**For last question I am the middle child, male with an older brother and a younger sister**

**FROM:**

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Alfred Adler moved away from Freud’s sphere of influence to focus on psychosocial rather than psychosexual underpinnings of human behavior. Adler called his own theory of human development *Individual Psychology*, to reflect the unique beliefs and skills that each person develops from early childhood and that serve as a reference for their attitudes, behaviors, and private view of self, others, and society.

Adler’s ideas are compatible with current thinking about mental health. Adlerian therapy pays considerable attention to social context, family dynamics, and child rearing. This approach is phenomenological, empowering, and oriented toward both present and future. As a result, Adler’s ideas are currently viewed as an important approach to psychotherapy, especially for clinicians working with children and their families.

**ALFRED ADLER**

Alfred Adler was born on February 7, 1870, in Vienna, Austria, the third of six children. His father, Leopold Adler, was a merchant. Alfred Adler had a difficult childhood. When he was 3 years old, a brother died in the bed they shared (Orgler, [**1963**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_795)). Adler himself was prone to accidents and illnesses. Twice he was run over in the streets; he had pneumonia, suffered from rickets and poor eyesight, and was sickly and delicate. Because of his medical problems, Adler was pampered, especially by his mother. However, when his younger brother was born, Adler felt dethroned as his mother shifted her attention from him to her new baby. This led Adler to transfer his attention to his father and to his peers, from whom he learned “courage, comradeliness, and social interest” (Orgler, [**1963**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_795), p. 3). Adler’s subsequent interest in birth order, inferiority, and parental overprotectiveness may have originated in his own childhood experiences.

Adler was initially not a good student; a teacher suggested that Adler’s father apprentice his son to a shoemaker rather than encourage his academic pursuits. However, Adler subsequently became a strong student, demonstrating in his own life that people can change their goals and their lives. From childhood on, Adler was interested in psychology and social issues. Even in his first professional position (as an eye specialist) after he completed medical school, Adler was interested in the total person; he sought to understand the connection between mental and physical processes and their impact on people’s work and social lives. Adler found his next position as a general physician more rewarding because it meshed with his beliefs. However, he was troubled by feelings of helplessness when treating people with terminal illnesses. This led Adler to another career change; he entered the field of neurology while continuing to study psychology and social science in an effort to understand people more fully.

Adler’s insights into personality development brought him recognition in his field and probably helped capture Freud’s attention. In 1902, Freud wrote to Adler and several other leaders in the fields of neurology and psychology, suggesting they meet to discuss his work. This led to Adler’s involvement in the Vienna Psycho-Analytical Society.

Descriptions of Adler’s personal style are mixed. Orgler’s ([**1963**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_795)) research suggests that Adler was warm and friendly, whereas Jones ([**1955**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_528)), Freud’s biographer, described Adler as “morose, cantankerous, contentious, and sulky” (p. 130). Perhaps these descriptions reflect aspects of Adler’s personality as well as his displeasure with Freud’s belief that sexual impulses are basic determinants of psychological development.

This rift finally led Adler to separate himself from the Psycho-Analytical Society, where he had achieved power and leadership, to form the Society for Individual Psychology. His work for the rest of his life had the goals of deepening his understanding of people and finding better ways to help them. Adler’s strong social interest prompted him to write and speak on child rearing and educational practices; establish child guidance clinics in the Viennese public schools; and initiate programs to train teachers, social workers, physicians, and other professionals in ways to promote children’s mental health. Using live demonstrations and writing books for the general public, he made his ideas and techniques accessible to a wide audience, which was important to him. His wife Raissa, described as a “strong feminist and political activist,” was an ardent supporter of Adler’s social activism (Sherman & Nwaorgu, [**2002**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_952), p. 181). Beginning in the 1920s, Adler traveled frequently to the United States, where he generated considerable interest in his ideas. His tireless involvement in his work continued until his death. On May 28, 1937, while preparing for a lecture in Scotland, he died of a heart attack.

**THE DEVELOPMENT OF INDIVIDUAL PSYCHOLOGY**

Adler’s professional development falls roughly into four time periods. The first phase of his career followed his completion of medical school. Neither his initial work as a physician nor his subsequent work in neurological research seemed right for him, although he made contributions in both areas. His great interest was the mind rather than the body.

When he joined forces with Freud to further the field of psychoanalysis, Adler entered the second phase and seemed, at least temporarily, to have found his place. His focus finally was on promoting healthy emotional development. However, before long, he felt stifled by the apparent rigidity of some of Freud’s beliefs and his limited interest in the whole person.

Adler’s disengagement from Freud signaled the third period in his professional development. This freed Adler to move forward with his own ideas. According to Ansbacher and Ansbacher ([**1956**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_42)), Adler replaced “biological, external, objective causal explanation with psychological, internal, subjective causal explanation” (p. 9). He replaced the concept of the sexual drive and the libido with the drive to gain power, superiority, and become a fully functioning adult. The goal of Adler’s Individual Psychology was to comprehend and help the unique individual, a departure from what he perceived as Freud’s overgeneralized ideas.

A final stage in Adler’s career came after his service as a psychiatrist in World War I. Seeing the bonds among soldiers during their war experiences convinced him that the drive toward social interest was even stronger than the drive for superiority and power. He proposed that people’s basic motivation is “an innate predisposition for social interest” (Grey, [**1998**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_444), p. 8) and viewed people as driven primarily by needs for significance, self-worth, and social involvement. Adler’s thinking moved in directions that are compatible with what many now view as the fundamental purpose of therapy: to help people feel empowered and self-actualized and build rewarding social involvement and relationships.

**IMPORTANT THEORETICAL CONCEPTS**

Adler’s theories, like Freud’s, have considerable depth and richness. Adler’s concepts emphasize the unity and uniqueness of each individual. He believed that understanding people grew from knowledge of their goals and drives, their family constellations, their private logic, their social contexts, and their styles of life. According to Adler, people are not victims of biology or circumstance but can choose to change both their goals and their behaviors. Adler shared Freud’s belief that much of what determines the direction of people’s lives is unconscious and needs to be analyzed to bring their goals and lifestyles into conscious awareness.

**View of Human Nature**

Adler, like Freud, acknowledged the importance of the first 5 years of life in influencing people’s future development. However, Adler’s view was less deterministic. He believed that biological and physiological factors provided probabilities for future growth but that “the self, with creative power as part of its inner nature, is the important intervening variable” (Ansbacher & Ansbacher, [**1956**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_42), p. 179).

For Adler, those characteristics of the person that were determined by heredity and early upbringing were less important than what the person made of them. He believed that behavior is purposeful and goal directed, and that we can channel our behavior in ways that promote growth. Adler believed that what matters to people is developing and working to achieve meaningful and rewarding goals, along with a lifestyle that leads to a positive sense of ourselves, connectedness to other people and our communities, and satisfying work (Adler, [**1963a**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_9)).

**The Importance of Feelings of Inferiority**

Striving to achieve superiority is an important element of Adlerian theory. Not to be superior over others, but to achieve mastery in one’s own life and to overcome feelings of inferiority, becomes a goal as strong as Freud’s drive theory, and Carl Rogers’s theory of self-actualization. Adler ([**1963b**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_10)) believed that feelings of inferiority during the early childhood years have a great impact on development. Nearly all children experience these feelings, perceiving themselves as small and powerless in relation to their parents and older siblings. How young children are treated and how they deal with their feelings of inferiority are important in shaping them. It is through mastering an issue, through the attainment of superiority, that one achieves a sense of accomplishment. Human beings create their own internalized goals and then strive to meet them. Through effort, improvement, success, and completion, they live up to their own high standards. Every person has an internalized ideal self they are trying to live up to. This striving for superiority is an attempt to overcome feelings of inferiority.

Adler developed this theory after his own struggle to overcome multiple childhood illnesses. He believed children who succeed in reducing their feelings of difference and inferiority by building their strengths and abilities, making wise and creative choices, and striving in healthy ways toward growth and power are likely to develop in positive ways. On the other hand, children who are pampered or neglected and whose efforts toward empowerment are thwarted are far less likely to experience positive growth and development. Adler believed that pampered children often grow up expecting others to care for them and so do not develop their own resources, while neglected children may become discouraged and hopeless when their efforts to overcome an inferior role are ignored or rejected.

Individual efforts to overcome inferiority can have an impact on a person’s overall lifestyle. For instance, a child who cannot compete in sports with his older brother who is physically stronger and more mature, may choose instead to stay home and study, ultimately surpassing his brother in academic ability. Similarly, a middle child who cannot keep up with her popular and successful older sister may elect instead to drop out, look at alternative lifestyles, and become the leader of a Wiccan community. It is through the attainment of superiority, regardless of venue, that one achieves mastery, achievement, and life satisfaction.

**Family Constellation and Birth Order**

Adler paid considerable attention to other early influences on development including family constellations and birth order. This is in keeping with Adler’s emphasis on the social nature of human problems. He believed that, through an examination of the family constellation, we can understand people’s lifestyles. Conversely, by understanding their outlooks on life, we can understand the roles people have in their families (Dreikurs, [**1973**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_269)).

A person’s family constellation includes the composition of the family, each person’s roles, and the reciprocal transactions that a person has, during the early formative years, with siblings and parents. The child is not a passive recipient of these transactions; rather, children influence how parents and siblings respond to them. Each child comes to play a role in the family that is determined by the interactions and transactions within that family (Adler, [**1963b**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_10)).

Children are affected by both their similarities to and differences from their families. According to Adler, siblings who are most different from us influence us most. That difference gives us the opportunity to compare and contrast ourselves with others, see new possibilities, and rethink the choices and roles we have taken on in our own lives.

Birth order is another aspect of families that, according to Adler ([**1963b**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_10)), has a profound impact on development. Five psychological positions in the family, described by Adler, and characteristics believed to be associated with each position (see [**Figure 4.1**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/ch04fig1)) are as follows:

**1.** *Oldest children* tend to be the most intelligent and achieving of the five groups. Their verbal skills are especially strong. Firstborns, who initially grow up in a family of adults, tend to be dependable, well organized, and responsible. They generally are well behaved and cooperative, conforming to societal expectations and being fairly traditional. Their many strengths often help them attain positions of leadership.

While firstborns are the only child in the family, they tend to be the center of attention and sometimes are spoiled. However, when siblings are born, oldest children tend to feel dethroned and may feel threatened, angry, fearful, and jealous in response to losing their special role as only child. Dealing successfully with the birth of a sibling can help firstborns to become more affiliative and self-confident. Laird and Shelton ([**2006**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_580)) found that in later years a significant number of firstborns had developed substance abuse problems, which they related to loss of attention and the need to oversee their younger siblings.

**2.** The *second child* feels pressure to catch up and compete with the oldest child. Because second-born children usually realize they cannot outdo the successes the firstborn has already achieved, they gravitate toward endeavors in which the older sibling is either unskilled or uninterested. A common pattern is for a firstborn to excel in a traditional area such as English or mathematics and for the second-born to seek success in a more creative and less conventional area such as singing or drawing and to emphasize social rather than academic success. The more successful the firstborn, the more likely it is that the second-born will move in directions opposite to those of the typically well-behaved and achievement-oriented firstborn. Second-born children tend to be more caring, friendly, and expressive than their older siblings.

**3.** The *middle child* is often the second child and is likely to manifest many of the strengths of the second-born. However, some middle children feel squeezed between older children who have already found their place and younger children who seem to receive more love and attention. Middle children sometimes have difficulty finding a way to become special and can become discouraged, viewing themselves as unloved and neglected. This pattern is usually less evident in large families where two or more children share the role of middle child but is particularly likely in families with only three children. With encouragement and positive parenting, however, middle children often become well adjusted, friendly, creative, and ambitious, prizing their individual strengths.

**4.** *Youngest children* encounter three common pitfalls: They may be pampered and spoiled by the rest of the family, they may feel a need to go at top speed at all times just to keep up with their older siblings, and they may become discouraged about competing with their brothers and sisters. Decisions may be made for them, and they may not need to take on much responsibility for themselves or others. Adler expressed concern that these children would experience strong feelings of inferiority. However, last-born children also can acquire considerable power in the family and thrive on the special attention they receive. They often become adventurous, easygoing, empathic, sociable, and innovative. They typically pursue interests that are all their own to avoid competition with siblings. Their most likely ally is the oldest, who also has feelings of being different.

**5.** *Only children* have much in common with both firstborn and last-born children. They seek achievement like firstborns and usually enjoy being the center of attention like the youngest. They may become pampered and spoiled, focusing only on their own needs, but also may integrate the achievement orientation of the firstborn with the creativity of later-born children. Because other family members are all adults, these children typically mature early and learn to cooperate and deal well with adults. However, if their parents are insecure, only children may adopt parental worries and insecurities.

Research has validated many of Adler’s assumptions about the impact of birth order on personality, but some discrepant results suggest the importance of caution when drawing conclusions about the connections between personality and birth order (Grey, [**1998**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_444); Herrera, Zajonc, Wieczorkowska, & Cichomski, [**2003**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_478); Lombardi, [**1996**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_638); Parker, [**1998**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_808)). Variables within families can have a complex impact on these patterns. For example, when twins are born, families tend to treat one child as older than the other, artificially determining their birth order. When a firstborn is a girl or is impaired in some way, families may inadvertently promote the second child into the position of firstborn. High expectations will be held for that child, while the firstborn will be treated like a second-born. Large families may operate as though they have more than one group of children, with each group having a child who functions as the oldest, one who functions as the youngest, and children in the middle. This is especially likely in families in which many years separate groups of children. In addition, the way in which children respond to their positions will have an impact on their personalities and behaviors.

Clinicians should not stereotype people according to birth order. At the same time, exploring birth order and the influence it has on the development of an individual’s personality can facilitate understanding of that person. Inventories such as the White-Campbell Psychological Birth Order Inventory (White, Campbell, & Steward, [**1995**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_1105)) can facilitate accurate assessment of the impact birth order has had on a person.

Research on birth order has found a definite relationship between place in the family and some events that occur in life. Younger siblings, for instance, are more likely to engage in riskier behaviors than are firstborns (Sulloway & Zweigenhaft, [**2010**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_1011)); middle children score higher in maladaptive perfectionism. Career choice and lifestyle themes, as measured by the BASIS-A Inventory, have also been found to be correlated with birth order (Ashby, LoCicero, & Kenny, [**2003**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_49); Gfroerer, Gfroerer, & Curlette, [**2003**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_392); Laird & Shelton, [**2006**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_580); Rule & Bishop, [**2005**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_889)). All tend to support Adler’s theory that a person’s lifestyle is related to his or her place within the family.

**Lifestyle**

The composition and interactions of people’s families exert the major influence on the development of their lifestyle, another important concept in Adler’s theory. Grey ([**1998**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_444)) views lifestyle as the most fundamental of Adler’s concepts, describing it as “the sum total of all the individual’s attitudes and aspirations, a striving which leads him in the direction toward his goal of believing he has significance in the eyes of others” (p. 37). Lifestyle is “the creative and created self” (Sherman & Nwaorgu, [**2002**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_952), p. 183).

Similar to the personality or the self, lifestyle encompasses four ingredients: (1) the person’s subjective worldview, including beliefs about the self and others, values, inner narratives, expectations, and attitudes; (2) goals; (3) behavioral strategies that the person uses to achieve goals and negotiate the life journey; and (4) the outcomes or consequences of those behaviors. Lifestyle can be assessed informally via exploration of these four areas or can be explored through the use of an inventory.

Lifestyle, then, is the unique way in which each of us seeks to find our place in the world, to overcome feelings of inferiority, and to achieve our goals. These goals nearly always involve achievement of significance, superiority, competence, and mastery. Each person has an image, usually unconscious, of what life will be like when those goals have been reached. Adler called this “fictional finalism” and believed that this goal is firmly established between the ages of 6 and 8 and remains constant throughout a person’s life. Dreikurs ([**1973**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_269)), who contributed greatly to Adler’s work, described our private logic as the inner rationale we use for justifying our lifestyle and the way to achieve our goals.

**Private Logic**

Private logic is another of Adler’s major constructs. Private logic, our beliefs about ourselves and our place in the world, is subjective and based on lifestyle. Adler quotes Seneca’s admonition that everything depends on the view you take of it. Thus, private logic, no matter how faulty, provides a life pattern or “law of movement” that begins in childhood and provides a compass by which to live. If the idea is wrong, it will eventually be confronted by reality. The need (for superiority, for power, or to be aversive) does not change, rather the person’s worldview or personal logic will contrive to drive his or her thinking and behavior (Adler, [**1998**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_12)).

Because we are part of a larger social system and must learn to interact with that system, we develop our own set of rules to help us to overcome our feelings of inferiority and achieve our goals. Consider, for example, a 4-year-old boy who does not want to put on his shoes, despite his mother’s request to do so. The child evaluates the situation and knows he must cooperate with his mother and put on the shoes. But how can he do this without caving in to his mother’s wishes and feeling inferior? Using his private logic, he comes up with a solution and tells his mother to close her eyes. His private logic is telling him that if she closes her eyes and does not see him putting on the shoes, she will not have gained the upper hand, and he will not feel inferior for having lost the battle.

Private logic is unique to each person—and is not always logical! Those who lack social interest can become disconnected from society, experience anxiety about group interactions, and fear rejection. These feelings of inferiority can cause a self-focus that leads to neurosis, psychosis, addictions, and an inability to cope in the world. In the case of the psychopath, we can see the result of erroneous private logic in uncooperativeness, social isolation or withdrawal, and antisocial personality.

The goal in Adlerian therapy is to understand a person’s private logic to help the person better understand where his or her beliefs get in the way of daily functioning, to lessen the faulty thinking of private logic, and to help people change its framework to see things in a more healthy way. Private logic is unique and feelings of superiority or fear of inferiority are meaningful only to the individual. The person is responsible for how he or she achieves the three tasks of life (work, love, and social interest; discussed below) and it is social interest that is the key component of developing a healthy lifestyle (Manaster, [**2009**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_658)).

**Goals**

Adler viewed the healthy, well-functioning adult as a person who is independent, emotionally and physically self-reliant, useful and productive, and able to cooperate with others for both personal and social benefit. Through psychotherapy and education, Adler sought to help people realize that feelings of pain and inadequacy are caused not by others but by their own faulty logic and the behaviors and attitudes that stem from that logic. By enabling people to become aware of their faulty logic; to establish healthy, realistic, and rewarding goals; and to align their lifestyles, their thinking, and their behavior with those goals, therapists can help people overcome their feelings of inferiority, dependency, and inordinate fears of failure. They can then develop the self-confidence and social interest that people need to achieve a healthier adjustment and a more rewarding lifestyle.

These concepts can be applied to Edie Diaz, the woman discussed throughout this book. Edie developed a guiding self-ideal, early in life, of being wife and mother in a caring and supportive family. Her short- and long-range goals all focused on that ideal as did many elements of her lifestyle. However, the abuse and neglect she experienced during childhood have made it difficult for her to overcome her feelings of inferiority; she does not know how to realize her goals, to become part of a family and community, and to appreciate herself. She is working, in counseling, to develop an effective private logic and lifestyle and to align her lifestyle with her self-ideal.

**Social Interest**

Adler had a clear idea of emotional health. He distinguished between well-adjusted and maladjusted people on the basis of their goals and their lifestyles. People who are well adjusted have a private logic that reflects common sense as well as social interest; they perceive themselves as part of a community and appreciate individual differences. Those who are maladjusted focus only on their own needs and fail to recognize the importance of their social context and the needs of others.

This idea reflects Adler’s ([**1963a**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_9)) belief that development can be explained primarily by psychosocial connections rather than psychosexual drives. He believed that people are, by nature, social beings interested in belonging to a group and desiring to solve the problems of their society. Through awareness that we are part of the human community, as well as through the development of social interest, our feelings of inferiority, alienation, and anxiety diminish; and we develop feelings of belonging and happiness. We no longer view ourselves as alone, seeking to diminish others to advance ourselves. Instead, we recognize that the goods and ills in our society all have an impact on us and that we can best achieve our own goals of significance and competence by contributing to the greater good. Adler’s emphasis on social connectedness is very timely and congruent given the importance to clinicians of developing multicultural competence and appreciating diversity.

People’s social interest is best reflected in their accomplishment of what Adler viewed as the three life tasks: occupation, love, and social interest (Adler, [**1938**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_7)). Social interest can be assessed by how successfully people are able to negotiate relationships, the degree of closeness they maintain in those relationships, and their connectedness and contributions to society. Although Freud acknowledged the importance of love and work, Adler ([**1938**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_7)) added social interest, which he defined as “living in the fellowship, co-operation, humanity, or even the super ego” (p. 86), to the important areas of life. Although Adler viewed early childhood experiences as important in determining the nature of our social interest, he believed that social interest could be taught and developed in later life, conveying optimism not only for the individual but also for our society.

**Phenomenological Perspective**

Another viewpoint compatible with current thinking on human development and change is Adler’s emphasis on a person’s perception of reality, not what actually is or what others perceive. For Adler, the internal and subjective were more important than the external and objective. His theory can be thought of as *phenomenological*, meaning that he focused on a person’s inner reality, the way that person perceived the world. Adler saw each person as a unique individual and believed that only by understanding that person’s perceptions of the world, private logic, lifestyle, and goals can we really make sense of and know that person. This is the essence of Adler’s Individual Psychology.

**TREATMENT USING INDIVIDUAL PSYCHOLOGY**

Adler’s theory is an optimistic, growth oriented, and educational one. Adler believed that people could change their goals and lifestyles in order to achieve happier and more fulfilled lives. His ideas have endured because they draw on the important concepts of Freudian psychoanalysis; incorporate many elements of modern cognitive, behavioral, and humanistic treatment approaches; and add their own valuable and useful ideas. They also appeal to common sense.

**Therapeutic Alliance**

Adler departed from the ideas of Freud in his conception of the client–clinician relationship. Adler emphasized the importance of a cooperative interaction that involves establishment of shared goals as well as mutual trust and respect. This view is consistent with the aims of his treatment; he sought to foster responsibility and social interest and saw the establishment of a therapeutic relationship in which client and clinician collaborated to achieve goals they had formulated together as important in promoting client growth.

Clinicians following Adler’s approach have a complex role that calls for the application of a broad range of skills. These clinicians are educators, fostering social interest and teaching people ways to modify their lifestyles, behaviors, and goals. They are analysts who identify faulty logic and assumptions. They explore and interpret the meaning and impact of clients’ birth order, dreams, early recollections, and drives. They are role models, demonstrating ways to think clearly, search for meaning, collaborate with others, and establish and reach meaningful goals. And they are supportive and encouraging, urging clients to take risks and helping them accept their own mistakes and imperfections.

Thoughts and behaviors, as well as background, are primary targets of the Adlerian clinicians’ efforts. Private logic, lifestyle, and the guiding self-ideal all stem from heredity and early experiences. Helping people understand these constructs can enable them to challenge and modify their beliefs and develop new and more rewarding goals, a modified lifestyle, and constructive and positive social interest and behaviors.

**Stages of Treatment**

Although they often merge and overlap, four treatment phases can be identified in Adler’s model: (1) establishment of a collaborative therapeutic relationship and a shared view of the treatment goals; (2) assessment, analysis, and understanding of the person and the problem; (3) encouragement of change through interpretation; and (4) reorientation by turning insight into action and focusing on assets rather than weaknesses (Carlson, Watts, & Maniacci, [**2006**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_170); Day, [**2008**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_238)).

**PHASE 1: ESTABLISHING THE THERAPEUTIC RELATIONSHIP AND SETTING GOALS**

Adler was ahead of his time in emphasizing the importance of a positive therapeutic relationship. He advocated many of the approaches later described by Carl Rogers to build that relationship (see [**Chapter 8**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/ch08)). Adler believed in the importance of true caring and involvement, the use of empathy, and both verbal and nonverbal techniques of listening to overcome the feelings of inferiority and fear that many clients bring with them into treatment. Initial questions explore clients’ expectations for treatment, their views of their problems, how they have tried to improve their lives, and what has led them to seek treatment at the present time.

Encouragement is an essential component of this initial phase of treatment and is used throughout treatment to counter clients’ discouragement. Sweeney ([**2009**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_1017)) described seven actions that can be used in counseling as well as in other relationships to provide encouragement:

\*Focus on what people are doing rather than evaluate their performance. Asking “What did you do to pass all of your courses?” is more encouraging than “Did you get the best grades in your class?”

\* Focus on the present more than the past or the future.

\* Focus on behavior rather than the person. “Your careful driving really helped you deal with the sudden snowstorm” is more encouraging than “You’re a great driver.”

\* Focus on the effort rather than the outcome. “Sounds like you really feel good about developing your skating skills” is more encouraging than “Sounds like your skills are almost good enough to make the team.”

\* Focus on motivation from within (intrinsic) rather than from the outside (extrinsic). “You must have felt a great sense of satisfaction, knowing that all your studying resulted in success on the bar exam” is more encouraging than “You finally passed the bar. Now you’ll get that raise.”

\* Focus on what is being learned rather than the lack of learning. “What did you learn from this challenging relationship?” is more encouraging than “You really need to make better choices in your friends.”

\* Focus on what is positive rather than what is negative. “So the odds are on your side” is more encouraging than “So the physician said there is a forty percent chance that your disease will recur.”

Counseling and psychotherapy offer clinicians many opportunities to encourage clients and to show them genuine caring and concern. A telephone call to a client in crisis, a note to a client in the hospital, sharing an article on home buying with a client who is purchasing a first home are all appropriate ways for clinicians to form partnerships with clients and provide support and encouragement.

As client and clinician build a collaborative, democratic, and trusting relationship, they can work together to formulate a clear statement of the problem, as well as meaningful and realistic goals. They also can discuss and negotiate agreement on the structure of the treatment process and the guidelines and procedures for their work.

**PHASE 2: ASSESSMENT, ANALYSIS, AND UNDERSTANDING OF THE PERSON AND THE PROBLEM**

A distinctive feature of Adlerian therapy is the focus on in-depth assessment. For the first time in psychoanalysis, the importance of the family constellation on the individual’s functioning was considered, along with birth order and earliest childhood recollections. Both the initial interview and the lifestyle interview provide detailed information about the client’s current level of functioning and background leading up to the current distress (Carlson et al., [**2006**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_170)). In the initial interview, or what Adler ([**1956**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_8)) referred to as “the general diagnosis,” the clinician conducts a general assessment of six key domains: identifying information, background, current level of functioning, presenting problem, expectations for treatment, and summary. The goals of this phase of treatment are understanding clients’ family background, lifestyles, private logic, and goals, and identifying self-destructive behaviors and faulty logic.

**Lifestyle assessment.**

The more in-depth lifestyle assessment is one of the characteristic features of Adlerian theory and practice. The Life Style Interview (see [**Figure 4.2**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/ch04fig2)) is a semistructured process that takes place over three consecutive sessions and consists of 10 sections (Carlson et al., [**2006**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_170)). The first 9 sections are referred to as the family constellation interview, which solicits information from early childhood through adolescence. The final section gathers early childhood recollections. Focusing primarily on how people have addressed the tasks of love, work, and friendship, clinicians seek a holistic understanding of their clients and comprehension of their goals and private logic.

Particularly important are assessing people’s levels of satisfaction with themselves, their relationships, and their lives and looking for examples of faulty logic. Structured guidelines are available to help clinicians conduct comprehensive and informative lifestyle assessments. Among these are *Understanding Life-Style: The Psycho-Clarity Process* (Powers & Griffith, [**1987**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_835)), the *Individual Psychology Client Workbook* (Powers & Griffith, [**1986**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_834)), the *BASIS-A Interpretive Manual* (Kern, Wheeler, & Curlette, [**1997**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_554)), and the *Manual for Life Style Assessment* (Shulman & Mosak, [**1988**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_955)). The lifestyle assessment has become a popular tool for therapists in many areas of counseling. Fisher and Fisher ([**2002**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_341)) adapted the assessment for use with chemically dependent clients. Adler’s complete assessment for children can be found in *Social Interest: A Challenge to Mankind* (Adler, [**1938**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_7), pp. 218–225).

**Family constellation and birth order.**

An understanding of the impact of the family constellation on a person comes from both objective and subjective sources. Objective information includes people’s birth order, the number of children in the family, the gender of each child, the number of years between the births of each child, and any special circumstances such as the death of a child or the presence of a physical or intellectual disability in any of the children. Subjective information includes people’s perceptions of themselves as children, how their parents felt about and treated each child, clients’ relationships with their parents and siblings, ways in which they resembled and differed from their siblings, and patterns of rivalry and cooperation within the family. Additional information on birth order was presented earlier in this chapter.

**Dreams.**

Adler used dreams as a vehicle for promoting self-awareness. De-emphasizing symbolism, Adler viewed dreams as providing important information on lifestyle and current concerns. He believed that both past and current dreams were useful sources of information, with recurrent dreams and recurrent themes within dreams being particularly important. The key to understanding dreams, according to Adler, is the emotion they create and their usefulness in solving current life problems.

**Earliest recollections.**

Adler viewed people’s earliest recollections as important sources of information on their current lifestyles. According to Adler ([**1931**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_6)), whether memories are recalled accurately is unimportant. Rather, he believed that people only retained early memories that were consistent with their views of themselves. Consequently, what mattered were people’s reports of their memories.

Adlerian therapists usually elicit at least three early memories so that they can identify recurrent themes and patterns. Once the memories have been elicited and written down, each memory is explored with the client. The clinician usually asks about the age when the person believes the recalled events occurred and the thoughts and emotions associated with the recollections. The client’s role in the memories are explored, because his or her relationships and interactions with other people in the memories are believed to reflect the person’s lifestyle. More information on analyzing earliest recollections is provided in the skill development section of this chapter.

**Priorities and ways of behaving.**

People’s behaviors also provide a rich and endless source of information about their lifestyles. Inquiring in detail about a person’s behavior over a period of time or looking at a series of choices and actions can reveal consistent and repetitive behavioral patterns that reflect lifestyle. Adler and his associates (Adler, [**1956**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_8); Mosak, [**1971**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_738)) identified the following common lifestyles, reflected in ways in which people orient themselves toward the world:

\* Ruling and dominating others

\* Avoiding interpersonal and other challenges

\* Pleasing and seeking approval from others

\* Controlling and managing

\* Depending on others and needing to be cared for

\* Pursuing superiority and perfection

\* Seeking achievement

\* Being a martyr or victim

\* Seeking comfort

\* Promoting social welfare and progress

**Summarizing findings.**

After an extensive process of exploration, assessment, and analysis, clinicians formulate hypotheses about the nature of clients’ lifestyles as well as the faulty assumptions and self-destructive thoughts and behaviors that interfere with their efforts to achieve their goals. This information is presented to clients for discussion and revision, paving the way for the third phase of treatment.

**PHASE 3: REEDUCATION, INSIGHT, AND INTERPRETATION**

Phase 3 can be especially difficult for clinicians because they need to be both encouraging and challenging. While remaining supportive, they use interpretation and confrontation to help people gain awareness of their lifestyles, recognize the covert reasons behind their behaviors, appreciate the negative consequences of those behaviors, and move toward positive change. Several strategies help clinicians remain caring through this phase of treatment:

* • They focus on the present rather than the past.
* • They are more concerned with consequences than with unconscious motivation.
* • They present their interpretations in ways that are likely to be accepted by clients.

Rather than being dogmatic or authoritarian, clinicians state interpretations as guesses or hunches. They might say, “I have a hunch that you threw your brother’s hat in the sewer because you wanted more attention from your parents” or “I wonder if you have refused to set a more realistic sale price for your house because the house represents part of your ideal self.” With gentle interpretations such as these, clinicians seek to educate clients and to promote self-awareness, insight, and discussion rather than to persuade clients to agree with them.

Clinicians continue to play an active role during this phase of treatment, presenting alternate possibilities, providing information, and helping people weigh their options and make decisions. Emphasis is on beliefs, attitudes, and perceptions because, according to Adler ([**1998**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_12)), it is only by cognitive means and social interest that behavioral change will occur.

**PHASE 4: REORIENTATION, REINFORCEMENT, TERMINATION, AND FOLLOW-UP**

Once clients have gained some insight and modified their distorted beliefs, they are ready to reorient their lives and initiate new ideas and patterns of behaviors. Clients now view their lives from different perspectives and can make more rewarding choices. Clinicians foster this outcome by helping people become full participants in their social system, shift their roles and interactions, and take positive actions to achieve their revised goals. Throughout, clinicians model and nurture optimism and flexibility; they support clients in developing the courage to be imperfect and take on rewarding challenges.

The reorientation and change phase can be divided into four parts (Sweeney, [**2009**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_1017)):

1. Clients clarify their goals and determine whether they are realistic.

2. Common sense and clear thinking are applied to clients’ feelings, beliefs, and goals. Although clients are reminded that their choices are their own, clinicians help them use common sense to evaluate and, if necessary, modify their thinking.

3. New learning is applied to the clients’ lives.

4. Any barriers to progress are addressed and removed.

This final phase of treatment enables people to solidify the gains they have made and move forward with their lives in healthier and more fulfilling ways. Clinicians continue to provide education, teach skills, and make interpretations. However, their primary role is reinforcing positive changes. Clients and clinicians collaborate in evaluating progress, strengthening social interest and healthy and rewarding beliefs, and planning future steps toward goal attainment. Together, they determine when the client is ready to complete treatment and agree on follow-up procedures to ensure that clients stay on track and continue their positive growth and forward movement.

**Interventions**

Adler’s Individual Psychology offers a wide range of creative and useful interventions. Many have already been discussed in this chapter, such as the use of earliest recollections and analysis of family constellation and birth order. Additional interventions include the following:

* • *Catching oneself* encourages people to be more conscious of their repetitive faulty goals and thoughts. Clinicians facilitate this by identifying warning signs of difficulties and encouraging clients to view them as stop signs that remind them to pause and redirect themselves. This concrete approach helps people develop self-awareness and monitor themselves without being self-critical. For example, a man who often lost his temper and became inappropriately angry recognized that his whole body became tense before he exploded. He was taught to identify signs of physical tension, view them as stop signs, and use deep breathing as a quick and effective way to diffuse his anger.
* • *Pushing the button* is designed to help people become more aware of the control they can have over their emotions, rather than allowing their emotions to control them. Clinicians encourage people to alternately imagine pleasant and unpleasant experiences, observe the emotions that accompany each image, and recognize that they can determine which button to push. A young woman who frequently consumed too much alcohol at social events imagined the pride she took in remaining sober (pleasant experience) as well as the embarrassment and physical discomfort she felt after becoming intoxicated (unpleasant experience). Vivid images of these two contrasting experiences helped her abstain from alcohol (push the healthy button).
* • In *spitting in the client’s soup*, clinicians identify the underlying motivations behind clients’ self-defeating behaviors and then spoil their imagined payoff by making it unappealing. This is illustrated in the following dialog:

|  |  |
| --- | --- |
| Therapist: | Let’s schedule another appointment and try to hone in on some goals. |
| Client: | I feel so awful that Dana broke up with me, I’ve thought about killing myself. |
| Clinician: | I guess you want to make her feel guilty. But if you kill yourself, you won’t be around to see how she’s feeling … or go to college or buy that car you were talking about. You’ll just be lying in the ground. |

In addition to these specific techniques associated with Adlerian therapy, clinicians who follow this theoretical model also use many other techniques. Some of these, including encouragement, interpretation, and use of questions, have been discussed previously in this book. Others include the following:

* • *Immediacy* focuses the session on the interaction between the client and the clinician; often it is a mirror of the client’s interactions outside of the session. For example, a client accused a clinician of disliking him when the clinician provided information on parenting that differed from the client’s style of parenting. The clinician helped the client see that when people disagreed with him, he viewed it as evidence that they disliked him.
* • *Prescribing the symptom* (also called paradoxical intention) asks the client to magnify the problem behavior; for example, a clinician might tell a person who has trouble sleeping not to go to sleep at night. The goal of prescribing the symptom is to help the person realize the problem behavior, become aware of the consequences to the behavior, and recognize that it is within his or her control to change it. Oftentimes, the exaggeration seems silly or humorous. Clearly this intervention should not be used if the symptom poses a danger to the client such as self-harming behaviors, drinking, or suicide.
* • *Confrontation* involves pointing out discrepancies in the material that clients present. For example, a counselor might say, “Help me understand your decision to spend five thousand dollars on a necklace when you’ve told me that you’re concerned about being able to make the down payment on the house you want to buy.”
* • *Task assignments* are used throughout the treatment process. Client and clinician agree that the client will engage in a planned activity such as observing and listing times when she feels angry or exercising three times a week. Not only do the specific tasks advance the treatment, but the process of coming to an agreement on tasks, making a commitment to complete them, and planning and executing the tasks can promote feelings of competence and responsibility.
* • *Humor, silence, advice*, and *reflection of feeling* are other techniques in the repertoire of the Adlerian psychotherapist. The many types of interventions associated with this treatment approach offer clinicians many avenues to build rapport with their clients, promote insight and self-awareness, and encourage positive change.

**APPLICATION AND CURRENT USE OF INDIVIDUAL PSYCHOLOGY**

Adler’s model of Individual Psychology is used with a broad range of situations and clients. Not only is it used for treatment of children, individuals, couples, families, and groups, it also is used in career development, education, training, supervision, consultation, and organizational development.

**Application to Assessment**

Adlerian theory, with its emphasis on understanding lifestyle and private logic, lends itself to the development of tools to facilitate assessment. Many useful inventories have been developed to aid clinicians in implementing this theory. Wickers ([**1988**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_1117)) developed the Misbehavior Reaction Checklist to help teachers and parents understand the purpose of a child’s misbehavior. Several tools are useful in lifestyle assessments. For example, the Kern Lifestyle Scale (Kern, [**1992**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_553)) and the Basic Adlerian Scales for Interpersonal Success–Adult Form (BASIS-A; Kern et al., [**1997**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_554)) are self-scoring instruments designed to obtain lifestyle information and promote self-awareness in career, personal, and relationship counseling as well as in business settings. These and many other inventories, audiotapes, booklets, and other materials based on Adler’s ideas, are published by CMTI Press ([**http://www.cmtipress.com**](http://www.cmtipress.com/)). All enhance the work of the Adlerian clinician.

**Application to Diagnostic Groups**

Most of the common problems and mental disorders seen in counseling and psychotherapy are amenable to treatment via Adlerian therapy. According to Sherman and Nwaorgu ([**2002**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_952)), this approach addresses a broad spectrum of problems from individual “mistakes that lead to negative life styles to a whole breadth of social problems such as racial conflict … discrimination, war, poverty, drugs, issues of democracy, and inadequate parenting. Conceptualized in this way, everyone has a problem, and this remains part of the human condition” (p. 192).

The literature documents the use of this approach with “all the major categories of psychopathology” (Sherman & Nwaorgu, [**2002**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_952), p. 193). Certainly, this approach seems useful with people who have mood, anxiety, or personality disorders; people with these disorders typically engage in thoughts and behaviors that are ineffectual and unrewarding and that reflect an excessive focus on their own needs rather than their place in society and their family. Most of these clients are capable of engaging in the self-examination, self-awareness, and learning that are integral to the Adlerian approach.

The literature also provides many examples, techniques, and descriptions of the use of Individual Psychology. Morrison ([**2009**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_736)), for example, found it to be useful to people having dysfunctional responses to traumatic experiences. People with low self-esteem and social and relationship concerns also seem likely to benefit from Adlerian therapy. Children with behavioral problems and those who have been traumatized are well suited to treatment with Adlerian play therapy (Morrison, [**2009**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_736)). Dreikurs applied Adlerian principles to his work with children and Dinkmeyer’s work with Systematic Training for Effective Parenting (STEP) evolved from Adlerian theory. Terms such as natural consequences and “I” messages are now a part of the language of parenting (Sweeney, [**2009**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_1017)). More will be said about Adlerian family therapy in the chapter on family systems later in this book.

People with drug and alcohol problems, criminal behavior, and other impulse control disorders can be understood and helped through Adler’s model. The problem is reframed from a disease or pathological focus to a social focus: They are failing to meet their needs for power and belonging in positive ways (Adler, [**1979**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_11); Gladding, [**2010**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_402); Rule & Bishop, [**2005**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_889)). Adlerian theory is compatible with Alcoholics Anonymous and other 12-step programs and can be empowering (Carroll, [**1999**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_174)).

Although people with psychotic disorders may not be able to engage in the kind of self-examination that Adlerian therapy requires, they can be better understood through Adler’s ideas and helped to overcome resistance so they can optimize treatment and medication management (Sperry, [**2006**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_978)). Individual Psychology can help make sense of the loss of contact with reality experienced by people with psychotic disorders and suggest useful ways to help them.

**Application to Multicultural Groups**

Individual Psychology not only has much that would appeal to a diverse and multicultural population, but it actively seeks to address problems of discrimination and disenfranchisement. According to Sherman and Nwaorgu ([**2002**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_952)), “Adlerians take seriously social discrimination based on ethnicity, gender, poverty, religion, and education level as issues for consideration in the treatment of clients” (p. 193).

Counselors who use an Adlerian approach are familiar with the dichotomy of inferiority and superiority. Acknowledging, understanding, and actively challenging feelings of inferiority or stigmatization with clients who feel disenfranchised may be particularly helpful. The emphasis on culture (broadly defined to include age, developmental or acquired disability, ethnicity, religion or spirituality, socioeconomic status, sexual orientation, indigenous heritage, national origin, and gender), social interest, and the family constellation, as well as the importance of collaboration, has wide appeal. According to Adler, prejudice, racism, and gender discrimination grow out of misguided efforts to gain superiority by degrading others. True self-esteem comes not from oppressing others but from working cooperatively to contribute to the common good, empowering ourselves as well as others, and facing life’s challenges together.

Adlerian psychotherapy provides a positive model for working with all populations. The Adlerian process is respectful of diversity and addresses issues of racial, gender, and cultural inequity among others. Adler’s approach focuses on a constructivist model that works flexibly and collaboratively with individuals and their families. According to Carlson and colleagues (2006, p. 32), the Adlerian research literature is replete with a wide range of multicultural issues including gender, religion and spirituality, racism, sexual orientation, culture, ethnicity, and social equality.

Adlerian therapy, with its focus on positive strengths and encouragement, can also be effective with a wide range of populations, including children with ADHD, oppositional defiant disorder, and at-risk youth (Day, [**2008**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_238); Sapp, [**2006**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_904)). Adler’s focus on community and social interest is consistent with the values of clients who come from more collectivist societies such as the Middle East, Asian countries, and Latin America. Religion and spirituality are also consistent with Adlerian theory, which considers religion to be a part of social interest (Carlson & Englar-Carlson, [**2008**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_166)).

Adler’s approach has particular relevance to people with disabilities. He wrote of the feelings of discouragement and inferiority and the efforts toward compensation that often emerge in people with developmental or acquired disabilities. His understanding of this dynamic, as well as his emphasis on understanding maladjustment and promoting healthy empowerment, responsibility, and realistic self-esteem, should be helpful in treatment of people who are having difficulty coping with physical and mental challenges (Livneh & Antonak, [**2005**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_636); Livneh & Sherwood, [**1991**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_637)). Of course, clinicians should be cautious not to overgeneralize and assume that all people with disabilities experience feelings of inferiority.

A logical extension of Adler’s insights into people with disabilities is to people with other potential challenges in their lives, such as recent immigrants, people who grow up in one-parent homes, those who experience poverty or abuse, and those who feel disenfranchised for any reason. Counselors should be aware of social exclusions of groups of people, whether ethnic and racial groups; gay, lesbian, bisexual, transgendered, and questioning groups; women; people with disabilities; or others (Lee, [**2007**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_605)). Adler’s understanding of the connection between early experiences and the development of lifestyles and goals provides insight into ways in which people with difficult backgrounds cope with their lives, as well as ways to help and empower them.

Although Adler’s theories seem compatible with multicultural competence, clinicians still must exercise caution when using Individual Psychology. Adler’s approach in its traditional form involves an extensive gathering of history and background information that may be seen as intrusive by people of Asian backgrounds who may prefer to proceed slowly and establish trust before revealing too much information. The in-depth, lengthy process might also not be well suited to people in crisis who are focused on more immediate concerns, and those who have little interest in lengthy self-analysis. His emphasis on individual responsibility and power as well as his exploration of early recollections also may be incompatible with the thinking of some people from non-Western cultures. Consequently, the approach may need to be adapted to such clients.

**EVALUATION OF INDIVIDUAL PSYCHOLOGY**

The strengths in Adler’s treatment system far outnumber its shortcomings and weaknesses. Although developed nearly a century ago, his ideas seem remarkably timely and relevant today.

**Limitations**

Like other approaches focused on background, Adlerian therapy suffers from a dearth of empirical research. The research literature in general supports the “central constructs of Adlerian psychological theory” (Carlson et al., [**2006**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_170), p. 36). For example, some empirical validation of Adler’s ideas on the impact of birth order has been done (Rule & Comer, [**2005**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_889); Sulloway, [**1995**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_1010)). A study of the Adlerian Life Style Inventory to assess the lifestyles of Native American women residing on reservations provided some support for the broad usefulness of a lifestyle assessment (Roberts, Harper, Caldwell, & Decora, [**2003**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_861)). However, more empirical research is needed to fully support the growing importance of Individual Psychology.

In addition, many of Adler’s concepts such as fictional finalism and superiority are not well defined and risk oversimplification. Adlerian therapy understands and gives credence to underlying psychological and societal impacts on pathology, but fails to account for biological or genetic influences. We now know the impact of genetics on anxiety and mood disorders, schizophrenia, and other conditions, and recognize that biopsychosocial factors interact in the development of many conditions. Adler has also been called overly optimistic in his belief that social interest is innate. Empirical research has yet to document that idea.

**Strengths and Contributions**

Adler’s contributions, not only to the current practice of psychotherapy, but also to the thinking of some of the other leaders in our field, is enormous. Rollo May, Viktor Frankl, Carl Rogers, and Abraham Maslow all acknowledged their debt to Adler, leading Albert Ellis to predict that even more than Freud, “Adler is probably the true father of modern psychotherapy” (Watts, [**2003**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_1096), p. 1). The development of cognitive therapy, reality therapy, person-centered counseling, Gestalt, existentialist, constructivist, and social justice approaches to treatment has been influenced by Adler’s ideas (Rule & Bishop, [**2005**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_889)). Whether or not clinicians describe themselves as followers of Adler’s approach, nearly all counseling and psychotherapy now reflects some of his concepts, including:

\* The focus on social justice

\* The impact of early experiences and family constellation on current functioning

\* The importance of taking a holistic approach that considers mind, body, and spirit

\* The need to view people in their family, social, and cultural contexts

\* The recognition that thinking influences emotions and behavior

\* The emphasis on strengths, optimism, encouragement, empowerment, and support

\* The relevance of lifestyle and goals

\* The need to identify, understand the purpose of, and modify repetitive self-defeating behaviors

\* The importance of a collaborative therapeutic alliance

\* The benefits of having a therapist and client with realistic and mutually agreed-on goals

\* The recognition that having problems and differences is a normal part of life and that these can be viewed as opportunities for growth rather than as pathology

\* The view of therapy as an educational and growth-promoting process as well as a remedial one.

Individual Psychology can easily and effectively be combined with many contemporary treatment approaches. Its emphasis on beliefs and behavior is compatible with cognitive-behavioral therapy, rational emotive behavior therapy, and reality therapy. Adlerian lifestyle assessment has much in common with narrative therapy’s emphasis on stories that provide the structure of life. Of course, the attention to early memories and childhood experiences is psychoanalytic in origin, whereas the emphasis on the therapeutic alliance reflects elements of humanistic approaches.

Many of Adler’s ideas have become more important than ever in light of some of the pervasive problems in our society today. Our growing awareness of the enduring harm that can result from childhood trauma has focused attention on the significance to adults of their early childhood experiences and memories. Adler’s call for social equality of women, respect for cultural and religious diversity, and an end to marginalization of minority groups (Carlson et al., [**2006**](https://digitalbookshelf-jigsaw.argosy.edu/books/9781269953856/content/id/title_ref_170)) still needs attention in our society. His emphasis on responsibility, resilience, character building, and social interest seems especially relevant in light of the many acts of bullying, torture, and violence in our society. The importance of fathers and of sibling relationships is another area of current attention. Probably of greatest importance are Adler’s emphasis on respect for individual differences and the importance of each of us becoming a contributing part of a larger social system.

**SKILL DEVELOPMENT: ANALYZING EARLIEST RECOLLECTIONS**

Eliciting and analyzing people’s earliest recollections can provide understanding of their lifestyles and how they view the world. The following four-step procedure, followed by examples, will help you learn to use early recollections in treatment. Exercises later in this chapter give you the opportunity to practice these skills.

* **1.** ***Eliciting the recollections.*** Begin by inviting people to think back to their childhood, as early as they can remember, and describe at least three incidents that they recall. They should come up with experiences that included them and that they actually remember clearly rather than family stories or pictures they have seen. The clinician should write down each recollection as it is described.
* **2.** ***Processing each memory.*** Ask about the person’s feelings during the memory; discuss any actions or movements in the memory, especially transactions between the client and others; ask what part of the memory seems most vivid or important; and ask what meaning the memory has for the teller.
* **3.** ***Analyzing the memories.*** Looking particularly for commonalities among the three or more recollections, consider the role of the client in the memories, the emotions associated with the memories, who else is present and how they are interacting with the client, the nature of the situations recalled, and the way in which the client responded to the events and interactions in the memories.
* **4.** ***Interpretation and application.*** Develop a hypothesis or hunch, based on the common themes and patterns in the recollections, as to what these memories disclose about the person’s goals and lifestyle. Present this hypothesis to the client for discussion and clarification.
	+ Consider the following three recollections provided by a 27-year-old single woman:
	+ ***Recollection 1:*** I remember being in my bed. It was very dark and I felt afraid. I was crying. Then my father came into the room. He picked me up and held me. He said something like, “What’s the matter? Everything is all right now.”
	+ ***Recollection 2:*** I was in a department store. Somehow I got separated from my mother. I looked around, and I couldn’t see her. I didn’t know what to do, and I started to scream. This man came over, a salesperson or a manager in the store. He took me into a little room—an office, I guess—and he said he would help me find my mommy. He asked my name and then I heard something about a lost child over the loudspeaker. The man gave me some candy and kept talking to me. It seemed like a long time, but finally my mother came. She was crying too. I was so happy to see her.
	+ ***Recollection 3:*** I was riding a tricycle, and I fell down. Nobody was around to help me. My knee was bleeding. I was crying and hurt, but nobody came. Finally, a neighbor heard me. He came out to see what the problem was, and then he called my mother. I felt better as soon as there was somebody to help me.
	+ ***Analysis:*** In all three recollections, the woman is scared and perceives herself as needing help. Through crying, she is able to let others know that she needs help but is not able to otherwise help herself. In all three instances, she is rescued by caring men. They reassure her and provide the help she needs. Although her mother subsequently provides help in two of the memories, it is the men who are there when the child really needs help. Discussion revealed that this woman often felt fearful and doubted her own ability to move ahead in her career and cope with her life. She had been engaged twice and was eager to marry, but both times her fiancés had broken the engagement, telling her that she was too needy and dependent. The woman became aware that, although she was a successful teacher, she expected to get into trouble in some way and was hoping to be rescued from the demands of her career by marriage. At the same time, she indicated that she didn’t trust people very much, especially women, and that she often felt overwhelmed by the day-to-day demands of her life. By assuming a needy and helpless role, she was actually undermining her relationships but believed that the way to find a man to rescue her was to become as needy as possible: the child crying loudly for help. This information played an important part in her treatment.

**CASE ILLUSTRATION**

Ava, age 10, is Edie and Roberto’s daughter. The family’s counselor decided to have some individual sessions with Ava to get to know her and her role in the family better and to develop a positive relationship with her. In addition, both Edie and Roberto expressed concerns about Ava’s behavior. They described her as always being willful and independent, with these problems worsening in recent months. They reported that Ava is disobedient, both at home and at school, and that her teacher told them that some of the children do not want to play with her because she is “bossy.” In addition, Ava’s grades have been declining.

Ava was willing to meet with the counselor for an individual session. Ava was quite open and started off the session by describing how much she enjoyed seeing the cartoon version of the movie *Tarzan*. She had been particularly impressed by Tarzan’s ability to swing through the trees, overcome the “bad guys,” and help all of the animals. Ava also talked about some of her concerns related to her family. She described her mother as “crying a lot and moping around,” while her father worked long hours and “just yells about everything.” She also reported a dream that she compared to *Alice’s Adventures in Wonderland* in which her mother was getting smaller while Ava was getting larger. As Ava talked, the counselor began to formulate hypotheses about Ava’s lifestyle, her goals, and the reasons for her misbehavior.

* Toward the end of the session, the counselor asked Ava to describe three early recollections:
* ***Recollection 1:*** Ava recalled that when she was about 4 years old she became afraid of spiders. Once, while taking a walk with her father, she noticed a spider on her shoe and became upset. Her father brushed the spider off and squashed it. Ava was so impressed by this that she began squashing every bug she saw until her mother discouraged this.
* ***Recollection 2:*** Another memory from a year or so later involved an incident when the mother of her friend Lori took Ava and Lori swimming. When Ava got out of the car, she swung her car door into another car and chipped the paint. The person sitting in the car complained to Lori’s mother, but she just told him “not to make a big deal out of nothing” and took the children into the pool.
* ***Recollection 3:*** The last memory involved a fight between her parents when Ava was in kindergarten. Her mother had burned the meatloaf that was to be served for dinner. When Roberto arrived home, he yelled at Edie for being careless. Edie began to cry, but Roberto just went into the other room and ordered pizza. Ava remembered thinking that the pizza was much better than the meatloaf would have been.

In all three memories, Ava’s initial role is observer. Although her own behavior is a factor in the first two memories, what she recalled most sharply were the actions of the adults who used strength and anger to gain power and control. In the last two memories, other people’s feelings are disregarded. Roberto and the friend’s mother seem admirable to Ava while her own mother is viewed as weak.

These memories confirmed many of the counselor’s hypotheses. Ava’s misbehavior seemed to be a misguided attempt to gain power. She wanted to be in charge and wanted other people to stop controlling her. Her recollections suggest that she believes the way to obtain power is to become dominating, telling other people what to do as she has observed her father and others do. Her mother, who has a very different style, is devalued in Ava’s mind because she seems to lack power. This has carried over to Ava’s loss of interest in school, which her mother highly values. Ava’s behavior is harming her relationships with both her peers and her parents.

Future sessions will involve both play therapy and talking to help Ava recognize her self-destructive efforts to obtain power and to change both her private logic and her repertoire of behaviors so that she finds more rewarding ways to gain power. Discussion would include exploration of Ava’s roles and relationships with family members, basic messages and coping behaviors she learned as a child, her current lifestyle, and whether her beliefs and behavior are helping her to achieve the central goals of her life. This information also will be used in sessions with Roberto and Edie to help them parent Ava more effectively.