



TABLE OF CONTENTS

- **PRESIDENT'S MESSAGE**
- **ADLER - IN DEPTH (and breadth)**
- **PSYCHOTHERAPISTS AND GRADUATE STUDENTS IN PSYCHOLOGY AND COUNSELING**
- **WELLNESS FOR LIFE: YOU KNOW YOU'RE TIRED WHEN...**
- **NEW ADLERIAN BOOK**
- **AFFILIATE LINKS**

NASAP Newsletter

November/December, 2018

Jamie Stone O'Brien,
Editor

Next submission due date is February 1st, 2019.

Please send submissions, questions, and/or comments to
NASAPnews@gmail.com

PRESIDENT'S MESSAGE



By the time this newsletter reaches you, Hanukkah will be over and Christmas, Kwanzaa and the New Year will be upon us. I hope all of you have a wonderful holiday season filled with time among family and friends celebrating long-held traditions or making new ones. One of my favorite traditions is to make a yeast bread that my Grammy called “coffee cake” although it resembles nothing like typical coffee cakes. It has cardamom seeds as the main spice, and there is no other taste like it in the world. It

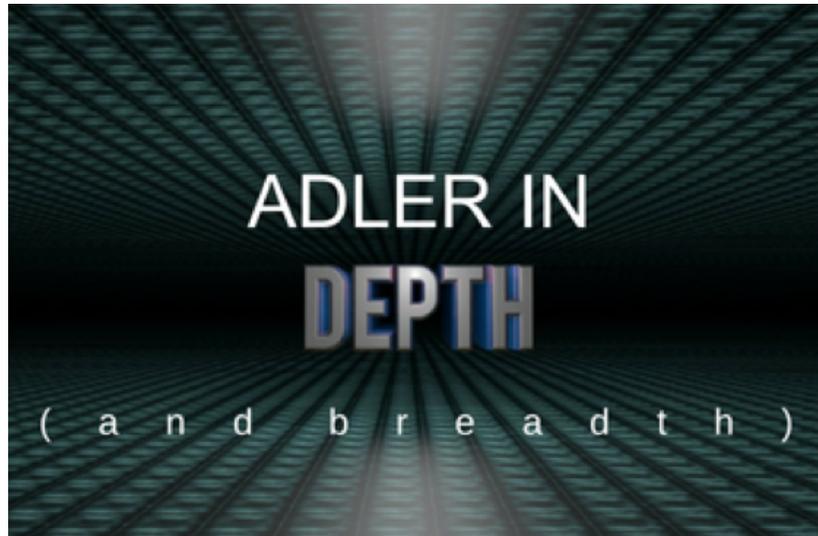
takes hours to make with three dough risings before it gets baked. Every Christmas morning this is shared in my family. I spent many hours over the years watching my Grammy make it so I could one day make it for my family. I hope my girls will one day want to learn how to make it also.

Other NASAP traditions continued this fall with a Council of Representatives meeting in Chicago in October. It was a very productive weekend and the COR members continue to be hard at work since that meeting. We just had another conference call December 14th to follow up on tasks from that October meeting. Stay tuned for more updates in January!

The planning for our 2019 conference is moving forward very well. Speakers and presenters have been chosen and the menus for some wonderful lunches, receptions, and the banquet are being decided very soon. Our goal this year is to make these lunches more affordable and more fun! More information coming soon!

Thank you for your continued support and involvement in NASAP!
Best wishes for a lovely winter season!
Susan Belangee, NASAP President

ADLER - IN DEPTH (and breadth)



Last time this column focused on the general therapeutic aim of Classical Adlerian Depth Psychotherapy (CADP). This time the focus is a bit more specific by looking at the application of the *clinical constructs* related to Adler's comprehensive model.

These *clinical constructs* are not the same as the *philosophical constructs* of Adler's theory: existentialism, holism, phenomenology, social embeddedness, subjectivism, teleology. Clearly, Adler steeped himself in a broad philosophical world view. He was not only among the first psychotherapists to think within this context but likely *the first* to think along these specific philosophical lines. Today, the *philosophical constructs* constitute the basis of *similarity* between Individual Psychology and most current therapies. But what still distinguishes Adler's therapeutic approach from other therapies is his range of specific *clinical constructs*.

From studying *The Collected Clinical Works of Alfred Adler (CCWAA)*, over 20 clinical constructs are found to be operative in fashioning and maintaining a client's life style. Grasping them fully is a foundation for understanding the connection between theory and practice. While Adler insisted his method of assessing the individual constituted a *scientific approach* (an orderly and rigorous description of the interrelation between humans and their world) he was clear that IP was not, itself, a pure example of science. Rather, his approach was a fictional construction (a system of operative guesses) about how humanity works. His creative style for understanding the individual and humanity (*Menschenkenntnis*) demands an *artistic* approach, he insisted. Such artistry involves knowledge of the full-range of clinical constructs, which can be creatively applied to specific individual cases.

If we want to apply Adler's therapeutic approach effectively, it is not necessary to prove how it matches or outperforms other approaches. We do need to better understand how constructs interact and yield

such insight. It is as if we fashion, by our clinical conceptualization of the interacting constructs, a predictive field. Adler concluded that is where we find and understand our clients. It is how we most comprehensively understand the individual.

The concluding example is not an actual case and can't convey the method of working with the constructs. Still, it offers a simplified, nonspecific description of how some of the clinical constructs (written in ***bold italics*** when first mentioned) might interact.

The clinician's initial interest is in understanding the impact of the client's unique ***inferiority feeling*** which provides the motive force of one's ***expressive movement*** toward an equally unique ***fictional final goal***. The movement expresses an imagined ***striving for completion***.

Such movement can look quite social; yet it typically involves a ***neurotic disposition*** expressed in unsocial ***depreciation tendencies*** against those in the individual's social milieu – including the therapist.

Recognizing the client's pretended civility, or ***counter fiction***, is required if the clinician does not want to mistake it for an expression of ***community feeling*** – and inadvertently reinforce, rather than diminish it. The actual level of one's feeling of community determines the direction of the expressive movement – either via an approach-posture toward life on the socially useful side, or a withdrawal-posture toward the socially useless. On the useless side, the clinician will find the client involved in ***task avoidance*** (what is missing, being minimised, or what has been left out). And the “good hard work” of conceptualizing the client's expressive movement also reveals the ***antithetical schema of apperception*** by which the client has imagined and restricted a worldview as either absolutely reassuring or absolutely threatening. The clinician will also attend to the ***level of activity*** (mental, physical, emotional activity in pursuit of the fictional final goal) within the worldview. Facility in discerning the expressive movement of the individual is the key to the client's suffering which the clinician is committed to reduce within the cooperative therapeutic relationship.

Awareness and attention to the interaction of these (and still other) *clinical constructs* assure a treatment plan aimed at increasing the client's contributive joining with others; a plan to assist in dissolving the rigid negative constructs and allow the client access to fuller potential.

Please drop me a note (emansager@gmail.com) if you'd like to comment on or ask questions about this or any of the previous columns.

By Erik Mansager

PSYCHOTHERAPISTS AND GRADUATE STUDENTS IN PSYCHOLOGY AND COUNSELING

You are invited to attend a free, monthly, online webinar on Classical Adlerian Depth Psychotherapy (CADP). To register, just email a copy of your Curriculum Vitae, transcript, or a list of courses taken to htstein@adlerian.us.

Starting Saturday, January 26th, at 10:00am PT, you may participate in monthly, one-hour question and answer webinars. Three of our training analysts, Henry Stein, Dyanne Pienkowski, and Erik Mansager, will be available to answer any questions, and you will have an opportunity to meet other members of our Classical Adlerian community.

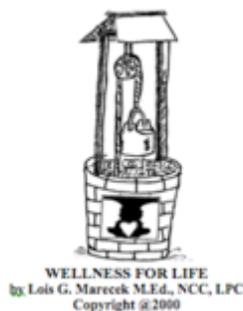
Once I receive your CV, transcript, or course list, I will send you login instructions for the webinar, and a free, selected chapter from A Clinician's Guide to the Collected Clinical Works of Alfred Adler. Each month we will focus on one chapter from the Clinician's Guide.

To help you get comfortable with our online webinar application, GotoMeeting, we are offering a 15-minute practice session on Saturday, January 19th, at 10:00am PT.

We are looking forward to meeting you online, and showing you how CADP can help you in your therapeutic work.

Henry T. Stein, Ph.D., Director
Alfred Adler Institute of Northwestern Washington
Distance Training in Classical Adlerian Psychotherapy
Web site: <http://www.Adlerian.us>
E-mail: htstein@adlerian.us
Tel: (360) 647-5670

WELLNESS FOR LIFE: YOU KNOW YOU'RE TIRED WHEN...



This is a topic we all have experienced by a yawn or two.

How many times have you caught yourself in a yawn?

Yet have any of us stopped to examine/take a closer look, or have taken an awaking moment to examine, or delve into what may be the underlying cause?

Speaking of yawns, here are a few thoughts. It all depends on what part of speech you are focusing on. Actually, two come to mind. For instance, noun-wise, "a reflex act of opening one's mouth wide and

inhaling deeply due to tiredness or boredom.” It could be, verb-wise, “involuntarily open one’s mouth wide and inhale deeply due to tiredness or boredom.” dictionary.com

It can be due to the fact that we just don’t breathe as deeply as we usually do. As this theory goes, our bodies take in less oxygen because our breathing has slowed. Therefore, yawning helps us bring more oxygen into the blood and move more carbon dioxide out of the blood. kidshealth.org/en/kids/yawn

No matter if you are bored or tired, there is a scientific aspect that can mean the body is telling you it needs sleep. It can also mean that it is preparing you to move. Because it is linked to actions such as muscle stretching, joint movement, and an increased heart rate (think early morning waking), yawning may be part of the body’s way of gearing up for activity. (sleep.org)

So before, via ‘the power of suggestion,’ you find yourself succumbing to the motion... For some of you, this may have “triggered” your yawning muscles to activate. In other words, before it’s contagious, I’d like to bring your attention to a lighter side, which may result in activating a few endorphins.

So, without further ado, or yawns, here goes....

Some of you may be familiar with one or more of these quotes, or may take note for future usage. This one, perhaps, may be felt more as reality by society’s females, “I’d be less tired if I didn’t have to wake up early to make my face look less tired.” Then there’s, “I’m so tired, the bags under my eyes are bigger than my boobs.”

Can’t decide if I need a hug, an XL coffee, 6 shots of vodka, or 2 weeks of sleep.

My brain says, “Let’s do something exciting today.” My body says, “Don’t listen to that fool.”

My day starts backwards.... I wake up tired and I go to bed wide awake.

Let’s go to bed. I’m tired of this day. I need a new one.

And how about these words of wisdom, “I already want to take a nap tomorrow.”

Then there is this gem, “Today I feel like putting an ‘out of order’ sticker on my head and going back to bed!” (Minions)

If you want to utilize each letter of the word TIRED, as the Minions do: “(T)icked off. (I)rritated. (R)eady to cry. (E)xtremely upset. (D)one.” (Pinterest)

As we leave the lighter side, there are a few ‘wisdom or empowering quotes’ I’d like to share.

“The sky is an infinite movie to me. I never get tired of looking at what’s happening up there.” K.D. Lang

“It’s so important to realize that every time you get upset, it drains your emotional energy. Losing your cool makes you tired. Getting angry a lot messes with your health.” Joyce Meyer

The biggest wall you've gotta climb is the one you build in your mind. Sometimes you don't realize the weight of something you've been carrying until you feel the weight of its release. Stop worrying about what can go wrong, and get excited about what can go right. When life gives you a hundred reasons to break down and cry, show life that you have a million reasons to smile and laugh. (brainyquote.com)

We've all found ourselves in the middle of one of those quandaries or momentary lapses of memory.

Much can be said about being tired. Overdone a workout. Signs of lack of sleep. Lighter moment examples: shirt on backwards, talking when words are out of sequence or your automatic pilot (brain) kicked in taking you to work where you once worked before.

And then there are the holidays adding to the mix.

Being tired is nothing to joke about when it comes to getting enough sleep to properly function.

“ACCEPT THAT WHICH YOU CAN'T CONTROL.”

“Happiness can't exist in the midst of worry and regret. Let go of the things you can't control, while saving your energy for the things you can. There's no point in getting upset at the traffic that makes you late. Adopting habits such as leaving the house ten minutes earlier, though, is something you can control. Focus on the solution, not the problem and watch your attitude shift.” powerofpositivity.com

“IT'S MENTALLY EXHAUSTING ABOUT SOMETHING YOU CAN'T DO ANYTHING ABOUT.”

Here are eleven signs to look out for in knowing that YOUR BODY IS TIRED and needs some time to heal.

- Lack Of Control Over Life's Tasks. ...
- Workouts Are Harder & Slower. ...
- Brain Fog & Lack Of Concentration. ...
- Getting Sick Often. ...
- Headaches & Migraines. ...
- Irregular Sleep Patterns. ...
- Mood Swings. ...
- Your Heart Is Racing At Rest.

If you want more energy, look at your diet and make sure you're following these basic guidelines:

- Drink lots of water. A dehydrated body functions less efficiently.
- Be careful with caffeine. ...
- Eat breakfast. ...
- Don't skip meals. ...
- Don't crash diet. ...
- Eat a healthy diet. ...

- Don't overeat. ...
- Eat iron rich foods. <https://www.health.com> › Mind & Body

As Dreikurs has said, “Security comes from a feeling being able to deal effectively with anything life may have to offer.”

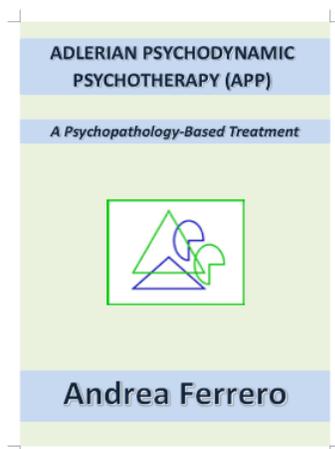
All right, we've covered quite a bit of territory about tired. So at this point, there's a thing called sleep and my senses are drawing me to believe it's really awesome... so I'm gonna go try it out and see how it works! Night ya'll! [Now where did that come from? Tired, I guess. Time to put into motion what I've said.]

HEALTHY & HAPPY HOLIDAYS! And to all, a JOLLY and PEACEFUL good night!

Until next time, stay well and hydrated.

WELLNESS FOR LIFE by Lois G. Marecek M.Ed., NBCC, LPC

NEW ADLERIAN BOOK



Adler was a founding figure in counselling and psychotherapy, having collaborated with Sigmund Freud and Carl G. Jung in setting up the Freudian school of Psychoanalysis. Freud and Adler's parting of ways produced a divergence that remains in much of the English-speaking Adlerian world. Alternatively, Professor Andrea Ferrero's work, from the Italian and European continental traditions of Adlerian psychology, shows Anglo-American readers the ways in which a

psychodynamic approach, incorporating insights from the Freudian world into Adlerian psychology, can enhance the treatment of a range of mental health conditions.

The author, Andrea Ferrero has been working for the last 38 years in the capacity of Psychiatrist, Psychotherapist, Training Analyst, Clinical Supervisor and University Professor. Since 1999, he has been the Chairperson of the section “Science: Theory and Research” of the International Association of Individual Psychology (IAIP). Andrea Ferrero is also the author of four books and has published more than 100 articles in scientific journals in Italy, Europe and the U.S.A.

Price: Euro 19.50 or £17.50 (postage included)

Published by the Adlerian Society UK and Institute for Individual Psychology

Two ways of buying this book:

Send your order by email: prinapp@gmail.com or by post to Paola Prina (31 Erskine Hill, London NW11 6EY), making sure to include your full postal address, and pay: 1. by transfer to: Mrs Paola Prina-Cerai, Barclays Bank Plc, SWIFT BIC BUKBGB22 or IBAN GB18 BUKB 2029 3740 0594 04; or 2. via PayPal (either with a PayPal account or by debit/credit card).

AFFILIATE LINKS

Adler Academy of MN

www.adleracademy.org

Adler Graduate School

<http://alfredadler.edu>

Idaho Society of Individual Psychology

<https://www.adleridaho.org>

Mid Atlantic Adlerian Psychology Society (MAPS)

<https://www.mapsadler.org>

Parent Encouragement Program

www.PEPparent.org

Positive Discipline Association

<https://www.positivediscipline.org>

Puget Sound Adlerian Society

<https://www.psasadler.org>

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