



Alfred Adler, 1870–1937

# 3

## ADLERIAN PSYCHOTHERAPY

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### OVERVIEW

*Adlerian psychology*, developed by Alfred Adler (who referred to it as Individual Psychology), views the person holistically as a creative, responsible, “becoming” individual moving toward fictional goals within his or her phenomenal field. It holds that one’s life-style is sometimes self-defeating because of inferiority feelings. The individual with “psychopathology” is discouraged rather than sick, and the therapeutic task is to encourage the person to activate his or her social interest and to develop a new life-style through relationship, analysis, and action methods.

### Basic Concepts

Adlerian psychology is predicated upon assumptions that differ in significant ways from the Freudian “womb” from which it emerged. Adler throughout his lifetime credited Freud with primacy in the development of a dynamic psychology. He consistently gave credit to Freud for explicating the purposefulness of symptoms and for discovering that dreams were meaningful.

The influence of early childhood experiences in personality development constitutes still another point of agreement. Freud emphasized the role of psychosexual development and the Oedipus complex, and Adler focused on the effects of children’s perceptions of their family constellation and on their struggle to find a place of significance within it.

Adlerian basic assumptions can be expressed as follows:

1. All behavior occurs in a social context. Humans are born into an environment with which they must engage in reciprocal relations. The oft-quoted statement by the gestalt psychologist Kurt Lewin that "behavior is a function of person and environment" is a striking parallel to Adler's contention that people cannot be studied in isolation.

2. Individual Psychology is an interpersonal psychology. How individuals interact with the others sharing "this crust of earth" (Adler, 1931/1958, p. 6)<sup>1</sup> is paramount. Transcending interpersonal transactions is the development of the feeling of being a part of a larger social whole that Adler (1964b) incorporated under the heading of *Gemeinschaftsgefühl*, or social interest.

3. Adlerian psychology rejects reductionism in favor of holism. The Adlerian demotes part-functions from the central investigative focus in favor of studying the whole person and how he or she moves through life. This renders the polarities of *conscious* and *unconscious*, *mind* and *body*, *approach* and *avoidance*, and *ambivalence* and *conflict* meaningless except as subjective experiences of the whole person. That is, people behave *as if* the conscious mind moves in one direction while the unconscious mind moves in another. From the external observer's viewpoint, all part-functions are subordinate functions of the individual's goals and style of life.

4. *Conscious* and *unconscious* are both in the service of the individual, who uses them to further personal goals. Adler (1963a) treats *unconscious* as an adjective rather than as a noun. That which is unconscious is the nonunderstood. Like Otto Rank, Adler felt that humans know more than they understand. *Conflict*, defined as intrapersonal by others, is defined as a "one step forward and one step backward movement," the net effect being to maintain the individual at a point "dead center." Although people experience themselves in the throes of a conflict, unable to move, in reality they *create* these antagonistic feelings, ideas, and values because they are unwilling to move in the direction of solving their problems (Mosak & LaFevre, 1976).

5. Understanding the individual requires understanding his or her cognitive organization and life-style. The latter concept refers to the convictions individuals develop early in life to help them organize experience, to understand it, to predict it, and to control it. *Convictions* are conclusions derived from the individual's apperceptions, and they constitute a biased mode of apperception. Consequently, a *life-style* is neither right nor wrong, normal nor abnormal, but merely the "spectacles" through which people view themselves in relation to the way in which they perceive life. Subjectivity rather than so-called objective evaluation becomes the major tool for understanding the person. As Adler wrote, "We must be able to see with his eyes and listen with his ears" (1931/1958, p. 72).

6. Behavior may change throughout a person's life span in accordance with both the immediate demands of the situation and the long-range goals inherent in the life-style. The life-style remains relatively constant through life unless the convictions change through the mediation of psychotherapy. Although the definition of *psychotherapy* customarily refers to what transpires within a consulting room, a broader view of psychotherapy would include the fact that life in itself may often be psychotherapeutic.

7. According to the Adlerian conception, people are not pushed by causes; that is, they are not determined by heredity and environment. "Both are giving only the frame and the influences which are answered by the individual in regard to the styled creative power" (Ansbacher & Ansbacher, 1956). People move toward self-selected goals that they feel will give them a place in the world, will provide them with security, and will

<sup>1</sup> "1931/1958" indicates that the original date of publication was 1931 but that the page number refers to the reprint published in 1958.

preserve their self-esteem. Life is a dynamic striving. "The life of the human soul is not a 'being' but a 'becoming'" (Adler, 1963a, p. ix).

8. The central striving of human beings has been variously described as completion (Adler, 1931), perfection (Adler, 1964a), superiority (Adler, 1926), self-realization (Horney, 1951), self-actualization (Goldstein, 1939), competence (White, 1957), and mastery (Adler, 1926). Adler distinguishes among such strivings in terms of the direction a striving takes. If strivings are solely for the individual's greater glory, he considers them socially useless and, in extreme conditions, characteristic of mental problems. On the other hand, if the strivings are for the purpose of overcoming life's problems, the individual is engaged in striving for self-realization, in contributing to humanity, and in making the world a better place to live.

9. Moving through life, the individual is confronted with alternatives. Because Adlerians are either nondeterminists or soft determinists, the conceptualization of humans as creative, choosing, self-determined decision makers permits them to choose the goals they want to pursue. Individuals may select socially useful goals or they may devote themselves to the useless side of life. They may choose to be task oriented or they may, as does the neurotic, concern themselves with their own superiority.

10. The freedom to choose (McArthur, 1958) introduces the concepts of *value* and *meaning* into psychology. These were unpopular concepts at the time (1931) that Adler wrote *What Life Should Mean to You*. The greatest value for the Adlerian is *Gemeinschaftsgefühl*, or social interest (Ansbacher, 1968). Although Adler contends that it is an innate feature of human beings, at least as potential, acceptance of this criterion is not absolutely necessary. Mosak (1991) defines social interest as a construct rather than as an innate disposition. People possess the capacity for coexisting and interrelating with others. Indeed, the "iron logic of social living" (Adler, 1959) demands that we do so. Even in severe psychopathology, total extinction of social interest does not occur. Even people who are psychotic retain some commonality with "normal" people.

As Rabbi Akiva noted two millennia ago, "The greatest principle of living is to love one's neighbor as oneself." If we regard ourselves as fellow human beings with fellow feeling, we are socially contributive people interested in the common welfare and, by Adler's pragmatic definition of *normality*, mentally healthy (Dreikurs, 1969; Shoben, 1957).

If my feeling derives from my observation and conviction that life and people are hostile and I am inferior, I may divorce myself from the direct solution of life's problems and strive for personal superiority through overcompensation, wearing a mask, withdrawal, attempting only safe tasks where the outcome promises to be successful, and other devices for protecting my self-esteem. Adler said the neurotic in terms of movement displayed a "hesitating attitude" toward life (1964a). Also, the neurotic was described as a "yes-but" personality (Adler, 1934); at still other times, the neurotic was described as an "if only" personality (Adler, 1964a): "If only I didn't have these symptoms, I'd . . ." The latter provided the rationale for "The Question," a device Adler used for differential diagnosis as well as for understanding the individual's task avoidance.

11. Because Adlerians are concerned with process, little diagnosis is done in terms of nomenclature. Differential diagnosis between functional and organic disorder does often present a problem. Because all behavior is purposeful, a *psychogenic* symptom will have a psychological or social purpose, and an *organic* symptom will have a somatic purpose. An Adlerian would ask "The Question" (Adler, 1964a; Dreikurs, 1958, 1962), "If I had a magic wand or a magic pill that would eliminate your symptom immediately, what would be different in your life?" If the patient answers, "I'd go out more often socially" or "I'd write my book," the symptom would most likely be psychogenic. If the patient responds, "I wouldn't have this excruciating pain," the symptom would most likely be organic.

12. Life presents challenges in the form of life tasks. Adler named three of these explicitly but referred to two others without specifically naming them (Dreikurs & Mosak, 1966).

The original three tasks were those of *society, work, and sex*. The first has already been alluded to. Because no person can claim self-sufficiency, we are all interdependent. Not only do we need social recognition, but each of us also is dependent on the labor of other people, and they, in turn, are dependent on our contribution. Work thus becomes essential for human survival. The cooperative individual assumes this role willingly. In the sexual realm, because two different sexes exist, we must also learn how to relate to that fact. We must define our sex roles, partly on the basis of cultural definitions and stereotypes, and train ourselves to relate to the *other*, not the *opposite*, sex. Other people, of either sex, do not represent the enemy. They are our fellows, with whom we must learn to cooperate.

Fourth (Dreikurs & Mosak, 1967) and fifth tasks (Mosak & Dreikurs, 1967) have been described. Although Adler alluded to the *spiritual*, he never specifically named it (Jahn & Adler, 1964). But each of us must deal with the problem of defining the nature of the universe, the existence and nature of God, and how to relate to these concepts. Finally, we must address the task of *coping with ourselves*. William James (1890) made the distinction between the self as subject and the self as object, and it is as imperative, for the sake of mental health, that good relations exist between the "I" and the "me" as between the "I" and other people. In this task we must also deal, subjectively and reductionistically on the part of the person, with the "good me" and the "bad me."

13. Because life constantly poses challenges, living demands courage (Neuer, 1936). Courage is not an *ability* one either possesses or lacks. Nor is courage synonymous with bravery, such as falling on a grenade to save one's buddies from injury or death. *Courage* is the *willingness* to engage in risk-taking behavior either when one does not know the consequences or when the consequences might be adverse. We are all *capable* of courageous behavior, provided that we are *willing* to engage in it. Our willingness will depend on many variables, internal and external, such as our life-style convictions, our degree of social interest, the extent of risk as we appraise it, and whether we are task oriented or prestige oriented. Given that life offers few guarantees, all living requires risk taking. It would require very little courage to live if we were perfect, omniscient, or omnipotent. The question we must each answer is whether we have the courage to live despite the knowledge of our imperfections (Lazarsfeld, 1966).

14. Life has no intrinsic meaning. We give meaning to life, each of us in our own fashion. We declare it to be meaningful, meaningless, an absurdity, a prison sentence (cf., the adolescent's justification for doing as he pleases—"I didn't ask to be born"), a vale of tears, a preparation for the next world, and so on. Dreikurs (1957, 1971) maintained that the meaning of life resided in doing for others and in contributing to social life and social change. Viktor Frankl (1963) believed the meaning of life lay in love. The meaning we attribute to life will "determine" our behavior. We will behave *as if* life were really in accord with our perceptions, and therefore, certain meanings will have greater practical utility than others. Optimists will live an optimistic life, take chances, and not be discouraged by failure and adversity. They will be able to distinguish between failing and being a failure. Pessimists will refuse to be engaged with life, refuse to try, sabotage their efforts if they do make an attempt, and, through their methods of operation, endeavor to confirm their preexisting pessimistic anticipations (Krausz, 1935).

## Other Systems

Students often have asked, "Do you Adlerians believe in sex, too?" The question is not always asked facetiously. Freud accorded sex the status of the master motive in behavior. Adler merely categorized sex as one of several tasks the individual is required to solve. Freud employed esoteric jargon, and Adler favored common-sense language. One story has it that a psychiatrist took Adler to task after a lecture, denigrating his approach with the criticism "You're only talking common sense," to which Adler replied, "I wish more psychiatrists did." Table 3.1 lists other differences between the theories of Freud and Adler.

TABLE 3.1 Comparison of Freud's and Adler's Concepts

Freud	Adler
1. Objective.	1. Subjective.
2. Physiological substratum for theory.	2. A social psychology.
3. Emphasized causality.	3. Emphasized teleology.
4. Reductionistic. The individual was divided into "parts" that were antagonistic toward each other: e.g., id-ego-superego, Eros vs. Thanatos, conscious vs. unconscious.	4. Holistic. The individual is indivisible. He or she is a unity, and all "parts" (memory, emotions, behavior) are in the service of the whole individual.
5. The study of the individual centers on the intrapersonal, the intrapsychic.	5. People can be understood only interpersonally and as social beings moving through and interacting with their environment.
6. The establishment of intrapsychic harmony constitutes the ideal goal of psychotherapy. "Where id was, there shall ego be."	6. The expansion of the individual, self-actualization, and the enhancement of social interest represent the ideal goals for the individual.
7. People are basically "bad." Civilization attempts to domesticate them, for which they pay a heavy price. Through therapy, the instinctual demands may be sublimated but not eliminated.	7. People are neither "good" nor "bad," but as creative, choosing human beings, they may choose to be "good" or "bad" or both, depending on their life-styles and their appraisal of the immediate situation and its payoffs. Through the medium of therapy, people can choose to actualize themselves.
8. People are victims of both instinctual life and civilization.	8. People, as choosers, can shape both their internal and external environments. Although they cannot always choose what will happen to them, they can always choose the posture they will adopt toward life's stimuli.
9. Description of child development was postdictive and based not on direct observation of children but on the free associations of adults.	9. Children were studied directly in families, schools, and family education centers.
10. Emphasis on the Oedipus situation and its resolution.	10. Emphasis on the family constellation.
11. People are enemies. Others are our competitors, and we must protect ourselves from them. Theodore Reik quotes Nestroy: "If chance brings two wolves together, . . . neither feels the least uneasy because the other is a wolf; two human beings, however, can never meet in the forest, but one must think: That fellow may be a robber" (Reik, 1948, p. 477).	11. Other people are <i>Mitmenschen</i> , fellow human beings. They are our equals, our collaborators, our cooperators in life.
12. Women feel inferior because they envy men their penises. Women are inferior. Anatomy is destiny.	12. Women feel inferior because in our cultural milieu, women are undervalued. Men have privileges, rights, and preferred status, although in the current cultural ferment, their roles are being reevaluated.
13. Neurosis has a sexual etiology.	13. Neurosis is a failure of learning, a product of distorted perceptions.
14. Neurosis is the price we pay for civilization.	14. Neurosis is the price we pay for our lack of civilization.

A more extended comparison of Freud's and Adler's concepts of humankind may be found in articles by Carlson, Watts, & Maniacci (2006), H. W. von Sassen (1967), and Otto Hinrichsen (1913).

### *Adler and the Neo-Freudians*

Adler once proclaimed that he was more concerned that his theories survive than that people remember to associate his theories with his name. His wish apparently was granted. In discussing Adler's influence on contemporary psychological theory and practice, Henri Ellenberger commented, "It would not be easy to find another author from which so much has been borrowed from all sides without acknowledgment than Adler" (1970, p. 645). However, many neo-Freudians have credited Adler with contributing to and influencing their work. In her last book, Karen Horney wrote of "neurotic ambition," "the need for perfection," and "the category of power." "All drives for glory," she wrote, "have in common the reaching out for greater knowledge, wisdom, virtue or powers than are given to human beings; they all aim at the absolute, the unlimited, the infinite" (1951, pp. 34-35). Those familiar with Adler's writings on the neurotic's perfectionistic, godlike striving will immediately be struck by the similarity in viewpoint.

Horney (1951) rejected Freud's pessimism, "his disbelief in human goodness and human growth," in favor of the Adlerian view that a person could grow and could "become a decent human being."

Others have also remarked on the resemblance between the theories of Horney and Adler; the reviewer of one Horney book wrote that Karen Horney had just written a new book by Alfred Adler (Farau, 1953).

Erich Fromm also expresses views similar to those of Adler. According to Fromm, people make choices. The attitude of the mother in child rearing is of paramount importance. Life fosters feelings of powerlessness and anxiety. Patrick Mullahy (1955) indicates that

The only adequate solution, according to Fromm, is a relationship with man and nature, chiefly by love and productive work, which strengthens the total personality, sustains the person in his sense of uniqueness, and at the same time gives him a feeling of belonging, a sense of unity and common destiny with mankind. (pp. 251-252)

Although Harry Stack Sullivan places greater emphasis on developmental child psychology than does Adler, Sullivan's "person" moves through life in much the same manner as Adler's. Thus, Sullivan (1954) speaks of the "security operations" of the individual, a direct translation of Adler's and Lene Credner's (1930) *Sicherungen*. His "good me" and "bad me" dichotomy is, in expression if not in manner of development, essentially the same as that described by Adlerians.

So many similarities between Adler and the neo-Freudians have been noted that Gardner Murphy concluded, "If this way of reasoning is correct, neurosis should be the general characteristic of man under industrialism, a point suspected by many Freudians and, in particular, by that branch of the Freudian school (Horney and her associates) that has learned most from Adler" (1947, p. 569). A summary of such resemblances appears in Heinz and Rowena Ansbacher's *Individual Psychology of Alfred Adler* (1956), as well as in an article by Walter James (1947). Fritz Wittels (1939) has proposed that the neo-Freudians should more properly be called "neo-Adlerians," and a study by Heinz Ansbacher (1952) suggests that many traditional Freudians would concur.

### *Adler and Rogers*

Although the therapies of Adler and Carl Rogers are diametrically opposed, their theories share many commonalities. Both are phenomenological, goal directed, and holistic.

Each views people as self-consistent, creative, and capable of change. To illustrate, Rogers (1951) postulates the following:

1. The organism reacts as an organized whole to the phenomenal field (p. 486).
2. The best vantage point for understanding behavior is from the internal frame of reference of the individual (p. 494).
3. The organism reacts to the field as it is experienced and perceived (pp. 484–485).
4. The organism has one basic tendency and striving—to actualize, maintain, and enhance the experiencing organism (p. 487).

Much of the early research on nondirective and client-centered therapy measured the discrepancy between *self-concept* and *self-ideal*. The Adlerian would describe the extent of discrepancy as a measure of inferiority feelings.

### *Adler and Ellis*

The theories of Adler and Ellis exhibit many points of convergence. Albert Ellis (1970, 1971) finds his rational–emotive psychology to parallel that of Adler. What Adler calls basic mistakes, Albert Ellis refers to as irrational beliefs or attitudes. Both accept the notion that emotions are actually a form of thinking and that people create or control their emotions by controlling their thinking. They agree that we are not victims of our emotions but their creators. In psychotherapy, they (1) adopt similar stances with respect to unconscious motivation, (2) confront patients with their irrational ideas (basic mistakes or internalized sentences), (3) counterpropagandize the patient, (4) insist on action, and (5) constantly *encourage* patients to assume responsibility for the direction of their lives in more positive channels. The last phrase, however, reflects the major disagreement between Adler and Ellis—namely, what is “positive.” Ellis puts it as follows:

Where Adler writes, therefore, that “All my efforts are devoted towards increasing the social interest of the patient,” the rational therapist would prefer to say, “Most of my efforts are devoted towards increasing the self-interest of the patient.” He assumes that if the individual possesses rational self-interest he will, on both biological and logical grounds, almost invariably tend to have a high degree of social interest as well. (1957, p. 43)

### *Adlerian and Cognitive Therapy*

Adlerian and cognitive therapy have much in common, as Beck and Weishaar (2005) acknowledge. Both are phenomenological psychologies, and both are concerned with the way individuals view the world and themselves. Both emphasize the role of cognition in emotion and behavior (Beck & Weishaar, 2005; Dreikurs, 1951; Mosak, 1985). Each posits a set of cognitive structures (for the Adlerian it is the life-style; for the cognitive therapist it is a schema). These cognitive structures *may be* (the cognitive therapist would say *are*) related to certain kinds of emotional behavior (Beck & Weishaar, 2005; Mosak, 1968). Beck and Weishaar speak of cognitive distortion and Adler of “basic mistakes.” Beck and Weishaar’s term is preferable, but both processes are essentially the same. The reader may wish to compare Beck’s description of cognitive distortions (p. 272) and Mosak’s description of basic mistakes (p. 82) in this volume.

Therapy in each system is a collaborative effort, employing what Beck and Weishaar call “collaborative empiricism, Socratic dialogue, and guided discovery” (Beck & Weishaar, 2005).

The two therapies also differ in significant ways. Cognitive therapy is not designed for personal growth, whereas Adlerians focus on personal growth even for the patient with psychopathology. Cognitive therapists narrow the types of psychopathology with which they will deal; Adlerians do not. For example, cognitive therapists do not obtain good results with people coping with psychosis (Beck & Weishaar, 2005), but Adlerians regularly treat these patients. As with Freudian analysis, a certain amount of intellectual and/or psychological sophistication on the part of the patient brings the best results from cognitive therapy. However, the Adlerian therapist has no such requirement and meets the patient's level of sophistication by speaking at the patient's level of intelligence and in the patient's idiom (Mosak & Shulman, 1963). In spite of these differences, cognitive therapy appears to be "variations on a theme by Adler," even though Beck reads better because of his use of the language of contemporary psychology rather than the archaic language of Adler and his contemporaries. Watts (2003) has provided an extensive review of Adler's influence on contemporary cognitive therapies, particularly the constructivist school. Experts from various divisions of cognitive therapy (e.g., cognitive-behavioral and constructivist) and Adlerian psychology offer their views on how the two schools of therapy have influenced and might grow from each other.

### *Adler and Other Systems*

The many points of convergence and divergence between Adler and several of the existentialist thinkers have been noted by many writers (Birnbaum, 1961; Farau, 1964; Frankl, 1970). Phyllis Bottome had written in 1939 that "Adler was the first founder of an existence psychology" (p. 199). Given that existential psychology is not a school but a viewpoint, it is difficult to make comparisons, but interested readers may discover for themselves, in an editorial by Ansbacher (1959), the lines of continuity between Adler's ideas and existential thought.

The recognition of Adler as one of the earliest humanistic psychologists is clear. Ellis pays homage to Adler as "one of the first humanistic psychologists" (1970, p. 32). Abraham Maslow (1962, 1970) published five papers in Adlerian journals over a period of 35 years. As we have already observed, many of Adler's ideas have been incorporated by the humanistic psychologists with little awareness of Adler's contributions. "The model of man as a composite of part functions" that James Bugental (1963) questioned has been repudiated by Adlerians for more than half a century. Adlerian psychology is a value psychology (Adler wrote *What Life Should Mean to You* in 1931), as Viktor Frankl and Rollo May, among others, recognize in acknowledging their debt to Adler. Here is Frankl:

What he [Adler] . . . achieved and accomplished was no less than a Copernican switch. . . . Beyond this, Alfred Adler may well be regarded as an existential thinker and as a forerunner of the existential-psychiatric movement. (1970, p. 38)

May expresses his debt as follows:

I appreciate Adler more and more. . . . Adler's thoughts as I learned them in studying with him in Vienna in the summers of 1932 and 1933 led me indirectly into psychology, and were very influential in the later work in this country of Sullivan and William Alanson White, etc. (1970, p. 39)

And Abraham Maslow wrote,

For me Alfred Adler becomes more and more correct year by year. As the facts come in, they give stronger and stronger support to his image of man. I should say that in one respect especially the times have not yet caught up with him. I refer to his holistic emphasis. (1970, p. 39)

## HISTORY

### Precursors

Adler's insistence that people cannot be studied in isolation but only in their social context was previously expressed by Aristotle, who referred to the human being as a *zoon politikon*, a political animal (Adler, 1959). Adler exhibits his affinity with the philosophy of stoicism, as both Ellenberger (1970) and H. N. Simpson (1966) point out. Other commentators have noted the resemblance of Adler's writings to Kant's philosophy, especially with respect to the categorical imperative, private logic, and overcoming. Adler and Nietzsche have often been compared, and much has been made of their common usage of the concept of the *will to power* (Ansbacher, 1972; Crookshank, 1933). Adler spoke of it in terms of the normal strivings for competence, however, whereas Nietzsche's references to this concept involved what Adler would call the "useless side of life." Nietzsche stressed the *Übermensch* (superman) and Adler spoke of equality. Adler further stressed *social feeling*, a concept totally alien to the Nietzschean philosophy.

Throughout history, philosophers have struggled with the mind-body problem. Psychology experienced a renaissance when psychologists and psychiatrists began to apply themselves to the study of psychosomatic syndromes. Psychosomatic and somatopsychic hypotheses were advanced to explain how emotions could influence the production of symptoms and how bodily states might create emotional or mental illness. Adler rejected such divisions. Like Kurt Lewin (1935), he rejected categorization and dichotomies. Like Jan Smuts (1961), he was a holist, and the term *Individual Psychology* was not meant to describe the psychology of the individual. It referred rather to Adler's holistic stance—that a person could be understood only as a whole, an indivisible unity. To study people atomistically was to fail to capture fully the nature of humanity. For Adler, the question was neither "How does mind affect body?" nor "How does body affect mind?" but rather "How does the individual use body and mind in the pursuit of goals?" Although Adler's *Study of Organ Inferiority and Its Psychological Compensation* (1917) might seem to contradict such statements by expressing a causalistic viewpoint, this highly original theory was formulated when Adler was a member of the Freudian circle. Later Adler added the subjective factor:

It might be suggested, therefore, that in order to find out where a child's interest lies, we need only to ascertain which organ is defective. But things do not work out quite so simply. The child does not experience the fact of organ inferiority in the way that an external observer sees it, but as modified by his own scheme of apperception. (1969)

Perhaps the greatest influence on Adler was Hans Vaihinger's (1965) "philosophy of 'as if.'" According to Vaihinger, a fiction is "a mere piece of imagination" that deviates from reality but that is nevertheless utilitarian for the individual. Both the concept of the world and the concept of the self are subjective—fictional—and therefore in error. *Truth* is "only the most expedient error, that is, the system of ideas which enables us to act and to deal with things most rapidly, neatly, and safely, and with the minimum of irrational elements" (p. 108).

Finally, Adler's psychology has a religious tone (Adler, 1958; Jahn & Adler, 1964; Mosak, 1987c). His placement of social interest at the pinnacle of his value theory is in the tradition of those religions that stress people's responsibility for each other. Indeed, Adler maintained that "Individual Psychology makes good religion if you are unfortunate enough not to have another" (Rasey, 1956, p. 254).

## Beginnings

Adler was born near Vienna on February 7, 1870, and he died while on a lecture tour in Aberdeen, Scotland, on May 27, 1937. After graduating from the University of Vienna in 1895, Adler entered private practice as an ophthalmologist in 1898. He later switched to general practice and then to neurology. During this period, Adler gave portents of his later social orientation by writing a book on the health of tailors (1898). In this respect, he may be regarded as the progenitor of industrial medicine and of community outreach.

In 1902, Adler, at Freud's invitation, joined in the latter's Wednesday evening discussion circle. Biographers agree that Adler wrote two defenses of Freud's theories, which may have gained him the invitation. Although textbooks frequently refer to Adler as a student of Freud, Adler was actually a colleague (Ansbacher, 1962; Ellenberger, 1970; Federn, 1963; Maslow, 1962). Through the next decade, Adler had one foot in and one foot out of the Freudian circle. Although his *Study of Organ Inferiority* won Freud's unqualified endorsement, Adler's introduction of the aggression instinct in 1908 met with Freud's disapproval. Not until 1923, long after Adler had discarded instinct theory, did Freud incorporate the aggressive instinct into psychoanalysis (Sicher & Mosak, 1967), at which time Adler declared, "I enriched psychoanalysis by the aggressive drive. I gladly make them a present of it!" (Bottome, 1939, p. 63).

Adler's increasing divergence from Freud's viewpoint led to discomfort and disillusion in the Vienna Psychoanalytic Society. Adler criticized Freud's sexual stance; Freud condemned Adler's ego psychology. They disagreed on (1) the unity of neuroses, (2) penis envy (sexual) versus the masculine protest (social), (3) the defensive role of the ego in neuroses, and (4) the role of the unconscious. Freud thought that Adler had not discovered anything new but had merely reinterpreted what psychoanalysis had already said. He believed that what Adler discovered was "trivial" and that it was "methodologically deplorable and condemns his whole work to sterility" (Colby, 1951). In 1911, after a series of meetings where these issues were discussed in an atmosphere of fencing, heckling, and vitriol (Brome, 1968), Adler resigned as president of the Vienna Society. Later that year, Freud forced the choice between Adler and himself. Several members of the circle expressed their sympathy for Adler by resigning and forming the Society for Free Psychoanalytic Research. The word *free* was meant to imply that this was still a psychoanalytic society, but one free of Freud.

During the next decade, with the exception of the war period, Adler and his co-workers developed the social view of the neuroses. Their focus was primarily clinical, although as early as 1908, Adler (1914) had demonstrated an interest in children, families, and education. In 1922 Adler initiated what was perhaps the first community outreach program, child-guidance centers within the community. These centers were located in public schools and were directed by psychologists who served without pay. The method, for which Adler drew much criticism, was that of public family education, a method still used in Adlerian family education centers. Twenty-eight such centers existed in Vienna until 1934, when an unfriendly government closed them. This form of center was transported to the United States by Rudolf Dreikurs and his students (Dreikurs, Corsini, Lowe, & Sonstegard, 1959). The success of these centers motivated the Vienna school authorities to invite several Adlerians to plan a school along Adlerian lines, and from this invitation emerged the school described in Oskar Spiel's *Discipline Without Punishment* (1962). The school emphasized encouragement, class discussions, democratic principles, and the responsibility of children for themselves and for each other—educational methods still in use today.

The social orientation of Adler's Individual Psychology inevitably led to interest in group methods and Adler's introduction of family therapy (1922). Dreikurs (1959) is credited with the first use of group psychotherapy in private practice.

Between World Wars I and II, Adlerian groups existed in 20 European countries and in the United States. In 1926 Adler was invited to the United States to lecture, and until 1934, when fascism took hold in Austria, he divided his time between the United States, where he was on the medical faculty of the Long Island College of Medicine, and abroad. Two of his children, Alexandra and Kurt, practiced psychiatry in New York City. With the march of Nazism, many Adlerians were forced to flee their European homelands and made the United States the center of their activities. Today, Individual Psychology societies exist in the United States, England, Canada, France, Denmark, Switzerland, Germany, Austria, the Netherlands, Greece, Italy, Israel, and Australia.

### Current Status

The resurgence of the Adlerian school after the dispersion from Europe was an uphill effort. Personal hardships of refugee Adlerians were compounded by the existing psychological climate in this country. The economic depression still prevailed. The Freudian school held a near monopoly, both in the treatment area and with respect to appointments in medical schools. Some Adlerians defected; others became crypto-Adlerians. However, others persevered in retaining their identity and their optimism. Local societies were founded, and 1952 saw the formation of the American Society of Adlerian Psychology (now the North American Society of Adlerian Psychology). Several journals appeared; the major American one is the *Journal of Individual Psychology*, formerly called *Individual Psychology*, which itself was the successor of the *Individual Psychology Bulletin*, of which Dreikurs was the editor for many years. The International Association of Individual Psychology also publishes the *Individual Psychology Newsletter*.

Training institutes that offer certificates in psychotherapy, counseling, and child guidance are found in New York; Chicago; Minneapolis; Berkeley, California; San Francisco; St. Louis; Fort Wayne, Indiana; Vancouver; and Montreal. Individual courses and programs of study are offered at many universities, such as Oregon, Arizona, West Virginia, Vermont, Governors State, Southern Illinois, and Georgia State. Master's degrees based on an Adlerian curriculum are offered by Bowie State College and by the Adler School of Professional Psychology in Chicago. The latter has been accredited to offer a doctoral program in clinical psychology.

Although Adlerian psychology was once dismissed as moribund, superficial (i.e., an "ego psychology"), and suitable mainly for children, it is today considered a viable psychology.

Today's Adlerian may operate as a traditional clinician but remains innovative. For example, Joshua Bierer was a pioneer in social psychiatry (Bierer & Evans, 1969) and a leader in the day-hospital movement (1951). Therapeutic social clubs have been in operation at the Alfred Adler Mental Hygiene Clinic in New York and at Saint Joseph Hospital in Chicago. Dreikurs originated multiple psychotherapy (1950), and he, Harold Mosak, and Bernard Shulman contributed to its development (1952a, 1952b, 1982). Rudolf Dreikurs, Asya Kadis, Helene Papanek, and Bernard Shulman have made extensive contributions to group therapy. Because they prefer the goal of prevention to that of healing, Adlerians function extensively in the area of education. Manford Sonstegard, Raymond Lowe, Bronia Grunwald, Oscar Christensen, Raymond Corsini, and Loren Grey are among those responsible for applying Adlerian principles in the schools. All have been students of Dreikurs, who transported the tradition from Vienna, and who himself made a great contribution in this area. In the Adlerian social tradition, Adlerians may be involved in community outreach programs or may dedicate their efforts to the study of subjects such as drugs, aging, delinquency, religion, and poverty.

In 2008, the *Journal of Individual Psychology* (volume 64) devoted an entire issue to lesbian, gay, bisexual, and transgender individuals (Mansager, 2008). Hill, Brack, Qalinge, and Dean (2008) presented research detailing AIDS treatment in South Africa from

an Adlerian perspective. Also recently published, Foley, Matheny, and Curlette (2008) have presented research detailing an Adlerian assessment of personality traits in Mainland China. In 2007, Linden presented an updated perspective of aging from an Adlerian view. Sperry and Mansager (2007) have discussed spirituality and Adlerian psychology. In yet another special issue of the *Journal of Individual Psychology*, Rasmussen (2006) has collected a series of articles updating the Adlerian view of depression. In a similar vein, Schneider, Kern and Curlette (2007) have published a special issue of the journal updating the Adlerian view of narcissism. Rotgers and Maniacci (2006) have published a volume on comparative treatments of antisocial personality disorder, with two chapters covering Adlerian perspectives.

The contemporary Adlerian finds the growth model of personality infinitely more congenial than the sickness model. The Adlerian is interested not in curing sick individuals or a sick society but in reeducating individuals and in reshaping society. Adlerians are even branching out into the Internet. Two sites of interest are [www.alfredadler.org](http://www.alfredadler.org) and [www.adleriancounselingandtherapy.com](http://www.adleriancounselingandtherapy.com).

Henry Stein and colleagues at the Alfred Adler Institute of San Francisco have recently completed the Alfred Adler translation project. This 12-volume set comprises newly edited and retranslated volumes of the complete clinical collected works of Alfred Adler; these translations are sorely needed to bring Adler's original writings to English-speaking audiences. The volumes are readily available via commercial bookstores, online booksellers, or through the Alfred Adler Institute of San Francisco.

## PERSONALITY

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### Theory of Personality

Adlerian psychology is a psychology of use rather than of possession. This assumption decreases the importance of the question "How do heredity and environment shape the individual?" The functionalist, holistic Adlerian asks instead, "How does the individual use heredity and environment?" Since theirs is a psychology of use, Adlerians find it improper to employ such phrases as "He *has* social interest." People *display* social interest rather than possess it (Mosak, 1991).

For Adler, the *family constellation* constitutes the primary social environment. Every child searches for significance in this environment and competes for position within the family constellation. One sibling becomes the "best" child, another the "worst." Being favored, being one of the favored sex within the family, adopting the family values, or identifying or allying oneself with a parent or sibling may provide the grounds for the feeling of having a place. Handicaps, organ inferiorities, or being an orphan are other "position makers" for some children.

Of supreme importance is the child's position in the family constellation. Thus, it would appear that the first child usually is a conservative and the second is often a rebel. The baby is ordinarily either everyone's darling or one who stands on tiptoes to see above the preceding siblings. If these general characteristics possess any validity, at best they exist as statistical probabilities and not as defining traits. Considering the family constellation in terms of birth order or ordinal position creates the problem of characterizing, let us say, the fifth child in the family. Although the fifth child is often encountered in the therapy situation, he or she never receives any attention in the literature. Birth order, per se, also fails to take into account the gender position of the child. The children in two-sibling families in which the possible configurations are boy-boy, girl-girl, boy-girl, and girl-boy do not possess similar characteristics based on ordinal position alone (Shulman & Mosak, 1977).

The Adlerian prefers to study the family constellation in terms of the *psychological* position. A simple example illustrates this point of view. Take two siblings separated in age by 10 years. In birth order research, these would be treated as a first child and a second child. From the Adlerian point of view, the psychological position of each would *most likely* be that of an only child, with the older child *perhaps* functioning as an additional parent figure for the younger. The italicized terms *most likely* and *perhaps* are used expressly to indicate that (1) Adlerians do not recognize a causalistic, one-to-one relationship between family position and sibling traits, and (2) whatever relationship exists can be understood only in context—that is, when one knows the family climate and the total configuration of factors in the family constellation. Adler, whenever he generalized or ventured a prediction, was fond of reminding his students, “Everything could also be quite different.”

The search for significance and the consequent sibling competition reflect the values of the competitive society in which we live. We are encouraged to be first, to excel, to be popular, to be athletic, to be a “real” man, to “never say die,” to recall that “practice makes perfect,” and to “dream the impossible dream.” Consequently, each child must stake out a “territory” that includes the attributes or abilities that the child hopes will give him or her a feeling of worth. If through their evaluations of their own potency (abilities, courage, and confidence) children are convinced that they can achieve this place through useful endeavor, they will pursue “the useful side of life.” Should children feel that they cannot attain the goal of having a “place” in this fashion, they will become discouraged and engage in disturbed or disturbing behavior in their efforts to find a place. For the Adlerian, the “maladjusted” child is not a “sick” child. He or she is a “discouraged” child. Dreikurs (1948, 1949) classifies the goals of the discouraged child into four groups: attention getting, power seeking, revenge taking, and declaring deficiency or defeat. Dreikurs is speaking of immediate rather than long-range goals. These are the goals of children’s “misbehavior,” not of all children’s behavior (Mosak & Mosak, 1975b).

In the process of becoming socialized human beings, children form conclusions on the basis of their subjective experiences. Because judgment and logical processes are not highly developed in young children, many of their growing convictions contain errors or only partial “truths.” Nevertheless, they accept these conclusions about themselves and others *as if* they were true. Such conclusions are subjective evaluations, biased apperceptions of themselves and of the world, rather than objective “reality.” Thus, one can be truly inferior without feeling inferior. Conversely, one can feel inferior without being inferior.

The child creates a cognitive map or life-style that will assist “little me” in coping with the “big” world. The life-style includes the aspirations, the long-range goals, and a “statement” of the conditions, personal or social, that are requisite for the individual’s “security.” The latter are also fictions and are stated in therapy as “If only . . . , then I . . . .”

Mosak (1954) divided life-style convictions into four groups:

1. The *self-concept*—the convictions I have about who I am.
2. The *self-ideal* (Adler coined this phrase in 1912)—the convictions of what I should be or am obliged to be to have a place.
3. The *Weltbild*, or “picture of the world”—convictions about the not-self (world, people, nature, and so on) and what the world demands of me.
4. The *ethical convictions*—the personal “right-wrong” code.

When there is a discrepancy between self and ideal-self convictions (“I am short; I should be tall”), *inferiority feelings* ensue. Although an infinite variety of inferiority feelings exist, one that Adler discussed while he was still in the Freudian Society should

be mentioned. This idea, the *masculine protest*, eventually led to the rift between Adler and Freud, and it assumes monumental importance in some circles today. In a culture that places a premium on masculinity, some women feel inferior because they have not been accorded the prerogatives or privileges of men ("I am woman; I should be equal to man"). But men also suffered from the masculine protest because being a man is not sufficient to provide a "place" for some men ("I am a man, but I should be a *real* man"). Because Adler believed in the equality of the sexes, he could not accept these fictions (Mosak & Schneider, 1977).

Lack of congruence between convictions in the self-concept and those in the *Weltbild* ("I am weak and helpless; life is dangerous") also results in inferiority feelings. Discrepancies between self-concept and ethical convictions ("One should always tell the truth; I lie") lead to inferiority feelings in the moral realm. Thus, the guilt feeling is merely a variant of the inferiority feeling (Mosak, 1987b).

These variations of inferiority feelings in and of themselves are not "abnormal." It would be difficult to quarrel with Adler's observations that to live is to *feel* inferior. It is only when individuals act *as if* they were inferior, develop symptoms, or behave as "sick" that we see evidence of what in the medical model would be called *pathology* and what Adlerians call *discouragement* or the *inferiority complex*. To oversimplify, the *inferiority feeling* is universal and "normal," although it may leave us uncomfortable; the *inferiority complex* reflects the discouragement of a limited segment of our society and is usually "abnormal." The former may be masked or hidden from the view of others; the latter is an open demonstration of inadequacy, or "sickness."

Using their "maps," people facilitate their movements through life. This permits them to evaluate, understand, experience, predict, and control experience. Lawrence Frank writes in this connection,

The personality process might be regarded as a sort of rubber stamp which the individual imposes upon every situation by which he gives it the configuration that he, as an individual, requires; in so doing he necessarily ignores or subordinates many aspects of the situation that for him are irrelevant and meaningless and selectively reacts to those aspects that are personally significant. (1939, p. 392)

Although the life-style is the instrument for coping with experience, it is very largely nonconscious. The life-style comprises the cognitive organization of the individual rather than the behavioral organization. As an illustration, the conviction "I require excitement" may lead to the vocational choices of actor, racing car driver, or explorer, or to "acting out" behavior. Such a conviction may further lead to getting into jams or exciting situations, engaging in creative acts, or discovery.

Within the same life-style, one can behave usefully or uselessly. This distinction permits Adlerians (e.g., Dreikurs, 1961; Nikelly, 1971a) to distinguish between *psychotherapy* and *counseling*. The former, they maintain, has as its aim the change of life-style; the latter has as its goal the change of behavior within the existing life-style.

Because the Adlerian literature discusses the life tasks of occupation, society, and love so extensively, these tasks of life will not be elaborated on here, except for some brief comments. Lewis Way points out that "The problems they pose can never be solved once and for all, but demand from the individual a continuous and creative movement toward adaptation" (1962, pp. 179-180).

*Love*, as an emotion like other emotions, is cognitively based. People are not "victims" of their emotions. They create emotions to assist them in the attainment of their goals. Love is the conjunctive emotion we create when we want to move toward people.

Although the life tasks of love, occupation, and society demand solution, it is possible to avoid or postpone them if one can compensate in other areas. "Even successful persons fall into neurosis because they are not more successful" (Way, 1962, p. 206).

The *neurotic symptom* is an expression of "I *can't* because I'm sick"; the person's movement betrays the "I *won't* because my self-esteem might get hurt" (Krausz, 1959, p. 112). Although neurotics' movements are consonant with their "private logic" (Nikelly, 1971b), they still cling to "common sense." They know what they should do or feel, but they "can't." Adler referred to them as "yes-but" personalities. Eric Berne (1964) has graphically described their interpersonal maneuvers in the "Why don't you—Yes, but" game. The genesis of neurosis lies in discouragement. People avoid and postpone or take circuitous routes to solutions so they can "save face." Even when they expect or arrange to fail, they try to salvage some self-esteem. Students, fearful of failing examinations, will refrain from studying. In the event they do fail, they merely have to hold that they were lazy or neglectful but not stupid.

The psychotic's goal of superiority is often loftier than that which can be achieved by mere humans. "Individual Psychology has shown that the goal of superiority can only be fixed at such attitudes when the individual has, by losing interest in others, also lost interest in his own reason and understanding . . . common sense has become useless to him" (Adler, 1964a, pp. 128–129). Adler used "common sense" in much the same manner that Sullivan spoke of "consensual validation." In the pseudo work area, the psychotic becomes superintendent of the mental hospital. In the pseudo social area, the hypomanic patient resembles the cheerful extrovert, and the more acutely manic patient becomes a "name dropper" and "swallows up" people (Shulman, 1962). The paranoid patient pictures people as threatening and manifests a "search for glory," to use Karen Horney's (1951) phrase, by the persecutory delusion that *they* are conspiring to do something to *me*. The delusions of grandeur of psychotic depressive patients ("I'm the *worst* sinner of all time") and of the schizophrenic who claims to be Christ are some other "solutions" to the pseudo spiritual tasks. The reifying hallucinations of talking with the devil fall in this category (Adler, 1963a; Mosak & Fletcher, 1973).

The *psychologically healthy* or *normal* individual has developed social interest and is willing to commit to life and the life tasks without evasion, excuse, or "side shows" (Wolfe, 1932). This person proceeds with confidence and optimism about meeting life's challenges. There is a sense of belonging and contributing, the "courage to be imperfect," and the serene knowledge that one can be acceptable to others, although imperfect. Above all, this person rejects the faulty values that culture projects and attempts to substitute for them values more consonant with the "ironclad logic of social living." Such a person does not exist, nor will psychotherapy produce such a person. Yet this is the Adlerian ideal, and because Adler's intent was to substitute small errors for larger errors, many of these goals can be approximated in psychotherapy. Many fortunate people have the courage (Adler, 1928) and social interest to do this for themselves without therapeutic assistance.

## Variety of Concepts

The simplicity of Adlerian vocabulary renders definition and interpretation generally unnecessary. Yet some differences of opinion and emphasis about Adlerian concepts remain unresolved. In terms of *life-style*, Adlerians disagree with respect to what it describes—behavioral or cognitive organization. *Social interest* (Bickhard & Ford, 1976; Crandall, 1981; Edgar, 1975; Kazan, 1978; Mosak, 1991) apparently is not a unitary concept but a cluster of feelings and behaviors (Ansbacher, 1968). Although social interest is often described as "innate," many Adlerians wonder what makes it so, given that it appears to be neither genetic nor constitutional. As one looks at the theories of Adler, Freud, and Jung, one is struck with the effort on the part of all three to "biologize" their theories. Perhaps it was the temper of the times. Perhaps it was because all three were physicians. Perhaps it resulted from the need to make their theories respectable during