertain to a view of human functioning measured from sub-optimal to optimal mental health.

One of the chief constructs around which Adler's understanding of the human being developed was that of *movement* (Stein, 2014d). Generally this is movement along a continuum from feeling inadequate in the face of life's challenges toward a sense of feeling adequate to them. Adler held that it was along this continuum that one could plot an individual's very style of living, their absolutely unique "law of movement" (Adler, 1934/2005b, p. 136). Adler conceived this self-styled, invariable pattern offers an evolutionary advantage: the sense of security to the individual in an unpredictable world. In spite of the fact that one's style of living is used under innumerable conditions in life, these numerous applications are not endlessly different; and must not deter the attentive therapist from discerning the unconscious, but relatively straightforward law of movement the individual follows in each effort. In this patterned effort, Adler believed, could be found the root of the individual's discord with others. If the client's security-promising pattern is acted out without sufficient concern for the mutual needs of others who are present in the current situation, it will habitually lead to interpersonal conflict.

So, for Adler, movement was the signifier of biological, psychological, and interpersonal life. The effort to understand and apply this conceptualization of movement draws on other key constructs. Those are drawn from considerations like, "What initiates such movement?" "Where is the movement headed?" "Why is the direction and purpose of the movement so difficult to discern?" and "Is the direction and purpose consciously deliberate or unconscious but nonetheless intentional?"

The answers to these discriminating questions serve to highlight the source of our dynamic movement and thus, some other major therapeutic constructs of Adler's theory: Individuals have a sense of the irritation of the *inferiority feeling*, even though they may not have the words for it. Then, they select what seems to be a compensatory *fictional final goal* which deceptively promises relief. These endpoints of the movement continuum qualify as unconscious or outside the direct awareness of the individual; ideally, however, therapy points out that the goal *cannot* bring the anticipated relief. The goal, in fact, consistently leads to unintended additional irritation and complications. Dealing with the additional complications amounts to still more aggressive striving after one's unconscious goal. This person's increased antagonism calls for a diversion of sorts which draws attention away from the striving and on to an unconscious distraction (Stein, 2014b). This is a pretended, fictive movement which runs deceptively counter to the goal, or what Adler (1912/2002) originally called the *counter-fiction*. This pretended social



movement is the evidence of a growing incongruence: “talking” relatively consciously in one direction while “walking” relatively unconsciously in another. When uncovered in treatment, the therapist can sense how this dynamic is the source of much unhappiness, whether the client is the *user* of such a style or the *receiver* of another’s counter-fictive behavior.

Regarding the dynamics hidden within one’s psychological movement, Stein (2013) was of the opinion that the construct of the fictional final goal was something of a crowning achievement by Adler and ran as a consistent thread through Adler’s therapeutic theory and method. In Adler’s understanding of childhood development, this unique goal is arrived at by means of the hit-and-miss method comparable to what children use for arriving at any information about the world. Early in his theory development, Adler understood that the striving after the unconscious goal supplies the essential energy of movement. However, the impact of World War I strained Adler’s developing theory. He returned from his placement as a field medic with the conviction of his experience: that one’s biological inferiority was ameliorated by the evolutionary possibility of being socially interested in others—by *feeling* connected to them. So, in Adler’s near-complete yet slow-ripening theory, he conceived that the *energetic momentum* supplied by the unconscious goal was given *direction* according to how connected one feels to humanity—generally, but also to specific others. In subsequent years the construct of *the feeling of community* (*Gemeinschaftsgefühl*) would develop into the innate possibility of developing limitless feelings of identification with the greater world and cosmos. And it would be at this depth—or breadth—that Maslow would recognize it within his self-actualizer sample; the more fully developed individual.

Adler saw great evolutionary benefit in this psychical dynamic in that it was firmly rooted in the biological inferiority of infancy. An ideal developmental course might be described as follows: infant inferiority gives rise to implicit—and soon enough explicit—experiences of inadequacy, all of which are countered by efforts to overcome and master tasks in the here-and-now. That sense of inferiority sets into action the predisposed temperament which includes the disposition to *mimic*. The somewhat instinctual mimicry will mature cognitively and physiologically into *imitation*, which itself is the root of the *practice* needed to perfect a skill. From this skill base comes the ability and desire to *contribute*—an attitude of willingness to return a fair exchange for what one has received from others and their contributions (Wexberg, 1929). From such reasoning, Adler concluded that *Gemeinschaftsgefühl*, or the sense of doing one’s part in the greater community of which one feels part—being socially interested—“is not inborn, but an innate potential which must be consciously developed” (Adler, 1929/2005a, p. 21).



So much for the ideal. Healthfully developing children, however, do not mimic or imitate identically what is seen. In fact, what happens is—depending on degree of intelligence—there may be a creative deviation or leap away from the developmental line which has nothing to do with mimicry or imitation. Here children discover, as a result of *what they do*, that they get a certain reaction. This is a creative discovery that goes beyond mimicry and imitation but becomes a practiced skill—it amounts to a creative choice that does not depend on what the parents did. The child's ability to creatively experiment, and then choose what they feel works in that situation, can account for the individuality of the goal and its correlation with community feeling—but is best seen as an act of *creative power*.

Putting these constructs into a nonspecific scenario focused on someone's compromised mental health, frequently takes on one of the following scenarios:

1. An insecure individual (*feeling inferior*) seeks compensation for habitual feelings of anxiety by unconsciously moving to stop those who seem to be the source of provoking the anxiety with an eye to overcoming all such obstructions and anxiety always and forever (*fictional final goal*). In the midst of such compensatory activity, pretending to be socially interested (*counter-fiction*) might allow an undetected, and thus efficiently aggressive, semiconscious approach to the unconscious goal.
2. An insecure individual (*feeling inferior*) receives unbidden, unwarranted assistance in assuaging the habitual feeling of anxiety. The child is relieved of all tension and negativity and unconsciously accepts this as an unmerited, unshakable entitlement (*fictional final goal*). The individual undoubtedly encounters hardship on leaving the pampering situation and in spite of attempts at amelioration (*counter-fiction*) clashes with the behavioral expectations of other individuals.

These are generic, conceptually laden descriptions of the style of living, which by definition is repeated again and again and again. The habitual enactment—although absolutely unique in each individual's law of movement—is found to some degree in every client. The person is always in a relationship with the current circumstances and the demands of that situation. Thus, clients are never operating in a vacuum. That person's response to—acceptance, rejection of—these circumstances and demands *is* the style of living. The therapeutic encounter is crafted to provide the means for taking a new direction for the compensatory movement. That direction reverses the noncooperative aggression—allowing the movement to be *with* and *for* others. This

gives rise to the sense of doing one's part in the greater community, simultaneously loosening the rigid law of movement, and allowing for the growth of mental health.

### Maslow's Actualizing Theory

The two constructs of Maslow that are most salient to the current discussion are the *hierarchy of needs* and its corollary, optimal functioning, or *self-actualization* (Maslow, 1969). The hierarchy is derived from his extensive historical and in vivo studies carried out initially "to understand two of his teachers whom he loved, adored, and admired" (Hoffman, 1988, p. 150). What he determined was that within the lifelong struggle to meet one's basic needs, the striving never ceases; for as one becomes generally satisfied with one basic need another clambers for satisfaction as if within an established hierarchy: *physiological* needs once met are followed by *safety* needs. These, in turn, if satisfied are trailed by needs to *belong* and then to be *esteemed*. It was in his investigation of the rare few who had satisfied these four crucial clusters that Maslow believed he had found an understanding of his beloved teachers. They seemed to strive for something more and to exhibit characteristics that would come to be known as *self-actualization*. (An Adlerian modification of the hierarchy construct is addressed in the following section under the subheading, "Hierarchical Structure of Need-Satisfaction.")

The hierarchy Maslow arrived at was *not* considered an automatic structuring. He made clear each effort demanded struggle and had the character of overcoming. Already this was very much in line with Adler's concept of striving-to-overcome—the movement from inadequate to adequate, from minus (–) to plus (+); as the "one basic dynamic force behind all human activity" (Ansbacher & Ansbacher, 1956, p. 1).

But how, specifically, did Maslow incorporate Adler's constructs? Maslow incorporated the notion of goal orientated power-striving—ideally the movement to mastery—both as fundamental to human life and, in its distorted versions of personal power, as the basis of neurotic functioning. We also recognize that Maslow incorporated Adler's concept of *Gemeinschaftsgefühl*, or *feeling* socially connected, as a basic human trait. He agreed with Adler that development of such a trait would account for the healing path of the neurotic as well as for the ultimate path of actualizing one's potential (Hoffman, 1988, 1994). This agreement is found in Maslow's last publications and those published posthumously:

In *Motivation and Personality* (1970), Maslow acknowledged his debt to a number of progenitors including Adler, in conceptualizing his theory of positive motivation which he described as a "holistic dynamic theory" (p. 15).

Later in addressing the esteem needs Maslow described them as seeking “mastery and competence” on the one hand and “dignity, or appreciation” on the other (p. 21). In this discussion, he cited Adler and his followers as stressing something that was “relatively neglected by Freud” (Maslow, 1970).

As Maslow set out the hierarchy and its potential for gratification, he also recognized there were preconditions for need-satisfaction to occur. Maslow offered Adler’s description of the pampered child (see second scenario in previous subsection) as a specific example of these preconditions being absent—resulting in one’s needs not being satisfied in a healthy manner. He believed it was possible to “differentiate pathogenic gratifications from healthy, necessary ones” by subscribing to Adler’s description: what typically happens when adults regularly do for children what they can do for themselves (Maslow, 1970, p. 34). The insecurity and the subsequent demand for entitlement that so often arises from special treatment are an apt description of gratification pathology.

In *The Farther Reaches of Human Nature* (1971) Maslow, like Adler, acknowledged that dichotomous (either/or) thinking is not conducive to one’s mental health. He cited Adler among others, as facilitating awareness of this as characteristic of mental illness. This brought him to inquire about the dichotomy: selfish versus unselfish:

In highly developed . . . self-actualizing people . . . , you will find if you try to rate them that they are extraordinarily unselfish in some ways, and yet also that they are extraordinarily selfish in other ways. Those who know . . . Adler’s [work] on *Gemeinschaftsgefühl*, will know what I mean here. Somehow the polarity, the dichotomy, the assumption that more of one means less of the other, all this fades. They melt into each other and you have now a single concept for which we have no word yet. (Maslow, 1971, p. 210)

Maslow (1970) had already felt confronted with “the prickly problem of selfishness,” noting that “empirical study of very healthy people shows them to be . . . healthily selfish and extremely compassionate and altruistic” (p. 39). By this he meant that individuals imbued with *Gemeinschaftsgefühl* understood that they benefited by efforts made on behalf of others. He believed acceptance of this benefit spurred the self-actualized on in a virtuous cycle of reciprocal contribution (Maslow, 1971, p. 210). (An Adlerian modification of his conclusion is addressed in the following section under the subheading, “Dichotomous Thinking of Selfishness Versus Unselfishness.”)

Finally, although he did not practice therapy himself, Maslow gave considerable attention to the therapeutic attitude. He rejected many contemporaneous modes—with especially harsh words for the medical model. He looked

instead for a model that could facilitate what he considered intrinsic learning, “the process of growing into the best human being one can be” (Maslow, 1971, p. 51). He appreciated the existential therapists’ attempts “to help people to grow to their fullest possible height” (Maslow, 1971) and finally settled on one that Alfred Adler had suggested: that of the “older brother.” This was a metaphor of the therapist standing beside the individual “not qualitatively different and . . . not in another realm of discourse” but as “wise and loving” (Maslow, 1971). “Respectful of the inner nature, the being, the essence of this ‘younger brother,’ [the therapist] would recognize that the best way for [one] to lead a good life is to be more fully [oneself],” (p. 52). (An Adlerian modification of this model is addressed in the following section under the sub-heading, “Self-Actualization as Being Fully Oneself.”)

## **Therapeutic Creativity as Enduring Contribution**

Having reviewed the related major concepts of Adler and Maslow, the aim of this section is to show how Adler’s theoretical constructs of human activity—normal and neurotic—can be melded with Maslow’s research about self-actualization within the therapeutic setting. In doing so, Maslow’s own creative adaptation of Adler’s ideas is set into a broader Adlerian context.

### *Hierarchical Structure of Need-Satisfaction*

Maslow’s vertical structuring of the basic needs is extremely popular and as such is perfunctorily truncated in introductory psychology texts at least as often as Adler’s theory is. Yet, especially from an Adlerian perspective—which emphasizes the absolute uniqueness of each person’s scheme of perception—it cannot be taken literally; as if one need must be met before feeling the call of the next. It is our clinical experience that an individual can appear fixated at one or another need-category—such as the esteem need or even the level of physiological need; or a particular need might be overemphasized or could be treated as if it were never satisfied. In fact, the unsatisfied need can *feel* like a solution to a problem which likely strengthens and perpetuates one’s fixation—or feeling stuck in a need-category. The Adlerian conceives such dilemmas as the outcome of the individual’s fictional final goal. The unconscious goal dictates which need is felt as primary. The key for understanding the various responses to basic needs from an Adlerian perspective is to first rotate the schema 90° and create a horizontal spectrum (cf. Stein, 1996). This makes it easier to imagine each need and its satisfaction as discontinuous with the prior need, while understanding each need is subject to the individual’s fictional final goal. As history documents, the individual

can bypass one need (whether a deficiency- or being-need) for the sake of a higher need. While one's fictional final goal can elevate a lower need to supremacy—which could be unrealistic and obsessive—a healthier direction could simply promote a being-need to greater importance by means of a more-or-less conscious choice. The horizontal spectrum can also illustrate that when the goal orientation is socially interested, there is no hierarchy invoked. For the Adlerian depth psychotherapist, the spectrum image helps conceptualize with consistency: the fictional final goal affects feeling, thinking, and action as well as felt needs (Stein, 1996).

### *Dichotomous Thinking of Selfishness Versus Unselfishness*

With regard to the behavioral correlate of feeling connected to others, Maslow came very close to Adler. Still from the perspective of pathological aggressive movement being mobilized to meet one's unconscious goal, Maslow may have missed the ultimate aim of the Adlerian model (cf. Stein, 1996): to overcome such selfishness altogether. Adler did *not* formulate antithetical notions such as being “healthily selfish or selfless.” Instead, he was concerned with the issue of togetherness or, ironically, what Maslow had learned about from Ruth Benedict (1887-1948) as “synergy”—the transcending of the selfless–selfish dichotomy to benefit both parties simultaneously (cf. Maslow, 1971, p. 199). This is different from what might be called the *all-for-me* or *all-for-you* dichotomy; it is a movement *for-both-of-us* and *for-all-of-us*. Maslow's (1971) keenness to grapple with the dialectic of contradictions such as selfish (thesis) versus altruism (antithesis) illustrated the classic difficulty in therapy of establishing a sense of cooperation—the “we” of the therapeutic dyad. Although the client initially feels the need to retain an attitude of *I-versus-you*, over the course of treatment the therapeutic *we* emerges and the rigid boundaries of individuality disappear. Thus, the mutuality of Adlerian therapy emulates the 90° turn mentioned above as the vertical relational hierarchy expected by many clients is transformed into a horizontal relationship.

### *Self-Actualization as Being Fully Oneself*

Maslow was clearly inspired by his deep reading of Adler's works. In watching for their similarities, one gets the impression that Maslow was personally touched by Adler in a significant way. This is apparent in the report of his grief over Adler's death and in the very thorough and personal manner in which he describes the Adlerian model of older brotherly concern—something it is not hard to imagine Maslow experienced from and cherished in

Adler. Evidently Maslow (1971) himself, believed the Adlerian model, as he had become acquainted with it, could facilitate the movement toward actualization. His reference to the best way for doing so—as “to be more fully oneself” (p. 52)—meets with some modification within the Adlerian model (cf. Stein, 1996): for Adler, there was a difference between being oneself in the service of others and being oneself with all one’s self-imposed limitations. Müller (1992) captured the spirit of limitless selfhood with his probing questions: Who am I? Who could I be? Who will I be? Adler tended to see that becoming more fully oneself was a two-edged sword. Clients decide to be in therapy while living within the confines of their restrictive life styles along with the sense of being themselves. But early in therapy, the sense of self is *felt* from pursuing their unconscious goal—with all of its limitations. At this point, “becoming oneself” would be synonymous with attaining one’s unconscious goal. deVries observed, “If people are feeling they are achieving their goal or on the way to it, they don’t come in to therapy. They are very happy with being who they are” (Stein, personal communication, March 15, 2017). If they are *not* achieving their goal, they begin to develop symptoms; some subsequently seek therapy. At the outset they would like to be rid of the symptoms but still want to pursue their goal. Despite the circumstance of being unaware of the goal, they *feel* their self-limited style is still the best way to live.

In all fairness, these Adlerian nuances to Maslow’s theory are implied in *The Farther Reaches of Human Nature* but to read there Maslow’s references to actual therapy, he clearly defers to a Freudian, not Adlerian methodology. This is somewhat ironic since psychoanalysis by and large has remained focused on neuroticism and mental illness, rather than actualizing potential—even in its most contemporaneous iteration (e.g., Fairfield, Layont, & Stack, 2002). As sympathetic as Maslow was to Adler’s thinking, in his appropriation of Adler’s constructs one wonders if Maslow’s incomplete understanding may have resulted from the fact of his having engaged in intermittent therapy with a Freudian analyst (Lowry & Freedman, 1982) and not an Adlerian. Subsequently, he may not have had the personal experience which is so vital to describing the Adlerian process. Might this have led to his stopping short in clarifying Adler’s theory for himself on a personal level?

In a number of journal entries (Lowry & Freedman, 1982), Maslow laments what he considered the characteristic inequality between analyst and analysand in the therapeutic setting. Therein, he also expressed his frustration with being persistently misinterpreted by his analyst who contended Maslow wanted to usurp the analyst’s position in his therapeutic encounters. We can only speculate that Maslow’s loneliness and feelings of underappreciation could have been affected by experiencing a deeply egalitarian relationship as

fostered by CADP (cf. Stein, 2013). For example, perhaps the obstinate arrogance that both he and Bertha believed was detrimental to his social contacts (cf. Hoffman, 1988; Lowry & Freedman, 1982) could have been affected within this egalitarian therapeutic setting of Adlerian therapy. The possibility that this character trait played a role in the argument which ultimately left Maslow and Adler estranged (Lowry & Freedman, 1982) deserves further investigation.

## Summary and Conclusions

Maslow emphasized the inspirational ideal aspect of fully functioning individuals. And while he made suggestions on how ordinary individuals might attain it (cf. Maslow, 1971), he did not address how one gets there *therapeutically*. Even among those who address Maslow in the context of therapy seldom address what it takes to get someone *from* the confines of the rigid style of living with all its self-limitation, described above, *to* the freedom of self-actualization. Adler was one who provided a model for accomplishing this by focusing on the possibility of understanding one's exaggerated inferiority feeling, then dissolving the exaggeration along with the fictional final goal. This activity not only renders the counter-fiction superfluous, leading it to atrophy, but offers direction for the individual along the path of what Maslow described as "being cognition" and values (cf. Maslow, 1971).

Dissolving the psychic structure that is responsible for underactualization seems to be the center line of the collaboration of Adler and Maslow. In this therapeutic effort, the narrow limitations of one's law of movement can be overcome and one's living is made once again flexible, freeing the individual to engage life more and more optimally—without needing a self-styled template imagined in order to keep oneself safe. As do most competent therapies, CADP helps people become less defensive and better functioning; but, relying on the inspirational capacities of Maslow's theory, it also intends to help people who want to, to function at their very best.

Considering what current psychotherapies intend to accomplish nowadays, there is either little interest or little awareness that self-actualizing is possible as a therapeutic path. Helping struggling individuals move toward self-actualization because they really want and are motivated to seek it is certainly not very common. There is no measurable percentage of a client load that seeks this; it is a rare—very rare—occurrence. But that it *is* possible challenges the helping professional to know how to engage the effort.

Touching on examples of working with clients who are interested in going the distance would perhaps make this already lengthy exposition more protracted. We recommend those interested in illustrations of CADP



to obtain the articles from the 2014 special issue of *The Journal of Individual Psychology* (<http://adlerian.us/JIP-Issue.htm>). Here we can only reference the movement of such clients as “Helena” (disguised per VandeBos, 2001):

This 42 year-old eastern European human rights lawyer presented with concerns over an inability to maintain long-term romantic relationships. She had endured emotional abuse from the ages of 4-16. This occurred primarily in the manner of her father’s physical abuse of her older brother while threatening to do the same to her. During the last years of their intact family structure (14-16 years old), the father regularly invited women into the house for sexual activity before the impending divorce was finalized. Her mother retaliated by pretending to seek reconciliation with the father. When Helena’s father finally agreed to reconciliation, her mother brought her own boyfriend into the home on the night of the planned reunion. This boyfriend remained with Helena’s mother after the separation and divorce and subsequently made regular sexual advances to the adolescent Helena behind her mother’s back.

By Helena’s own description at the end of her third year in therapy: it was as if, by means of the parents’ deception during her childhood situation, she felt deeply unloved and unimportant (inferiority feeling), and concluded that she had no place in either of her parents’ lives because of their mutual antagonism. To divert from this feeling Helena developed an ability to show faux-interest in and desire for anyone—but especially men—who became interested in or wished to spend time with her (counter-fiction). She could be engaged with numerous men at a given period; only occasionally would one suitor be aware of another, all of them were convinced that they were the only and most important person in her life. Helena eventually became aware of wanting to be the most desired woman of any man in her life so that she could deceive and disappoint them before they did so to her (fictional final goal).

The fifth year of therapy included work on providing Helena missing developmental experiences (cf. Stein, 2013, Part 4) and eventually, imaged-family sessions with highly-charged confrontations. These prepared her for actual direct and respectful, therapeutically helpful dialogues with her parents whom she had not spoken to for years. Ultimately, Helena faced her fictional goal and slowly dismantled it, replacing her considerable ability to deceive, with increasingly sincere encounters. She found that giving trustfully of herself, led to fewer but more truthful interactions with men—professionally and personally. Instead of wanting men to desire exclusive relations with her, and her wanting to deceive them, she found another avenue for channeling her talents. She assembled a legal team among her colleagues whose focus was somewhat anti-deception: investigating and prosecuting unlawful childhood immigration activities that included sex trafficking.

After almost six years of weekly therapy, Helena continued with monthly sessions for another year as she explored how she could remain authentic with herself, further develop her character and remain consciously open to bettering herself. At the close of therapy she was not dating, but she said she felt quite comfortable seeking a reliable partner as she professionally mentored international-law colleagues in speaking against injustice.

This brief overview cannot prove that Helena experienced self-actualization. It attempts to show that if therapy is very complete and very thorough, and one is able to take down the defensive structures—in most cases some of them, and in rare cases all of them—there is a moment of a horizon opening, metaphorically speaking. This is what Maslow seems to have understood as well: when the horizon opens the individual begins to listen to one's genuine inner voice. This is no longer the fictional goal being operative; but a very genuine sense of who one is, along with the individual's sensitivities, interests, and capabilities. When there is no longer any fear or defense one begins to listen to and trust the sound of one's inner self saying what one really needs to do, what one is called to contribute. This is what being fully oneself means for Adlerian therapy—being one's genuine, authentic, nondefensive self, creatively and congruently. In doing this, one also recognizes that others need to be encouraged to do the same thing.

Rather than following what is convenient or being subject to another's unaware goals, clients on the route of self-actualization find their own way forward and do not insist on others going their direction. Clients develop themselves and value others developing themselves—whether their spouses, their children, or strangers. This level of therapeutic involvement calls for the same activity from the therapist so that a new world, no longer characterized by defensiveness or fictional guiding lines, opens up and is coexplored by client and therapist. Then, therapy has become an act of discovery; neither client nor therapist knows exactly what is before them or what can ultimately be accomplished. How can the future be predicted or even imagined once the unconscious goal is abandoned? The client and therapist are open to simply trying new approaches and watching, evaluating and moving forward—newly trusting the unknown, and even preferring it.

Perhaps the reader can see now, how the depth and dynamic nature of both theories can be reflected in a manner consistent with the intentions of both men. CADP describes (Stein, 2013, 2014a) and illustrates (Pfefferlé & Mansager, 2014; Stein, 2016) how Adler's constructs can be used to guide treatment with Maslow's concepts serving as inspiration while creatively adapting each client encounter. CADP joins Adler's holistic, goal orientation with Maslow's research findings and theorizing about self-actualization. In

doing this, the Adlerian depth approach explicitly intends to offer a comprehensive therapeutic methodology for helping interested individuals realize self-actualization.

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