ADLERIAN THEORY

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Individual Psychology: An Introduction

In an attempt to clarify the relationship between Sigmund Freud's theory and subsequent theories that appeared and drew the interest of scholars, writers sometimes used categorical labels that unintentionally deemphasized the extent of existing differences. One label in particular, "neo-Freudian," introduced during the early 1940s created a sort of theoretical fly-paper that some in the field found difficult to escape. The prefix *neo-* was used to imply something recent, modified, or revived but failed to communicate the width and depth of theorists such as Alfred Adler who acquired an extensive knowledge of Freud's explanation for reality only to later denounce it. Adler actively worked for the remainder of his life to construct a new science of mental states and processes. Interestingly, even Erik Erikson who wholeheartedly embraced Freud's ideas was not viewed as "psychoanalytic enough" by close followers of Freud. In 1950, when Erikson released *Childhood and Society,* he hoped Anna Freud (Erikson's therapist during his training) would appreciate his expansion of her father's theory. Instead she viewed Erikson as a "renegade," whose book was a nonevent (Bloland, 2005, p. 136).

What does this mean? It means Adler was his own person, and as such, he deserves recognition for his unique contributions to advancing our understanding of the human condition. Adler saw in humans something that was irrepressible and strong, and it was this strength, not fragility, that he wanted to harness and release during therapy. Adler referred to his explanation as *individual psychology* to convey a clear message that each person represents an indivisible, one holistic self, whose mental functions are cooperating, not competing (John C. Dagley, personal communication, October 19, 2011). In a number of ways it was Adler, and not Freud, who provided the prototypical structure for carrying out face-to-face psychotherapy and counseling as we know it today.

Alfred Adler: Inside and Outside the *Inner Circle*

Intellectuals from the arts and sciences and other figures viewed as the spokespersons of their time were eventually drawn to Freud's theory. Whereas an accurate and complete accounting of those with direct access to Freud would be very difficult to compile, it is easy to identify the much smaller and well-known group of individuals close to Freud. Members of this tight knit group of early 20th-century radical thinkers were referred to as Freud's *inner circle,* and Alfred Adler was one of these radical thinkers. The problem with radical thinkers is that they often make poor followers because their very nature is to

After reading this chapter, each student should be able to:

1. Diagnose the case of "The Man of a Thousand Faces."

2. Argue that Adler was either inside or outside the "inner circle."

3. Defend the Adlerian theoretical approach.

4. Describe the major concepts of Adlerian theory.

5. Create a plan to employ Adlerian therapeutic approaches to address your responses to the Table 4.3 worksheet.

6. Defend the assumption that Adlerian theory is committed to social justice and multiculturalism (e.g., working with diverse populations).

7. Assess the effectiveness of the Adlerian theory in assisting Mrs. Sanchez.

HYPOTHETICAL CASE STUDY: THE "MAN OF A THOUSAND FACES" ENTERS THERAPY WITH ALFRED ADLER

Lon Chaney entered the room wearing dark sunglasses and, after an exchange of introductions, sat in a chair across from Adler, who then prompted him to begin. Chaney said, "Hazel, my wife, is very concerned about me. I've been feeling different for a while and it worries her. I have been a very active person all my life. I have a good physique and enjoy doing physical kinds of things, but my stamina and concentration have been off [long pause]. I'm having a big problem with memorizing my lines for an upcoming movie [long pause]. I was first attracted to Hazel because she is also an active person like me. I met her years ago while she was a dancer on tour. It was Hazel who convinced me to go to see a doctor I've known for years. He's really more of a friend than my doctor— we've hunted and fished together. I trust him and know he'll always give me good advice [pauses]. It boils down to this. A few weeks before I saw him about my fatigue and lack of focus, I had told him about a special movie project when we were out fishing together. He made a house call. After a complete physical exam, he said he couldn't find anything wrong with me, but what he said next startled me. He said if he had to guess, he would say my symptoms were somehow tied to the upcoming movie where I have to speak on camera for the first time. He also said I should see you, Dr. Adler. I have done vaudeville, worked in theater, and completed well over 150 silent films. It just seems peculiar that my first 'talkie' could put things all a kilter."

Chaney went on to elaborate about his film career (see Figure 4.1) during which time he made four remarks that Adler believed would be pertinent to understanding how Chaney approached life: "Between pictures there is no Lon Chaney"; "My whole career has been devoted to keeping people from knowing me"; "I don't feel comfortable being photographed as myself"; and "I want to remind people that the lowest types of humanity may have within them the capacity for supreme self-sacrifice. The dwarfed, misshapen beggar of the streets may have the noblest of ideals." When Chaney stopped speaking, Adler stated that there was a commonsense cause for his symptoms and

▼ FIGURE 4.1

The Man of a Thousand Faces

Note. Even a cursory glance at biographical information pertaining to the silent film actor known as the "Man of a Thousand Faces," Lon Chaney, Sr., would reveal that Chaney's life provides an excellent means to illustrate what Adler meant by "striving for superiority." This begs the question what if Chaney had sought help from Adler for symptoms that threatened his status as a renowned motion picture actor? What follows is a conjectural depiction of such an encounter between Adler and Chaney.

Sources: (a) Hulton Archive/Stringer/Moviepix/Getty Images; (b) Movie still scan ([1]) [Public domain], via Wikimedia Commons.

a practical solution that they would work together to find. Adler further explained that it was necessary for him to assess the situation thoroughly, which would involve asking questions about memories of various interactions, family relationships, possibly what he dreamt about, important goals, and other types of questions that would allow both of them to develop a clearer understanding of what solution best fit Chaney's situation.

Biographical Source: Basinger (1999).

CASE DISCUSSION

Near the end of this chapter, additional information collected from Lon Chaney is reviewed in terms of how it might be used to gain a mutual understanding of Chaney's aims, general approach to life, and the difficulties he experienced that motivated him to seek therapy with Adler. The ending discussion reviews how an Adlerian therapist's gained knowledge might be used to assist Chaney.

question authority—even when that authority is Sigmund Freud. Adler's eventual break from the inner circle represented an early and significant departure from this group. Carefully reviewed in light of what is known today, we discover that similar to shadows, much of the early criticism directed toward Adler by Freud and others disappears once an objective light is shined in its direction. (See Ansbacher & Ansbacher, 1970 and Manaster et al., 1977 for biographical information cited in this section.)

Although he unquestionably was very interested in hearing Freud's opinions, Adler remained an independent thinker who became increasingly vocal about his own ideas. Once he was outside the circle of Freudian acolytes, Adler wrote approximately 300 books, articles, and other publications that served multiple purposes and included offering alternatives to what Adler believed were Freud's mistakes. Adler's theory and approach to therapy represents a unique non-Freudian method that foreshadowed many of the later developments in the field.

To better understand the person who stood up and rejected Freud's truth as fiction requires us to go back to February 7, 1870, to the town of Penzig, Austria, where Adler was born the third of six children in a middle-class Jewish family. Although anti-Semitism existed in Adler's early life its effect was much less memorable than that of the health-related issues that played a central role in his early development. He is known to have suffered from rickets, which is characterized by softening of the bones. The resulting low activity level resulting from this condition appears to have added to his body weight at the time. He also suffered from spasms of the upper part of the larynx, between the vocal cords, which affected his breathing and the sound of his voice. Around age 4, he experienced a bout of pneumonia severe enough to bring him to the brink of death.

The combined impact of three things—the illnesses mentioned, his near accidental death on two occasions, and the death of a sibling (whom Adler slept next to during the night)—created a critical mass that led to a sustained reaction that propelled Adler forward and marked the remainder of his life. Specifically, these events resulted in a person who felt driven to subdue, overcome, defeat, or even crush any obstacle creating a sense of inferiority. For example, his keen sense of confronting rather than avoiding a perceived weakness probably accounts for Adler's intense interest in

▼ FIGURE 4.2

Alfred Adler
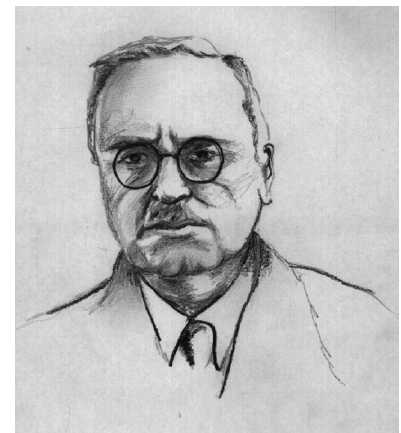
Source: Ixitixel at German Wikipedia [Public domain], via Wikimedia Commons.

music and being able to achieve "a strong dependable voice and a good gift for delivery" (Manaster, Painter, Deutsch, & Overholt, 1977, p. 10) despite his early vocal difficulties. It may also account for his early interest in becoming a medical doctor, because he encountered physicians at an early age and understood they fought against illnesses that weaken humanity.

Far from a stellar student when he began, Adler persisted and eventually excelled in school. He later entered the Vienna Medical School and graduated in 1895. Despite the fact that records from this time are spotty and incomplete, it appears one physician, Hermann Nothnagel, influenced Adler. Specifically, this physician's general attitude concerning patient care was expressed in an oft repeated medical fiat of his: "The physician must always look at the patient as a whole, not as an isolated organ or an isolated ailment . . . the emotional influence of the physician on the patient must be taken into account" (Manaster et al., 1977, p. 10). A final experience that seems to have cemented Adler's approach to working with others occurred after he graduated from medical school and started a practice in Vienna close to the Prater, a large park equipped with recreational devices, games, and refreshments. Patients from the Prater often depended upon some physical skill or ability to earn a living, such as acrobats. He discovered a basic similarity between a number of his patients from the Prater and himself. Like Adler, many were confronted early in their lives with one or more physical weaknesses that they fought to overcome, gradually turning a weakness into a strength and eventually into a means to earn a living.

Adler met Timofeyewna Epstein at a meeting organized by socialists. Both were drawn to socialism's cooperative approach to solving society's problems. The couple married in 1897, and the first of four children was born to the couple a year later. In 1898, Adler began practicing as an ophthalmologist but later decided to pursue a practice in general medicine, eventually settling on psychiatry. His initial interest in psychiatry started with Freud's theory of dreams. In 1902, Adler accepted Freud's invitation to join Freud's inner circle, which met on a regular basis. He remained a member for 9 years as the group expanded from its original four members. Toward the end of those 9 years, Adler had become one of two coeditors of the psychoanalytic journal on which Freud served as editor in chief, and Adler had assumed the presidency of the Vienna branch of the International Psychoanalytic Association.

Adler left the Vienna Psychoanalytic Society in 1911 along with 9 others, leaving the original group with 14 members. Reconciliation efforts failed and Adler's group formed the Society for Free Psychoanalytic Research or Investigation (soon renamed Society for Individual Psychology). In 1914, the *Journal for Individual Psychology* was created. Even though Adler gave credit to Freud for drawing his attention to the importance of early childhood and unconscious factors, it was clear that Adler earnestly rejected the central role played by the unconscious, as well as drive-fueled motives and the position that civilization simply represents a psychic compromise between mental phenomena. These differences created such an extraordinary divide between Freud's followers and those attracted to Adler's position that the divide between the two groups could never be bridged. The resulting imbroglio only became more complicated and bitter over time. Freud was to later comment about two movements that emerged from psychoanalysis; the second referred to Adler's departure.

The other (originated by Alfred Adler in Vienna) reproduced many factors from psychoanalysis under other names—regression, for instance, appeared in a sexualized version as the "masculine protest." But in other respects it turned away from the unconscious and the sexual instincts, and endeavored to trace back the development of character and of the neuroses to the "will to power," which by means of overcompensation strives to check the dangers arising from "organ inferiority." Neither of these movements, with other systematic structures, had any permanent influence on psychoanalysis. In the case of Adler's theories it soon became clear that they had very little in common with psychoanalysis, which they were designed to replace. (Freud, 1922/1959, pp. 123–124)

World War I interrupted developments in the new movement when Adler was called to active duty. During the years he served as a physician in the Austro-Hungarian army, Adler concluded that we should not only seek to find cures for mental illness but to find ways to prevent its occurrence in order to better society at large. This conclusion logically led to his increased focus on societal issues after the war. For example, in 1922 he established the first child guidance clinics in Vienna. Before the end of the decade, Adler had witnessed the creation of 32 such clinics devoted to improving education. During this period, Adler's influence was growing in both Europe and America. In 1929, he was appointed a visiting professor at Columbia University in New York City and, in 1932, to first chair at the Long Island Medical College.

By 1934, fascists had imposed their extreme right-wing views on the Austrian Republic, and one of their first official acts was to close all of Adler's progressive clinics. One year later, Adler and Timofeyewna left Vienna to settle in the United States, a trip made easier due to the close ties Adler had with various academics and others, ties established mainly through the lectures he gave at Harvard, Brown, and several schools in California. In fact, at one of his lectures, 2,500 applications to attend were turned down because of space limitations. Consistent with what Adler advocated, since he perceived his ability to speak in English as "weak," he scheduled lessons and continued practicing until he felt confident about his ability to speak in English during lectures.

Adler continued to travel abroad to lecture and participate in meetings. It was during a trip to Aberdeen, Scotland, in 1937 when he died from a heart attack on May 28 on route to a hospital. The power of individual psychology was strong enough to continue long after Adler's untimely demise.

Individual psychology was championed by a number of talented, exceedingly bright professionals before and after 1937, including but not limited to Alexandra Adler and Kurt A. Adler, the children of Alfred Adler (both of whom were psychiatrists); Paul Rom, a psychotherapist and editor for *Individual Psychology Newsletter;* Heinz Ansbacher and Rowena Ansbacher, editor and associate editor, respectively, for *Journal of Individual Psychology;* Rudolf Dreikurs who became widely known for applying Adler's theory to child behavior; and Antony M. Bruck, a psychologist who taught Adlerian theory and therapy in North America, South America, and Europe. Adler's theory appealed to many people in part because of its optimism. After World War I, Freud saw darkness waiting at the end of the tunnel for humanity and felt it necessary

to introduce the death drive. Adler saw light at the end of the tunnel for humanity in the form of a spirit of equality and self-actualization.

The Adlerian Approach: Individual Psychology

Adler's name for his theoretical approach, *individual psychology,* was intended to convey the central role that a holistic perspective played in understanding others' thoughts, feelings, and actions. Adler's comment that he had gained from his early association with Freud (i.e., "I profited from his mistakes") is revealing. He was essentially announcing to past and current associates that he aimed to upend the widely accepted approach of psychoanalysis as the means to obtain the truth about neuroses—truth which was supposed to be buried in the rambling, disjointed stories constructed by clients through free association. Adler was determined in his effort to replace *analysis* with *synthesis,* and this was no simple task considering the early foothold obtained by Freud and other psychoanalytic writers and practitioners.

For Adler the starting point with a client was always the person, as an indivisible organic entity whose natural setting was the interpersonal world. Undoubtedly, Adler affected a different means to conceptualize clients' thoughts, behaviors, and feelings. He believed a real understanding of the human condition always required placing clients in front of the backdrop of the community in which they lived on a daily basis.

Adler strongly believed in a *teleological world* of final causes or purposes. Behind the thin veneer of fashionable (as well as unfashionable) behavior, and available to all of us, is a powerful motivational component that can energize us to discover and then embrace our unique purpose in life. To Adler, being human meant that all of us have the potential to overcome biological, environmental, and imaginary constraints so we can rely on self-determination to create a world of our own making. Whether that world is meant to be heaven, hell, or somewhere between the two extremes is for the most part up to us. (Although no human is either innately good or bad, any of us could fall on either side of the good–bad equation depending largely on how we decide to live.)

An important reoccurring theme of Adler's was that it is neither the past nor the present that owns us (unless we allow one or both to dictate who we are); we are meant by our nature to strive and overcome any bondage imposed by time. Finally, whereas psychoanalytic theory had its sights firmly trained on the past, Adler's conceptualization of time's role in our life meant that individuals are intended to straddle both their past and present time while looking steadfast toward the future. Life's answer did not inhabit the past, but was always to be found rooted in our future through our intentions.

What makes individual psychology so unique is the contribution it provides to solving client problems. First, Adler's work foreshadowed much of the theory, research, and therapeutic applications to come. Second, Adler's approach was firmly anchored to real-world situations and everyday problems that challenge all of us as individuals and as members of larger groups, whether a dyad or a nation. Third, the emphasis Adler placed on *inter*personal rather than *intra*personal existence as the

Quotable Alfred Adler

- The unity of the personality is generally overlooked by most schools of psychology; or it does not receive in their hands the attention it deserves.
- What is truly remarkable about our psychic life is that it is our points of view which decide the direction we take, and not the facts themselves.
- What is the basis of differentiating between useful and useless manifestations of striving for superiority? The Answer is interest in the community.
- Psychology means to understand the scheme of apperception [a non S-R process of assimilation] by which the child acts and by which he reacts to stimuli, to understand how he regards certain stimuli, how he responds to them, and how he uses them for his own purposes.
- It is the [person's] general attitude toward life which is the basis of all dreams.
- The psychic life of [people] is determined by [their] goals.
- The hardest thing for human beings to do is to know themselves and to change themselves.
- The three great challenges of life: love, work, and society.

Sources: Adler (1927/1954, 1930/1968).

ultimate point of entry for therapists to understand clients and the worlds they create for themselves was a critical change. In fact, Freud's seemingly formidable drive-based theory failed to build a rampart strong enough to fortify psychoanalysis against the growing onslaught of theorists, similar to Adler, who chose to elevate the importance of interpersonal factors. Table 4.1 represents a sample of comments made by Adler. These quotes are intended to add a more personal dimension to Adler's work and should provide the reader a better sense of what he hoped to communicate to the rest of us.

Major Concepts

A novice to Adlerian theory may initially find Adler's style of writing less than clear. Interestingly, the lack of clarity experienced by the reader probably resides with the reader, rather than resulting from Adler's ability to explain his theory. The difficulty encountered reading Adler's *Understanding Human Nature,* for example, can be explained largely as a result of Adler's holistic perspective, which caused him at times to rely upon an interwoven type of presentation that can entangle a reader. In such instances, Adler is just being true to his holistic theory that humans must be approached and presented as a single entity rather than as a sum of individual parts.

Adler's views simply do not lend themselves to a series of simple factoids or theoretical elements abstracted from something larger. Once a human is reduced to parts, any attempted discussion on those parts will always fall short of describing what it means to be human. Although Adler's theoretical writings cover many facets of human nature, it would be incorrect to assume Adlerian concepts can be meaningfully discussed as if they were independent building blocks to understand others. In a sense, there are no building blocks.

The holistic quality that permeates all of Adler's theory can be illustrated by the qualities of a jigsaw puzzle. Imagine in front of you a completely assembled jigsaw puzzle that pictures a finished diamond with many cut facets. To better understand what constitutes this diamond, a psychoanalytic oriented person would pull apart the picture

of the diamond, carefully study each jigsaw piece, and reassemble the pieces based on the understanding of how a diamond should look as a result of investigating the qualities restricted to each jigsaw piece. In contrast, an Adlerian oriented person would not bother to disassemble the picture but simply study the assembled picture to understand how a whole diamond with many facets should look.

Adler firmly believed that the therapy approach most in alignment with reality must involve a collaborative relationship if a therapist hopes to expand the client's field of understanding of the situation and effectively awaken a client's innate healing potential. Without question, a piecemeal approach to working with clients was to be avoided. Adler remained true to the earlier advice given to him by Hermann Nothnagel. If paraphrased in terms of therapy it would read: A therapist must always look at the client as a whole, not as an isolated organ or an isolated ailment or mental disorder. In a similar fashion, the various Adlerian concepts discussed next are best understood by approaching them as a unit of interlocked facets that represent a single thing—a human.

Human Nature

Alfred Adler (1927/1954) wrote, "The understanding of human nature seems to us indispensable to every [person] and the study of its science, the most important activity of the human mind" (p. 224). Whether it was to be Adler or someone else who would facilitate such a universal level of understanding is beside the point. Adler truly believed that if enough members of various cultures around the world genuinely understood human nature, this global understanding would provide a literal worldview that fostered healthy social cohesion capable of forming a type of social loyalty that would go far in preventing many of the everyday—and not so everyday—problems that have plagued humans for countless ages.

Adler also emphasized other characteristics of humanness, such as mind over body, primacy of future time to understand personal destiny, the importance of parental and sibling dynamics on personality, the qualities of good and bad being tied to choices made, and human existence being neither determined nor totally free of surrounding influences. Concerning the last facet listed, Adler believed we possess what might be termed *good-enough freedom* to make important decisions that can literally propel us toward a future that is framed by our personal goals. Essentially, it is the choices we make that create the road map for our future. Furthermore, all living organisms are characterized by movement, and in the case of humans, this movement is directional and not chaotic or random. Being human means one is incapable of standing still (unless mental illness is interfering with our potential). Even more important is that this inability to stand still is purposeful and—whether we are aware or not—tied to an attempt to answer the question "Who am I and how do I move beyond my current state to manifest the person I am meant to be?"

Adler acknowledged that Hans Vaihinger's notion of fictional finalism meaningfully contributed to his theory of human nature and typically guided his work with clients. Fictional finalism is a derivative of Vaihinger's doctrine that human phenomena are guided not only by mechanical forces but follow a trajectory toward certain goals

capable of supporting self-realization. Interestingly, to be counted as a genuine instance of self-realization for Adler, it had to be a state that nourished both the individual and members of the individual's social sphere. Adler believed strongly in the importance of positive forms of connectedness to others. Although Harry Stack Sullivan and other early interpersonal theorists disagreed with Adler on many issues, both Sullivan and Adler agreed that it is the social facet of human existence that represents the be-all and end-all to theory and practice.

Social Interest

Decades ago Adler introduced the term *Gemeinschaftsgefuhl,* which was meant to capture the full range of social interests that he believed were critical to fostering mental health. *Gemeinschaftsgefuhl* was a combination of two German words: *Gemeinschaft* which means "community" or "neighborship," and *Gefühl,* which means "feeling." When Adler used this word he was referring to a "sense of fellowship in the human community" or "social feeling" (Alfred Adler, 1927/1954, p. 38). Other meanings for *Gemeinschaftsgefuhl* include unity, social belonging, being equal, and social interest. The last meaning, social interest, gained popularity and use over the years.

Gemeinschaftsgefuhl is what makes it possible for us to overcome unhealthy detachment and move toward wider types of social involvement, including social activism. It is the facet of our external (and internal) world that helps make us more resilient and capable of facing the myriad problems and challenges that confront us during our lives—especially earth-shattering events like the combination of a tsunami and the failure of several nuclear reactors experienced by Japan in 2011. The strong social unity felt in Japan helped prevent looting, encouraged workers to return to the reactors to prevent an even greater disaster, and started many on a path toward recovery and healing. For contrast, think about the near collapse of the U.S. monetary system during the first decade of this century; it is clear that ubiquitous greed played a role. Without a doubt, the rapacious desire for wealth displayed a few years ago was 180 degrees removed from *Gemeinschaftsgefuhl.*

It is a lack of *Gemeinschaftsgefuhl* that makes the sociopath such a danger to individuals and the larger society. Although *Gemeinschaftsgefuhl* is certainly tied to living empathically, it goes well beyond what is typically considered empathy's territory. According to Adler, we are exposed to multiple dimensions of how social interest can manifest. In fact, there appears to be at least five important areas that pose tasks for all of us to complete if we are to experience a healthy state of existence. Specifically, the five task areas involve establishing a relationship with (1) those with whom we have familial ties (e.g., parental figures and siblings), (2) members of our work environment, (3) a sexual partner, (4) ourselves, and (5) something beyond our immediate existence—a chance to reach beyond (Sweeney, 1998). Area five pertains to things such as finding a self-sustaining purpose to guide one, identifying life affirming goals, discovering one's reason for existing at this time and place in the universe, and even establishing meaningfulness in an oppressive environment. The last item listed is important to consider. Obviously, not all humans on the planet are provided with a neat, orderly array of Pollyanna-type options to select from on their way to self-actualize. While very

difficult, it is still possible to establish a meaningful socially conscious existence in an oppressive environment. Such meaningfulness took place during October 1966 at Berkeley, California, when Stokely Carmichael gave a speech titled "Black Power." A small portion of his speech follows:

> We are not going to wait for white people to sanction Black power. We're tired of waiting; every time black people move in this country, they're forced to defend their position before they move. It's time that the people who are supposed to be defending their position do that. That's white people. They ought to start defending themselves as to why they have oppressed and exploited us.

In the same speech Carmichael (1966) stated,

> We cannot have white people working in the black community, and we mean it on a *psychological ground* [emphasis added]. The fact is that all black people often question whether or not they are equal to whites, because every time they start to do something, white people are around showing them how to do it. If we are going to eliminate that for the generation that comes after us, then black people must be seen in positions of *power* [emphasis added].

There are many instances where the healthy thing to do is resist a larger social force. Although Carmichael's form of social interest may not conjure up the images of ethereal beauty we like to associate with self-actualization, Adler's idea of *Gemeinschaftsgefuhl* can take many healthy forms.

Regrettably, when enough people in a society wield sufficient power to significantly confine, restrict, or narrow *Gemeinschaftsgefuhl* expression, the outcome is eventually counterproductive, even to those in positions of power. Such situations can lead to large-scale economic exploitation, unfair class designations, a pervasive level of societal tension, religious conflict and misunderstanding, and even hostility between various societal groups, regions, or nations. One subtle outcome of such socially toxic environments can be found in how words are sometimes used. Some words that originally had a strong negative meaning are used in ways that are misleading. Take the word *war*, whose archaic meaning was indisputably negative—its meaning implied battles that would result in the loss of many lives and various atrocities being committed (e.g., during a series of Russo-Turkish wars, soldiers performed anal sex on the dying in order to experience the resulting rectal spasm that coincided with death).

In contrast to the original meaning for war, when used in a phrase such as a "fare war" among airlines, what might be negative for the airlines has a positive meaning for potential passengers. Nor does a phrase such as the "war on drugs" sound terrible to many Americans. But what if the airlines cut the amount spent on safety procedures to make up for any losses due to the fare war? Or what if it is an 18-year-old family member who faces prison time for possessing a drug that some areas of the country currently allow to be purchased and/or carried on one's person without penalty? It seems the more we veer from acting in ways congruent with *Gemeinschaftsgefuhl*, the more likely we are to contribute to an increase in societal problems instead of a reduction.

Conscious and Unconscious Mental Activity

Adler asserted that various mental activities designated as conscious and unconscious are actually in concert with one another, that the mind represents the unison of processes that are naturally structured to work together rather than at odds with one another. The mind does not purposely struggle against itself to hide certain mental processes from awareness, nor are emotionally loaded memories automatically relegated to some shadowy region of the mind only to be heard from again in the repressed form of repetitive and self-defeating behaviors. Alfred Adler (1930/1968) stated, "Upon deeper inspection there appears no contrast between the conscious and the unconscious, that both cooperate for a higher purpose" (p. 341). In fact, Adler broke with Freud because Adler believed "in the equality or democracy of drives. Adler did not believe the id—with its primary emphasis on the sex drive—was the basic moving force in behavior [or was] any more powerful or influential than any other drive. Adler opposed the view that humans are composed of competing drives" (John C. Dagley, personal communication, October 19, 2011).

Adler noted that although a person's mind could register ambivalence, it was not the type of conflict where different parts of the mind—conscious and unconscious—were in disagreement or struggled for supremacy. Adler viewed such explanations as a false dichotomizing of the human experience because mental functions operated in unison. In truth, rather than conflicting feelings or thoughts, a sense of ambivalence was basically a state of indecisiveness as to what direction or course of action one should take to accomplish an important goal. Thus, according to Adler, the sensation often called mental conflict is caused by stalling in making a decision from among alternatives.

It is the high level of freedom that each person possesses that sets the stage for these alternatives to become bothersome in the first place. Of course, confounding the picture is the realization there is the possibility of selecting the wrong alternative. Interestingly, the possibility of going back or forward in time, prior to or after a person makes an important decision, has served as a story plot for several movies, including Woody Allen's *Midnight in Paris* (Aronson, Tenenbaum, Roures, & Allen, 2011). The story's protagonist, Gil Pender, an unfulfilled Hollywood screenwriter, travels to Paris in 2010 with his extremely materialistic fiancée, Inez. Each midnight Gil travels back in time to the 1920s where he encounters Ernest Hemingway, Gertrude Stein, and an array of other famous creative personalities. Through these midnight experiences Gil comes to realize that all time periods, even the purportedly exciting 1920s, can become monotonous and unfulfilling for those who live then. More important is Gil's insight that his lack of personal fulfillment is due to his failure to develop his abilities and character as they were meant to be. After the profound realization that he had previously chosen the wrong alternatives in life, Gil returns to 2010 where he jettisons his current job and relationship with Inez in order to pursue the life of a serious writer. The high degree of personal freedom that each person has to select from a wide range of alternatives can make life difficult.

Clearly, Adler did not accept the psychoanalytic unconscious as humankind's prime mover, nor does he believe it is some type of stimulus–response dynamic. For Adler, any form of stimulus–response reductionism would always fall short of providing a complete explanation as to why a person feels pulled or pushed to act.

Polarities: The First and Last Steps

Adler's concept of polarities further clarifies the role and importance of an individual's decisions. It is rare for a single decision to have the power to transport any decision maker immediately to the point he needs to be in life. End goals represent a successive series of decisions that may require weeks, months, or possibly years to achieve, but regardless of the duration or the exact number of decisions required, once a person has identified a specific starting point as important, then the decisions that follow share a commonality. This commonality forms the trajectory for future decisions that enable a person to successfully arrive at the much sought after goal or end point. Understanding the connection between the start and finish often proves helpful in situations when a client is derailed from a beneficial path that is now blocked. A therapist should keep in mind that decisions already made by the client can be used to reconstruct the trajectory to better understand what the person hoped to achieve and the true meaning of what is currently hindering the person from reaching the intended goal.

The starting point for the goal-oriented trajectory that the person was following until a problem arose can generally be conceptualized in terms of a perceived inferiority. At the same time, the end point can be viewed as a means to obtain a state of superiority over the originally perceived weakness. Adler described the end point of such polarities as success, completion, and even a "felt minus" moving toward a "perceived plus" (North American Society of Adlerian Psychology, 2011). The word most often used by Adler to describe arriving at one's goal was *superiority*. To correctly understand what Adler meant by the term *superiority*, we must return to Adler's concept of *Gemeinschaftsgefuhl*. Adler was not advocating power over others when he applied the term *superiority*, but rather an achievement in the sense of mastery or competence. Table 4.2 provides examples of what may be various starting points and their corresponding end points.

A male considered by others to be physically weak as an adolescent might become a champion bodybuilder. Whether the final goal coincides with sound mental health and

▼ TABLE 4.2

Goal-Oriented Trajectories: Starting Points and End Points

Start Point	End Point
Sickly	Bodybuilder
Disparagement	Esteem
Unrestrained	Disciplined
Sight Impairment	Artistic Painting
Unschooled	Intellectual
Isolation	Social Expansion
Dull	Witty
Distracted	Focused
Naive	Worldly
Shy	Stage Actor
Ignorance	Wisdom

an appropriate reaction to the original perception of weakness can be determined by looking through the lens of *Gemeinschaftsgefuhl*. The point can be illustrated by referring to an advertisement frequently printed in 1950s–1960s comic books that depicted a bodybuilder kicking sand in the face of a "98-pound weakling" (the paid announcement promised the adolescent reader he would be able to "kick sand at bullies by becoming strong too—for the low price of . . ."). Despite having overcome prior feelings of physical weakness, the bodybuilder would certainly have failed the litmus test of possessing adequate social interest. In this instance, rather than healthy goal attainment, we have an example of someone who has achieved a neurotic goal. For comparison purposes, take the example of *sight impairment* found in Table 4.2. The end point in this instance is *artistic painting*. Such an artistic goal is beautifully illustrated by the work of David A. Kontra. Kontra's painting *Iron Man* (based on the song of the same name by Black Sabbath) appears in Figure 4.3. Kontra is an African American who is legally blind because his visual field is less than 20 degrees diameter (10 degrees radius), which prevents him from seeing the whole canvas at any given moment, forcing Kontra to lean toward the canvas as he paints one section at a time. The resulting whole scene painted in *Iron Man* has the power to easily stir up feelings and thoughts the longer we study the figures depicted in

▼ FIGURE 4.3
Iron Man

Source: Reproduced with permission of E. J. Ginter.

the foreground, all of whom appear to be frantically running from the gigantic iron man figure dominating the background. Kontra's *Iron Man* provides an example of healthy goal achievement that exemplifies the type of social connectedness implied by Adler's theory. Each person who pauses to enjoy *Iron Man*, including those reading this chapter, literally help to contribute to a necessary quality required for the artist's end goal to be completed. In other words, taking time to appreciate this artist's work serves to create a meaningful social connection between the viewer and the artist in which both parties give and receive something in return. Specifically, for the artist, the presence of interested viewers confirms for him that he has genuinely achieved his goal.

Style of Life

According to Adler, style of life is essentially the combination of outer and inner characteristics of a person that contribute to the person being a distinct, independent, and self-contained entity, as well as the impression the person makes upon others. Style of life represents the way we seek to act and think in a manner that is consistent with our view of the world. It represents our own unique private logic that informs our actions.

According to Adler, each person's style of life is formed early (most likely before age 5), starting with the multitude of tasks a child has to master to move beyond childhood. Over time, one's style of life becomes a psychological magnet of sorts that pulls toward the person those things (knowledge, skills, and relationships) that will better prepare the person to achieve important goals. We are attracted to gathering those things

we believe will lead to a significant end point. What starts as a means to overcome natural infant inferiority changes over time—developmentally, this will to power moves beyond the seeking of personally meaningful goals and becomes a striving that involves the common good.

Creative Self. What makes a style of life anything more than a mechanistic occurrence of events where A leads to B, and B leads to C, ad infinitum? The answer lies in Adler's discussion of a creative self, which left no doubt that individual psychology was a new category of theory and not a recasting of behaviorism or psychoanalysis cloaked in different terminology as some critics have claimed. So what made Adler's creative self such a powerful ingredient? Ansbacher's (1977) answer was that there are three malleable forces in a person's life: heredity, environment, and a creative quality that allows for a staggering number of possible outcomes.

The transformative power of the creative self operates in a way to form a personality that is unified, dynamic, and stands to a large degree independent from others in how the person goes about constructing her life. Whenever we are part of a group, it is our creative side that enables us to think the thoughts that differ from those of other members and thus contribute a qualitative solution rather than a quantitative addition of being just one more member of a group. It is our creative nature that mirrors the very essence of what makes each person among the billions of Earth's inhabitants different from one another.

Toward the end of Adler's life (he died in 1937), a radical form of behaviorism was taking hold in the United States, which eschewed the study of esoteric topics, such as unconscious processes, consciousness, and mind, and its proponents' new image for humanity was a world of automatons who lack active intelligence or free existence. Adler's concept of the creative self foreshadowed later humanistic thinkers such as Rogers and Maslow, because his concept emphasized the belief that persons could be masters of their fate. Adler's position has been referred to as *soft determinism,* which means that although human actions are not totally independent of external events, free will always enters the picture. This view is beautifully illustrated in the 1969 rock opera *Tommy* by the Who. Tommy, the main character, is referred to as this "deaf, dumb, and blind kid" who, through a sense of touch, becomes a "pinball wizard" and achieves the status of a guru. Tommy's Adlerian triumph is recognized as he sings "I'm free and freedom tastes of reality."

Human Development

Owing to a deep appreciation of the social cauldron, Adler realized parents singularly and together create much of the early developmental soup that gels to become a child's style of life. Adler was keenly interested in calling attention to various early dynamics within the family that had the power to contribute significantly to a child's style of life. More than any major therapist of his time, Adler called attention to the importance of understanding and helping young children and teenagers.

The term *family constellation* has been used to refer to the sum total of relationships at the family level. This includes familial patterns of interacting, roles played by

family members, ages of each person, number of parents and children living together, birth order of each parent and their children, culture the family identifies with, and so forth.

Early Predisposing Experiences That Contribute to One's Personality. In addition to birth order, Adler focused on three experiences he believed deserves special attention as they pertain to children: disabilities, neglect, and pampering. Adler discovered that many prominent individuals began life with some sort of *infirmity,* but due to a loving home environment that encouraged independence and healthy social interactions these people transformed the actual weakness into strength. In other cases families reinforce, often unknowingly, the notion that there is something wrong. This type of treatment lowers the child's self-esteem and results in an indelible identity tied to being less than others. According to Adler, overprotection and trying to prevent the child from failing in life is psychologically more crippling than any physical disability in terms of the child's future goals and social interests.

In cases of pampering, it is as if the child's motivation is killed through too much sugar—often without the parents recognizing their contribution to preventing the child from achieving his or her potential. According to Adler, the pampered child represents a potential danger for society because these individuals develop weak social feelings. Today, these are the individuals who are tagged with the popular catch-all label "narcissistic." According to Adler, they are the despots of the world who enjoy power over others and who inflict damage on society in direct portion to their level of power.

Finally, the neglected child is one who responds to her world of quiet or blatant abuse by developing a lack of trust or interest in others. She soon adopts the stance that others are potential enemies. The neglected child sometimes has a need for revenge that can manifest itself directly or in less obvious but still very detrimental ways. For example, a financial advisor who steals money may believe it is justified since the world cannot be trusted or does not care about him.

Birth Order in the Family and Its Contribution to One's Personality

Considering the importance of others in shaping our personality, Adler considered how birth order might affect a child. Adler believed that the positioning of children in the family as first, middle, or last born, can have just as powerful an effect as being born an only child (Alexandra Adler, 1938).

First-Born or Only Child. The child typically enters the family as the focus of attention. As a result of this redistribution of familial attention, even the father and mother's previous pattern of interactions as a couple is altered. The first-born is the "prince" or "princess" of the family. If the parents have a second child, the first-born may experience a sense of being dethroned from her favored position. Another redistribution of attention is experienced by the first-born as unexpected and hurtful. This experience may cause the first-born to display for the remainder of his life behaviors and concerns that suggest feelings and thoughts of insecurity or even animosity toward those who garner attention.

For example, the coworker who is dethroned in life is a difficult person to work with for no reason apparent to the new hire. Adler suggested that as adults, first-born children may become past oriented since in the past they were the center of attention. In addition, depending on experiences that unfold after being dethroned, the child could follow a path that prevents the development of full social interest. Adler advocated for parents to prepare the child well before the arrival of another child, deflating as much as possible the perspective that a rival has been brought into the family. The advantage of being a first-born or only child is a motivation to achieve and excel in life to a large extent because of the early parental attention and parental expectations. The only child differs in that she never encounters sibling rivalry and in some form retains her "royal" position, with both advantages and disadvantages, throughout life. For example, an only child possesses a high need to achieve and a strong desire to control situations, which is accompanied by a low need for affiliation.

Second or Middle Child. Adler believed these children are better adjusted and capable of interacting with others—they are the socially adept in the world. We should also expect the child to develop a competitive attitude toward the first-born and older children in the family. Rebelliousness is not an uncommon trait, nor is it uncommon for these children as adults to express envy of others. The second-born desires to assume the older child's special status and will attempt to gain an advantage over the special-status child if the opportunity arises.

Youngest Child. Next to the first-born, the youngest was thought by Adler to be the most likely to develop a neurotic personality. This is the person labeled the "baby of the family"—a label that can be carried well into adulthood where the adult individual is still referred to as the "baby" whenever taking part in family gatherings. The danger for the last-born is to be "babied" to the point that the person experiences a continuous state of pampering, which denies him many opportunities to meet life's challenges and develop the requisite skills to be successful on his own. Youngest children may also possess high degrees of self-esteem and develop good interpersonal skills that get them what they want in life, causing them to be seen by some as mostly concerned about their own welfare.

Although we can certainly relate to varying degrees about the pressure we feel to excel and lead the way, or the need experienced as a second-born to "dethrone" the oldest sibling to obtain parental attention, or being called the "baby of the family," in truth, research findings for birth order have been debated for years.

Therapy

The atmospheric quality of the client's current social life, coupled with understanding the client's goals and frustrations, informed Adler where to begin therapy, but such knowledge only created a rough framework. According to Adler, the specifics of the process—such as what therapy tools are needed—depend largely on what unfolds along the way. What can be expected with absolute certainty is that the unique nature of each client's case requires the therapist to remain creative and flexible throughout the therapeutic process and to be ready to pull from a wide range of techniques as needed.

Goal of Therapy

Adlerian-based goals generally fall into one of two categories (Alexandra Adler, 1938): (1) change within the stock of skills associated with the style of life (e.g., developing more effective ways to handle social conflict) and (2) structural change to the style of life itself (i.e., personality change). Most client changes fall somewhere between these two categories. Before a client can be helped, it is necessary to discover why there is a misalignment between the client's actions and meaningful direction in the person's life. One can expect that clients, prior to entering therapy, experienced a sense of nonfulfillment and discouragement seeping into their everyday life. This sense of nonfulfillment and discouragement eventually pools into a static existence where achievement motivation has essentially come to a standstill.

Because the specificity of goals is seen as critically important, it is not unusual for Adlerians to use a contract to record goals so they can be expressed in a clear and precise manner. If needed, the contract might also clarify exactly what the therapist and the client are responsible for in moving toward meeting the agreed upon goals. Beyond the two general categories of goals mentioned earlier, goals developed in therapy can be expressed in a seemingly infinite variety of client concerns such as those found in Table 4.3.

Therapist's Role

At the moment of contact with the client, the therapist begins to establish a relationship with the client in which mutual trust and respect permeate their interactions. Time is devoted to explaining that the client–therapist relationship will be "50–50," so collaboration is of primary importance. Dreikurs (1967/1973) elaborated on the importance of collaborative goal setting when he stated that whatever the goal is, both the client and the therapist must agree that the needed change can be achieved.

The therapist also will hone in on displays of social interests on the part of the client, because such displays provide a common ground on which the therapist and client can meet. Instances of such client behavior create an opportunity for the therapist to convey the importance of social interest to healthy functioning.

It is important to realize collaboration is not seen or used as a technique. The collaborative attitude displayed by the therapist reflects the therapist's belief that clients are

▼ TABLE 4.3

Possible Therapy Goals

• Cultivate greater empathy and interests in others.	• Connect rather than compete with others.
• Change self-defeating behavior to wise action.	• Build life goals based on my competencies rather than what other people say I should do.
• Find a meaningful purpose in life.	• Expand my avenues for creative expression.
• Overcome my stifling comfort zone.	• Learn to embrace what life has to offer.
• Expand my interpersonal space to involve more people.	• Develop healthy ways to interact with my family.
• Discover who I am.	• Learn socially healthy ways to confront intolerance.
• Learn how to realize a long-time daydream.	• Break free of the fear that hinders my living.
• Discover and apply my talents in new and satisfying ways.	• Become more like the old me that was productive and happy.

masters of their own lives and possess the ability to change. For this reason the therapist responds in ways that denote the client is viewed as the one responsible for her life. For example, even though the Adlerian therapist has acquired the requisite training and experience to interpret various aspects of what is uncovered about the client, the therapist will avoid taking responsibility away from the client, as when a therapist responds with dogmatic statements or adopts the role of an expert. This is why an Adlerian interpretation is introduced to the client with phrases such as the following:

"Could it be _____?"

"I have a thought, but tell me if I am wrong."

"I just had a thought I will share. You tell me if it helps explain _____."

"Is it possible that the feeling you just described reflects _____?"

Finally, even how the therapist is physically positioned in relation to the client conveys the collaborative nature of the relationship. "Adler sat 'knee-to-knee' with his clients, in a simple, human exchange, rather than taking a position behind and outside of the person's visible range" during therapy (John C. Dagley, personal communication, October 19, 2011).

Client's Role

As mentioned previously, a critical quality of the client's role emphasized during sessions is responsibility. Although a dimension in all forms of therapy, responsibility acquires its own distinctive form in Adlerian therapy. Adler recognized that a desire to change and a fear of change can cancel one another out just as they frequently do for most people outside of therapy. Adler claimed, "The neurotic style represents a 'yes-but' manner of approach. Because of their logic neurotics say 'yes' to various tasks which confront them and in saying 'but' they stress all the obstacles preventing them from going ahead" (Alexandra Adler, 1938, p. 7). Individuals entering therapy often feel powerless to determine appropriate action because of perceived restraints. Adlerians believe it is important for the client to assume the responsibility that comes with freedom. Accepting responsibility is associated with increases in client resilience, adaptability, and buoyancy to rise above the problems of life and meet head on the challenges that strengthen us.

The 1-2-3-4 of Therapy

Adlerian therapy requires the therapist to be vigilant from the start. The way the client enters the therapy room, what words the client selects, where the client sits, what mannerisms the client uses, how the client is dressed—these impressions must form a united view of the client in the mind of the therapist. Thus, at first blush the therapist seeks to obtain an impression of the client's style of life. Rather than diagnosing a disease or disorder, the therapist is looking for system failure—what is it about the person's style of life that faltered to such an extent that the person now finds himself

entangled in a troublesome situation? Adler conceptualized the process and outcome of therapy to be captured within a four-phase sequence: relationship building, exploration, insight, and action.

Therapeutic Relationship. Although it seems paradoxical, clients who seek therapy are expected to show resistance or what many Adlerians refer to as *safeguarding* (Jones & Lyddon, 2003). This tendency toward self-deception lies waiting among the symptoms described by the client, and it can take on a multitude of forms, all with the single purpose of protecting the client from certain therapist requests or from unpleasant realizations (i.e., inferiority feelings). This is just one of several reasons for the therapist to focus on creating the therapeutic relationship advocated by Adler.

Because the client is experiencing a state of discouragement rather than being psychologically sick, the Adlerian relationship entails creating a bond of encouragement. (Although Adlerians understand that *DSM* symptoms are used to identify and report disorders to a third party, for Adlerians the real value of symptoms is what the symptoms say about the client's attempt to find a solution. Symptoms are the remnants of failed solutions.) *Encouragement* requires the therapist to maintain focused listening, respond in ways that are empathic, and convey a genuine respect for, and confidence in, the client's ability to find solutions. Encouragement is singularly important to the therapeutic process.

According to Dinkmeyer and Sperry (1999), the therapy process that was derived from Adler's position entails looking for and finding a client's strengths and assets that are brought to the forefront of what is discussed. Interestingly, maintaining such a focus—finding strengths and value in others—seems to be increasingly difficult to achieve in what might be called today's "mistake-centered culture." Regrettably, today's electro-culture has elevated the conveyors of the current mistake-centered world to a new level. For example, cell phone cameras provide a means of capturing the ludicrous, bizarre, or dehumanizing and the forwarding of the captured images to what constitutes a worldwide audience of electronic voyeurs can lead to devastating results, such as when the unwanted exposure by an internet bully leads to what might be termed e-suicide.

Exploration. Adlerian assessment uncovers signifiers of poorly developed social interests, mistaken notions about the self and the surrounding world, a style of life built on a faulty foundation of nostalgia, and early family mishaps or traditions that misdirected early choices. Assessment enables the therapist to perceive the client as a three-dimensional person with a problem unique to whom the person is.

Adler found that asking about early memories is a very useful means to understanding a client's personality in both individual and group sessions, because these early memories provide valuable snapshots of the client's style of life. For example, when someone known by one of the authors of this text was asked to recall an early memory, the person reported the following incident that took place approximately 55 years earlier in his life.

> I was sitting at a window of our second story apartment, looking out at the neighborhood store, which was situated at an intersection. I remember seeing a mother with two children. The older child seemed to be my age and he

was arguing with his mother. The mother seemed to instruct the child he was to remain at the corner as she crossed the street to go into the store with the younger child. I left my position at the window to go into another room. After a few minutes I heard the siren of a police car and I returned to the window where I discovered the child my age had been run over by a large truck. The mother had dropped her grocery bag, and items had scattered everywhere on the street. What immediately caught my attention was the milk from the shattered milk bottle: Glaring white milk was intermingling with the bright red blood on the street. The colors mixing were a powerful image that sticks with me to this day. The mother stood by the body with her head turned upward. She was screaming as the young child next to her sobbed uncontrollably. Transfixed by the horrible image of a child crushed by the tires of a delivery truck I thought: *He should have listened and not tried to cross the street.*

For Adlerians, the accuracy of this reported incident is less important than what it tells us about the person because the stories we recall are very likely significant contributors to our particular style of life. In the case of the person who told this particular story, his style of life is marked by a high degree of cautiousness that often prevents him from making up his mind quickly. He tends to dwell on possible negative outcomes that could occur from making a decision. Once he is mentally prepared for the "worst case scenario," he then takes action, feeling he is prepared for the impending disaster.

Having the client report dreams can serve a useful purpose throughout the therapeutic process. Similar to the useful information generated by probing early memories, dreams allow a therapist to assess a client's style of life as well as measure changes as therapy progresses. There is emphasis placed on the personal meaning of dreams over universal symbols because what might appear to have absolute meaning may not.

It is not unusual for Adlerians to use a structured set of questions that are best completed in a session. Table 4.4 provides a form that utilizes an Adlerian approach to assessment.

Insight: Therapist's and Client's. In the next phase, the therapist concentrates on helping the client achieve an understanding of various relationships that will shed light on and help solve the client's reason for becoming discouraged. Because insight is immeasurably more meaningful and useful when reached by the client, the therapist's understanding of the client's situation is used as a guide to create the therapeutic environment necessary for the client to achieve insight. Confrontation enters the picture at this point since the client is still invested in protecting an erroneous view of self that is reinforced by a fear of change. The therapist often contends with the faulty belief that somehow someone or something (e.g., bad luck, punishment for something done, cosmic fate) is responsible for the client's discouragement.

The therapist uses various techniques to both overcome resistance and increase client understanding (*resistance* is a means of protecting oneself against inferiority feelings). For example, the client might say, "Others are always taking advantage of me at work and not giving me the credit I am due." In this example, the client's comment is an attempt to protect her self-esteem by clinging to an inflated self-importance. In such

A Structured Exploration: Using the A—Worksheet

Name _____ Date _____

Age _____ Place of birth _____

Level of education _____

Occupation _____

Occupation of parents _____

Reply to the following 13 sections.

1. Identify the member of your family who displays(ed) the *greatest amount* of each characteristic listed below in the box. Do not forget to include yourself (indicate by using the word *me*). Keep in mind you are to use the descriptor you believe best identifies the family member. For example, if a person had "two mothers," using a person's name would clarify who is being referred to whereas the word *mom* would not.

_____ a. Complaining	_____ n. Submissiveness
_____ b. Sharing	_____ o. Sadness
_____ c. Blaming	_____ p. Joy
_____ d. Creativity	_____ q. Sympathy
_____ e. Anxiety	_____ r. Empathy
_____ f. Determination	_____ s. Ambition
_____ g. Giving up	_____ t. Jealousy
_____ h. Supportiveness	_____ u. Playfulness
_____ i. Helplessness	_____ v. Raw talent
_____ j. Anger	_____ w. Envy
_____ k. Love	_____ x. Moodiness
_____ l. Fear	_____ y. Immaturity
_____ m. Cheerfulness	_____ z. Modesty

2. Describe what you see as your purpose in life.

   _____

   _____

3. In what situation are you most likely to feel discouraged?

   _____

   _____

4. List and briefly describe at least two important beliefs that guide your actions.

   _____

   _____

(Continued)

(Continued)

5. Using what is listed in the box below, compare yourself to the other sibling(s) in your family. Rate yourself on the 26 areas listed below, using the scale provided. (If you are an *only child,* please compare yourself to your peers.)

1 ——————— 2 ——————— 3 ——————— 4 ——————— 5 ——————— 6 ——————— 7
Low   Medium   High

_____ a. Sense of control

_____ b. Social skills

_____ c. Sense of worth

_____ d. Sense of humor

_____ e. Level of talent

_____ f. Ability to manage stress

_____ g. Meaningfulness derived from school

_____ h. Meaningfulness derived from work

_____ i. Ability to love

_____ j. Ambition

_____ k. Need for solitude

_____ l. Social interest

_____ m. Empathetic ability

_____ n. Sense of being connected to all of humanity

_____ o. Ability to form strong friendships

_____ p. Degree I am self-directed

_____ q. Degree I feel inadequate

_____ r. Attention seeking

_____ s. *Desire* to overcome obstacles in my life

_____ t. Leadership skills

_____ u. *Ability* to overcome obstacles in my life

_____ v. Participation skills

_____ w. Social activism

_____ x. Degree I am unique

_____ y. Able to effectively interact with members of diverse groups (e.g., gender, ethnicity, sexual identity, disabilities, economic status, and ages)

_____ z. Able to effectively interact with members of groups with beliefs that differ from my own (e.g., religion, politics, or philosophy of life)

6. In what type of situations does it become difficult to follow your beliefs?

_____

_____

7. I experience a sense of belongingness when I _____? (Finish the sentence.)

_____

8. My typical approach to problems that obstruct or hinder my progress is to _____? (Finish the sentence.)

_____

9. When I daydream, I daydream about _____? (Finish the sentence.)

_____

10. Briefly describe your earliest three memories of a parent and name the parent.

_____

11. Going from oldest to youngest, list the names, ages, gender, and earliest memory for each sibling in your family. Include yourself and provide the same information.

_____

_____

_____

12. If you had the power to do anything you wanted to do, what would it be?

_____

_____

13. Everyone has a personal view concerning how one should approach life, and it is not unusual for individuals to express their personal view in the form of a motto (e.g., "Do it right the first time." or "If you act like a fool, you'll be treated like a fool."). What is your personal motto for living?

_____

_____

Thanks for taking the time to complete this form.

The *A—Worksheet* is used to gather information from individuals, couples, and families during the intake/assessment phase of counseling/therapy. It was created by Earl J. Ginter and Christopher Pisarik in 2010. Parties interested in utilizing the form should write to Earl J. Ginter, PhD, 380 Glenwood Drive, Athens, GA 30606

instances, the therapist would not respond to the comment's surface meaning but would respond in a way meant to prevent resistance from completing its mission of self-protection.

Adler thought it important to avoid terminology and to speak to clients as clearly and transparently as possible. When a client who had previously undergone psychoanalysis concluded his problem evolved out of an unresolved Oedipal complex, Adler confronted this claim with, "Look here, what do you want of the old lady?" (Ansbacher, 1977, p. 68). What is the client to say in response to such a straightforward comment by a therapist? To reject the remark is to play cat and mouse where client engages in a game-like relationship, but to answer truthfully is to be one step closer to achieving successful termination.

Action-Infused Reorientation. The framework of client understanding is tested in the final phase. Somewhat amorphous at first, through therapist and client collaboration the newly developed cognitive framework created through an accumulation of understandings soon provides the client a detailed blueprint for taking action to reconstruct a meaningful style of life.

Adler never thought client insight or just attending therapy sessions was enough. The client's insight had to be brought back into the client's world. Because time between sessions should be used to help the client advance toward meeting established therapeutic goals, homework assignments are invaluable. The intent of Adlerian homework is not to create challenges but rather to reinforce or complement what is being achieved through therapeutic collaboration. Therefore, the homework is constructed with a high probability for success, which provides an opportunity during a follow-up session to

further encourage a client's inherent strengths and even discuss ways to make these strengths more effective. Finally, Adlerian reparation essentially means that errors and perceived deficiencies are replaced by a renewed, vibrant, and convincing style of life that replaces neurotic, self-serving, interpersonal interest with genuine social interest.

Therapeutic Techniques and Procedures

Adlerian techniques are more than just a skilled way of interacting with a client. They should be seen as logical extensions of Adler's philosophical view of the world (Ansbacher & Ansbacher, 1956; Sweeney, 1998; Watts, 2003; Watts, Peluso, & Lewis, 2008).

The Question. When a client raised a health concern in therapy, Adler would determine whether the client suffered from a psychological or physically centered problem since each requires a different approach. Adler did this by asking a question: "What would you do if you were well?" If a client said something such as "I believe I could finally sleep through the night without tossing and turning due to pain," Adler suspected a physiological component. If a client said something such as "I would be capable of getting along better with my coworkers," then Adler suspected the reported illness disguised a psychologically embedded tactic to protect self-esteem.

Acting "As If." This action is intended to have the client try an action that the client believes likely to fail. As the client is reluctant to try the action, the therapist will ask the client to "act as if" the action will be successful.

Client	"I loathe speaking with my boss about a project. I'd like to propose something that I believe would draw new business."
Therapist	"You are uncomfortable in situations where you must defend an action, but you need to step up to the challenge. Set up a meeting with your boss next week and speak to her *as if* you were certain about your proposal's success. We will take a little time now so we look at ways you might prepare for this responsibility."

In this example, the client has been given an assignment to complete. After completing the "acting as if" assignment in a real-world setting, the outcome will be explored in therapy (keeping in mind that the therapist believes the client is ready to try this action). A successful outcome will be built upon, but even outcomes viewed as less than stellar can be reviewed in ways to strengthen the client's confidence for the next action assigned to be carried out.

Prescribing the Symptom. Adler introduced this technique, which also has been called "anti-suggestion" by Adlerians. It is widely used in marriage and family therapy where it is called "paradoxical intention." It is implemented when a client is unrealistically focused on a problem behavior he wants to avoid but seems unable to do so. Adler would instruct the client to purposely do the behavior the client is concerned about. Increasing a particular behavior is intended to cause the client to perceive it in a different light. Specifically, by increasing the level of repetition, the client comes to realize he is controlling the action

rather than the action controlling him. This places the client in a position where in the future he has to choose to either accept the consequences of acting this way or change.

Avoiding the Tar Baby. When the therapist senses a client is stalling, it is likely that the inner voice of the client is saying something to avoid responsibility, for example, "If I'm so inept and irresponsible with my life that I wound up in therapy. How can I ever believe I possess the strength to conquer my problem?" The phrase used to describe a therapist falling prey to such manipulation is "touching and sticking to the tar baby." This can be avoided by the therapist staying on task, that is, encouraging and assisting the client in developing more realistic steps that will lead to success rather than looking to the end goal without knowing how to get there (which generates anxiety and a self-protective mode of responding). Breaking homework assignments into smaller steps is one way to do this.

Catching Oneself. Even if a client genuinely commits to change with the aim of satisfying a goal that was collaboratively established, it does not mean the client will not revert back to previous forms of faulty thinking and behavior. The therapist can actually use such slippage to elevate the client rather than allow the client to wallow in discouragement. The therapist essentially does this by putting a positive spin on the event by teaching the client how to look for early signs of future slippage and use these signs as a cue for the client to apply tactics that will prevent previous forms of faulty thinking and behavior from taking hold and manifesting full force. Each time the client applies these tactics, the client strengthens the skills needed to move forward in therapy.

Spitting in the Client's Soup. Once the therapist understands the reasons for certain counterproductive behavior, the therapist is able to make the behavior "less tasty" for the client by revealing the true motive behind the behavior. This causes the client to realize the therapist will see the particular behavior as a means of torpedoing progress inside and outside of therapy. Just the thought of the therapist understanding this leaves a "bad taste" and a reluctance to fall back on a counterproductive behavior.

Push-Button Technique. The therapist has a client recall in detail a past experience of feeling pleasant, in control, and free of worries. Once the client has a clear image of the past situation, the client is asked to concentrate on the thoughts and feelings associated with the image with eyes shut. Following this accomplishment, the therapist has the client imagine an unpleasant past event in detail. After the client successfully creates both images, the therapist can have the client practice juxtaposing the early pleasant image onto the unpleasant one. The procedure establishes that the client has the ability to break free of unpleasant thoughts by shifting the mind's focus. The technique encourages and inspires the client to assume personal responsibility for negative, self-defeating thinking.

Process of Change

Adlerian therapy leads to clients abandoning their original life-defining goals that were based on factors such as self-limiting assumptions and misguided motives or faulty ideals. Clients' abilities to initiate meaningful personal change in their lives emerges when they alter their personal direction and embrace what is required for them to live a fuller life. Change means that clients redirect their focus toward achieving life-defining goals that are genuinely meaningful, unique, and prosocial in nature.

Research Support

According to Alexandra Adler (1938), her father prescribed Adlerian therapy for individuals who were *unable to help themselves* (p. 82). The comment reveals important information concerning Adler's perspective, and a search of the literature provides support for the therapy's effectiveness and several of Adler's theoretical conceptualizations. As far back as 1977, a seminal article by Mary Smith and Gene Glass provided evidence to support the effectiveness of Adlerian therapy in terms of statistically integrated effect sizes (an effect size is also referred to as a treatment effect; in 2009 Sawilowsky proposed the following scale for interpreting the strength of a reported treatment effect: .01 = very small, .20 = small, .50 = medium, .80 = large, 1.20 = very large, and 2.00 = huge). In their 1977 article, Smith and Glass reported the following effect sizes (treatment effects): .71 for Adlerian, .76 for behavior modification, .63 for client-centered, .48 for eclectic, .26 for gestalt, .59 for psychodynamic, and .77 for rational-emotive therapy. In addition, the positive findings of several research studies (i.e., Amerikaner, Elliot, & Swank, 1988; Burnett, 1988; Herrington, Matheny, Curlette, McCarthy, & Penick, 2005; Johansen, 2005; Manaster et al., 1977; Newton & Mansager, 1986; Perkins-Dock, 2005; Shlien, Mosak, & Dreikurs, 1962; Zarski, Sweeney, & Barcikowski, 1977) are reported next to provide a sample of the types of studies that exist in support of Adler's position. The previously mentioned researchers found support for the following: Time-limited Adlerian therapy resulted in clients reporting their real selves were closer to what they considered to be their ideal selves at the point of termination; Adlerian parenting programs were found to be effective; a healthy style of life is tied to less anxiety; the expected style of life descriptors associated with being a priest was confirmed; and Adler's early recollections were found to accurately predict career choice.

When Murdock (2009) summarized findings for Adler's social interest concept, she found it to be positively correlated to age of the person, altruism, marital adjustment, belief in religion, trustworthiness, vigor, and volunteerism. In addition, she found that social interest was negatively correlated to depression, hostility, narcissism, and the status of having committed a felony. Interestingly, the area that has been researched the most—birth order—has proven to be problematic in terms of obtaining consistent results. However, it is important to note that thousands of professional journal articles and other articles in the public media have been published on the construct of birth order.

Systematic Training for Effective Parenting (STEP), which is rooted in Adlerian psychology, is a skills-based approach to teaching parents how to avoid problems that can arise from reliance on an autocratic parenting style. The U.S. Department of Health and Human Services (2010) reviewed several published STEP studies and found a number of significant and positive outcomes for parents who received STEP training, such as the following: (a) Mothers of 3- and 4-year-olds rated their children more positively. (b) Parents were potentially less likely to physically abuse their children. (c) Parents of 3- to 16-year-old children who were receiving mental health services showed improvement in the areas of problem solving, communication, emotional responsiveness, and behavior control. Furthermore, 38% of the

STEP participants moved from a clinical range in family functioning to a healthy range, whereas only 12% of the comparison group's parents did so. (d) Parents of infants and toddlers showed a decline in parenting stress. Also, one subgroup of mothers (those recruited from a drug treatment program) experienced decreased stress toward how they felt about themselves. (e) Parents exposed to a mildly stressful teaching situation demonstrated improved parent–infant interaction during the situation.

Researchers also have conducted Adlerian play therapy (AdPT) with preschoolers (Dillman-Taylor & Bratton, 2014) and other elementary school students (Meany-Walen, Bratton, & Kottman, 2014). Dillman-Taylor and Bratton (2014) determined that 4-year-olds lack the conceptual development to express thoughts and feelings through words, so this type of therapy could be beneficial to implement into treatment protocols within an appropriate developmental framework. Meany-Walen et al. (2014) found that AdPT significantly reduced disruptive behavior in elementary school students. An additional benefit of AdPT was that teachers who worked with students receiving the treatments also reported a significant reduction in stress.

Additionally, researchers recently have incorporated Adlerian therapy into family therapy (Fennell & Fishel, 1998; Pfefferle & Mansager, 2014; Sperry, 2011). Sperry discussed working with "borderline families," or a combination of severe personality traits expressed in family members. Sperry introduced effective suggestions for therapists to use while conducting Adlerian therapy with this population: Therapists should be able to maintain effective control, teach on how to set limits, help clients to simplify their actions and activities, strengthen boundaries, and help them to take appropriate risks while experiencing emotional pain. Researchers are beginning to see the benefits of implementing Adlerian strategies in their family therapy sessions.

One strength of Adlerian therapy is that there are several instruments with solid psychometric properties that are based on this approach. These measures include Crandall's (1991) Social Interest Scale; Sulliman's (1973) Social Interest Scale; Campbell, White, and Stewart's (1991) Psychological Birth Order Inventory; the Basic Adlerian Scales for Interpersonal Success—Adult Form (Wheeler, Kern, & Curlette, 1993); and the Encouragement Scale (Dagley, Evans, & Taylor, 1992).

Finally, it should be noted that other investigators have explored the possible benefits of integrating cognitive, constructivist, psychoanalytic-based, and systems perspectives with contemporary Adlerian therapy. One possible benefit from this integration is the greater use of time in therapy as a result of increased structure. The flexibility inherent in Adlerian therapy allows for an integration of a variety of methods, which in turn facilitates employing the approach with a diverse clientele (Watts, 2003). In addition, according to Watts and Shulman (2003), because Adlerian therapy is better able to therapeutically adapt to the unique needs of a client, therapists using this approach are less likely to force-fit a client into some readymade form of treatment compared with some approaches. Overall, despite the research cited in this section, the support for the use of Adlerian therapy is relatively limited compared to some other approaches.

Individual Psychology and Social Justice

It is evident from Adler's writings and lectures that he was keenly aware of the damage inflicted on society by male dominance throughout the ages. Early in his career he began to speak out against the lopsided status of the sexes and the alleged inferiority of women. Using historical evidence he pointed to the prior existence of matriarchies where women, especially mothers, played a prominent role in society. He compared such historical events with laws in the early 1900s undertaken to ensure that a deceased's personal estate (e.g., money, valuables, securities, and chattel) and real estate (land and buildings) were passed on to a male descendant, even if the male was a distant relative, rather than a female from the immediate family. An example of this is found in the striking dramatic subplot explored in Jane Austen's *Pride and Prejudice.*

Alfred Adler (1927/1954) concluded that male dominance was literally no more than an artifact of man's creation and not inherently natural, stating "there is no justification for the differentiation of 'manly' and 'womanly' character traits" (p. 107). As a partial means to correct for what Adler termed *masculine privilege,* he advocated for coeducation, starting at the first rung of education's ladder, because he was convinced that such a learning environment would eventually put aside many of the fallacious opinions held about women.

The extent that Adler was committed to social justice went well beyond writing about and speaking out against various forms of oppression. Concern for treating neurosis (Alfred Adler, 1935) and preventing delinquency through the creation of free child guidance clinics in various schools and areas around Vienna was a tangible commitment to improving society for both adults and children. In addition, Adler was known to hold weekly lectures in the People's Institute of Vienna auditorium, where attendees of both sexes as well as a range of ages heard Adler speak on various topics, including those related to creating positive societal changes.

After reviewing the Adlerian literature, Watts (2003) concluded, "Adler campaigned for social equality of women, contributed much to the understanding of gender issues, spoke against the marginalization of minority groups, and specifically predicted the black power and women's liberation movements" (p. 29). Watts also uncovered that during the Supreme Court's landmark decision for the plaintiffs in *Brown v. Board of Education,* a team of social scientists led by Kenneth B. Clark used Adlerian theory to argue against the separate-but-equal doctrine that moved the Court to find for the plaintiffs. Adler's commitment to social justice continues into this century at various programs and institutes currently using an Adlerian training model, such as the Adler School of Professional Psychology located in Chicago and founded by Rudolf Dreikurs. The institute's mission statement includes three interconnected components: producing socially responsible practitioners, community engagement, and social justice.

Multicultural Perspective

Although it may appear that Adlerian theory and therapy have limited application, there is cultural evidence to the contrary. Johansen (2005) argued that the basic foundational elements of individual psychology are applicable for those who follow the Islamic faith,

but Johansen believed its application is less clear for clients who identify with cultures that strongly adhere to a collective view of behavior. On the other hand, Perkins-Dock (2005, p. 235) argued that careful consideration of certain core components of individual psychology—such as the importance of wholeness and unity over the fragmentation of reality, social interest in the group, family constellation, goals emerging from collaborative efforts, and applying interventions that respect the unique situation—can be adapted without much difficulty to meet Johansen's concern of applicability. Furthermore, if we zero in on Carl Rogers's core conditions, we uncover important similarities in Rogers's approach and Adler's concept of social interest (Watts et al., 2008). These similarities and other humanistic qualities of the two approaches would seem to provide support to claim that Adler's approach could be adapted and used in those cultures where Rogers's approach has proven useful (Gerstein, Heppner, Ægisdóttir, Leung, & Norsworthy, 2009).

Finally, whereas Adler seemed to adhere to the prevailing psychiatric view of his time concerning homosexuality, in truth his views are more complicated than one might initially suspect. When a social worker contacted Adler to obtain his opinion about a gay client, Adler asked if the client was happy. Receiving the answer "yes," Adler essentially stated that homosexuality in this case was a nonissue (Manaster et al., 1977). Considering this particular response, it appears that other aspects of Adler's views may have superseded even the widely held view of the time concerning what was generally considered to be a perversion of normality.

It appears safe to conclude that a strength of Adlerian therapy is its emphasis on multiculturalism. This focus is inherent in the theory. Arciniega and Newlon (1999) reported, for instance, that due to its understanding of clients in a sociocultural context, its focus on social justice, and its acknowledgment of the collective spirit, Adlerian therapy is an approach that has the uppermost potential to correct for issues of multicultural injustice. By stressing the importance of social context, Adlerian therapy can be used with a variety of clients. Adlerian therapists actively explore their clients' role in the social environment. This creates a natural space for the concepts of age, ethnicity, lifestyle, and gender to be discussed. When Adlerian therapy is practiced as intended by Adler, it is believed few if any issues from a multicultural perspective emerge as a hindrance to treatment effectiveness. As a result, Adlerian therapy can be effectively utilized with a diverse clientele (Carlson & Carlson, 2000; Ivey, Ivey, & D'Andrea, 2011; Watts & Pietrzak, 2000; Watts, Trusty, & Lim, 1996).

Relevance of the Adlerian Approach

Adlerian therapy's strong focus on concepts such as self-esteem and social interest allows it to be useful in various settings, such as private practices, social service agencies, clinics, and educational and health care facilities (Ambrason, 2007; Dinkmeyer, McKay, & Dinkmeyer, 2008; Dinkmeyer & Sperry, 1987; Prout & Brown, 2007; Sweeney, 1998; Ziomek-Daigle, McMahon, & Paisley, 2008). Psychiatric hospitals and the military also have found Adlerian therapy to be helpful. Many veterans and inpatients in psychiatric hospitals have low self-esteem and lack a sense of belonging (Blackburn, O'Connell, & Richman, 1984; Croake & Myers, 1985). The Adlerian approach fosters a sense of

belonging and promotes competence in these individuals (Milliren, Evans, & Newbauer, n.d.). Additionally, the Adlerian approach has been used in child, youth, adult, parent–child, marital, family, group, correctional, and rehabilitation counseling (Ambrason, 2007; Carlson, Watts, & Maniacci, 2006; Dinkmeyer et al., 2008; Emener, Richard, & Bosworth, 2009; Ferguson, 2010; Prout & Brown, 2007; Sweeney, 1998; Ziomek-Daigle et al., 2008). Adlerian therapists work with clients presenting with a range of issues and who differ greatly in the severity of their concerns. Adlerian therapy has been found to be helpful with a broad spectrum of issues because of its focus on individuals' lifestyles. This approach highlights how faulty interpretations of life events may lead to difficulty in functioning. During therapy, clients give new meaning to these life events, which in turn improves their mental health (Ansbacher, 1974). This approach also focuses on social connectedness and how we may form more healthy relationships that lead to an increased sense of security and worthiness (Alfred Adler, 1927/1954).

Adlerian therapy is considered to be a psychoeducational approach that is both present and future oriented as well as brief in nature (Watts, 2000). Scholars argue whether Adlerian therapy was truly intended to be a brief approach (Watts, 2000). According to Watts (2000), Adler was a proponent of time-limited therapy during which clients are educated about their lifestyle and how such a style relates to their life tasks. Due to the therapy's time-limited focus, insurance providers may reimburse for Adlerian therapy if an appropriate diagnosis from the American Psychological Association's *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) is provided (Corsini & Wedding, 2010). Many proponents of Adlerian therapy, however, do not support labeling clients based on the *DSM* criteria. They contend that a *DSM* diagnosis fails to highlight the movement in an individual's life, focusing instead on static descriptions of an individual's functioning (Corsini & Wedding, 2010; Maniacci, 2002). Numerous clinical settings offer Adlerian therapy for clients that pay for services themselves. In such cases, it is not crucial to generate a diagnosis based on the *DSM* criteria because insurance providers are not involved in the payment process.

Training of Adlerian Therapists. One measure of Adlerian therapy's continued relevancy is indicated by the many individuals who have sought and continue to seek training in this very practical and especially socially applicable form of therapy. Alfred Adler's initial interests in training others has continued to this day, and along the way, training has become truly international in scope with training sites spread across the globe. The first group of Adler's students came to the United States from Europe and established centers in New York City, San Francisco, and Chicago. The next group of students sprang up in Minneapolis, Boise, Victoria, BC (Canada), South Carolina, and Tampa, Florida. Today, many institutes in Lithuania, Austria, the United Kingdom, Germany, and North America provide training in Adlerian therapy. Institutes in New York, Chicago, Minneapolis, Berkeley, San Francisco, St. Louis, Fort Wayne (Indiana), and Vancouver, BC (Canada), for example, offer a certification in Adlerian therapy. Although many universities offer courses in Adlerian therapy, Bowie State University features a master's degree with an Adlerian curriculum and the Adler School of Professional Psychology in Chicago offers a doctoral program in clinical psychology (Corsini & Wedding, 2010). Professionals practicing Adlerian therapy also have an opportunity to receive a Certification of Professional Studies in Adlerian Psychology from the Idaho Society of Individual Psychology (ISIP). Additionally, the North American

Society of Adlerian Psychology offers a diplomate in Adlerian psychology. This is the highest professional recognition endorsed by this organization for members who demonstrate the greatest level of professional accomplishment in and contribution to Adlerian psychology. Achieving this status can occur through counseling and psychotherapy, clinical practice, education, parent education, theory, research, or organizational leadership (NASAP, n.d.). Along with mental health professionals, paraprofessionals such as the clergy employ Adlerian techniques in their work with the community (Hester, 1987).

Special Ethical Considerations

Working with families provides a unique challenge to informed consent, which requires the Adlerian therapist to provide enough information about the typical duration, benefits, risks, and alternatives to an Adlerian approach to enable family members to make a reasoned judgment concerning whether or not they should enter therapy. In situations where young children will participate in the therapy process, it is important for the Adlerian therapist to not solely rely on the parents granting consent for the child to participate. The therapist should take the time needed to explain the process in lay terms and seek willing participation. More problematic are situations where the therapist will work with a family only if all available members agree to participate. Such a requirement can cause certain family members to coerce a reluctant or disinterested family member into participating. Such issues are important to consider and address at the beginning of therapy.

Criticisms of the Adlerian Approach

Compared to psychoanalytic, behavioral, and client- or person-centered approaches, Adlerians have not added substantially to the body of empirical research examining its theoretical tenets or its applications. More research is needed to validate its constructs, and more rigorous outcome studies are required.

As with all the theorists covered in this textbook, there are times when Adler was wrong or when he spoke with certainty about a topic that required a more tentative tone. However, when the whole of his work is considered, it is safe to say that any degree of wrongheadedness that filtered into his theory is outweighed by its positive contributions. In fact, it is difficult to accept as true remarks such as "the Adlerian approach is based mainly on a commonsense, perhaps even simplistic, view of human behavior as opposed to having a research-based foundation" (Peterson & Nisenholz, 1999, p. 186). In truth the approach is not void of empirical research, and Adler's views can be glimpsed in other psychodynamic therapies, client- or person-centered therapy, existential therapy, rational-emotive behavior therapy, cognitive therapy, reality therapy, constructivist and social constructivist approaches, and solution-focused marriage and family therapy (e.g., the "magic question" used by solution-focused therapists can be traced back to Adler). In fact, Richard Watts (2003) provided a logically sound and comprehensive presentation in *Adlerian, Cognitive, and Constructivist Therapies* of how the Adlerian approach intersects with both cognitive and constructivist approaches of today. It seems more appropriate to assert that the greatest weakness of individual psychology is that it failed to obtain the widespread recognition Adler deserves.

REVISITING THE HYPOTHETICAL CASE OF LON CHANEY, SR.

Note: Only the portion of Adler's case notes he viewed as most salient to the case are reported here.

ANALYSIS PHASE OF THERAPY

Early recollections. Two early recollections stand out: (1) Chaney recalled that both of his deaf-mute parents' faces expressed great pleasure when he "entered the room after stuffing my pants and shirt with crumpled newspaper to create the appearance of a neighbor who was always angry about something. My parents' enjoyment peaked when I mimicked his walk," and (2) Chaney remembered someone coming into his father's barber shop saying "Dummy Frank, I need a haircut and shave." The man appeared to be embarrassed when he realized Chaney was seated there. Even more important was the reaction of Chaney's father, who could read lips better than Chaney. Chaney could tell the remark bothered his father even though his reaction was too subtle for others to notice. Chaney thought at the time that no one should be treated that way just because the person is different.

Birth order/family atmosphere. Chaney reported that his parents "deserved a great deal of credit for just getting up in the morning rather than give up on life. They found one another, fell in love, had five children, and lived as normal a life as possible." Chaney said there were other people in the community without any disabilities who were much less capable of dealing with life than his parents. Chaney's memory reveals parents who loved their children. Chaney was the second of five children, and the oldest was John.

Mother's illness. When Chaney was about 10 years old, his mother developed inflammatory rheumatism, which resulted in the young Chaney dropping out of school to take care of his mother and the other siblings. Chaney recalled the hardship resulted in him taking the "lead among the children." Chaney was highly successful in this new role as caretaker because of two unique characteristics: a "very competitive nature" and a "great ability to pantomime the actions of other people." Chaney discovered he could tell a story depicting different emotions and actions by gesturing with his hands, arms, legs, body, head, or face. Chaney recalls he could easily elicit laughter from family members during one of his "shows," but even more important, Chaney's special talent served as a way for his bedridden mother to keep up with events in the community. For 3 years, Chaney assumed the responsibility of taking care of the family while his father worked.

Reoccurring dream. Chaney reported a reoccurring dream that was prevalent when he first started acting in movies. This dream had reappeared recently. The dream always depicted a movie that Chaney had been selected to star in as a "deformed person ridiculed and laughed at by society." Upon awakening it was not unusual for him to experience a feeling of anger that "gradually changed into a sense of disappointment or fear."

Career path, marriages, and other contributing factors. Chaney reported his pantomime ability grew and eventually led to seeking a career in theater where he met his first wife, a singer by the name of Cleva Creighton. Their child, Creighton Chaney, was born in 1906. Marital discord was present from the start and increased over time. In April 1913, after the Chaney family had settled in California, Cleva went to the Majestic Theater where Chaney worked and attempted suicide by ingesting mercury biochloride. The attempt failed, but the chemical destroyed her singing voice. The malicious gossip resulting from the suicide attempt forced Chaney to quit his theater job and find employment in silent films. While Chaney was building a reputation for playing character parts in silent films, he married Hazel Hastings, who had worked as a chorus girl at the Majestic Theater. The couple obtained custody of Chaney's 10-year-old son, who had been placed in a facility that provided housing for "children of divorce and disaster."

A silent film role in 1919, *The Miracle Man,* received wide public attention, and its success resulted in Chaney being

casted in a series of important roles (e.g., *The Phantom of the Opera*). The role of the phantom, as with several others, required Chaney to transform himself into a grotesque character, but a character that Chaney claims to have "always portrayed as one genuinely deserving of a sympathetic response from the movie goers."

Tentative conclusions. The following attributes and interests combined to form Chaney's unique personality:

- High need for achievement
- Competitive to the point of self-sacrifice
- Affiliation needs based on knowing and trusting others
- High level of artistic skills
- Strong sense of responsibility and self-confidence
- Appreciation of reading and writing
- High interest in physical activities, such as camping, fishing, and hiking
- Athletic appearance
- Mature and disciplined approach to life
- Strong empathic nature
- Self-esteem enhanced by public popularity but not dependent upon it
- Healthy masculine identity that allows a broad range of skills, including those associated with females (e.g., knitting, sewing, and use of makeup)

Fulfilling the adult role imposed on him at age 10 allowed Chaney to psychologically remove the older brother from the "familial throne," whom Chaney had viewed as the favored son until that time. Basically, his mother's illness provided Chaney an opportunity to redirect his competitive focus away from his older brother John and toward the world in general.

LATTER PHASES OF THERAPY

Critical insight and action taken by client. Chaney's reoccurring dream happened again and during our discussion of his dream, Chaney realized that his life was driven by a desire to show the world that even people with weakness, like his parents, could achieve their dreams given a chance. Chaney also made the connection between his early experiences and his final career choice and why it had proven so successful. In the session that followed, Chaney accomplished a major breakthrough when he understood that he harbored an irrational fear tied to talking in the upcoming movie because it placed him on the side of those who had taunted and mocked his parents. Near the end of the same session, Adler created a homework assignment for Chaney: "I want you to practice the entire script for your talkie and have it memorized in two weeks at which time you will see me again. At that session you are to go through your parts as I read out loud the corresponding comments of the other actors." . . . As I expected, Chaney was able to memorize the script and successfully play the three different characters he was assigned to play. He created a unique and convincing voice for each of these characters. At this point, Chaney was ready to terminate therapy.

Follow-up notation. Chaney starred successfully in his first talkie playing the three different roles we went over—for each, Chaney used a different and convincing voice. Interestingly, advertisement for the film billed Chaney as the "Man of a Thousand Voices."

The Case of Miguel Sanchez

Based on the material that has been covered in this chapter, Adler's approach was clearly family oriented in terms of both theory and therapy. In addition, a number of strong adherents (e.g., Heinz and Rowena Ansbacher, Rudolf Dreikurs, Richard E. Watts) expanded upon Adler's body of work by adding substantially to his approach's applicability, including application to family-related issues, such as those that were experienced by Miguel and Mrs. Sanchez.

Adler constructed a therapeutic approach that was delivered in a fashion that required careful consideration of the unique nature of each client's situation as well as of the inherent and also unique contributions of family members who were affected by and were affecting the problem at issue; in other words, the overall family atmosphere is an important consideration. Adlerian therapists are trained to pay close attention to how and what the client is communicating and to take the time necessary to fully understand all dimensions of the problem being discussed.

The previously listed qualities as well as others, such as the genuine respect afforded to clients, contribute substantively to Adlerian therapy's effectiveness in treating a wide variety of problems and individuals. The importance of displaying respect toward clients cannot be overstated, especially as it would apply to Miguel and Mrs. Sanchez since a widely held value in Mexican culture is *respeto* (respect). Adler embodied both the qualities of a consummate professional and a true egalitarian who believed firmly in the principle that all people are equal and deserve equal rights and opportunities. He also understood that what was seen as "good, valuable, and important" in terms of a woman's cultural role was often devalued in male-oriented cultures. John Sommers-Flanagan and Rita Sommers-Flanagan (2004) cited a remark attributed to Alfred Adler by J. B. Miller:

> It is frequently overlooked that a girl comes into the world with a prejudice sounding in her ears which is designed only to rob her of her belief in her own value, to shatter belief in her own value, to shatter her self-confidence and destroy her hope of ever doing anything of worthwhile, if this prejudice is constantly strengthened, if a girl sees again and again how women are given servile role to play, it is not hard to understand how she loses courage, fails to face her obligations, and sinks back from the solutions of her life's problems. (p. 106)

According to Perkins-Dock (2005), four Adlerian propositions that underpin the approach's multicultural strength are the role of social interest, importance of family atmosphere, effect of the multigenerational legacies, and the flexibility of therapeutic strategies that are implemented (p. 235). The aforementioned strengths possessed by the Adlerian approach would certainly come into play while assisting both Miguel and Mrs. Sanchez.

In discussing the situation with Mrs. Sanchez, the therapist comprehends that clearly identified suggestions as to what Mrs. Sanchez is struggling with are needed, and the therapist explores such possibilities with her.

Session Segment

Therapist Why do you think Mrs. Torres (i.e., school counselor) suggested you contact our counseling center to provide assistance?

Mrs. Sanchez She said I need some help in building up—learning ways to interact with my son to reduce *agitación* (turmoil). She's right. Mrs. Torres is a friend to the family who was very helpful to my oldest son—getting him to go to the *colegio comunitario* (community college) near our home. That is why we came to this country—for a better life.

Therapist You have sacrificed a lot to come to the United States. Based on what you have told me, you have overcome a lot to get to where you are today. And the current situation can be made much better. I agree with Mrs. Torres there are things you can learn to change

	what is happening for you and your son. [Pauses for a few seconds] I noticed that after your son left to go to the waiting room, you said, in a very low voice, that you felt *pisado* (stepped on)—as if you were nothing.
Mrs. Sanchez	Yes, I felt that way.
Therapist	Respect is important to everyone. For you and for your son. who also indicated he felt a lack of respect. It sounds like one goal of coming here is that both you and your son can agree that there's a need for respect. This can be done by communicating expectations and what is called logical consequences for not following through.
Mrs. Sanchez	I tried to punish him, but that led to even more *agitación*.
Therapist	Yes, that can be the result of trying to punish what we see as unacceptable.
Mrs. Sanchez	So what do I do?
Therapist	I run a program for my clients that I call a parent study group. The parents who attend have similar problems to yours. Over the years Mrs. Torres has recommended that a number of parents take my parent study group, and all who participated have found it to be very helpful.
Mrs. Sanchez	Will Miguel go also?
Therapist	No, the focus is helping parents develop skills. But I will continue to work with both of you and discuss with him what we've discussed. He will need to be told about how expectations and the logical consequences that follow fit together.
Mrs. Sanchez	Yes, I want to try this. I trusted Mrs. Torres when she told me to come here, and I think I know a parent who came here and attended your parent group.
Therapist	I'll describe what you can expect to occur at these training sessions. What you learn in the group and what you apply from these training sessions has been shown to reduce the turmoil that hinders families. Specifically, I cover topics such as communication, decision making, family meetings, developing confidence, encouragement, understanding behavior, use of emotions, and developing responsibility (see Ellison, 2009; Newlon, Borboas, & Arciniega, 1986). For example, encouragement is different from giving praise when a child has done a good job. Encouragement is given regardless of what a child has accomplished since it is intended to communicate respect for the child's existing abilities–I might say something like, "I can tell you put in a lot of effort and worked hard on this school project." Do you have any questions?
Mrs. Sanchez	Yes, does it take place here at the counseling center and when?

SUMMARY AND COMMENTARY ▶▶

Over the span of my career, I (the author of this chapter) have encountered several professionals with Adlerian ties—Keith Runyon, John C. Dagley, Jon Carlson, Richard Watts, and Tom Sweeney—and with each of these individuals I have been struck by their passion for an approach that contributes significantly to therapeutic practice and yet is still an approach that is sorely underrated. Certainly, Adler should be given credit for being one of the first in the field to bring social aspects of human nature to the forefront as they pertain to human potential. He should also be recognized for the attention he paid to social justice issues such as feminism, racism, and classism, all of which remain important concerns regardless of the gains made in each of these areas. Finally, Adler offered us many compelling and pragmatic concepts such as the inferiority–superiority dynamic that can energize and move us to action, the power of family dynamics to leave its mark on our personality, the notion of a psychologically based style of life that forms early and yet is capable of making each one of us unique among billions of others, the immensely positive effects of humanistic collaboration, and the assertion that people should be viewed and treated as whole entities with teleological direction rather than disembodied fragments. All of these thoughts retain a high pragmatic value for today's practitioners.

Considering all the profound issues confronting the world today, it is critical for us to remember that Adler's concept of social interest applies to more than *kith* (acquaintances) and *kin* (relatives) as it also entails *ken* (knowledge, understanding, and vision). In the 21st century, it is clear that Adler's mission of developing a healthy community now expands to the world at large. It behooves all of us to use our individual freedom and creativity to mold the best possible future for all of us and those who follow. Table 4.5 provides an overall summary of several key areas pertaining to Adlerian therapy as it is currently practiced.

▼ TABLE 4.5

Brief Overview of Current Therapy Practice

Variable	Current Application
Type of service delivery setting	Private practice Schools Clinic Psychiatric hospital Health care setting Substance abuse clinic Military Social service agency

Variable	Current Application
Population	Child Teen Adult Couple Family Group Organization
Type of presenting problems	Wide range of presenting problems
Severity of presenting problems	Wide range of severity of presenting problems
Adapted for short-term approach	Yes
Length of treatment	Brief to long term
Ability to receive reimbursement	Insurance companies will reimburse with appropriate *DSM* diagnosis.
Certification in approach	Certification of Professional Studies in Adlerian Psychology by the Idaho Society of Individual Psychology
Training in educational programs	Many graduate programs offer courses in Adlerian psychology. Bowie State College offers a master's degree with an Adlerian curriculum. The Adler School of Professional Psychology in Chicago offers a doctoral program in clinical psychology.
Location	Urban Rural Suburban
Type of delivery system	HMO PPO Fee for service
Credential	Diplomate in Adlerian psychology by the North American Society of Adlerian Psychology
Practitioners	Professionals Paraprofessionals
Fit with *DSM* diagnoses	No

CRITICAL THINKING QUESTIONS ▶▶

1. Freud was not an Adlerian and Adler was not a Freudian. Explain the following assertion: Adler was not an Adlerian.

2. How are selfish goals similar to and different from defense mechanisms?

3. According to Adler's theory, should we expect a mature, psychologically healthy adult to possess equal amounts of social interest and self-interest? Justify your answer.

SUGGESTED READINGS: IMPORTANT PRIMARY SOURCES ▶▶

Books

Adler, A. [Alfred]. (1954). *Understanding human nature* (W. B. Wolfe, Trans.). New York, NY: Fawcett Premier. (Original work published 1927)

Carlson, J., Watts, R. E., & Maniacci, M. (2006). *Adlerian therapy: Theory and practice.* Washington, DC: American Psychological Association.

Watts, R. E. (2003). *Adlerian, cognitive, and constructivist therapies: An integrative dialogue*. New York, NY: Springer.

Journals

Journal of Individual Psychology

Websites

Idaho Society of Individual Psychology (ISIP): http://adleridaho.org

Journal of Individual Psychology: https://utpress.utexas.edu/journals/journal-of-individual-psychology

North American Society of Adlerian Psychology: www.alfredadler.org