

## Adlerian Psychotherapy



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**Photo 3.1** Alfred Adler  
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*A simple rule in dealing with those who are hard to get along with is to remember that this person is striving to assert his superiority; and you must deal with him from that point of view.*

*It is easier to fight for one's principles than to live up to them.*

*Meanings are not determined by situations, but we determine ourselves by the meanings we give to situations.*

Alfred Adler

### Brief Biography (1870–1937)

Alfred Adler was raised in Vienna, Austria, in a middle-class, Jewish grain merchant family. He

was the second of six children (four boys and two girls). Adler experienced a number of traumatic events while growing up. One of his brothers died

lying next to him. During his early years, Adler was his mother's favorite because he was quite sickly. He suffered from rickets, which kept him from walking until he was 4 years old. The third child dethroned Adler as his mother's favorite, and thereafter, he turned to his father for support. Father and son remained close for most of Adler's life (Watts, 2003).

When Adler was five years old, he nearly died of pneumonia. During the doctor's visit, Adler heard the doctor tell his father that "Alfred is lost." It was because of this near-death experience that Adler decided that he wanted to become a medical doctor.

Many of the ideas and concepts that comprise current psychotherapy can be traced directly to Adler's views of his early childhood experiences. Adler's earliest memories were of sibling rivalry, jealousy, and sickness. He was known for his competitive spirit toward his older brother Sigmund, whom he viewed as a strong rival. Adler's early childhood experiences with illnesses and trauma provided the basis for his theory of **organ inferiority** and **inferiority feelings**. According to Adler, each person has a weak area in his or her body (organ inferiority) that tends to be the area where illness takes place—the stomach, head, or heart. Adler (1917) wrote psychoanalytic articles on organ inferiority. He was one of the first theorists to propose that feelings of inferiority could stimulate a striving for superiority.

To compensate for his physical limitations, he developed his leadership abilities (Watt, 2003). During secondary school, he failed mathematics. The teacher recommended that he be removed from school and become apprenticed as a shoemaker. Despite this recommendation, Adler persisted, studied at home, and thereafter went to the head of his class in mathematics.

As Adler grew older, his health improved. Adler's father encouraged him to attend medical school. In 1895, he began his practice as an ophthalmologist. Later, he switched to a general practice. Next, he began to study psychiatry in order to understand his patients psychologically. Adler maintained that he was interested in the development of the whole person, and this philosophy

would govern his practice in psychiatry. In 1897, Adler married Raissa Epstein, a Russian, and both became devoted to socialism.

In 1902, Sigmund Freud invited Adler to join his select Wednesday evening psychoanalytic discussion circle. Initially, Adler was receptive to many of Freud's views. Yet, increasingly, the two men differed in their views. Although both believed that individuals' personalities are formed by the age of six, they differed substantially about the essential conflicts people face in their development. Adler criticized Freud for what he called an overemphasis on sexuality. They disagreed on the role of the unconscious, the importance of social issues, and the role of drive theory. Freud maintained that Adler gave too much credit to conscious processes.

Although Adler was president of the Vienna Psychoanalytic Society in 1911, he resigned this position and left with nine of the 23 members. Adler established himself as the leader for a new system of psychotherapy that he labeled **individual psychology** to highlight that he was studying the whole individual. In 1912, he formed the Society of the Individual Psychology.

During World War I, Adler served as a physician in the Austrian Army. Shortly after the war, he established the first of 30 child guidance clinics in the Viennese school system. During his lifetime, 39 Adlerian societies were established. Although he had been raised Jewish, at this time Adler converted to Protestantism. During the early 1930s, most of his Austrian clinics were closed because of his Jewish heritage (even though he had converted to Christianity). With the rise of Nazism in Europe, Adler and his wife moved to the United States in 1935. Adler continued his private practice in the United States, and he was appointed to the chair of medical psychology at the Long Island School of Medicine.

Adler lived a life of hard work. Unfortunately, he ignored his friends' admonitions to slow down. He loved walking before lectures. During a long walk before a scheduled lecture in Aberdeen Scotland, Adler collapsed and died of a massive heart attack. Two of his children, Kurt and Alexandra, spread Adler's work throughout the

United States. Rudolf Dreikurs, perhaps Adler's most famous disciple, moved from Austria to the United States and established child guidance clinics in Chicago. Since the 1990s there has been a resurgence of interest in Adlerian therapy in the United States (Hoffman, 1994).

Alfred Adler had a major impact on psychology. He influenced Karen Horney on social factors in her theory of personality and Gordon Allport on the unity of personality. Other notable psychologists whom he influenced were E. C. Tolman (purpose), Julian Rotter (expectancies), and Abraham Maslow (self-actualization). Maslow, Rollo May, and Carl Rogers studied under Adler and noted that he had a major impact on their thinking.

One of Adler's primary contributions to psychology is his theory that human personality and behavior are inherently goal directed, driven by some inner force that deals with overcoming inferiority feelings, and that very early in life we construct goals that we strive to achieve throughout our lives. He had a great impact on what is commonly regarded as good parenting and child management. Although Adler was an excellent therapist, his primary interests were in preventive psychology and in the interaction of families. He was one of the first to advocate democratic parenting, and he outlined two types of parenting that led to later problems: pampering or overprotecting a child, and neglecting a child.

Other theorists and psychologists have extensively borrowed and adapted Adler's ideas. For instance, Ellenberger (1970, p. 645) stated, "It would not be easy to find another author from which so much has been borrowed from all sides without acknowledgement than Adler." Similarly, Joseph Wilder wrote in his introduction to *Essays in Individual Psychology* (Adler & Deutsch, 1959), "Most observations and ideas of Alfred Adler have subtly and quietly permeated modern psychological thinking to such a degree that the proper question is not whether one is Adlerian but how much of an Adlerian one is" (p. xv). Some associations that focus on Adler include the International Association for Individual Psychology; the North American Society of Adlerian Psychology; the

Alfred Adler Institutes of San Francisco and Northwestern Washington, the Alfred Adler Institute of New York. Alfred Adler institutes exist throughout the world. In Canada, there is the Adlerian Psychology Association of B.C. and the Adler-Dreikurs Montessori School in Toronto. The United Kingdom has at least five Adlerian institutes or societies: the British Adlerian Society and the Cambridge Adlerian Society. In Austria, there is the Austrian Society for Individual Psychology and the Rudolf Dreikurs Institute.

## KEY CONCEPTS

### Adler's View of Human Nature

Adler's view of human nature is holistic and phenomenological in orientation. He emphasizes that individuals' perceptions of their early childhood events have an important influence on the rest of their lives. Human behavior is developed within a social context, and therefore, therapy should take into consideration that context. Further, all human conflicts are social conflicts. Because the basic desire of people is to belong, they can fulfill themselves and become significant only within a group context.

Adler's concept of the nature of people differed sharply from that of Freud, who saw people as driven primarily by instincts that had to be controlled or transformed into socially acceptable behavior. In contrast, Adler (1907, 1929/1964) asserted that human behavior was primarily learned rather than instinctual and that people are in control of their behavior and the situations they encounter. Adler believed people to be more conscious than unconscious. What we are and how we relate to the world is a conscious choice, not one that should be blamed on unconscious influences.

#### Inner Reflections

How would you compare Adler's views on human nature with Freud's?

What, if any, part of Adler's views on the nature of people do you agree with? Which do you disagree with?

The fundamental nature of people is social. Moreover, Adlerians believe that dividing up individuals into parts or forces (i.e., Freud's id, ego, and superego) was counterproductive because it was mechanistic. Human beings are creative, self-determined decision makers who are free to choose their life goals. We construct our reality based on our ways of viewing the world (Mosak, 2005).

From Adler's perspective, people are neither inherently good nor bad, but based on their appraisal of an immediate situation and its payoff, they may choose to be good or bad. Individuals have an innate human potential for social interest. Children enter the world with an innate response pattern of love and affections. Adler described **social interest** as the ability to participate and the willingness to contribute to society. To function adequately in life, people must develop sufficient social interest; otherwise deficiency and maladjustment occur. Our desire to belong is a lifelong pursuit and is marked by our efforts to find our "place in life."

Individuals' development of feelings of inferiority is considered to be part of the human condition and inevitable. All of us at some point (usually in early childhood) experience evaluations of inferiority, which may lead to feelings of inferiority. It is the nature of people to try to overcome feelings of inferiority developed in childhood by striving to become superior in self-selected areas. Adler believed that feelings of inferiority are not necessarily

### Inner Reflections

Oftentimes clients come to therapy because they are experiencing inferiority feelings.

How would you assess for inferiority or superiority feelings?

What Adlerian therapeutic techniques would you use for working with clients who have feelings of inferiority?

negative; they provide the motivations for subsequent adolescent and adult achievement in life.

## Adler's Theory of Personality

Whereas Freud stressed the role of psychosexual development and the Oedipal complex, Adler emphasized the effects of children's perceptions of their family constellations and their struggles to find their own significant niches within them. Adler argued that one's personality is a complete unity—the principle of **holism** (Mosak, 2005). Whereas Freud said that there was a conflict between his three proposed parts of one's personality (id, ego, and superego), Adler maintained there was no internal war or conflict and that the individual moves only in one direction. Clients should not be analyzed from the perspective of urges and drives but rather from the perspective of the total fields in which they operate. The Adlerian concept of the unity of behavior is similar to Gestalt psychologists' view of behavior. A person is an indivisible unity. The Adlerian concept of personality development is founded on the following nine concepts: (1) social interest; (2) masculine protest; (3) lifestyle; (4) goal-directed and purposeful behavior; (5) feelings of inferiority; (6) striving for superiority; (7) fictional finalism; (8) family constellation; and (9) birth order (Mosak, 2005).

### Social Interest

Social interest is an Adlerian concept that refers to individuals' sense of being part of the human community and their attitudes toward others. Adler maintained that society was important in the development of one's individual character and one's emotion. Children seek to find their places in society; they also develop a sense of belonging and of contributing. Adler described social interest as an individual's ability to empathize with others: "to see with the eyes of another, to hear with the ears of another, to feel with the heart of another" (as cited in Ansbacher & Ansbacher, 1979, p. 42). People show or demonstrate their social interest. Adler presumed an innate potential for social interest.

When our social interest has been developed adequately, we find solutions to problems and feel

at home in the world. Adlerians believe that to have solid mental health, one must have adequate social interest. At the affective level, social interest is an individual's deep feeling of belonging to the human race and empathy with fellow men and women. At the cognitive level, social interest is a person's recognition of interdependence with others, that is, that the welfare of any one individual ultimately depends on the welfare of everyone. At the behavioral level, a person's social interest can then be conceptualized as actions aimed at self-development as well as cooperative and helpful movements directed toward others. The person whose social interest is developed tends to find solutions to problems, feels at home and the world, and sees things more clearly.

### Inner Reflections

Schools have emphasized the importance of social interest by constructing graduation requirements that require service projects.

In working with your clients, would you ever consider asking them to become involved in social service projects? Is recommending that your client become involved in a service program really therapy? If so, why? If not, why not? What is appropriate material for therapy?

The person not interested in his fellow or community faces the greatest difficulties in life and makes the greatest injury to others. Lifestyles that do not evidence an interest and concern for the welfare of others are considered pathogenic. Pathological lifestyles are marked by strivings that are self-centered, exploitive, demanding, uncaring, and aggressive. Criminal behavior frequently results from pathological lifestyles. The development of social interest is, therefore, critical to the prevention of antisocial behavior. Adler proposed that social interest could be used to change the behavior of antisocial and criminal people. Social interest provides us with a basically positive outlook on life and an interest in developing the welfare of others (Adler, 1929/1964).

### Masculine Protest

Adler was an early supporter of women's rights. Repeatedly, he argued that only if women were given the same opportunities as men could they deal successfully with their sense of inferiority (Worrell & Remer, 2003). As a result of his commitment to equal rights, Adler developed the concept of the *masculine protest*, which was defined as the desire to be a "real man": a desire to be superior, to strive to be perfect. He explained that men carefully hide their feminine traits by having exaggerated masculine wishes and efforts. These exaggerated protestations of masculinity result in men's overcompensation and their denial of their feminine sides. The masculine protest can lead to men setting high, almost unattainable goals for themselves. Men who suffer from strong masculine protests tend to develop pathological fantasies of grandeur. In contrast, the masculine protest in a woman reveals itself in a repressed wish to become transformed into a man. One positive consequence of the masculine protest in women is that some women may strive very hard for superiority in their professional fields, especially if such professions are dominated by males.

### Lifestyle

Adlerians maintain that behavior is lawfully organized and that each person develops a generalized pattern of responses to most situations—a lifestyle (Oberst & Stewart, 2003). All behavior is organized around lifestyle, which is defined as a habitual pattern of behavior unique to each person. Lifestyle provides a theme that unifies our lives. It gives consistency to the way we live. According to Ansbacher and Ansbacher (1964, p. 332), lifestyle can be compared to the melody of a song. "We can begin wherever we choose: every expression will lead us in the same direction—toward the one motive, the one melody, around which the personality is built." Our lifestyle is considered a major key to our behavior. Lifestyle includes our goals, our opinions of ourselves and the world, and the habitual behaviors we use for achieving desired outcomes. Children

create their own lifestyles by the age of five; thereafter, it becomes difficult for them to change their approaches to the world.

Lifestyle consists of our interpretation of events, rather than the events themselves, that deeply affect our personalities. Our individual views about ourselves, others, and the universe form a personal filter for all future experiences. We can make faulty interpretations of events, which may lead to mistaken beliefs in our own **private logic**—the reasoning we invent to stimulate and justify our lifestyles. (By contrast, common sense represents society’s cumulative, consensual reasoning that recognizes the wisdom of mutual benefit.) Our mistaken beliefs can influence current behavior. Therapy helps us to become aware of our mistaken beliefs or faulty interpretations of events, and hence, the errors in our private logic. Adlerian therapists assist clients in reframing events that took place during childhood so that clients consciously create a new lifestyle or a new way of organizing their lives.

During the process of developing their lifestyles, children construct statements about the conditions, personal or social, that are necessary for them to feel secure (Mosak, 2005). Such statements are termed our **lifestyle convictions**. When there is conflict between one’s self-concept and one’s ideal self, one develops inferiority feelings. When a person begins to act inferior rather than just to feel inferior, he or she actively engages in “discouragement” or the inferiority complex. Adlerian theory suggests that a person has four lifestyle convictions (Mosak, 2005):

1. *The self-concept*: The convictions I have about who I am
2. *The self-ideal*: The convictions that pertain to what I should be or am obligated to be in order to have a place in the world
3. *The Weltbild, or “picture of the world”*: The convictions about the not-self (world, people, nature, etc.) and what the world demands of me
4. *The ethical convictions*: The individual’s development of a personal code of right and wrong

**Four Lifestyles.** Adler outlined four basic lifestyles (Boldt & Mosak, 1997). The first, the *socially useful type*, consists of people who have a high social interest and who use high activity to achieve goals. People who fall into the socially useful category tend to be mature, positive, well adjusted, and courteous and considerate of others. They do not strive for personal superiority over others. Instead, they seek to solve problems in ways that are helpful to others. Socially useful types help others in their families, and they work for social or political change (Adler, 1929).

The second lifestyle category is called the *ruling type*. Individuals in this category have little social interest and are active in seeking control over others. They try to prove their personal superiority by ruling others. The ruling type takes a dominating and antisocial approach to society. Some of their activities may be asocial, for example the activities of thieves, con artists, substance abusers, and so on. Frequently, juvenile delinquents and criminals fall within this category (Adler, 1929).

The third lifestyle is labeled the *getting type*. People in this lifestyle category desire to get everything from others without any personal effort or struggle. They have both low social interest and low activity levels. They selfishly take without giving back. Everybody owes them something, but they owe nothing to anyone.

The fourth lifestyle type is called the *avoiding type*. If this category, people evidence low social interest low activity levels. They avoid failure by avoiding involvement with work, friends, or society in general. They are likely to have low social contact for fear of rejection or defeat in any way. Three factors interfere with development of social interest: (1) organ inferiorities, (2) parental pampering (Why should I love my neighbor when he has not done anything for me?), and (3) neglect of a child (Society owes me).

### *Goal-Directed, Purposeful Behavior*

All behavior is purposeful and goal directed. Thus, when we act, our actions are based on a goal we

## Inner Reflections

Think back on your life as you were growing up.

How would you analyze your own lifestyle?

What factors led to the development of your lifestyle?

Can you think of any lifestyle convictions that you have?

Of the four lifestyles that Adler outlines, which is your current one?

are trying to attain. If counselors want to understand their clients, they must first understand their clients' goals. For instance, one goal of a misbehaving child might be to get attention from a parent or a teacher. Acting out allows a child to achieve his or her goal of attention.

Children set two types of goals: immediate and long range. *Immediate goals* are the easier ones to

work with, and they are generally observable in day-to-day functioning of children. Children may have several immediate goals at once; these goals are more amenable to change and short-term counseling, if necessary. In contrast, *long-range goals* indicate children's private, inner logic and form their basic outlooks on life. Long-range goals are established early in life; they are more rigid and less susceptible to change (Dreikurs, 1949).

Children's perceptions of their interactions within their families are pivotal in their establishment of long-range goals. For instance, if a child believes that he is rejected or not loved by a parent, his basic goal in life might be to obtain love from others—regardless of the cost. Another reaction might a child who establishes a long-range goal of punishing her parents. This behavior is predominant in angry children, delinquents, and others who may seek to harm their parents by harming themselves (Dinkmeyer, Dinkmeyer, & Sperry, 1990).

All human behavior has a purpose, which is usually of a social nature. We establish both immediate and long-range goals, and we may not be consciously aware that we have set such goals for ourselves. We set goals to find and secure our places in life. The movement toward a goal is always

in relationship to ourselves and others. All behavior has its own private logic, which is usually located at the unconscious level. Our private logic affects the way we think and feel about our purpose in life and the manner in which we seek to achieve our fictional goals (Adler, 1959).

Healthy human development takes place when we become more conscious of our own private logic and the unique ways in which we have unconsciously constructed meaning of the world. Most times we are unaware of the inner private logic that guides our behavior. When counselors help clients to analyze their goals and private logic, they are taking important steps to helping them lead more productive lives.

## Feelings of Inferiority

According to Adler, all human begin their psychological life with feelings of inferiority. When we are born, we are totally dependent on others for our survival. Hence, we become aware of strong general feelings of inferiority very early in our lives, especially in relationship to our parents.

From Adler's perspective, an **inferiority complex** is "the presentation of the person to himself and others that he is not strong enough to solve a given problem in a socially useful way" (Ansbacher & Ansbacher, 1956, p. 258). An inferiority complex is a pervasive feeling that one's abilities and characteristics are inferior to those of other people. For instance, while some people view themselves as less intelligent, others may see themselves as less attractive or less athletic than those around them.

Adler conceptualized feelings of inferiority as much more than a sense of inadequacy. These feelings provide the motivating force behind all growth and development. They constitute a *minus state* that we seek to overcome. All our strivings are attempts to overcome or to compensate for feelings of inferiority. Adler maintained that our innate sense of inferiority helps humans to survive while other species became extinct. He characterized feelings of inferiority as inevitable, universal, and normal (Adler, 1926/1972).

## *Striving for Superiority*

People seek to compensate for feelings of inferiority by striving for superiority, which is a concept Adler used to explain our drive to master external obstacles, to gain power and status, and to arrive at a positive state. Because we cannot ever completely rid ourselves of feelings of inferiority, striving for superiority becomes a dominant theme in our lives (Adler, 1926/1972).

It is important to understand the differences between striving for superiority and a superiority complex. In using the term *superiority*, Adler did not emphasize being superior to others. An individual who has a superiority complex inflates his or her own self-importance to overcome feelings of inferiority. When one has a **superiority complex**, one has a negative impact on others. We put others down to mask our own negative feelings about ourselves.

Striving for superiority is a positive striving for perfection (Schultz & Schultz, 2001). Healthy people strive for superiority; however they do not develop a superiority complex to mask true feelings of inferiority. Throughout our lives, we struggle to achieve our places in life, and we strive for perfection in achieving our goals. Our striving for superiority contributes to the development of the human community because it pushes us to make positive contributions in science, technology, and in the arts (Adler, 1926/1972).

## *Fictional Finalism*

Adler was influenced by the philosopher Hans Vaihinger, whose book, *The Psychology of the "As If"* was originally published in 1924. According to Vaihinger, people live by many fictional ideals that have no relationship to reality and that cannot be tested and confirmed. Some examples of such fictionalisms include "Honesty is the best policy," "All men are created equal," and "The end justifies the means." Any ideal or an absolute is usually a fiction. Fictionalisms can help us deal more effectively with reality, or they may block our attempts to accept reality. If we believe there are a heaven and a hell, such beliefs will influence how we live.

Adler believed that fictional goals develop during individuals' early childhood, and they exist primarily at the unconscious level of awareness throughout one's life. Our fictional goals influence the way we think, feel, and act throughout our lives. Ansbacher (1968) indicates there are five points to Adler's understanding of fictional finalism. A fictional goal:

1. Provides for the internal, subjective causation of psychological event
2. Represents a creation of the person and is primarily subconscious
3. Becomes the principle of unity and self-consistency of one's personality
4. Forms the basis for a person's orientation in the world, and
5. Supplies one way of compensating for feelings of inferiority

## *The Family Constellation*

Adler made important contributions regarding the functioning of families. He used the term **family constellation** to describe the composition of a family and one's position within that system (Adler, 1937). According to Gilliland and James (1998), "the family constellation mediates the genetic and constitution factors the child brings into it and the cultural factors the child learns from it. The personality characteristics of each family member, the sex of the siblings, family size, and the birth order of the children all influence how individual find their niche in life" (p. 49).

Each of us engages in creative and subjective interpretations of our place within our families. We live in our own unique private worlds created by our own perceptions. It is not *what* we are that determines our behavior, but rather it is what *we think* we are that has the most impact on us. We develop expectations that become self-fulfilling prophecies because we enact in our lives what we believe about ourselves and other people.



## *Birth Order*

Adler (1929) attributed a great deal of importance to our ordinal position within our families, which he believed influenced our relationships with our parents, our interactions with other family members, and the specific feelings of inferiority we experienced in life. **Birth order** refers to the placement of siblings within the family. Five ordinal positions within a family constellation are identified in the literature: (1) the firstborn, (2) the second born, (3) the middle child, (4) the youngest child, and (5) the only child. There is potentially a favorable or an unfavorable outcome based on each birth order place. Our birth order may present us with special challenges and encourage us to form complex rivalries and alliances within our families. Adler (1929) posited that birth order was one of the major childhood social influences from which the child creates a lifestyle.

**The Firstborn.** Many parents lavish a great deal of time and attention on their firstborn (Adler, 1937). As a result, the child may hold a secure position within the family. Adler referred to the firstborn as the “reigning monarch” who is given undivided attention. With the arrival of the second child, the monarch is dethroned because parents must share their time with the new arrival. One consequence is that the former monarch waits to be served. He or she builds resentment, and the battle is begun to regain the monarch position.

Adler theorized that all firstborns suffer the loss of the privileged positions, but only those who have been pampered excessively by their parents feel great resentment, discouragement, and hatred toward the new sibling. A number of factors moderate the firstborn’s degree of discouragement, including the age when displaced and the amount of parental preparation for the new arrival. Yet, the fact is abundantly clear: the firstborn’s place in the family is no longer the same. The new arrival makes the former little monarch the older child who is given high expectations of responsibility and cooperation.

Adler stated that of all the children within a family, firstborn best understand the significance of

power and the exercise of it (Dinkmeyer & Sperry, 2000). Some other characteristics of firstborns are that they become conservative in outlook, they nostalgically look to the past, and they are disproportionately interested in organization and the maintenance of the status quo. Firstborns tend to become highly organized, responsible, and conscientious. When they are deficient in social interest, they are inclined to be very insecure, suspicious, and hostile toward others and society in general. A favorable outcome of being the oldest child is that one feels a sense of responsibility and takes care of others. In contrast, an unfavorable outcome might be that one feels insecure and becomes overly reliant on rules.

**The Second Born.** The second-born child grows up knowing that he or she has to share parental time and attention (Adler, 1937). Because second-born children are not concerned about the loss of power and authority, they tend to be optimistic, competitive, and ambitious. If the firstborn encourages the second born to “catch up,” the latter’s development tends to be positive and healthy. Conversely, if the older sibling expresses strong resentment against the second child and excels in virtually every area, the second child might set high goals that lead eventually to failure. In most instances, the second child strives in directions different from the firstborn. A great deal depends on the second-born child’s interpretations of how he or she is treated within the family.

**The Middle Child.** The middle child must share from the very beginning. Such children often feel as if they are in a difficult and an unfair position (Adler, 1937). Middle children may feel defeated by their older and younger siblings, or they may surpass them. They learn the skills of manipulation and negotiation from the family politics in which they find themselves. Middle children strive in areas different from those of the oldest child. One potential favorable outcome for middle children is that they are ambitious and develop a strong social interest. Unfavorable outcomes are that they are rebellious and envious, and they often experience difficulty being a follower.

**The Youngest Child.** The youngest child tends to be pampered within the family constellation. The youngest children often have older siblings to look after them. They may become “family pets” and be considered cute (Adler, 1937). Because there are so many role models within the family constellation, youngest children may excel over all others to establish their place within the family. Many youngest children develop a competitive orientation, and they become high achievers at whatever they undertake. Youngest children who are spoiled and pampered expect that others will take care of them. As adults, they may find adult responsibilities too much to bear, or they become dependent on using their charm to get others to meet their needs. One favorable consequence of being the youngest child is that one gets much stimulation and loads of opportunities to compete. A potential unfavorable result is that one feels inferior to everyone.

**The Only Child.** Similar to the youngest child, the only child is usually pampered. Adler (1937) suggested that the only child is not likely to develop a competitive spirit. Instead such children develop exaggerated views of their own importance. Because only children spend a great deal of time alone, they may develop rich imaginations. Without models or competitors, they seldom learn to share or to compete for attention. Only children may develop lifestyles that are characterized by timidity and overdependence on others. They are likely to be deficient in social interest.

Adler (1937) believed that a person’s perceived role within a family constellation was more important than the birth order itself. Adlerians examine the number of years between siblings and claim that such distance may take on the role of birth place. For instance, if there are three siblings, with the oldest being 10 years of age, the second 8 years, and the third 1 year old, this family constellation resembles a family with an older and younger sibling (first two children), and the youngest child as being more akin to that of an only child.

Research on Adlerian birth order theory is mixed. Although Adler claimed that the second

born were the highest achievers, research has found that the firstborns achieve the most and are often more intelligent than other siblings. Of the 23 American astronauts sent into outer space, 21 were firstborns, and the other two were only children. Firstborns are also overrepresented at Harvard, Yale, and Princeton universities (Sulloway, 1997).

A major contribution of birth order research is that it has helped psychologists understand why brothers and sisters within the same family are no more similar in personality than are those from different families. According to Sulloway (1997), the family is not a shared environment but a set of niches that provide siblings with different outlooks on life. The personalities of siblings vary within the same family because they adopt different strategies to achieve parental favor. Adlerians believe that independence training for children is critical. Never do for your children what they can do for themselves. Children who are dependent are demanding.

Does birth order make any difference in how we develop as individuals? In general, the answer is yes. An individual’s birth order position within the family has been linked to differences in achievement, intelligence, attitudes, and such behaviors as juvenile delinquency, mental illness, and success or failure in marriage (Sulloway, 1997). One research study reported that firstborn individuals are overrepresented in the college population compared with their siblings (Maddi, 1996). Belmont and Morolla (1973) studied nearly 400,000 young men from the Netherlands and found a positive relationship between birth order and nonverbal intellectual aptitude. Likewise, Zweigenhaft’s (1975) study found that firstborns were overrepresented as members of the U.S. Congress.

### Inner Reflections

In working with clients, how important is it for you to assess the ramifications of their birth order?

Make two arguments for and two arguments against examining a client’s birth order position.

## Adler and Parenting Style

Adler's theory of personality and therapy had an important impact on the development of good parenting skills. As discussed earlier, he identified two parenting styles—pampering and neglect—that were destined to cause problems in adulthood (Dinkmeyer, McKay, Dinkmeyer, & McKay, 1997). Pampering—overprotecting children, giving them too much attention, and protecting them from the harsh difficulties of life—results in children who are poorly prepared to deal with the realities of everyday living, are highly dependent, and are apt to find it hard to make decisions on their own. They may think that things should be given to them, and they may not develop a strong desire to be independent and to overcome inferiorities. Pampered children may not learn self-reliance; they approach life, work, and marriage from a self-centered orientation. They grow up to be adults who try to resolve their problems by making unrealistic demands on other people and by expecting everyone to respond positively to their desires (Stone, 1993).

The neglected child as an adult becomes the opposite of the pampered child. The neglected child (one who was given very little support) grows up fearing the world, distrusting others, and experiencing difficulty in forming close interpersonal relationships (Dinkmeyer et al., 1997). When parents fail to provide sufficient love and care for their children, the net result is that such children view adults negatively. Their inferiority gets manifested by suspicious behavior, isolation, and maliciousness (Adler, 1958a or b?). Although both the pampered and the neglected child received different kinds of parental treatment, the end results of the treatment may be the same: children's feelings of inadequacy.

Many of Adler's ideas about good parenting techniques have become commonplace knowledge. Successful parenting is based on:

- *Mutual Respect.* Parents who show respect for children teach them to respect themselves and others.

- *Encouragement.* Encouragement suggests faith in and respect for children as they are, rather than as we want them to be.
- *Natural and Logical Consequences.* Consequences permit the child to experience and learn from the results of his or her own behavior. For instance, a child refuses to wear a coat while it is raining; he gets wet.
- *Setting Freedom and Limits for Children.* Adlerians maintain that children need and want limits and that those limits should be expanded as the child ages. Part of the role of parents is to filter out negative influences in their children's lives. Reasonable limits make a child feel protected by his or her parents. Children accept limits better when they help make the rules through a process of discussion that includes a statement containing the reasons for the rules or limits (e.g., safety). Parents must enforce limits consistently.

## Adler's Theory of Life Tasks

Adler (1963) considered the desire to experience a heightened sense of belongingness with other people as a universal drive. Our drive for belongingness motivates us to become involved in a series of life tasks that are central to our psychological development and mental health (Adler, 1959). Three life tasks contained in Adler's theory of individual psychology are

1. Developing friendships with others
2. Realizing a loving relationship with another person
3. Working in a satisfying and meaningful occupation

## Adler and Healthy Mental Development

Adlerians postulate that children feel they have to stake out territory that will allow them to excel, to become popular, or to be a real man or a real woman. If children evaluate their own abilities and believe that they can achieve their desired places, they will pursue positive behaviors and have

positive mental health. Conversely, if they feel that they cannot find their places, they will become discouraged and may engage in disturbing behavior in an effort to find their place. The maladjusted child is not “sick” but rather discouraged. Dreikurs (1957) placed the goals of the misbehaving child into four categories: (1) attention getting, (2) power seeking, (3) revenge taking, and (4) declaring deficiency or defeat.

Adlerians observe that individuals’ health is significantly influenced by their ability to form and maintain friendships and meaningful relationships with others. People who experience difficulty establishing and maintaining meaningful friendships are often at risk for depression, frustration, anger, and social alienation. Mental health is also linked with encouragement; whereas poor mental functioning is associated with discouragement. Adler observed that we cling to the mental, emotional, and behavior habits we developed in childhood to cope with feelings of inferiority. Because we interpret our experiences in terms of our lifestyles (or habitual ways of viewing the world), we invent excuses to support our world perceptions. Common excuses are “Nothing ever works out for me,” or “Nobody ever really loved me.”

## Adler and Development of Maladaptive Behavior or Psychopathology

According to Adler (1959), an individual’s underdeveloped social interest is the one factor that underlies all types of psychological maladjustments. Adlerian psychology conceptualized maladjustment as the individual’s development of exaggerated feelings of inferiority and exaggerated striving for superiority (Adler, 1930). Adler equated psychopathology with a feeling of discouragement, a feeling of hopelessness, and the belief that one’s world is not going to change for the better. Maladaptive behavior develops when individuals become discouraged or when they encounter disappointing circumstances. When people lose the courage to face demanding life situations, they move from a position of inferiority to

inferiority complex (Adler, 1926). They become unconsciously convinced of their inferiority, and as a consequence, they develop abnormal behavior to divert attention from their difficulties (Ansbacher, 1992).

Individuals develop maladjusted or disordered behavior primarily because (1) they have greater numbers of feelings of inferiority than is present in the average population; and (2) they develop accompanying sets of inappropriate compensatory responses to offset their deep-seated feelings of inferiority. Although both the normal and the maladjusted person manifest feelings of inferiority, these feelings are exaggerated in the maladjusted individual. Adler believed that poor mental health results only when people *behave* as if they are inferior.

The seeds for psychopathology are sown early in life, especially within the family and within our sibling relationships. Developing adequate social interest is critical to individuals’ positive mental health. Adler considered the mother the primary person for teaching children social interest. A mother demonstrates nurturing, cooperation, and social interest in general when she nurses the baby at her breast (Adler, 1929/1964). Mothers help their children extend positive relationships to the father and to others within the family. Mothers who fail to show sufficient social interest while parenting their children risk raising young people who become maladaptive in their interpersonal relationships because they lack sufficient social interest.

In addition, as discussed previously, parents can contribute to their children’s maladaptive behavior by showering them with too much pampering and gifts or by neglecting them. When parents pamper their children excessively, they rob them of their independence, initiative, and self-confidence. Pampered children do not learn self-reliance; they approach life, work, and marriage from a self-centered orientation. They grow up to be adults who try to resolve their problems by making unrealistic demands on other people and by expecting everyone to respond positively to their desires (Stone, 1993). Likewise, when parents fail to provide sufficient love and care for

their children, the net result is such children view adults negatively. Their inferiority gets manifested by suspicious behavior, isolation, and maliciousness (Adler, 1958). Although both the pampered and the neglected child received different kinds of parental treatment, the end results of the treatment were basically the same. Parental overprotection and inattentiveness lead to children's feelings of inadequacy.

An important physical deficiency or a severe illness, especially when one is young, may also bring out strong feelings of helplessness (Adler, 1907). Problems occur when such children are not able to compensate adequately for inferiority feelings. Abnormal behavior results when individuals develop a massive sense of inferiority in early childhood such that they become discouraged about life. In an effort to compensate, they develop inappropriate patterns of behavior, show an unrealistic striving for superiority over others, develop a superiority complex, or create an exaggerated opinion of their own abilities and accomplishments.

Adler (1926) used a number of characteristics to describe the maladjusted or neurotic individual. The neurotic person overcompensates for feeling insecure. For instance, the overindulged child may become self-centered; the neglected child may seek revenge against society. Neurotic approaches to life include a distancing attitude and a hesitating attitude. A person who uses a distancing attitude attempts to protect himself or herself by keeping others at bay, perhaps even becoming overly formal in conversations. An individual who develops a neurotic hesitating attitude is never quite sure of himself; therefore, he hesitates in making important decisions about life in an effort to avoid any feelings of inferiority.

### *Safeguarding Tendencies*

The neurotic individual is inclined to be rigid in thought, to see life in dichotomous black-and-white terms, to have excessive fears, to vacillate, and to be dependent rather than independent. What distinguished one maladjusted person from another was the safeguarding tendencies each individual

acquired to protect himself or herself from feelings of inferiority. Adler used the term "safeguarding tendencies" to describe his belief that people create patterns of behavior to protect their exaggerated feelings of self-esteem against public disgrace. His concept of safeguarding tendencies is similar to Freud's concept of defense mechanisms. Whereas Freud maintained that defense mechanisms operate unconsciously to protect the ego against anxiety, Adler asserted that safeguarding tendencies are primarily conscious. The type of safeguarding tendency chosen differentiated the type of disorder the individual developed. Adler considered an individual's selection of a safeguarding tendency as a creative act. Some common safeguarding tendencies are excuses, aggression, and withdrawal.

Excuses form the most common type of safeguarding tendency. Typically, people express excuses with such phrases as "Yes, but" or "If only." In the "Yes, but" excuse, people initially state what they claim they would like to do—"I would like to go back to complete my degree"—and then they follow this with what sounds good with an excuse—"but I don't have the time, enough money," and so on. The "If only" excuse is similar to the "Yes, but" one; however, the person usually blames someone else for his or her not completing the desired act.

Aggression is another common safeguarding tendency. According to Adler (1959), people use aggression to safeguard their exaggerated superiority complexes. Safeguarding by aggression may take the form of depreciation or accusation. Depreciation is the tendency to undervalue another person's accomplishments while overvaluing one's own. Criticism and gossip are aggressive behaviors: "The only reason, Jennifer got the promotion is that she slept with the boss."

Withdrawal is another safeguarding tendency. An individual may safeguard himself from another by putting distance between the two. Adler (1959) outlined four types of safeguarding using withdrawal: (1) moving backward (the tendency to safeguard one's fictional goal of superiority by reverting to a more secure period of life); (2) standing still (people who stand still do not move in any direction and they insulate themselves against any

threat of failure); (3) hesitating when faced with difficult problems (procrastinations give them the excuse, “It’s too late now”); and (4) constructing obstacles (building a straw house to show that one can knock it down).

Everyone develops some form of safeguarding tendency. Safeguarding tendencies can become neurotic or self-defeating because their goals of self-protection and personal superiority block them from obtaining authentic feelings of self-esteem. Adler was convinced that most compulsive behaviors are attempts to waste time. He considered compulsive hand washing, retracing one’s steps, behaving in an obsessive orderly fashion, and leaving work incomplete as all examples of hesitation. He believed that people construct straw houses to protect their self-esteem and prestige.

## THE THERAPEUTIC RELATIONSHIP

A major goal of therapy is to encourage clients and to help them feel that change is possible. Adlerian therapists view the therapeutic process as a collaborative partnership based on respect, parity, trust, and cooperation. The first principle of Adlerian therapy is to establish and maintain an accepting, caring, and cooperative relationship with the client. The therapeutic relationship is established by reflecting accurately clients’ feelings and by communicating a deep understanding of the clients’ lifestyles. Clients learn that their life goals and their lifestyles are understandable. Therapists encourage clients to develop social interest or an active concern for the well-being of others (Dinkmeyer et al., 1990).

To symbolize that their relationship is one of equals, the Adlerian therapist and the client sit facing each other with their chairs at the same level. The therapist informs the client that people actively create their own problems based on their faulty perceptions or their inadequate learning. What has been learned can be unlearned; the therapist imparts the strong belief that the client is capable of change. Despite the egalitarian focus, Adlerian

therapy also takes on a psychoeducational atmosphere. Adler accepted advice giving under certain conditions.

## Adlerian Therapy

Adlerian therapists are concerned with understanding the unique, private beliefs and strategies that reveal our private logic and mistaken beliefs. Counseling can be short-term, intensive work to increase social interest, to encourage a greater sense of responsibility for our behavior, and to support behavioral change. Adlerian counseling helps individuals correct mistakes in perception and private logic that they make in their attempts to fit into social relations and to overcome feelings of inferiority (Watts, 2003). Once individuals have adopted “mistaken goals,” they construct other misconceptions to support the “faulty logic.”

### *Phase 1 of Adlerian Therapy: Establishing the Therapeutic Relationship*

During the beginning phase of therapy, clinicians work to establish a positive therapeutic relationship. They may use humor and small talk to establish a therapeutic alliance.

**Goals of the Therapist.** The goals of Adlerian counseling are centered on helping clients develop healthy lifestyles. The therapist talks about what a healthy lifestyle is as well as assisting clients to overcome feelings of inferiority (Oberst & Steward, 2003). An unhealthy lifestyle is self-centered and based on mistaken goals. Adlerian psychotherapy has four major goals: (1) establishing and maintaining a good client–therapist relationship; (2) uncovering the client’s dynamics, which include his or her lifestyle, goals, the dynamics of his or her family constellations, childhood illnesses, the basic mistakes included in his or her lifestyle; (3) developing interpretations that culminate in client insight; and (4) reorientating the client (Oberst & Steward, 2003).

Adler declared that people can change their lifestyles and rid themselves of mistaken beliefs.

He underscored again and again that individuals' interpretation of facts was far more important than the facts themselves. Adler used three entrance gates to an individual's mental life: (1) his or her birth order position in the family of origin, (2) his or her first childhood memory, and (3) his or her dreams.

**Role of the Therapist.** Adlerian therapists are often considered to be educators. They encourage their clients to use their talents to help others—to develop a social interest. Believing that their clients are discouraged when they begin therapy, Adlerians strive to create a supportive and encouraging therapeutic relationship. Unlike Freudians, Adlerian counselors tend to be talkative and active in therapy. They try to assess the reasons clients have their particular ways of thinking and behaving. They strive to develop and broaden their understanding of their clients' lifestyles. Therapists discuss clients' basic beliefs and how such beliefs have influenced their lifestyles. Even though Adlerian counselors are empathic and caring, they confront clients with their basic mistakes, misplaced goals, and self-defeating behaviors (Watts, 2003). Such confrontations help clients to deal with the contradictions in their lives and to replace mistaken goals. In their role as educators and collaborators, Adlerian therapists encourage clients to develop new alternatives for reaching their revised goals.

Adlerian therapists take a nonpathological view of clients' difficulties. They avoid labeling clients with the traditional medical model's diagnoses. Instead, they help them to better understand and to modify their life stories. As Disque and Bitter (1998, p. 434) point out, "When individuals develop a life story that they find limiting and problem saturated, the goal is to free them from that story in favor of a preferred and equally viable alternative story."

**Role of the Client.** The client's role is one of equal collaborator in discovering mistaken goals, inferiority feelings, and superiority feelings (Watts, 2003).

Clients work to become more courageous in their lives, more self-confident, and believe that solutions can be found to life's challenges. Clients seek actively to find solutions to their presenting problems. They understand that the true solutions to their issues reside within themselves rather than within the therapist. Clients may be given simple homework assignments to complete and to bring to therapy (Watts, 2003).

### *Phase 2 of Adlerian Therapy: Uncovering the Client's Dynamics*

**Assessment and Diagnosis.** An assessment of client's functioning is divided into two parts. First, the therapist assesses the client's lifestyle. Second, the therapist assesses and interprets the client's **early recollections**. This search for clinical understanding of clients is called a *lifestyle investigation* or *lifestyle assessment*, and it usually involves both individualized and structured exercises. Adlerian therapists begin by asking clients to tell their life stories. Because we can never fully capture our entire life story, the events and people we choose to mention in our brief summary are those who have become significant in our lives. The therapist listens for themes in clients' life stories, such as themes of achievement or failure.

Adlerian therapists make a comprehensive assessment of clients' functioning. Using an interview questionnaire, therapists gather information about clients' family constellations and lifestyles. After analyzing and summarizing this information, the therapist gains an understanding of the client's early life. Adler used a structured interview to assess clients. In his book, *Social Interest: A Challenge to Mankind* (1938, pp. 408–409), Adler provided the following outline for an interview:

1. What are your complaints?
2. What was your situation when you first noticed your symptoms?
3. What is your situation now?
4. What is your occupation?

5. Describe your parents as to their character, and their health. If not alive, what illness caused their death? What was their relation to you?
6. How many brothers and sisters have you? What is your position in the birth order? What is their attitude toward you? How do they get along in life? Do they also have any illness?
7. Who was your father's or your mother's favorite child? What kind of up-bringing did you have?
8. Inquire for signs of pampering in childhood (timidity, shyness, difficulties in forming friendships, disorderliness).
9. What illnesses did you have in childhood and what was your attitude to them?
10. What are your earliest childhood recollections?
11. What do you fear, or what did you fear the most?
12. What is your attitude toward the opposite sex? What was it in childhood and later years?
13. What occupation would have interested you the most, and if you did not adopt it, why not?
14. Is the patient ambitious, sensitive, and inclined to outburst of temper, pedantic, domineering, shy, or impatient?
15. What sort of persons are around you at present? Are they impatient, bad-tempered, or affectionate?
16. How do you sleep?
17. What dreams do you have? (Of falling, flying, recurrent dreams, prophetic, about examinations, missing a train?)
18. What illnesses are there in your family background?

**Analysis of Clients' Basic Mistakes.** After Adlerian therapists have obtained a summary of their client's early recollections and lifestyle, they can examine the client's **basic mistakes**. As noted earlier, most of us develop basic mistakes as we develop our lifestyles. During childhood, we construct reasons and principles regarding what we experience; these principles may be purely or partly fictional.

Mosak (2005) lists five basic mistakes that people commonly make:

1. *Overgeneralizations.* "People are no good." "You have to be careful of not getting too close to people."
2. *False or Impossible Goals of Security.* "I must please everyone, if I am to be loved."
3. *Misperceptions of Life and Life's Demands.* "I never get any breaks."
4. *Minimization or Denial of One's Worth.* "I'm stupid."
5. *Faulty Values.* "I must be first, regardless of who gets hurt in the process."

#### **Early Recollections as an Assessment Technique.**

Adlerians also use clients' earliest memories as a major assessment tool. The therapist asks the client to recall his or her earliest memories, the age at which the event was remembered, and the feelings connected with the recollections. According to Adler, we select memories that coincide with our basic beliefs about ourselves and the rest of the world. It makes little difference whether or not these memories are real events or fantasies. Our adult lives revolve around what we perceived as having happened. Our earliest memories provide the therapist with an understanding of our mistaken beliefs, social interests, and future actions.

#### **Inner Reflections**

According to Adler, we all have mistaken beliefs about life and ourselves.

What basic beliefs do you have?

What impact have they had on your life, or on relating to others, and on your self-fulfillment?

#### **Inner Reflections**

Think of a headline that captures the spirit of your earliest memory—for example, "Talented Child Makes Her Mark."

What would your headline say? How do you feel about this headline?



Questions used to reveal earliest recollections include “Think back as far as you can and tell me your earliest childhood memory.” After surfacing a memory, the counselor searches for additional information about the memory by asking such questions as:

- What part of the memory stands out most in your mind?
- What are you feeling as you recall this memory?
- Where is this feeling located in your body?
- Are you an observer or an active participant in the memory?
- What are you trying to convey to the world with this memory?

Additional questions related to early recollections include:

- Who is not present?
- How are different people portrayed?
- What is the world like (friendly, hostile, cooperative, sad)?
- How would you describe your role (helping, passive, angry, and dependent)?
- What outcomes take place in the memory?
- How would you describe your primary social attitude (“I” or “we”)?
- Describe in a single sentence the underlying theme in your memory (“Life is . . .”).

Memories of danger or punishment suggest a tendency toward hostility, and memories of a sibling’s birth indicate dethronement issues.

***Analysis of Clients’ Dreams.*** Adler believed that dreams were a way of dealing with our insecurities. Our dreams help us to try out strategies for overcoming our limitations, or they may represent a type of wish fulfillment. Dreams can serve as a bridge to what we want. Adler believed that there is a correlation between the number of dreams you have and the problems in your daily life. The more problems you have, the more dreams you are likely to have. Conversely, the fewer dreams you have, the fewer problems you have and the more psychologically healthy you are (Watts, 2003).

Adlerian dream analysis involves examining the parts of a dream and analyzing what problems or inferiorities they might represent. For example, a dream about falling could symbolize a fear flying, especially if the dreamer is soon to fly or climb a mountain. The dream could also represent a “fall from grace” or loss of face and social standing. If the person is caught by an angel, it might have religious or spiritual meaning or simply refer to trusting and relying on one special person. By revealing to us our innermost fears and our preferred strategies for dealing with problems, dreams reveal a great deal about our personality and style of life.

Adler asserted that control, power, and motivation drives behavior. From his perspective, our striving for perfection and need for control cause us to do the things we do. Adler believed that dreams are a way of overcompensating for the shortcomings in our waking lives. For example, if you are unable to stand up to your boss during the day at work, you may find it easier to lash out at him within the comfort and safety of your dream. Dreams offer satisfaction that is more socially acceptable.

From the Adlerian perspective, dreaming is purposive. Adlerians insist that dreams prepare clients to solve their current problems or to overcome their present circumstances by rehearsing them for potential future actions. The dream function is to connect present problems or conflicts to future goal attainment (Mosak, 2005).

Adler admonished therapists not to become too involved in uncovering common symbols when interpreting dream material, because the symbols of one client’s dreams may represent entirely different things than the same symbols in another client’s dreams. He did, however, refer to a few common dream symbols, such as flying (moving or striving from below to above), falling (moving or striving from above to below), being chased (an expression of inferiority or weakness in relation to others), and being unclothed in public (fear of disclosure or being found out). The emotional tone of a dream is highly significant, perhaps more so than the symbols.

**Integration and Summary of Adlerian Uncovering and Assessment.** Once the therapist has developed materials from the client questionnaire and interview, he or she prepares integrated summaries of the information that contain the client's subjective experience and life story; a summary of family constellation and developmental data; a summary of early recollections, personal strengths, basic mistakes, and coping strategies (Oberst & Steward, 2003). The therapist gives the client copies of these summaries, and they are discussed in the session with the client having the right to modify different points.

### *Phase 3 of Adlerian Therapy: Client Insight and Self-Understanding*

The third phase of counseling is the insight and self-understanding phase. Insight represents the client's understanding of the purposive nature of his or her behavior and the mistaken beliefs that sustained it. Therapists promote client insight by ordinary communications, dreams, fantasies, behavior, symptoms, or the client-therapist interactions. During interpretations, the emphasis is on discovering purpose rather than the cause of a client behavior or action. Adlerians posit that self-understanding results when therapists help clients to make conscious hidden lifestyles and goals. Therapist and client together build interpretations from information presented during assessment. These collaborative interpretive efforts give clients insight to their issues.

To help make the interpretations acceptable to the client, the therapist usually presents it only as a possibility to be considered rather than as a fact (Slavik & King, 2007). The therapist might say, "Is it possible that . . . ?" or, "Do you think it might be . . . ?" When the interpretation is on target, clients are encouraged to view their behavior from a different perspective. They may accept the validity of the interpretation, deny it, or suggest an alternative interpretation. A client's responses to accurate interpretations of behavior may take place with a reflexive quick smile, glance, or nod of the head or a verbal statement, such as "Exactly" or "You got it."

Good interpretations provide clues regarding the purpose of a client's behavior. They should help a client to answer the following questions: "What life task is my symptom allowing me to avoid?" And, "What price am I paying for this symptom?" Adler was convinced that clients' symptoms had an underlying purpose. Client insight may also entail an analysis of the client's basic mistakes and how they are affecting his or her life. Adler believed that insight alone was insufficient for successful therapy. There must be some change in client behavior.

### *Phase 4 of Adlerian Therapy: Reorientation*

The final phase of Adlerian therapy is called *reorientation* (Carlson, Watts, & Maniacci, 2005). The purpose of the reorientation phase of therapy is to help the client gain or regain the courage to face life's challenges—to put insight into action and to redirect goals. For instance, a client may discover that it is exciting rather than threatening to take risks. With the collaboration of the therapist, the client decides what behaviors she will keep to help her reach her goals and which she will discard. During the reorientation phase, the client is encouraged to develop more social interest in others. Throughout this phase of counseling, the dominant technique used is encouragement.

## **SPECIFIC THERAPY TECHNIQUES**

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Adlerian therapists use a number of techniques in working with their clients. Some of the more popular techniques include encouragement, the question, the push button, behaving "as if," catching yourself, task setting, and others.

Adlerians maintain that time limits must be set with clients. Sessions with children usually last for 30 minutes, while those with adults last for 45 to 50 minutes. Near the end of the session, therapists do not bring up any new material. Instead, they may summarize the interview with the client's assistance (Slavik & King, 2007). Homework assignments are usually made near the end of the therapy session.

## Offering Encouragement

**Encouragement** is both a principle and a technique that pervades all of Adlerian therapy; however, it is particularly important when working with children. Adlerians assert that encouragement is necessary for children's healthy development. Children become what they are encouraged to become (Dinkmeyer & Dreikurs, 2000). Therapists use encouragement in working with clients when they express faith and belief in them. The encouraging therapist:

- Values the client as he or she is
- Demonstrates faith in the client
- Tries to build a positive self-concept within the client
- Gives the client recognition for his or her efforts
- Concentrates on the strengths and assets of the client

### Inner Reflections

Who encouraged you when you were growing up?

What impact did the person's encouragement have on your feelings, your behavior, and your achievement?

Whom do you encourage on a consistent basis?

Whom do you discourage on a consistent basis with criticism, frowns, and such?

### Asking "The Question"

Adler proposed asking clients "**The Question,**" which may be paraphrased as "If I could magically eliminate your symptom immediately, what would be different in your life?" Or, "What would be different if you were well?" Questions such as these help clients to the heart of what they would like to see changed in their lives. For instance, a client might reply,

"I would be a wife who spent more time with her husband," or, "I would quit my job and start my own small business." Typically, clients are

asked this question at the beginning of counseling. Solution-focused therapists have relabeled this technique the "miracle question" (Carlson et al., 2005).

### Acting "As If"

Clients who state that they would do thus and so if only they possess certain qualities are encouraged to act for a short period of time *as if* they possessed the qualities they believe they lack. They are instructed to behave "**as if**" they possess a certain behavior, and they are encouraged to try on new behaviors and new roles. A therapist might tell a client to act as if it is impossible to fail in her new business (Oberst & Steward, 2003). A male client who was afraid of asking a woman out might be instructed to act as if he possessed the confidence necessary to ask a woman out for a date and to further ask two women out for dinner. The "as if" technique is based on the belief that clients must change their behaviors to elicit different responses from others.

### Using Push-Button Technique

Adler would ask clients to imagine pushing a button. Then he directed them to picture a pleasant experience in as much detail and vividness as possible. Next, Adler requested clients to make note of the pleasant memory made them feel good as they engaged in the imaginary push-button exercise. Finally, Adler would give the same directions—only this time asking clients to imagine a negative experience in as much detail as possible. After repeating this technique several times with pleasant and negative experiences (Carlson et al., 2005), Adler told clients that they can exercise inner control regarding how they feel at any moment by controlling what they think about.

### Catching Oneself

Catching oneself permits clients to become aware of their self-destructive behaviors or thoughts without

feeling guilty about them. For instance, when trying to change nonfunctional behavior, some clients may revert back to their old behavior out of sheer habit. Clients are told to “catch themselves” when they are just about ready to revert back to their old ways and to substitute the new behavior. If a client blows up at his wife when she spends money on gifts, he catches himself in the angry mode and chooses a different response. The goal is to help clients change maladaptive old habits.

## Task Setting

Adlerian therapists give homework assignments to give clients practice with a behavior. By using this technique, the client finds that threatening situations less and less frightening. A therapist might give a depressed client the task of doing something pleasant each day on a “pleasant event” schedule. To promote clients’ social interest, therapists often assign community service homework, such as volunteering at a homeless shelter.

## Brainstorming

After helping the client to identify mistakes in thinking, Adlerian counselors brainstorm with clients alternative beliefs and convictions. For example, in place of “I never get what I want,” a client might substitute “Sometimes I get what I want.” The latter conviction promotes healthy development.

## “Spitting in the Client’s Soup”

Adler partially borrowed the underlying concept of this technique after he had observed boys in a private school dining hall. The boys would spit in their neighbor’s soup because the person would refuse to eat the soup after someone spat in it. Adler’s intent in using this technique is to spit in the client’s soup of excuses and hidden goals. When therapists reveal the hidden purpose of a client’s symptom or behavior, they deprive him or her of the secondary gains that the symptoms provide. Similar to the boys in the dining hall, clients may decide

not to eat the soup after the therapist has revealed the hidden purposes behind their behaviors. A mother who enjoys making her daughter feel inferior may continue to do so even after the behavior is pointed out; however the reward for the mother’s behavior has diminished considerably.

### Inner Reflections

What parts of Adlerian therapy, if any, would you like to integrate into your own approach to psychotherapy?

## MULTICULTURAL ISSUES AND ADLERIAN THERAPY

If Adler were alive today, most likely he would garner a great deal of support from multiculturalists. He stressed the importance of the social world of the client, and he placed a great deal of emphasis on the positive benefits of creating social interest in individuals. In fact, he postulated that without sufficient social interests, most people would have impaired or unhealthy development. A number of Adler’s other concepts have found significant support in the multicultural literature, including (1) the importance of the cultural context of clients’ lives, (2) the focus on trying to understand individuals in terms of their core goals and lifestyles, and (3) the emphasis on prevention and on helping clients to develop their strengths or assets. Adlerian therapy is based on understanding a client’s culture and worldview rather than trying to fit the client into the diagnostic categories of the medical model.

After analyzing various theories of counseling, Arciniega and Newlon (1999) concluded that Adlerian theory has the most promise for addressing multicultural issues. According to them, Adlerian counseling is compatible with the values of many racial, cultural, and ethnic groups because it stresses the importance of understanding the individual in a familial and sociocultural context. Adlerian assessment is heavily concentrated on the structure and dynamics of clients’ families. Moreover, Adlerian counselors endeavor to be sensitive to lifestyle and

gender differences. Adler was one of the first psychologists to advocate for women's equality.

## CONTRIBUTIONS OF ADLERIAN THERAPY

Although Adlerian psychology was neglected for several decades, in the early 21st century it is regaining some visibility. Across the nation, Adlerian training institutes, professional societies, and family education centers continue to increase in numbers. Adlerian training institutes are situated throughout the United States and Canada. They provide certificates in child guidance, counseling and psychotherapy, and family therapy.

Many of Adler's concepts have been adopted by other theorists. Adler was a strong forerunner of parent education in his child guidance clinics. He emphasized understanding the purpose of a child's misbehavior, helping children to accept the logical and natural consequences of their actions, holding family meetings, and using encouragement rather than punishment to change poor behavior. In the United States, two leading parent education programs are based on Adlerian principles: the STEP Program (Dinkmeyer et al., 1997) and Active Parenting (Popkin, 1993). Some well-known contributions of Adler include:

- Coined phrases: inferiority/superiority complex
- Birth order importance
- Lifestyle, worldview
- Behavior goal directed and purposeful
- Early recollections

Moreover, Adler had a great deal of influence on humanistic and existential psychology (Frankl,

1970; Maslow, 1970). Maslow incorporated Adler's emphasis on the creative power of individuals to shape their own destinies and on the importance of future goals. Similarly, Carl Rogers's (1961) key construct of empathy is a direct influence of Adlerian therapy.

Another strength of Adlerian therapy is its emphasis on an egalitarian relationship between therapists and client. Adler's theory of personality and therapy was ahead of its time. His concepts related to organ inferiority are pivotal in counseling individuals with disabilities. The therapist focuses on how the client's lifestyle and goals influence his or her response to disability.

## Limitations of the Adlerian Approach

Research on Adler's basic concepts, such as birth order, earliest childhood memories, and social interest has been extensive and mixed, but little empirical research has been conducted on the effectiveness of Adlerian therapy with either adults or children (Grawe, Donati, & Bernaver, 1998; Weisz, Weiss, Han, Granger, & Morton, 1995). With the revival of interest in Adlerian theory, research about early recollections, birth order, social interests, and other issues is increasing substantially.

Another limitation of Adlerian theory is that Adler failed to systematize his thoughts so that they could be easily understood. Adler chose to spend more time teaching the principles of his theory than he placed on organizing and presenting a well-defined and systematic theory. His writings can be difficult to understand and to follow.

### CASE STUDY: JUSTIN FROM AN ADLERIAN PERSPECTIVE

The goals of Adlerian counseling focus on helping clients to develop healthy lifestyles, to assist them with dealing effectively with feelings of inferiority, and to create healthy social interest. The counselor sets up the four stages of Adlerian counseling: (1) establishing and maintaining a therapeutic alliance with Justin; (2) exploring

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Justin's dynamics; (3) encouraging Justin to develop insight and self-understanding; and (4) helping Justin to consider new alternative behaviors and to make good choices.

To develop trust with Justin, the therapist had some art tools and material for him to use while he waited in the counselor's office. The therapist began by asking Justin about his paintings and about his artistic talent and the awards he had won for his artwork. During the initial setting, Justin is prepared to reject his counselor. He knows he can't trust the counselor because he is White, lives on the other side of town, and is old-looking. Sensing Justin's uncomfortableness with him, the counselor mentions the issue of trust between the two of them. Intuitively, the counselor asked, "You probably don't trust me, do you Justin?"

Without waiting for an answer from Justin, he continued, "Maybe if I were you, I wouldn't trust me either, Justin. Most likely from your perspective, I'm an old White man (although I'm not that old . . . [laughter]), and you're a young boy who has a White mother and an African American father, but I am hoping that somehow we can reach out to each other." The counselor paused for a moment, hoping for a response from Justin, but he only gave a nervous smile that acknowledged part of what the counselor had said. Justin responded, "Well, old . . . but not old as my grandmother. . . ."

Feeling good about the exchange with Justin, the counselor used the rest of the session to establish a therapeutic relationship. He began to explore on a surface level Justin's feelings about being a son of a biracial relationship. Trying to put himself in Justin's shoes, the counselor said, "I would imagine that it probably hasn't been easy for you to deal with those two parts of you—one Black and the other White." The rest of the session focused on the court's mandated counseling. The counselor asked Justin what goals he would like to construct for the time they were to spend in a counseling relationship.

The second phase of Adlerian counseling with Justin involves exploring Justin's dynamics. Observation of the child is extremely important in Adlerian counseling. During the observation period, the counselor seeks to:

- Understand the subjective field in which Justin's behavior takes place; to achieve this end, the counselor must attempt to see the situation through Justin's eyes
- Look for the purposes and goals of Justin's behavior
- Record classroom observation of Justin's behavior
- Recognize that Justin's behavior is a creative act designed to help him find his place in life
- Look for recurring patterns of behavior under different situations—at home and school
- Take into consideration Justin's stage of development

In the next couple of sessions, the counselor conducted a lifestyles assessment of Justin. The lifestyle assessment questionnaire dealt with Justin's family constellation, including his birth order and sibling description. The therapist asked questions regarding how socially useful Justin feels and inquired whether he had any feelings of inadequacy or inferiority. Some questions the counselor asked related to Justin's early recollections included,

- What kind of person is your mother?
- Tell me something about her attitude and behavior toward you?
- How do you feel about her?
- What kind of person was your father?
- How do you feel about him?
- How did your parents get along?
- What were you like as a child?

- Describe your favorite childhood story, fantasy, or recurring dreams?
- How many siblings do you have?
- What are their ages?

The treatment plan for Justin involves helping him to understand the goals of his misbehavior and encouraging him to do better. Adlerian counselors maintain that the fundamental desire for each child is to find a place in the group and to feel that he belongs. A well-behaved and well-adjusted child has been able to find social acceptance by conforming to the requirements of a particular group and by making meaningful contributions to it. The underlying assumption of the misbehaving child is that his or her actions will provide a sense of importance or social status within a group. The misbehaving child is a discouraged child who does not see the possibility of ever solving his problems or moving toward potential solutions.

Discouraged children have little or no confidence in their own abilities; they have negative expectations about life. They fear being failures or being proven inadequate or humiliated in some way. One way to help discouraged children is to change their expectations about themselves and life. To help a discouraged child, such as Justin, one has to first learn how to encourage him.

To pinpoint Justin's areas of discouragement, the counselor might consider administering an encouragement scale to measure the degree to which Justin feels discouraged at school and at home. According to Adlerian counselors, encouragement is the process of helping a child to develop his inner resources and providing courage so that he makes positive choices. The counselor actively encourages Justin by using such phrases as, "I think you can do it," "You have what it takes," "You put a lot of effort into your work." Adlerian counselors believe that children's misbehavior cannot be corrected without encouragement. Yet, children who misbehave, such as Justin, are the least likely to receive encouragement. The counselor conveys a feeling of anticipated success for Justin rather than failure. The counselor encourages Justin by:

- Valuing him as he is
- Demonstrating faith in him
- Building his self-concept
- Giving him recognition for his efforts
- Concentrating on his strengths and assets

The Adlerian counselor consults with Justin's mother and older brother. He would invite the entire family into consultation for the purpose of helping Justin. A key issue in working with the family is teaching it the process of encouragement. Justin's mother is inconsistent in her behavior toward him. She curses at him when she is angry or when he misbehaves. The counselor teaches her the principle of logical consequences in disciplining Justin. Moreover, Justin's mother's behavior is inappropriate when she engages in the pot parties held at her home. The counselor suggests that she eliminate the pot parties at her home.

In working with Justin's family, the Adlerian counselor elicits the family members' assistance in discovering the goals of Justin's misbehavior. The family also works cooperatively with the therapist to establish a viable treatment plan for both Justin and the family. In addition, the family and the therapist evaluate the success or failure of the treatment plan for Justin. Positive outcome evaluation for therapy for Justin and his family focuses on (1) the repair of the disturbed family relationships; (2) Justin's improved behavior at school; and (3) his involvement in positive social interest activities within his family, community, and at school. Emphasis is placed on helping Justin not only gain insight into his behavior but also to substitute positive goals for his future interactions at school and within the community.

To view a video demonstration of this case study, please visit [www.sagepub.com/smiththeories](http://www.sagepub.com/smiththeories).

## SUMMARY

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Adlerian psychology postulates that people must be considered holistically, within a social context. According to Adler, every person experiences a sense of inferiority, and he or she strives to overcome such feelings. Adler defined inferiority feelings as the source of human striving and as the normal condition of all people. A person develops an inferiority complex, a condition that grows when the person is unable to compensate for normal inferiority feelings. Discouragement is the dominant theme in the development of an inferiority complex.

Adler believed that social interest (an intrinsic concern for others) is central in the development of positive mental health. Conversely, maladaptive behavior stems from discouraging or disappointing experiences that can be traced to the family of origin relationships. Both the pampered and the neglected child evidence maladaptive behavior because the child attempts to compensate by developing unrealistic striving for superiority in life.

Adlerian therapists establish a warm, collaborative therapeutic relationship with clients. Frequently, they function as educators who encourage clients to use their strengths in dealing with life challenges. Adlerians do not use the medical model to deal with clients. They view clients displaying maladaptive behavior as signs of their discouragement.

The goal of therapy is to decrease clients' feelings of inferiority and to increase their social interest. Therapy proceeds through four phases: (1) establishing the therapeutic relationship, (2) investigating and assessing client dynamics, (3) encouraging insight and interpretation, and (4) helping with reorientation. Some common counseling techniques include investigating clients' lifestyles, analyzing their earliest recollections and birth order. Adlerian concepts have been adopted broadly in psychology and especially in educational clinics for children and families.

## DISCUSSION QUESTIONS AND EXERCISES

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1. *Family Constellation and Birth Order.* Analyze your own family in terms of the Adler's family constellation with regard to birth order. List each of your siblings and indicate the most outstanding characteristic that each has manifested in life. Choose three words that capture the essence of each one of your siblings. Which sibling is closest to you and why? Which sibling is the most different from you? Was there any evidence of sibling rivalry in your family? If so, who were the major players in the rivalry scenes?

2. *Early Recollections.* Form groups of four to five people in your class. Using a simple go-around technique, each person describes his or her earliest memory and why the memory stands out for him or her. What feelings are connected to your earliest memory? To what extent does this earliest memory represent a significant issue in your life? Are there any themes that reoccur in your earliest memories, and are these themes still of concern for you today?

3. *Lifestyle Assessment.* Each person in the class conducts a lifestyle assessment of one of the following individuals: (1) yourself; (2) someone in your family; (3) a mate, friend, or lover; or (4) a famous literary or fictional character. In conducting this lifestyle summary, provide a brief description of the person's family constellation, a summary of his or her early recollections, a summary of his or her basic mistakes; a description or summary of his or her basic life goals and social interest.

I have constructed the following form from my research on lifestyle assessment. You may choose to use this form in completing this exercise.

## LIFESTYLE ASSESSMENT

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Psychotherapy includes understanding the lifestyle of the client. This assessment contains several components: family constellation, birth order, sibling relationships, parental relationships with each other and children, other adult relationships in your life, early recollections, dreams, and mistaken beliefs.



Client Name:	
Date:	
Therapist:	
Family Constellation:	
Name of Father:	
Name of Mother:	

**Name of Siblings (Brothers and Sisters) in Order of Birth Chronology, Including Self**

Name	Birth Order	Age	Sex (M/F)	3-Word Description
1.				
2.				
3.				
4.				
5.				

**Sibling Relationships: Answer the Following Questions About Your Siblings**

6. What sibling was most like you?		
7. In what ways?		
8. What sibling was most different from you?		
9. In what ways?		
10. What sibling was most spoiled?		
11. By whom?		

*(Continued)*

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12. How and for what reason was your sibling spoiled?		
13. What sibling was most punished?		
14. By whom was he or she punished?		
15. For what reason?		
16. Who in the family needed to be right most of the time?		
17. What sibling took care of the other or of another person in the family?		
18. What sibling fought and argued the most?		
19. What sibling got along best with whom?		
20. Who was the most helpful sibling at home?		

### Parental Relationships with Children: Your Description of Your Parents as Seen by You as a Child

Issue	Father	Mother
21. Describe relationship with each of your parents in terms of: warm, close, distant, conflicted.		
22. Which child was most like your father, mother?		
23. Which parent were you closest to? Why?		
24. Did you feel distant from either parent? Why?		

25. With which parent did you confide in? Why?		
26. To which parent did you go to for support? Why?		
27. How would you describe your parents' relationship with each other? Close, distant, argumentative, united, troubled or conflicted, knock-down, drawn-out fights?		
28. Which parent was dominant? Submissive? Who made the decisions in the family?		
29. Who disciplined the children in your family?		
30. Did your parents agree on the discipline for you and your siblings?		
31. Would you consider your parents good role models?		
32. What was most important to your parents?		
33. What were their personality traits that you most liked about each of them?		
34. What were your parents' expectations for you?		
35. What attitude or behavior brought praise from your parents?		
36. In what ways did your parents influence you?		

### Other Adult Figures in Your Life

List the other adults who have had a significant impact or influence on your life. Describe briefly what the person did and your response.

Name	Relationship	Your Age	What Person Did	Impact on Your Life
1.				
2.				
3.				

## Early Recollections Analysis

In this therapeutic practice, the early recollection question is the first question that Adler would ask. He used the earliest memory question as a basis for discovering a person's lifestyle. It does not matter whether the earliest memory is true or not. What does matter is that the person chose certain words, a specific incident, and vocalized it. If the client

lies about the incident, lying and deceit probably characterize his or her life. Adler did not believe that there were any chance memories. Instead, we consciously choose what we want to remember because it will help us in some way. The therapist states, "Recall your earliest memory, no matter how inconsequential it may seem to you. The memory should be prior to the age of eight."

Memory 1	Description of Memory
Age	
Most Vivid Part of Memory	
Persons Present	
Dominant Feeling/Emotion of Memory	
Effect of Memory on You	
Themes and Meaning in Early Memories: Do you see any themes in your early memories?	
Significance of Memory to Present Life	
<i>Memory 2</i>	
Age	
Most Vivid Part of Memory	
Persons Present	
Dominant Feeling/Emotion of Memory	
Effect of Memory on You	
Themes and Meaning in Early Memories: Do you see any themes in your early memories?	
Significance of Memory to Present Life	

## Dream Analysis

Childhood Dream	Description	Adult Dream	Description
Single dream?			
Recurring dream?			
What happened in dream?			
Symbols in dream			
Inferiority/superiority feelings in dream			
Effect of dream on you			

4. *Mistaken Beliefs.* Identify and list your mistaken beliefs. What do you see as your basic mistakes?

5. *Themes and Patterns.* If you were given the opportunity to be a client in Adlerian counseling, what themes would you like to examine with your therapist? What themes in your life go from early childhood to young adulthood? Do you see any clear patterns in your life?

6. *Dream Analysis.* In groups of four to five people, each person recalls a dream that you have had. The dream might be a recurring dream or one which you have dreamt only once. What is the manifest content of the dream—what appears on the surface? Another way of asking about the manifest content of the dream is to ask yourself:

- What is happening in the dream?
- What is the underlying symbolism and unconscious part of the dream?
- What does the dream reveal about my inner most fears? What does the dream indicate about my method(s) of coping?
- What does the dream show about my lifestyle or my personality?
- Am expressing any feelings of inferiority in my dream?
- What am I striving for in my dream?

7. *Lifestyle, Four Basic Types.* In dyads or groups of four to five people, describe what you believe to be your basic lifestyle type.

Or you might write down on a piece of paper what you believe to be your lifestyle type and then give the paper to a person who functions as the leader of the group. For each social type listed on a piece of paper, the group tries to link the lifestyle type with a member of the group.

8. *Family Constellation.* Write a brief summary of your family constellation. How would you describe your role in your family? Give at least one theme present in your family history.

## GLOSSARY OF KEY TERMS \_\_\_\_\_

**as if** A therapeutic technique in which the therapist asks the client to act “as if” there were no barriers to achieving his or her goal.

**basic mistakes** False, self-defeating attitudes, perceptions, and beliefs that individuals form about life, usually early during their childhood. Examples of basic mistakes include overgeneralization and misperceptions of life and life’s demands.

**birth order** Ordinal position or birth placement within a family. Adler posited that individuals’ birth

order within the family increases the probability that certain behavior patterns would develop.

**early recollections** A person's early childhood memories (before age nine) that Adlerians use to understand a person's lifestyle, social interest, and mistaken beliefs.

**encouragement** A technique Adlerians use to increase clients' ability to deal with life tasks. Adlerians use encouragement to combat discouragement and to help clients work toward their goals.

**family constellation** The structure of the family system, which includes such elements as birth order, the person's perception of self, and sibling and parental relationships.

**fictional finalism** An imagined final goal that provides direction to one's life and behavior.

**holism** An approach that says people should be treated as integrative wholes rather than as individual parts of the psyche.

**individual psychology** Adlerian approach to psychotherapy that views each person as a unique, whole entity whose development can be best understood within the context of a community.

**inferiority feelings** Viewing oneself as inadequate or incompetent in comparison with others or with one's ideal self. Most people have inferiority feelings. Feelings of inferiority begin with individuals' perception and self-evaluation of situation events in which they feel inadequate; a minus state that people seek to overcome.

**inferiority complex** A pervasive feeling that one's abilities and characteristics are inferior to those of other people. Exaggerated feelings of inferiority and insecurity lead to neurotic behavior. Whereas inferiority feelings are normal, an inferiority complex is abnormal. See **superiority complex**.

**lifestyle** The internal organizer of an individual's behavior. Lifestyle helps an individual to achieve what one might designate as internal consistency of thoughts, feelings, and behaviors.

**lifestyle convictions** The conclusions a person reaches based on life experiences and the interpretation of those experiences.

**life tasks** The basic challenges and obligations of life.

**organ inferiority** Perceived or actual congenital defects in an individual's biological organ systems, which Adler thought led to the individual's compensatory striving to overcome these deficits.

**private logic** The reasoning an individual invents to stimulate and justify a style of life.

**The Question** A question an Adlerian therapist uses to discover the purpose that symptoms or behavior have in a person's life: "How would your life be different, and what would you do differently, if you did not have this symptom or problem?"

**social interest** A person's feeling of being part of a community or society; one's need and willingness to contribute to the general welfare of a society.

**striving for superiority** An individual's striving to become competent.

**superiority complex** A false feeling of power and security that invariably conceals an underlying inferiority complex. A superiority complex develops from an attempt to evade one's problems rather than to face them. See **inferiority complex**.

## WEBSITES

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**Adler Institute of San Francisco & Northwestern Washington** (<http://ourworld.compuserve.com/homepages/hstein/homepage.htm>) provides training and research in classical Adlerian psychology. The site provides readings in theory, practice, biographies, interviews and distance training. Adlerian discussion forums are available.

**Adler School of Professional Psychology** (<http://www.adler.edu/>) is an independent graduate school

has campuses in Chicago and Vancouver, Canada. The Adler School is dedicated to continuing Alfred Adler's work by making social responsibility its primary focus. It currently has a gun prevention project in Chicago.

**The North American Society of Adlerian Psychology** (<http://alfredadler.org/>) provides a list of Adlerian training opportunities, and there is a place where you can click on to view a video of Adler. It also has some summary information on Adlerian theory.

## TRAINING INSTITUTES

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### **The Americas Institute of Adlerian Studies (AIAS)**

600 North McClurg Court

Suite 2502-A

Chicago, Illinois 60611

### **The North American Society of Psychology**

65 East Wacker Place, Suite 400

Chicago, Illinois 60601-7203

## INTERVIEW AND RESEARCH INSTRUMENTS

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### **Social Interest Instruments**

**The Social Interest Scale (SIS)** (Crandall, 1981). The participant chooses 24 pairs of personal traits that most closely represent him or her. The instrument is standardized and has been tested for validity/reliability.

**The Social Interest Index (SII)** (Greever, Tseng, & Freedland, 1973), consists of 32 questions on a 5-point summated scale. The instrument uses a total score of social interest as well as four subscales that measure the life tasks (friendship, love, work, self-significance).

**The Sulliman Scale of Social Interest (SSSI)** [sometimes called **Scale of Social Interest, or SSI**] (Sulliman, 1973), includes 50 true/false statements; three scales, including the main social interest scale, SSSI-1 (which measures the amount of concern and trust in others) and SSSI-2 (which measures

“confidence in oneself and optimism in one’s view of the world” (Kaplan, 1991); this tool has been tested for validity.

## Lifestyle Instruments

**The Kern Lifestyle Scale (KLS)** (Kern, 1982, 1990, 1997) is a 35-item self-scoring assessment to “measure” a lifestyle. Tool gives scores on five scales: Control, Perfection, Need to please, Self-Esteem, and Expectations.

**Lifestyle Self-Assessment** (Eckstein & Kern, 2002) is a three-part instrument that measures lifestyle; tool has been standardized.

## Early Recollection Instruments

**The Early Recollection Questionnaire** (Mosak & Di Petro, 2006) asks for six early recollections before the age of eight and includes an external rating system.

## ANNOTATED BIBLIOGRAPHY

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Alfred Adler’s key publications were *The Practice and Theory of Individual Psychology* (1927), *Understanding Human Nature* (1927), and *What Life Could Mean to You* (1931). In his lifetime, Adler published more than 300 books and articles.

The Alfred Adler Institute of Northwestern Washington has recently published a 12-volume set of *The Collected Clinical Works of Alfred Adler*, covering his writings from 1898 to 1937. An entirely new translation of Adler’s magnum opus, *The Neurotic Character*, is featured in Volume 1. Volume 12 gives comprehensive overviews of Adler’s mature theory and contemporary Adlerian practice.

Volume 1: *The Neurotic Character—1907*

Volume 2: *Journal Articles 1898–1909*

Volume 3: *Journal Articles 1910–1913*

Volume 4: *Journal Articles 1914–1920*

Volume 5: *Journal Articles 1921–1926*

Volume 6: *Journal Articles 1927–1931*

Volume 7: *Journal Articles 1931–1937*  
Volume 8: *Lectures to Physicians and Medical Students*  
Volume 9: *Case Histories*  
Volume 10: *Case Readings and Demonstrations*  
Volume 11: *Education for Prevention*  
Volume 12: *The General System of Individual Psychology*

H. L. and Rowena Ansbacher have written an edited, comprehensive source book for Adler, *The Individual Psychology of Alfred Adler* (1956). The book contains a selection of Adler's own writings, and it is intended as a textbook on individual psychology. *Alfred Adler: Superiority and Social Interest: A Collection of Later Writings*, also edited by the Ansbachers (1979), includes a paper on religion and several case studies.

PROOF