SAMPLE CHAPTER

Contemporary Psychotherapies for a Diverse World

Jon Frew • Michael D. Spiegler
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Chapter 4

Adlerian Therapy

Jon D. Carlson and Matt Englar-Carlson

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fred Adler (1870–1937) was a contemporary of Sigmund Freud and, during a 10-year period, Adler and Freud were colleagues in the Psychoanalytic Society in Vienna. As you will learn in this chapter, Adler’s thinking intersected with, but then diverged from, Freud’s. We will begin the chapter with an overview of Adler’s basic ideas and then consider the development of Adler’s theoretical perspective in the context of his life and times. In the second part of the chapter, the discussion will turn to Adlerian therapy as it is practiced in today’s diverse world.

The Individual Psychology of Alfred Adler is based upon a holistic, phenomenological understanding of human behavior. Adler used the word *individual* in the name of his approach in order to emphasize the indivisible (undivided or whole) nature of our personalities. The Adlerian focus on *holism* means that one cannot understand an individual in parts (reductionism), but all aspects of a person must be understood in relationship. Furthermore, individuals can only be fully understood in connection to social systems (Mosak, 2005). The phenomenological perspective of Adlerian psychology suggests that each person views situations from a unique point of view. We live our life and act “as if” our view of the world is correct. When our views are distorted, our thinking becomes faulty and our behavior becomes inappropriate. Adlerians believe that all behavior has a purpose and occurs in a social context, noting that one’s cognitive orientation and life-style (literally, one’s style of dealing with life) are created in the first few years of life and molded within the initial social setting, the family constellation. Adler coined the term life-style to mean the characteristic way we act, think, and perceive and the way we live. It is from our life-style that we select the methods for coping with life’s challenges and tasks.

Adlerians believe that all behavior is goal directed. People continually strive to attain in the future what they believe is important or significant. Adler believed that for all people there are three basic life tasks: work, friendship, and love–intimacy. Other Adlerians have suggested other life tasks, which we will discuss later in the chapter (Dinkmeyer, Dinkmeyer, & Sperry, 1987; Mosak, 2005). Adlerian theory maintains that humans are all social beings and therefore all behavior is socially embedded and has social meaning (Watts, 2000a). As one of the first models of psychotherapy, Adler’s theory emphasized the importance of relationships, of being connected to others. A hallmark of Adlerian theory is the emphasis on social interest, which is a feeling of cooperation with people, a sense of belonging to and participating in the common good. Social interest can be equated with empathy for others, and Adlerians view social interest as a measure of mental health, noting that as social interest develops, feelings of inferiority decrease.

Adlerian psychotherapy is a psychoeducational, present/future-oriented, and time-limited (or brief) approach (Carlson, Watts, & Maniaci, 2006; Watts, 2000a). Adlerians espouse a growth model, noting that our fates are never fixed and that individuals are always in the process of “becoming.” Adlerians believe that the person experiencing difficulties in living or psychopathology
is not sick, but rather discouraged (Mosak, 2005). Psychopathology is a result of mistaken notions and faulty assumptions, low social interest, discouragement, and ineffective life-style. The task of psychotherapy then becomes one of encouraging the client to develop more social interests and a more effective life-style to achieve success in the tasks of life.

**Origins and Evolution of Adlerian Therapy**

Alfred Adler was a physician, educator, best-selling author, and practical philosopher. Adler’s life was one of many contrasts. Although trained as a physician, he became a psychologist and educator as well as an early pro-feminist and skilled public speaker. Adler believed in personal freedom, social responsibility, and the rights of children, women, and workers. While alive, he was more popular than Freud, though over time Freud’s fame has far surpassed Adler’s. For example, Adler’s first book of popular psychology, *Understanding Human Nature*, was a huge success, selling over 100,000 copies in the first 6 months. This is in contrast to Freud’s best-selling book of the time, *The Interpretation of Dreams*, which sold around 17,000 copies over a 10-year period. Now Freud is largely viewed as the founder of modern psychotherapy, yet recently there has been a growing appreciation and understanding of the vast influence of Adler’s theories and practice on modern psychotherapy and counseling. Adler’s psychological and developmental concepts, such as the inferiority complex, power trips, power conflicts, control, life tasks, life-style, goal-oriented behavior, and social interest, have all entered the common lexicon. Adler’s theories and insights into the human personality serve as the foundation of today’s most prominent theories of psychotherapy, including many that you will read about in this book: person-centered therapy, existential therapy, cognitive therapy, rational emotive behavioral therapy, reality therapy, and family therapy. In many ways, Adler could be considered the grandfather of modern psychotherapy.

Alfred Adler was born on February 7, 1870, near Vienna, Austria. His parents were Jewish and his father worked as a corn trader. Young Alfred, the second of six children, was not a healthy child. He was subject to frequent bouts of a respiratory disorder and vitamin deficiency, and he almost died from pneumonia at the age of 4. If this was not enough, he was run over twice on the Vienna streets. Academically, Adler struggled in school, was required to repeat a grade level, and was recommended to enter a trade as an apprentice.

These early experiences with feeling helpless must have led Adler to think about a person’s internal sense of inferiority or superiority. Coupled with his father’s encouragement, these experiences served as catalysts that moved Adler toward studying medicine. At medical school, Adler studied ophthalmology and then neurology. It is not surprising that he chose to study how people view the world before studying neurology. He gained medical experience working at the Poliklinik, a free medical clinic that served the poor, and he was also drafted for two tours of military service. As a medical student,
Adler became interested in philosophy and politics and was drawn toward the socialism of Karl Marx. At the end of the 19th century in Europe, the other prevailing political ideology was nationalism, but there was little room for those of Jewish origin within that movement.

As a socialist, Adler was less interested in economics than in the ways society affects individuals. He became active in the labor movement, advocating on behalf of curtailing dangerous labor conditions for the working poor and suggesting improved housing and a limit on the number of work hours allowed during the week. His first book, *Health Book for the Tailoring Trade*, criticized the labor and living conditions of workers and their families. Adler’s concern about the tailoring trade was consistent with those of other social reformers who were drawing attention to the plight of industrial working people (Silver, 2009). When Adler opened his first medical practice specializing in nervous diseases, most of his patients were working-class people.

Adler married Raissa Epstein in 1897, and she clearly had a major influence on his life. Hoffman (1994) noted that Raissa was a strong thinker in her own right as a socialist and early feminist and that she maintained her political activities throughout her marriage to Adler. Among her friends were Leon and Nathalia Trotsky, who soon became close family friends. Raissa, the couple’s socialist friends, and the socialist intellectual circles in Vienna had considerable influence on Adler’s ideas. Yet, Adler was actually more of a humanist than a socialist. Whereas he supported socialist ideas to improve the living conditions of the poor, he also believed in the potential within individuals to change their own lives. He believed education and skill training, rather than revolution, would make it possible for people to solve their problems and live life in a more satisfying fashion. He had a passionate concern for the common person and was against all forms of prejudice (Carlson, Watts, & Maniaci, 2006).

Much has been made of the meeting between Adler and Freud in 1902, their time spent in the Psychoanalytic Society, and their subsequent acrimonious parting in 1911 (Handlbauer, 1998). In 1900, Adler wrote a strong defense of Freud’s *The Interpretation of Dreams*, and later Freud invited Adler to be the fifth member of his Wednesday night psychoanalytic circle (Mosak & Maniaci, 1999). Adler was already established at this time and thus viewed himself as more of a colleague than a student. Adler’s relationship with Freud lasted 10 years before their parting. This separation highlighted the stark differences in these two men in terms of their own development and approach to treatment. Whereas Freud was primarily concerned with biological factors and psychosexual development that influence a person’s behavior, Adler took a holistic perspective. Freud was deterministic in his thinking, but Adler viewed people as essentially goal directed, with the capacity for being creative and responsible for their own choices. Adler’s views diverged from Freud’s by placing more emphasis on social, familial, and cultural forces as opposed to biological drives. Adler placed less emphasis on the role of unconscious, infantile sexuality and emphasized social drives over sexual ones.
In 1911, when Adler was president of the Psychoanalytic Society, the growing differences became too much, and Adler and Freud parted ways. Though Adler and Freud attempted reconciliation, it failed. Adler, along with one third of the members of the Psychoanalytic Society, went on to form the Society for Individual Psychology. This was a significant moment in the history of psychotherapy. An alternative school of thought had now been established that acknowledged biological influences and social and cultural influences on personality. Further, because of Adler's own experiences with working and “common” people, his model emphasized ethical and practical solutions (Bankart, 1997). Interestingly, Adler's ideas about equity and humanity are compatible with both the current ethical guidelines of both the American Psychological Association and the American Counseling Association that relate to treatment regarding issues of race, gender, ethnicity, social class, and sexual orientation (Carlson et al., 2006).

Adler went on to serve as a doctor in World War I and then established 30 child guidance clinics in Austria that were staffed by volunteer psychologists. He became active in school reform, childrearing practices, and public family education. Adler escaped his homeland just before the outbreak of Nazi domination and immigrated to the United States in 1935. For years prior to his immigration, Adler's ideas were becoming well known; he was a premier lecturer and author worldwide, but particularly in the United States. During his lectures, he would give live demonstrations of parenting techniques to crowds of thousands.

Adler chose New York as a base for his clinical and lecturing activities, and he spent the latter part of his life promoting his theory, eventually recruiting others (Ansbacher & Ansbacher, 1956; Dreikurs, 1967) to carry on his work. Adler and Raissa had four children, two of whom followed their father into psychotherapy and practiced in New York City for many years. Their eldest daughter, Valentine, lived in Russia and was politically active like Raissa. She was arrested for her position on social justice, and it was reported that she perished in a Russian gulag. Many speculated that Alfred Adler's heart was broken when he heard of her death. He died shortly thereafter of a heart attack while lecturing in Scotland in 1937.

Adler's early writings up to and during World War I focused primarily on abnormal human behavior and seem rather psychoanalytic in tone. However, following World War I, Adler became more interested in normal human behavior and progressively developed his mature theory, which is more holistic, phenomenological, and socially oriented than psychoanalytic theory. Contemporary Adlerian psychology and psychotherapy, as well as subsequent developments by later Adlerians (e.g., Rudolf Dreikurs), are primarily based on Adler's later period.

Adler was ahead of his time. Kottler and Montgomery (2011) noted that many of Adler's important contributions to current practice might seem rather obvious because they have formed the basis of so many other theories. Adler was the first to incorporate into psychotherapy the relationship between thinking processes and feelings; the impact of early family experiences and
birth order on present behavior; the value of constructing specific plans of action; the construction of an egalitarian, collaborative counseling relationship (including having the client and counselor face each other); an assessment of life-style and social behavior as they affect personality development; and the importance of skill training and an educational model of treatment. As previously mentioned, Adler was quite involved in the social rights movements of his day. He advocated for school reform and sex education and was a vocal leader in equal rights for women. Adler proclaimed that he wasn’t concerned about people remembering his name in association with his theories; he was more concerned that his theories would survive (Mosak, 2000).

Rudolf Dreikurs founded the first Adler Institute in Chicago as a way to introduce Adler’s ideas to emerging psychology professionals, who primarily only knew traditional psychoanalytic thinking. Adler’s children, Kurt and Alexandra, created a similar center in New York City. Each of these training institutes nurtured the growth of Adlerian psychology at a time when the dominance of Freudian ideas—and the fact that Adler was often branded as a traitor to the master’s original teachings—made this difficult. Although Adler did indeed directly contradict the orthodoxy of Freudian theory, he was consistent in crediting Freud with promoting the role of early childhood experiences, bringing attention to the meaning of dreams, and suggesting that symptoms served some useful purpose (Mosak & Maniaci, 1999). Dreikurs, who shared Adler’s vision of child guidance centers, went on to make a considerable impact with his books on child-rearing, *Children: The Challenge* (Dreikurs & Soltz, 1964) and *Discipline without Tears* (Dreikurs & Cassell, 1972). Dreikurs was also instrumental in popularizing Adler’s principles within the education system. These principles included encouragement, individual responsibility, democratic rules, social awareness, and the use of natural consequences rather than punishment (Pryor & Tollerud, 1999).

After Dreikurs died in 1972, the Adlerian movement lacked a charismatic leader to continue advancing the theory. There were many competent modern Adlerians such as Don Dinkmeyer, Harold Mosak, Bernard Shulman, and Bob Powers, but there was no one person who could unify the Adlerians as Alfred Adler and Rudolf Dreikurs had. This was a time when Adlerians were undecided about whether to adhere to the original words and theories of the leaders for direction or to pick up where Adler and Dreikurs left off by continuing to adapt and advance the approach in accordance with modern therapeutic practice and mental health trends. Eventually, Adlerians did address the evolution of modern Adlerian theory, as we will see in the next section.

**Context Then—Context Now**

Although Adler was ahead of his time, he was nonetheless limited by the historical era in which he lived. He endured many personal and professional hardships, not to mention discrimination because of his Jewish and Hungarian heritage. Adler lived during a time when Europe was
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experiencing intense debate about political and social ideologies, ethnic and cultural conflicts, and longstanding historical rivalries, all of which contributed to World War I and II. The movement from autocracy to democracy in social life was underway, and Adler found himself at the forefront. He realized that people raised in an autocratic system needed skills to learn to live as equals. Although many believed in the concepts and ideals of democracy, Adler felt that they did not know how to treat one another in a democratic or equal fashion. Men talked down to women, adults to children, bosses to employees, and rich to poor. Inequality based on ethnicity, race, and religion abounded. To make a difference, Adler concentrated on helping parents and teachers educate children effectively. He believed that by changing these basic relationships it would be possible eventually to transform the entire society.

The world of counseling and psychotherapy has changed considerably from the time when Adler was developing his theories. One way to understand the developmental path of psychotherapy has been to view the waves of influence, starting with the psychodynamic approaches as the first force, followed by the second-force models that emphasized behavioral and cognitive theories and interventions, the third force of existential–humanistic models, and the current recognition of multicultural and systemic models as the fourth force (Seligman & Reichenberg, 2009). Viewed in this larger context, the Adlerian model does not fit neatly into any one force, but is more like a chameleon, adapting its “colors” depending on the background of the client and the presenting concern. Although Adler clearly influenced other contemporary psychotherapy practices, some scholars still ask the question, “So what? Is Adlerian counseling useful for today?” (Watts, 2000a).

In many ways, Adlerians have struggled with the issue of relevancy over the past 30 years. In 2000, it led me (J. C.) to ask Adlerians what they wanted to be in the world of contemporary psychotherapy, “Astronaut or Dinosaur? Headline or Footnote?” (Carlson, 2000, p. 3). In recent years, it seems that most Adlerians have chosen to be a continued presence in contemporary psychotherapy. Adler’s theory of Individual Psychology is enjoying tremendous popularity because many writers (see Carlson & Slavik, 1997; Carlson et al., 2006; Dinkmeyer & Sperry, 2000; Watts, 2003; Watts & Carlson, 1999) have adapted the original theory to a variety of other applications and settings (LaFountain, 2010), each of which puts the original ideas in a fresh package.

The Journal of Individual Psychology has many articles showing how Adler’s ideas can be used in treating a wide variety of clients and problems in numerous settings, including schools (Lemberger & Milliren, 2008; Lemberger & Nash, 2008), organizations (Garner & Bruszewski, 2010), and medical settings (LaFountain & Stoner, 2010). Further, authors have explored how Adlerian theory can be used to support clients of various racial and ethnic groups (Carlson & Carlson, 2000; Chung & Bemak, 1998; Herring & Runion, 1994; Kawulich & Curlette, 1998; Perkins-Dock, 2005; Reddy & Hanna, 1995; Roberts, Harper, Tuttle Eagle Bull, & Heideman-Provost, 1998; Roberts, Harper, Caldwell, & Decora, 2003), spiritual and religious
backgrounds (Baruth & Manning, 1987; Cheston, 2000; Ecrement & Zarski, 1987; Ellis, 2000; Johansen, 2005; Kanz, 2001; Mansager, 2000; Mansager et al., 2002; Noda, 2000; Watts, 2000b), and other marginalized groups (Chandler, 1995; Hanna, 1998; Mansager, 2008; Matteson, 1995; Shelley, 2009). Keep in mind, however, that some Adlerian therapists still practice the classical form of the therapy today.

One of the ways that Adlerians have remained contemporary is by recognizing how aspects of Adler’s original model are theoretically consistent with modern psychotherapy, which in many ways has moved away from allegiance to single theories of personality and change and has readily adopted integrative theoretical models. Clearly, Adlerian psychotherapy fits well within the contemporary integrative Zeitgeist of psychotherapy. As Dinkmeyer and Sperry (2000) indicated, “there is increasing interest in emphasizing the commonalities and converging themes among psychotherapy systems” (p. 9), and psychotherapy integration is the prevalent focus among many psychotherapy theorists, researchers, and practitioners. Adlerian therapy is both integrative and eclectic, clearly blending cognitive, psychodynamic, and systemic perspectives while having considerable common ground with postmodern approaches such as constructivist, solution-focused, and narrative therapies (Watts, 2000a).

Most important, for any approach to be considered a relevant psychotherapy for contemporary society, it must successfully address multicultural and social equality issues. It is fitting that Adler developed his original theories and model while campaigning for the social equality of women, contributing to the understanding of gender issues, speaking out for the rights of working-class and poor people, and addressing the rights of minority groups. Adler himself was fully aware of the impact of social exclusion on people’s ability to meet the tasks of life and feel a part of the greater social welfare (Silver, 2009). Within that context, many practitioners of Adlerian therapy were addressing social equality and the use of a contextual framework for understanding people long before multiculturalism became a dominant force in counseling and psychotherapy (Bitter, Robertson, Healey, & Jones Cole, 2009; Watts, 2000a).

Arciniega and Newlon (1999) noted that the characteristics and assumptions of Adlerian psychology are congruent with the cultural values of many minority racial and ethnic groups, and they affirmed that the Adlerian therapeutic process is respectful of cultural diversity. In its continuing efforts to train students to be socially focused and responsible practitioners, the Adler School of Professional Psychology in Chicago has recently updated its curriculum to further highlight larger social issues such as social exclusion, poverty, violence, and discrimination (Todman et al., 2009). It appears that Adlerian therapy is alive, well, and poised to address the concerns of a contemporary global society. As Mosak (2005, p. 63) noted, “The Adlerian is not interested in curing sick individuals or a sick society, but in reeducating individuals and in reshaping society.”
The Authors’ Journeys as Adlerian Therapists

Two of Alfred Adler’s children (Kurt and Alexandra) became well-known Adlerian psychologists and kept Individual Psychology alive following Adler’s death. Rudolf Dreikurs’s daughter Eva also became an Adlerian psychologist and continues to build the theory. Adlerian psychologist Don Dinkmeyer’s son Don, Jr., followed in his footsteps and promotes the Adlerian model. With a legacy like that, is there any surprise that this chapter would be written by a father and son? Following is a short reflection on our journey and how we embraced Adlerian ideas.

Jon begins:

In graduate school at Southern Illinois University, I learned behaviorism, which was the Zeitgeist current in the mid-1960s. I was not introduced to Adler’s works until I was already working as a counselor. My mentor, Don Dinkmeyer, Sr., thought that I should take classes at the Alfred Adler Institute in Chicago. At that time there were Adlerian training centers around the world, but the Chicago Institute, founded by Rudolf Dreikurs, was thought to be the finest. I lasted four classes before I walked out, vowing to never return. For a young behaviorist like me, the Adler Institute seemed like a cult. The students were asking themselves “What do I believe?” and in many ways seemed more like the patients we were reading about than the practitioners we were hoping to be.

Upon completing my doctorate in counselor education at Wayne State University, I accepted a position at Governors State University. When I looked for a postgraduate clinical training opportunity, I contacted Gene Gendlin at the University of Chicago and he suggested that I go to the Alfred Adler Institute! Go figure. I began training and within a couple of years had finally grasped Adler’s brilliance. During my second go-around with the Adlerians, I was able to see how practical these ideas were with my clients, and I also saw them work with my own family. The philosophy was democratic and positive and allowed me to use the best of the other approaches that I had studied. I became editor of *The Individual Psychologist*. This publication turned into the *Journal of Individual Psychology*, and my stint as editor turned into 17 years of service.

We moved from Chicago to Ft. Lauderdale and then Honolulu before returning to the Midwest. I returned 10 years later to what is now the Adler School of Professional Psychology and completed a Certificate of Psychotherapy (essentially becoming an Adlerian analyst) and a Psy.D. in Clinical Psychology.

I have written from an Adlerian perspective for many years and tackled many topics such as teaching, parenting, couples therapy, consultation, sports psychology, psychopathology, wellness, and health psychology using an Adlerian lens. Yet, I also know that many Adlerians are pragmatic and would rather be helping others than writing or doing research. I suppose I am not too different. I have maintained a private practice for over 45 years, and I have spent 30 of those years also working as a school counselor/psychologist. I have also conducted hundreds of parent education classes as well as marriage enrichment seminars in my local community and on the national and international stage.
My wife and I found Adlerian ideas useful in the raising of our five children. We enjoyed the numerous challenges the children posed because they forced us to use our creativity. Adlerian ideas were practical and allowed the children to learn how to live in a social world. We practiced logical consequences, provided encouragement, and held family meetings. One of my favorite memories of Adlerian parenting in action involved Matt and mowing the lawn. It was 10:00 p.m. when I finished my last therapy session for the day. I was excited because the next morning at 4:00 a.m. the family was going up north for a weekend of adventure at my brother’s northern Wisconsin cabin. As I pulled into the driveway of our home, I noticed that the lawn had not been mowed, which was 10-year-old Matt’s main chore. When I came into the house, Matt greeted me with a big smile and pointed to his packed clothes and fishing equipment. I smiled back and said, “I see you’ve decided not to go up north.” Puzzled, Matt said, “No, I plan to go and even have all my stuff ready.” I replied, “The lawn needed to be mowed before we go, and you didn’t do it.” Matt listed all of the reasons (i.e., excuses) why he had not done his job. I replied, “No matter, that was your choice. If the lawn is mowed, you can go.” A few hours later, Matt had duct-taped a flashlight to his baseball hat and was mowing the lawn. Three hours, a few phone calls from the neighbors, and many mosquito bites later, Matt announced he was ready to go. We left in the dark, but the next morning the neighbors gathered around to look at the strange zigzag way the lawn was mowed.

Matt continues:

Yes, I remember the nighttime lawn mowing and the family meetings; in fact, we actually had a family meeting and voted about having another baby in the family! As a child, I knew all about logical consequences, choices, and family meetings on the receiving end, but I didn’t know conceptually what my parents were doing. An amazing light bulb experience occurred for me when I was a graduate student at Pennsylvania State University when I had to read The Parent’s Handbook: Systematic Training for Effective Parenting (Dinkmeyer, McKay, & Dinkmeyer, 1997) for an elementary school counseling course. As I read the book, my childhood flashed before my eyes. I realized that I really didn’t need to read the book because my own childhood had taught me the ideas already. In a nutshell that captures a large portion of my journey: I learned about and knew Adlerian concepts before I ever read an Adlerian book or chapter.

When I teach this theory to students, I start the lecture by saying that I was born and raised Adlerian. For me, that meant learning at a young age about social and gender equity. It meant always being encouraged despite the circumstances I was in. It meant understanding that the “whole person” counts, so I trained my mind, body, and spirit. Though I am technically the second born of five children within my family constellation, psychologically and contextually I considered myself the youngest (there is a 10-year gap between my next siblings and myself). The youngest child often struggles to outperform the oldest child or, with encouragement from parents, works on charting a new path. I was more of the latter, which maybe is why at the age of 18 I was ready to move to California to start some new adventures. I am the only one of my family of origin not living in Wisconsin.

As a graduate student and psychotherapist, I have not always been specifically drawn to Adlerian ideas. Much of my training occurred in a context that has valued more integrative approaches. I was initially trained in cognitive–behavioral therapies in a master’s program in health psychology, followed by 2 years of training in
child multimodal therapy. I then became a voracious learner of narrative and social constructivist therapies while gaining more understanding of culturally appropriate therapies. Over time I have gained a greater appreciation of object relations and existential therapies. Yet, at my core, I have always known that Adler made sense to me. A common experience for me, and for other Adlerians, was learning about other therapies and what made them distinct, only to have a reaction and moment of insight along the lines of “Didn’t Adler originally say that?” I suppose I have come to realize that as a school of psychotherapy the Adlerian approach may be the most integrative of them all. Further, the Adlerian framework did not require a substantial revision in order to be inclusive for all people—it always has been a theory for everyone.

Now I think that I have come full circle and tend to embrace the Adlerian model. As a scholar and practitioner, I am most interested in gender and social justice issues. What has always resonated with me the most about Adler was his sensitivity to the greater whole of society and his ability to advance social and political issues. I find not only my own mental health but also that of my clients to be directly traceable to the personal level of social interest. In today’s world of globalization, with vast inequalities in social and economic opportunities and the difficult task of making sense and meaning of the world, it seems that building social interest is a gift Adler has left us.

Now that I am the father of a two young children, once again I realize the utility of Adlerian parenting ideas. Some of the same phrases that come out of my mouth are the identical ones my parents used with me. I am encouraged to see that when my son does not get the outcome he wants he looks at me and says, “Try again? Try again?”

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**Theory of Adlerian Therapy**

The following concepts provide the foundation for how an Adlerian therapist understands human personality and conceptualizes a client’s concerns. Taken together, the concepts form a checklist of those areas that Adlerians consider most critical in their work with clients.

**Holism**

A central assumption in Adlerian theory is that every person is unique and greater than the sum of his or her parts. Individual Psychology as a concept stresses unity within a person and encourages looking at people as individuals, not as a collection of parts or part functions (e.g., id, ego, drives, emotions). Adlerian theory espouses **holism**, the notion that understanding a person and her or his behavior necessitates a consideration of all of the components that make up the personality as well as the entire environment in which the person lives.

Rather than looking at polarities (e.g., mind and body, conscious and unconscious, cognition and affect, approach and avoidance), Adlerians look at the interaction of these components and how clients put them to use. Polarities are only important as subjective experiences of each person.
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(Mosak, 2005). The mind and the body are viewed as interconnected and cannot be understood when considered separately. For example, an Adlerian would look at the “organ jargon” of a client. Organ jargon provides a framework for understanding clients who exhibit physical symptoms, whether or not the symptoms are predominantly organic (Griffith, 2006). It connotes the connection between the physical, emotional, and psychological. Adler commented that physical symptoms “speak a language which is usually more expressive and discloses the individual’s opinion more clearly than words are able to. … The emotions and their physical expressions tell us how the mind is acting and reacting” (Ansbacher & Ansbacher, 1956, p. 223). Thus, an Adlerian might view a man with a rash as having something emotional “under his skin” that needs to be expressed.

The Adlerian assumption is that a person is unified in action, thoughts, feelings, convictions, attitudes, and so on, and that all of these expressions of uniqueness reflect the person’s plan in life to reach self-selected life goals. Adler defined life goals as strivings that are not only beneficial to the person but also beneficial to others. Each person is connected to social systems and interpersonal relationships that interact in a system of reciprocal influence. Regardless of cultural background, each person functions as a member of various groups in daily living (Miranda, Frevert, & Kern, 1998).

The clinical implication is that an Adlerian counselor would look at the “whole person” when doing an assessment. In Adlerian terms, this means exploring the client’s world from a holistic perspective that takes into consideration biological, psychological, and social factors.

Encouragement

Encouragement is one of the key words in Adlerian therapy and refers to the process of increasing a person’s courage in order to face the difficulties in life. People can be encouraged or discouraged (Ansbacher & Ansbacher, 1956; Dreikurs, 1967). Encouraged people are willing to take risks and do things that lead toward growth. Because they perceive the world as a benign place, they are willing to risk being wrong because being wrong is not a threat to their self-concept (i.e., the sum total of all of the beliefs about “who I am”) and self-ideal (i.e., ideals about how the world and people should be) (Carlson et al., 2006). Discouraged people view the world as a hostile place. Therefore, they do not take risks; they become rigid with their convictions and do not look for growth opportunities. For Adler and Dreikurs, psychopathology represented discouragement, the feeling of not belonging in a useful or constructive manner. Discouragement can come from within, such as from disturbed cognitions, or from without, from adverse life circumstances and conditions (Ferguson, 2001).

Dreikurs (1967) noted that people’s concerns and difficulties in life are based on discouragement and that without “encouragement, without having faith in himself restored, [the client] cannot see the possibility of doing or functioning better” (p. 62). Thus, discouragement from family members, parents, peers, and society can contribute to problems in life by lowering
one’s self-esteem and self-worth and contributing to feelings of inferiority. Adlerian counselors teach their clients that although they cannot change the past they can change their attitudes about the past. For many clients, this can be a freeing revelation because the past and their place in it can now be reconfigured in more self-fulfilling ways.

Encouragement serves as a therapeutic stance and technique to initiate change. “In every step of treatment, we must not deviate from the path of encouragement,” Adler stated (Ansbacher & Ansbacher, 1956, p. 342). Clients gain courage when they become aware of their strengths, and at the same time they feel less alienated and alone. Encouragement is a process of focusing on a person’s resources and giving positive recognition in order to build a person’s self-esteem, self-concept, and self-worth (Dinkmeyer et al., 1997). For parents, encouragement means stressing the positive and letting children learn from disappointment. It means recognizing any positive movement, having positive expectations, and valuing children for who they are. Adlerians believe that all children need encouragement and that building children’s self-confidence is the best way to promote their development. Children with confidence and courage will meet whatever problems lie ahead as something coming from within that they can alter and control (Carlson et al., 2006). Pampered, overprotected, and physically sick children have their self-esteem undermined by overhelpful adults. This has to be corrected. “Don’t do things for children that they can do for themselves” is a helpful rule.

Encouragement begins with acknowledging that life can be difficult and instilling faith in clients that they have the potential to change. As much as possible, the counselor can adopt a positive, optimistic position in order to balance the often greater attention that the client places on distressing life problems. This also includes looking at existing successes and positive resources available to the client.

The emphasis on encouragement can be particularly useful and appropriate for members of populations that have histories and experiences of being marginalized and oppressed in the United States and elsewhere. Many people in the United States experience constant discouragement at the individual, community, and societal level because of prejudice and discrimination associated with gender, race, ethnicity, sexual orientation, social class, and immigration status. In many ways, entire populations are discouraged and made to feel powerless and invisible in the United States. Within that context, the use of encouragement and acceptance can be an extremely validating and supportive process with sociopolitical ramifications for both the client and the therapist.

Subjective or Private Logic

Freud based his theories on biology and instinctual determinism. Adler thought that Freud’s view was too narrow, that people are not merely determined by heredity and environment, but have the capacity to interpret, influence, and create events. Heredity and environment serve as the
“frame and influence” within which people work to create their lives. Taking a phenomenological stance, Adlerians look at the individual way that a client perceives the world. Ultimately, people have the capacity and choice to grow (Ansbacher & Ansbacher, 1956). Each person creates his or her own reality. This process is uniquely subjective and private rather than objective and universally agreed upon. Foreshadowing the development of cognitive interventions, Adler believed that any experience can have many different possible interpretations, depending on the way a person chooses to look at the situation (Carlson et al., 2006). According to Carlson and Sperry (1998), the realization that individuals co-construct the reality in which they live and that they are also able to question, deconstruct, or reconstruct reality for themselves is a fundamental tenet not only of Adlerian psychotherapy but also of other constructivist psychotherapies.

One’s subjective reality includes perceptions, thoughts, beliefs, and conclusions. Adler was significantly influenced by the philosopher Hans Vaihinger’s book, *The Philosophy of “As If,”* which emphasized that human cognitive processes serve a purposeful, instrumental, and functional significance for survival and activity in the world. Adler drew upon Vaihinger’s work for the notion of *fictions,* or subjective thought constructs that, although not necessarily corresponding with reality, serve as useful tools for coping with the tasks and problems of living. Adler (1931/1992) noted:

*Human beings live in the realm of meanings. We do not experience things in the abstract; we always experience them in human terms. Even at its source our experience is qualified by our human perspective. We experience reality only through the meaning we ascribe to it: not as a thing in itself, but as something interpreted.* (p. 15)

One’s life-style is built upon deeply established personal beliefs or constructs that are referred to as *private logic.* Private logic is composed of ideas developed in early childhood, which may or may not be appropriate to later life. Simply stated, Adlerians believe that *you are what you think* (Carlson et al., 2006). As people develop, they form ideas about right and wrong based upon subjective personal experience. For example, if early experiences were painful, one may develop mistaken ideas or *faulty logic.* It can begin when a child cannot find a healthy way to feel significant within the family. To achieve some sort of significance, the child learns that the only way to get attention is to act out in useless, negative ways, such as throwing temper tantrums and misbehaving. Even if the attention they receive is painful, for most children any kind of attention is better than no attention at all. The private logic behind children’s attention-seeking behavior is the belief that they do not count or are not important and that they need to be noticed by others to be somebody. If children develop the faulty logic that the only times they will be noticed by others is when they misbehave, then misbehavior becomes their style of seeking attention even into adulthood.
For Adlerian counselors, subjective and private logic means it is more important to understand a client’s perception of past events and how this interpretation of early events has a continuing influence in the client’s life. How life is, in reality, is less important to an Adlerian than how an individual client believes life to be.

**Life-Style**

The Adlerian construct of personality is called the *life-style* or style of life. Unique to each person, life-style is an individual’s attitudinal set that includes the basic convictions, choices, and values that influence decisions and behaviors (Ansbacher & Ansbacher, 1956; Shulman & Mosak, 1988; Stein & Edwards, 1998). The life-style describes the individual and that which is created collectively, which are strongly influenced by one’s cultural surroundings (Frevert & Miranda, 1998). Life-style is the characteristic way one moves toward life goals and strives for superiority. Created in early childhood within a social context, life-style serves as a blueprint for coping with the tasks and challenges of life. In terms of multicultural counseling considerations, Reddy and Hanna (1995) noted that the Adlerian notion of life-style lends itself to the conceptualization of both the individual and the collective, which is a crucial aspect of effective multicultural counseling. Adlerian theory then emphasizes the influence of subjective individualized psychological processes in the formation of life-style within a homogeneous description of one’s culture (Miranda & Fraser, 2002).

Children are also influenced by factors outside the home (Powers & Griffith, 1987). The role of peers, school personnel, neighbors, coaches, friends and their families, and other community and cultural institutions needs to be considered. For many children, the first significant contact with adults other than their parents occurs when they go to school and meet teachers. These factors need to be assessed as well, and they often provide clues to understanding the nuances of one’s life-style.

Adlerians believe that the style of life is fixed at about 5 years of age (Ansbacher & Ansbacher, 1956). Because Adlerian theory is a growth model, Adlerians believe that life-style tends to undergo some refinement throughout life, although for the most part the core life-style remains stable. One way that a person’s basic convictions (i.e., the rules governing how to belong) can change is if a therapeutic event occurs. This event does not need to be actual therapy, and often it is not. For example, a man who believes he is unlovable can have a therapeutic-like conversion if he finds someone who loves him.

There are numerous cultural and contextual factors that also influence the development of life-style. Frevert and Miranda (1998) used life-style to conceptualize the effect of migration and immigration on psychological adjustment. For example, they noted that a fifth-generation Mexican American may be exceptionally different from a recent immigrant from Mexico because of acculturation and extended contact with the host culture.

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Life-style serves many purposes (Carlson et al., 2006). First, it is a guide to help a person navigate and make sense of life. Life-style is also a limiter of what any one individual will do or not do. For example, imagine a responsible and focused man with a mild-mannered personality. Mild-manneredness limits the range of responses he will master and demonstrate in certain situations. If he were involved in a minor car accident, it would be out of character for him to either leave the scene of the accident or aggressively attack the other driver with a verbal or physical assault. He would not think of it, or even necessarily know how to be irresponsible or violent. Second, life-style provides security and a sort of rhythm to life. As we go through the processes of meaning making and value creating, we need structure and guidance, but we also need predictability and regularity. Our life-style allows us to develop habits—in other words, habitual responses that do not need cortical control. We do not have to think about it, we just respond to events in our habitual way. Thus, the life-style can be viewed as the overarching set of rules (“rules of the road”) for how humans prepare themselves for life’s contingencies (Mosak & Maniaci, 1999). Because Adlerians believe that all behavior is goal directed, once we understand clients’ life-styles we can begin to make sense of their experiences or, at the very least, to help them to make sense of their experiences for themselves. One way to understand life-style is to look at how an individual approaches the life tasks of love, friendship, and work.

**Life-Style and Emotions**

For Adlerians, emotions serve the life-style, they do not interfere with it (Dreikurs, 1967). People do not experience emotions that disrupt their styles; rather, they create emotions in order to facilitate their styles. By knowing the client’s life-style, a therapist can see how the client’s emotions are being used in service of her or his life-style (Carlson et al., 2006). For instance, anger can be used to push people away or coerce others to submit. Apathy can be used to create power because if people do not care about anything, it is difficult to control them. Love is an emotion generated when people want to move toward something forcefully. Someone whose dominant motive is attachment to others will love people. Another person who has a dominant motive of security will love safety. Adlerians have proposed a number of life-style types. The following are among the most common (Ansbacher & Ansbacher, 1956).

- **Ruling.** The ruling individual is dominant in relationships. There is a lot of initiative toward others but little social interest in others. This is someone who has to be the boss.
- **Getting.** These individuals expect things from others and are dependent on them. Little initiative and social interest are shown. They are happy as long as they get what they want.
- **Avoiding.** These individuals shy away from problems. As with the getting life-style, people with avoiding life-styles show minimal social interest or concern for others. They believe “nothing ventured, nothing lost” and attempt to avoid contact with others and their problems.
- **Driving.** Individuals with a driving life-style want desperately to achieve. It is a matter of either total success or total failure, with nothing in between. Achievement may result, but at the expense of others’ interests.

- **Controlling.** Such individuals enjoy order, but it must be *their* order. A great deal of activity is expended toward keeping things predictable and avoiding surprises. Social interest is minimal because others in the system are constantly disrupting the controlling individual’s plans.

- **Victimized.** This person feels like a martyr and makes decisions that keep her or him trapped in a victim role, pursuing problems in a self-destructive fashion. The individual lacks social interest and is deeply discouraged.

- **Being good.** The individual satisfies his or her sense of superiority by being more competent, more useful, more right, and “holier than thou.” Heightened activity and interest characterize this club, to which very few can belong.

- **Being socially useful.** The individual cooperates with others and contributes to their social well-being without self-aggrandizement. Activity and social interest are both significant and constructively directed.

Some Adlerians use a *life-style inventory* (Kern, 2002) to assess and explore life-style with clients. A life-style inventory examines a client’s connections and roles with siblings and other family members. A life-style assessment also includes the gathering of *early recollections*. Early recollections are the earliest discrete memories (before age 10) an individual can recall. Adlerians believe that people retain these memories as summaries of their current philosophy of life and thus they can be used to help interpret current behavior.

It is important to reinforce that cultural considerations are crucial in assessment of life-style. If life-style is based on connections with others in and outside the family (Frevert & Miranda, 1998), then life-style assessment needs to be guided by the cultural beliefs and norms of clients to gain an accurate understanding of the clients within their environment. For example, for many African Americans self-identity is related to a wide support network that includes family and friends. Perkins-Dock (2005) suggested that the Adlerian approach is effective for working with African Americans because it explores and accepts “significant others” as part of the family support network.

### Basic Mistakes

**Basic mistakes** are the self-defeating attitudes and beliefs of an individual’s life-style. Adlerians believe that people are not so much upset by things and other people as they are upset by the ways they themselves choose to think. Basic mistakes represent examples of cognitions that can be disputed and changed. Basic mistakes often reflect avoidance or withdrawal from others, excessive self-interest, or the desire for power. Mosak (2005) listed five of the more common basic mistakes:
■ **Overgeneralizations.**—“There is no fairness in the world,” or “Everyone hates me.”
■ **False or impossible goals.**—“I must please everyone if I am to be loved. Only when I am perfect will people love me.”
■ **Misperceptions of life and life’s demands.**—“Life is so very difficult for me,” or “Nobody can enjoy life in Chicago because it is so windy.”
■ **Denial of one’s basic worth.**—“I’m basically stupid, so why would anyone want anything to do with me?”
■ **Faulty values.**—“I must get to the top, regardless of who gets hurt in the process.”

### Core Fears

One additional area in which Adlerian theory has been especially helpful is identifying and addressing core fears. An Adlerian lens can be used to examine the most common fears presented by clients. Those that have been identified most often include the following (Dinkmeyer & Sperry, 2000; Shulman, 1973):

- **Fear of being imperfect.** It is one of our deepest, darkest secrets that each of us is a fraud, hiding our imperfect real selves behind our public facades. Adlerians help their clients to become aware of this phoniness and develop the ability to be truly authentic by embracing who they are.
- **Fear of being vulnerable.** The more we authentically and honestly reveal our thoughts, the more likely it becomes that others will discover what we do not know. We spend our lives pretending to know and understand far more than we really do. With complete genuineness we gain intimacy, but with intimacy we risk rejection. Adlerian therapists create safe settings where clients can honestly share how they think and feel. Clients can learn to be authentic and honest without the fear of being rejected.
- **Fear of disapproval.** Everyone wants to be loved and appreciated almost all the time. Though that might not possible, it appears to be an eternal search. The more people risk connecting with others and showing their true selves, the greater the risk for being hurt. Adlerians help clients realize that it is impossible to please “everyone” and, besides, there are many people by whom one may not want to be loved or appreciated.
- **Fear of responsibility.** We all make mistakes in life, some of which we regret. It is easy to think, “If I only could have done things differently. If I only could start over.” Adlerians help their clients to choose to move on and stop suffering from past regrets.

### Basic Life Tasks

Adlerians believe that the questions and challenges of life can be grouped into major **life tasks**. Adler identified the first three as coping with the problems of social relationships, coping with the problems of work, and coping with the problems of love. Think about it this way. What are the issues
that couples generally fight about and bring to therapy for resolution? Most often they are disputes over children, money, or sex, which are variations of the themes that Adler originally identified. Other theorists added two more tasks: coping with self (Dreikurs & Mosak, 1967) and understanding existence (Mosak, 2005). These “existential” dimensions made the Adlerian theory of life tasks more robust because they made space for looking not only at personal issues but also at their meaning within a larger social context. Finally, the tasks of coping with parenting and the family (Dinkmeyer et al., 1987) were added. Even after all the decades since these ideas were developed, there are still precious few frameworks that embrace so many valuable ideas. According to an Adlerian, being healthy means having mastered all of the basic life tasks. Struggles occur with failures in any of the areas. When clients come to therapy, it is often because of difficulties with one or more of the basic life tasks. The goal of therapy often becomes helping clients modify their life-styles to navigate a task more successfully.

Social Interest

Adlerians believe that all individuals have a responsibility to the community as well as to themselves. Social interest is an Adlerian term that is used to measure people’s concern for other people. Actually, social interest is an inadequate translation of Gemeinschaftsgefühl, the German word used by Adler. The word is more meaningfully translated when broken down into its parts. Gemein is “a community of equals,” shafts means “to create or maintain,” and Gefühl is “social feeling.” Taken together, Gemeinschaftsgefühl means a community of equals creating and maintaining social feelings and interests—that is, people working together as equals to better themselves as individuals and as a community.

Rather than connotating a desire to be “social,” the Adlerian term social interest is defined as a sense of belonging and participating with others for the common good. It includes the notion of striving to make the world a better place. As social interest develops and increases, feelings of inferiority decrease. Adlerians consider social interest so important that it is often used as a measure of mental health (Carlson et al., 2006). Murderers and others with antisocial personalities would, of course, be seen as having low social interest, as would anyone who is unduly selfish. Adler believed that therapy could play an important role not only to help clients resolve their individual difficulties but also to develop greater concern and compassion for others. Paradoxically, developing greater compassion for others also helps clients resolve their individual problems.

Social interest affects one’s life-style. When we have social interest, we find our place in life in a way that is good for all (Carlson et al., 2006). Social interest could be viewed as evolving in three stages. The first stage is based on the notion that everyone is born with the potential for cooperation and social living, but one’s capacity to feel successful and connected to others is strongly shaped by the parent–child bond and relationships within one’s family constellation. At the second stage, the aptitude for social interest has
developed into a rudimentary ability to express social interest through social cooperation in various activities. In the third and last stage, one’s ability has built to the point where one can integrate social interest into multiple aspects of one’s life-style.

Social interest may also be influenced by cultural identity. The Adlerian concepts of an interest in helping others, contributing to the social community, and social belonging support the cultural value system of many African-American families (Boyd-Franklin, 1989b; Parham, 2002; Perkins-Dock, 2005). Miranda et al. (1998) studied the mental health of Latinos by looking at the social interest levels of three groups of Latinos: those who were highly acculturated to mainstream U.S. culture, those who were not acculturated, and those who were strongly bicultural and retained connection to beliefs and practices of the native and host cultures. They found that bicultural Latinos had higher levels of social interest than both the Latinos low in acculturation and those high in acculturation. They posited that bicultural Latinos had higher levels of adjustment and were more self-efficacious during the acculturation process because of connections with both the host and native communities.

Compensation for Inferiority

Even the most confident of people experience feelings of inferiority some of the time. Inferiority feelings are global, subjective, and evaluative—generalizations that tend to be held onto despite evidence to the contrary. Occasional feelings of inferiority can serve as catalysts, motivating us to strive harder to reach our goals. We see this often in the sports world. For example, the Olympic track star Wilma Rudolph had polio as a child and was never supposed to walk, let alone become the world’s fastest woman. The Olympic and major league baseball player Jim Abbott was born with only one arm. He compensated and became a dominant pitcher. However, an inferiority complex—an ongoing sense of feeling inferior—can cause an individual to feel discouraged, dispirited, and incapable of proactive development.

Birth Order and the Family Constellation

Today we take it for granted that birth order affects the ways a person develops, but Adler (Ansbacher & Ansbacher, 1956) was among the first to observe that sibling position might be a critical variable to consider. Thus, he incorporated the concept of birth order into his work. According to Adler, the eldest child does not grow up in the exact same family and does not have the exact same parents as the younger brothers and sisters. With their firstborn, parents are relatively insecure and unskilled. And, for a while, at least, the firstborn is the only child in the family. With younger siblings, the parents are more relaxed and knowledgeable, and, of course, younger siblings never experience being the only child. Adlerians have made considerable use of the concept of birth order in their clinical work. Before going any further, however, an important distinction needs to be made. Shulman and Mosak (1988) noted two ways of looking at birth order: (1) ordinal position, the actual
order of birth of the siblings; and (2) *psychological position*, the role the child adopts in her or his interactions with others. Adlerians are interested in the psychological position. Each person interprets his or her place in the family differently. Individuals develop a style of relating to others in childhood and carry this into their adult interactions.

Adlerians discuss five psychological birth order positions: only child, oldest born, second born, middle child, and youngest born:

- **Only child.** Only children never have to share their worlds with other siblings. They grow up using parents as models. Hence, they tend to be perfectionists who are used to having their way. They set their goals exceedingly high and tend to prefer a polite distance from people.

- **Oldest born.** Oldest borns are used to being number one. They are used to doing things independently. They are in charge and like being that way. Oldest borns tend to be analytical, detailed, and methodical; they overvalue control, sometimes expecting unrealistic perfection. It is for this reason that eldest children may have a tendency to try to do what is right. By the time subsequent offspring arrive on the scene, parents have calmed down a bit and have learned that they do not have to monitor their children every single moment. This results in the second, middle, or youngest children developing in ways that are different from those of their older siblings.

- **Second born.** Second borns play the teeter–totter game with oldest borns—when one goes up, the other goes down. If the oldest is good in math, the second will typically choose to ignore math and focus upon areas that the oldest ignores, such as sports. Just as this occurs with academic subjects, it also happens with personality traits. Second borns tend to be rebellious, independent, and dislike order. They are responders rather than initiators like their oldest born siblings.

- **Middle child.** Middle children are diplomats; they are people placers who dislike conflict but desire fairness and justice for all. They often feel squeezed by their siblings and complain that they receive neither the rights and privileges of oldest borns nor the pampering and attention of youngest borns.

- **Youngest born.** Youngest borns are frequently excitement seekers who crave stimulation and are masters at putting others into their service. They are used to having things done for them, and they know how to play people's emotions quite well. Additionally, youngest borns can often become the most ambitious in the family; feeling so far behind, they desire to catch up to the older ones to prove they are no longer the babies.

The social context of childhood includes both the context of culture and the *family constellation* (Adler's term for the psychosociopolitical organization and structure of the primary family group). When considering a client's family constellation, the therapist pays attention to birth order, the
individual’s perception of self, sibling characteristics, and parental relationships. Children learn about their role within the family and see how their family and others occupy and navigate the world, and thus tend to model their life-style upon these early perceptions and relationships.

Clearly, cultural considerations are important when looking at a person’s family constellation. Because the notion of family varies across cultures, Adlerians take steps to define the family constellation based on the client’s concept of family and community. Because parenting roles may be shared with grandparents and other adult relatives, adults outside the family, and older siblings, it is important to look at how the client defines her or his family constellation.

Theory of Change

Adler firmly believed that change was both possible and desirable in all people, thus Adlerian therapists optimistically stress the potential of growth in each client. This suggests that at any given time each person is at a phase of growth and development. Whereas Adlerians do emphasize the influence of biology and the importance of experience in early childhood, the Adlerian model has more of a “soft” determinism approach, “which is the notion that clients have conscious choices, probabilities, possibilities, and influences, not causes. Whereas Freud was interested in facts, Adler was interested in clients’ beliefs about facts” (Sapp, 2006, p. 109). This notion suggests that clients are always in the process of becoming. Adlerians eschew the medical-model orientation to maladjustment and embrace a nonpathological perspective. Clients are not viewed as sick (as in having a disease) or mentally ill and are not identified or labeled by diagnoses. Because Adlerian theory is grounded in the growth model of personality, clients are viewed as discouraged rather than sick. Therefore, the process of change in Adlerian therapy is not about curing a client, but rather about encouraging a client’s growth and development (Mosak & Maniaci, 1999).

For most clients, the main question is “What needs to be changed?” Adlerian therapy is structured to help clients understand how they have a part in creating their problems and how they can take responsibility for their behavior. Further, it posits that often one’s problems are related to faulty thinking and learning, but ultimately the client can assume responsibility for creating change (Mosak, 2005). When mistaken goals are revealed, clients can choose to pursue more appropriate goals with vigor and courage (Carlson et al., 2006). Mistaken goals are goals that are detrimental to others, such as those that run counter to social interest.

The change process in therapy begins with the creation of a positive client–therapist relationship. A good therapeutic relationship is a “friendly one between equals” (Mosak, 2005, p. 69). Adler believed that the client and therapist needed to collaborate in order for change to take place. To emphasize equality, Adler was the first therapist to come out from behind the couch and directly face the client.
In Adlerian therapy, the change process breaks down as follows (Carlson et al., 2006):

1. Through therapy clients can learn about mistaken goals. Once aware of these goals, clients can decide either to change or not to change. Throughout this decision-making process, the relationship between the therapist and client should be one of mutual respect.
2. By knowing their mistaken goals, clients can recognize patterns in motivation and as a result can develop insight. During this process, encouragement helps clients change their behavior.
3. Because the new behaviors may work better in new situations than old behaviors, the client may replace old private logic with a new common sense.
4. As their new common sense grows, clients may show more social interest. More social interest often results in a greater sense of belonging.
5. Feeling a sense of belonging can mean feeling equal to others, which has the effect of being even more encouraged. As this develops, clients feel more confident about their place in the world.
6. Because clients feel better about things, they may take more risks because they are less concerned about making mistakes. The clients have gained the courage to be imperfect.

Thus, in Adlerian therapy change is a process that develops over time. Like a balloon, encouragement fills clients up with hope, expectancy, and the courage to act. Throughout this process, clients are gaining new insights and trying new behavior. Change is bound to follow.

Practice of Adlerian Therapy

Thus far, we have discussed a series of concepts that are central to the Adlerian approach to helping people. The next question we will consider is how does one apply these ideas to actually doing therapy? A good way to understand Adlerian therapy as a process is to follow a case example. In the remainder of this chapter, we will follow an example of Adlerian counseling in action that looks at both the conceptualization of a client and the many ways in which an Adlerian might intervene. We will initially present the case study details, and later on we will use examples and dialogue from this case to discuss the way an Adlerian constructs the stages of therapy and highlight different therapeutic interventions.

Antonio Gonzales came to therapy at the request of his wife, Rosa. A third-generation Latino of Mexican heritage, Antonio had been very unhappy for several months. He willingly completed several assessment inventories that provided background information on his family of origin, life-style, and level of happiness. By his own report, Antonio came from a “dysfunctional” family. His parents never divorced but did not live together. He was...
actually raised by his grandfather while his twin brother was raised by his grandmother. The grandparents lived in the same city, but they maintained separate homes so that the brothers grew up attending different schools and seldom saw one another.

Antonio’s neighborhood was “not an easy place to grow up.” He managed to avoid legal problems but was frequently involved with fights, vandalism, and petty crime. In spite of average grades in high school he was able to enroll in a small private college. He managed to graduate with an accounting degree, although he realized later that he would have really preferred a career in social work.

Antonio appreciated all that his grandfather did for him. He worked hard and managed to provide for all Antonio’s needs. He and Antonio attended the local parish Catholic Church and were active in the neighborhood social club. His grandfather had died 5 years earlier, just after Antonio and Rosa were married. Antonio felt as though he no longer had a family. He resented his grandmother and parents for abandoning him and had nothing to do with them or his brother.

Antonio’s wife, Rosa, is Latina, also of Mexican heritage, and was very close to her family. They lived on the East Coast so she only saw them once or twice a year, although they talked daily on the phone. Rosa had one younger sister, a college student who was also close to the family. Antonio liked Rosa’s family but had a hard time getting close to them. He found them boring and dull although they were successful and very religious. He felt like they were “better” than he was and that they couldn’t believe that Rosa would have ever agreed to marry him.

Both Rosa and Antonio worked for the same large accounting firm. Rosa was a star and was being promoted very quickly. Antonio had yet to be promoted and believed that he couldn’t advance because of racial discrimination. Rosa believed this was just an excuse because she was also Mexican and was not being limited by her ethnic background. Although it was never determined whether Antonio had actually experienced discrimination because of his ethnicity, the different views of Antonio and Rosa had been causing friction in their marriage and hampered their ability to talk about their work. Further, with Rosa’s most recent promotion, her salary was now twice that of Antonio. The couple had one child who attended child care at the firm. Jorge was a happy 2-year-old boy and the pride of both his mom and dad. They were planning to have more children and discussed the possibility of Antonio’s staying home and taking care of the children.

In Antonio’s first interview, he expressed being angry and troubled recently. He hated his job and the “poor treatment” he had been receiving. Antonio taught the religion class for adolescents at their church and seemed to really enjoy working with youth. He said he would like to quit his job and go back to school to become a social worker. Rosa told him that he should do this, but he didn’t seem to be willing to make any changes. Antonio provided the following early recollections.
Early recollection 1. “I was 4 years old and I remember there was an ice cream truck going by my house. I really wanted ice cream but just stood and watched it. I remember the bells ringing and the pictures of kids eating ice cream on the side of the truck. The most vivid part was feeling empty as the truck passed me by.”

Early recollection 2. “I must have been in first grade, so I was 6 or so. The teacher was picking kids to be the captains for our recess kickball game. I was the best player so I was sure she would select me. She never even looked my way as she picked Paul and Fred. The most vivid part was my sad feeling and thinking that I would not play then, but I am sure I did. It just hurt.”

Early recollection 3. “I was 6 or so and we were playing on the playground. Somebody kicked the ball to me and I caught it. When I kicked it back a little kid ran in front of me and the ball hit him so hard he was knocked down and started to cry. I said I was sorry, but no one believed me. The most vivid part was seeing the look on the other kid’s face when I was trying to explain that I did not mean it. I felt hurt and all alone.”

T (Therapist): Do you see any pattern or similarity among the three recollections?

C (Client): They seem to be situations where things didn’t work out very well for me.

T: Could the pattern be that “no matter what I do, things never work out the way I want them to”? The goodies in life pass you by, you are the best player but not picked, and no one believes your story.

C: [His eyes become full of tears.] Nothing seems to work for me.

T: I am confused. I thought you had a beautiful and successful wife. A healthy and handsome son. Good health and an okay job. Even your in-laws like you!

C: But not the important things. Why can’t I be successful at my job? Why don’t I have more friends? Why can’t I do what I like doing? I don’t even have a family.

T: Although many important things are going well, there still are some big hurts and voids that need to be addressed.

C: Where do you think would be a good place to start?

Antonio needed some encouragement. Although he felt like a total failure, he was only a failure in some areas. It was hoped that this reframing would help him to see his problem from a different perspective—that when these feelings occur, he shuts down and lets opportunity pass him by. He realized that this was happening at work. When things didn’t go the way he hoped, he would “cop an attitude and piss off everyone in the office.” In an early interview with Antonio, the therapist decided to teach him some anger management and relaxation skills.
C (Client): I am just so tense all the time. I get angry at the drop of a hat. Rosa says that I need to learn to chill and learn to be calmer... especially at work.

T (Therapist): What have you tried so far to calm down?

C: I try not to react, but that never helps. I thought about taking a yoga class, but I don’t have the time.

T: Many people have found that meditation can help to reduce both anxiety and anger. It has something to do with the frontal lobe of the brain. Is that something that might interest you?

C: I would rather do that than take pills like the doctor suggested.

T: Would you be able to free up the first 15 minutes of the day?

C: Sure. Rosa usually gets up with Jorge.

T: Find a quiet place where you can sit in a chair. Begin to focus on your breathing. Breathe in slowly and deeply. As you inhale, say “I am,” and when you exhale, say the word “calm.” Say it in your mind and not out loud. When you find that your mind has wandered off to other thoughts, just let them go and come back to “I am”... “calm.”

This was a beginning for Antonio. Other strategies employed by Antonio’s therapist follow shortly.

**Therapy Stages**

Adlerian therapy proceeds in a series of four logical, progressive stages.

**Stage I: The Relationship**

The first step in any therapy encounter is to establish a collaborative relationship. This is an empathic, supportive relationship, one that is based on democratic principles and essential equality. The therapist uses all the standard skills favored by any other therapist at this stage, such as well-timed questions and reflections of feeling and content, in order to build a solid alliance. As with most other approaches, it is now considered standard operating procedure to use empathy and support to establish a sense of trust. If that doesn’t happen first, subsequent therapeutic efforts are likely to be less than successful.

**Stage II: Assessment**

In the next stage, the therapist conducts a comprehensive assessment of the client’s functioning. This occurs through a combination of inventories, such as a life-style inventory, and a clinical interview. In a life-style inventory, the therapist gathers information about how the client is seeking to belong in the social world of family, school, work, friends, and marriage. In this assessment, a thorough history is explored, including family background, belief systems, cultural heritage, personal goals, and other facets of being human. The basic beliefs are often uncovered through information on the family constellation and the client’s early recollections. Client beliefs will also be reflected in a person’s current convictions, attitudes, and priorities.
To elicit early recollections, the therapist might say to the client, “I would like to hear about some early memories. Think back to a time when you were very young, as early as you can remember, and tell me something that happened one time. Be sure to recall something you remember, not something you were told about by others.” There are three guidelines for useful early recollections. First, the early recollection must be a single, one-time event that has a narrative. Second, the client must be able to visualize the recollection. Third, two elements must be clearly articulated: the most vivid part of the recollection and how the client felt during the recollection. Generally, eight to ten early recollections are gathered.

Examples of other questions asked during the assessment phase are listed here. As you review each of these basic questions, you might consider asking them of yourself or perhaps discussing them with other students:

- **Family constellation.** “What was it like for you growing up?” “What roles did you play in your family?”
- **Social relationships.** “To whom are you closest?” “What is most satisfying to you about your friendships?”
- **Work life.** “How do you feel about your job?”
- **Sexuality.** “What are the most and least satisfying aspects of your sexual relationship with your partner?”
- **Sense of self.** “How do you feel about who you are and the ways you have developed?”

Of course, in addition to these specific Adlerian-based inquiries, clients would be asked the sorts of questions that any therapist would bring up in a session with a new client regardless of the therapist’s theoretical orientation. The goal is to efficiently and quickly gather background information and assess the client’s preliminary expectations about therapy.

During the assessment stage, the focus is on the person in her or his social and cultural context. Adlerian therapists do not try to fit clients into a preconceived model. Rather, they allow salient cultural identity concepts such as age, ethnicity, life-style, and gender differences to emerge in therapy, and then they attend to a client’s individual meaning of culture. Adlerian therapists emphasize the value of subjectively understanding the unique cultural world of the individual. With clients from racial or ethnic minorities, subjectively understanding an individual’s culture allows the therapist to assess the importance of a macro view of the client’s ethnicity within the micro view of the client’s individuality. This provides the opportunity to assess acculturation and racial identity within the client’s life-style. This can also assist the therapist and the client in identifying culturally specific strengths that the client may be overlooking (Carlson & Carlson, 2000).

**Stage III: Interpretation and Insight**

In the third stage, the Adlerian therapist interprets the findings of the assessment in order to promote insight. A therapist might say something like, “It seems like life is unfair and you believe that you can’t do anything to change
this situation.” This, of course, is not just a simple reflection of feeling and content, but rather a confrontation of sorts insofar as the client must examine the validity of this belief. Even if the world does sometimes appear to be unfair, is it really true and accurate that the client is absolutely powerless?

Adlerian therapists assist clients in developing new orientations to life, orientations that are more fully functioning. For example, although clients might believe that they can’t do anything about a particular problem in their lives right now, they can come to realize that they have been successful at dealing with other challenges, many of them far more difficult. A therapist might challenge a client about the client’s negativity: “You say that you are powerless with your husband, but I’ve noticed that you regularly stand up to your parents, your boss, and your children. I wonder what the difference is to you?” Adlerian therapists also try to find out what clients believe they have done wrong in life. For example, a young woman begins counseling believing that if she were more perfect in appearance and behavior, then others would love her even more. She works very hard at doing everything she possibly can to appear fashionable and well groomed; she has a whole library of etiquette books to guide her behavior. Although this may seem like a reasonable self-development plan, it actually makes her rather difficult for others to be around. She doesn’t seem to understand that one of the things that makes people attractive to others is not their perfection but their imperfections. Real people make mistakes and have problems. They also have the courage to face their problems. She needs to understand how her quest for perfection and closeness is actually creating distance and contempt from others. A key approach to Adlerian therapy, as it is for the cognitive therapies, is to identify the thought disturbances and core fears that get in the way of adaptive functioning. In the third stage of therapy, Adlerian therapists are inclined to explore with clients their self-defeating thinking patterns that contribute to distorted perceptions (Mosak & Maniacci, 1999).

**Stage IV: Reorientation**

Once clients develop sufficient insight into their problems, the therapy shifts to action. Insight can be a wonderful thing, but only if it leads to constructive movement toward desired goals. Sue and Zane (1987) suggested that therapeutic methods of problem resolution must be consistent with a client’s culture, and a therapist’s goal for a session should be compatible with that of the client. An Adlerian works with the client to create interventions that are culturally and personally congruent.

Because the Adlerian approach is both insight oriented and action oriented, the therapist should not be shy in helping clients to convert their self-declared goals into specific homework assignments or tasks that can be completed between sessions. Adlerian therapists will give specific assignments that involve responding in a different fashion. If a couple is not taking responsibility for their marriage, taking it for granted and not spending quality time together, the therapist might suggest that they plan a “date”
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The therapist might also suggest that the clients do outside reading (i.e., bibliotherapy; see Carlson & Dinkmeyer, 2003) to learn about ways to strengthen their relationship and that they complete weekly structured activities to work on their relationship.

Throughout every step in the process, a collaborative, supportive relationship is used as leverage to keep the client motivated and continuing to making progress. In reorientation, or moving from insight to action, the client is helped to make new choices that are more consistent with desired goals.

One of the things Antonio learned in therapy was that he wanted a career shift. Before therapy, he was aware of these thoughts but was not able or ready to accept them and attempt guided action toward a new career. Yet, at the reorientation stage, he was ready for movement.

T (Therapist): You say you don’t really like accounting and would rather be out in the world helping others.
C (Client): I know I say that. I really like helping others but there is no money in that work. I think I can help others through volunteer work.
T: Like what have you been thinking about?
C: There are lots of things that I can do at church. They are always looking for coaches at the YMCA.
T: So you think that would allow you to feel better by helping others. So what about your job?
C: I don’t mind accounting as long as I could be my own boss and make some more money.
T: Can you think of a way to make that happen?
C: I suppose I need to go to school. The people that are getting promoted seem to have master’s degrees.
T: Do you need to start an MBA program or something?
C: It is funny you mention that because I have thought that would be a really good idea and they just announced that they are having an MBA cohort group starting right at the company.

The first step in the reorientation stage is to identify clearly what it is that the client wants most. These goals must be realistic and reasonable. A client might say that she wants to have more love in her life. The therapist’s next task would be to help her to pinpoint just what it would mean for her to have more love. For one person, it might mean more friends, for another it might mean more dates or perhaps a deeper relationship with a current partner. Through this process the therapist can help the client develop goals that are achievable. Almost any problem-solving method that the client and therapist come up with might be used to create a plan of action.

At this point in the therapy process, the Adlerian practitioner may appear more like a coach or teacher than a therapist. The goal is to help clients to acquire the necessary skills and behaviors to create new patterns in their lives. These behaviors must also be consistent with their life-styles.
Let’s look further at an example of this process in action. A woman comes to counseling with the stated goal of losing weight. “If only I could lose 20 pounds,” she explains, “my marriage would be so much better.”

“What do you mean by that?” the therapist presses. “How would losing 20 pounds improve your marriage?”

She looks embarrassed, but finally the woman says, “Then my husband would no longer call me lard ass.”

Even though it is fairly obvious that the problems she is experiencing in her marriage are hardly connected exclusively to her weight and are far more likely the result of dysfunctional patterns in the couple’s communication, the therapist accepts her initial definition of the problem at face value—at least until such time that an alliance can be formed. It is often good policy to avoid challenging clients’ inaccurate conceptions of their problems too early.

The therapist and client together devise a structured program in which she works out on a treadmill and adjusts her eating habits. Over time she increases her daily workouts and decreases the calories she consumes. Eventually, of course, her loss of 20 pounds changes very little in the way the couple relates to one another. Instead of calling his wife, “lard ass,” the husband just ridicules her in another way. The next step is to get both partners into therapy for some couples work that will allow for direct intervention at a deeper level. This could not have happened earlier in the treatment, not until such time as it has been established that the client’s loss of 20 pounds has not really fixed the problem (although it has done wonders for the woman’s self-image).

Selective Therapeutic Strategies

Within the stages and therapist roles that have just been described, there are also several unique techniques that Adlerian therapists employ. Many of these methods have been borrowed by other approaches, just as contemporary Adlerian therapists use strategies from compatible systems.

Encouragement

Encouragement skills include demonstrating concern for clients through active listening and empathy; communicating genuine respect for and confidence in clients; focusing on client strengths, assets, and resources; helping clients generate alternatives for maladaptive beliefs; helping clients see humor in everyday experiences; and constantly focusing on effort and progress (Ansbacher & Ansbacher, 1956; Carlson & Slavik, 1997; Dinkmeyer & Losconcy, 1980; Watts, 2000a). Put more simply, this strategy means building “courage” in your client. Courage emerges when people become aware of their strengths, feel they belong, and have hope. “I really like that you took time this week to read the meditation book, spent 20 minutes each day in meditation, and drank water in place of alcohol. You have made great progress on your goal of being a more relaxed person.” The therapist tells the client exactly what positive things he or she did so that in the future the client can do his or her own self-evaluation. For Antonio, encouragement was crucial, because he talked as though he had a low opinion of himself.
T (Therapist): I listen to you tell me that you are not very successful at work.
C (Client): I don’t think that I am.
T: You told me that they have let many people go over the last 6 years, and yet you have been there for 8 years and are not worried about being terminated. You must be doing something right.
C: I guess that I do okay work. At least I get things done on time.
T: It sounds like you are reliable, dependable, and responsible. Those are impressive qualities.
C: I guess I am, but it is hard for me to see.

Reframing

Reframing is a process of helping a client see the same thing from a different perspective. It is commonly used by other kinds of therapists, as you will learn in later chapters. For the Adlerian, the intervention is aimed at helping people to understand that “everything can really be something else.” The therapist might say to a despondent client:

T (Therapist): It seems like your wife doesn’t love you because she has been working overtime to get away from you. I wonder if there’s another way to look at this?
C (Client): What are you saying? [The client seems confused by the challenge.]
T: I’m just suggesting that there might be other reasons why your wife is not as available as you would prefer—and that this might not necessarily be related to avoiding you, or not loving you.
C: You mean, like, to earn more money?
T: Exactly! You’ve said before that you have complained to your wife about the financial pressure you are under. Isn’t it just possible that one reason she is working all those extra hours is because she does love you and wants to help as much as she can?

Thus, clients are helped to look at their situations in more positive ways.

Asking The Question

Often used during the first session, The Question is used for a variety of purposes. The Question is: “What would be different in your life if you didn’t have this problem?” The Question often reveals what is being avoided by the presenting problem (Carlson et al., 2006). The Question is also used for differential diagnosis to determine whether or not a problem is primarily physiological or psychological. For example, if the client responded, “If I did not have anxiety, then I would have lots of friends,” then the therapist can see a social purpose for the anxiety. Treatment might then address social situations and relational skills. However, if the client responded, “Then I would not be sweating all the time, and my heart rate would be stable,” then the therapist can assume there is no social purpose for the problem, see it as more physiological, and make a referral to a medical specialist. The Question might be
phrased more specifically. For example, the therapist might ask a client who has a substance abuse problem: “How would your life be different if you did not do drugs?” The answer will help to determine an area of treatment. The client might say, “I would have a good job and somewhere to go.” The therapist then realizes that in order to break up the pattern of substance abuse, the client must be helped to find somewhere meaningful to go each day.

**The Push-Button Technique**

This technique is used to highlight the control clients can have over their emotions. It is based on the notion that behind each feeling there is an underlying cognition. Simply stated, change the cognition and one can change the emotional reaction. The client is asked to remember a pleasant experience and then an unpleasant one. The therapist helps the client to realize that he or she acts and thinks one way in one situation and a different way in another. It goes like this: “I’d like you to imagine that you have two buttons on your chest. Each button is for a different response. Now picture that however you might respond in any situation, you actually have a choice to push the other button and respond in a very different way. These buttons belong to you. Only you can push them. Only you can choose how you want to respond.” For Antonio, the push-button technique was used to help him learn to respond differently to work situations that made him angry.

**C (Client):** I just get so angry at work when I am criticized or not included.
**T (Therapist):** Yet there are other times, like at church, when you are really calm and focused.

**C:** Yeah, but what does that have to do with anything?
**T:** Can you imagine having two imaginary buttons on your chest? One button makes you act like you do at work and the other button makes you act like you do at church.

**C:** I can picture that.
**T:** So can you imagine yourself at work, and instead of pushing the work button, you push the church button? Remember, you know how to do both.

**C:** So you want me to act like I do at church when I’m at work?
**T:** What do you think would happen if you did that?

**C:** I would probably get along better with everybody.

**Acting As If**

This strategy involves suggesting to clients that they act as if they didn’t have the problem for a week or two. This pretend exercise allows the client to take actions that previously would have seemed outside the realm of possibility. “For this week,” the therapist might say to Antonio, “I want you to act as if you are a good employee. I know that is not the way you have seen yourself until now, nor the way you have been viewed by many others. But, just as an experiment, I’d like you to pretend that you really are a good worker. What would that mean?” Antonio shrugs.
T (Therapist): “Well, how do good employees behave? How do you know one when you see one?”
C (Client): “I don’t know. I guess they show up on time, for one.”
T: “Good! What else?”
C: “They seem happy. They do what they’re told.”
T: “What else?”
C: “I guess most of all they don’t have to be told what to do; they just do it on their own.
T: So you know how to pretend to be a good worker. Try on this role for a week and see how it fits.

For Antonio, one of his key concerns was class difference. He was aware of his working-class background and his wife’s more affluent background. He was also aware of himself as a Latino living in a predominately wealthy town with a European-American majority. He was encouraged to use the acting as if strategy to deal with this concern.

T (Therapist): You have mentioned that you feel out of place around Rosa’s family, as they are better than you. You also mentioned that you live in a wealthy White community and are not sure if people accept you.
C (Client): That is accurate. That is how I feel.
T: I wonder what would happen if the next time you are around Rosa’s family you would be willing to do something different.
C: I might. Her parents are coming next week for a 2-week visit.
T: Would you be willing to act as if they saw you as an equal? Act just like you did when you were around your grandfather.
C: That would be weird, but I would try it if you think it might help.

**The Midas Technique**

This strategy involves exaggerating the client’s irrational demands. As in the myth of King Midas, who was granted his wish that everything he touched turned to gold, the Midas technique shows clients that their wishes, when taken to their logical extreme, can be absurd. This allows clients to laugh at their own positions. For instance, a client who was busy collecting and investing in material wealth was shocked when the therapist suggested that he buy several more burial plots so that he could take all of his possessions with him into the next life. Then he laughed, “Yeah I see what you mean. I act like I think I’m gonna take it all with me.”

**Pleasing Someone**

Based on the importance of creating social interest in clients, in this strategy the therapist urges the client to do something nice for someone else, an act of grace, a mitzvah, or loving gesture. Sometimes clients, especially those in the throes of depression, spend too much time obsessing about their own situations. They think about themselves constantly, ruminate about the same things, and remain stuck in their “selfness.” Such individuals might be
encouraged to volunteer their time in service to others or to make a point of doing something nice for someone everyday, with no expectation of a reciprocal favor.

The Client–Counselor Relationship

How therapists in the Adlerian approach behave and what roles they take on can be deduced from the preceding discussion. However, let’s review exactly what Adlerian therapy looks like in client–counselor practice. The many adjectives that describe the Adlerian therapeutic relationship include cooperative, collaborative, egalitarian, optimistic, and respectful (Watts, 2000a). In addition, an effective Adlerian therapist is one who can convey social interest to the client. Therefore, the Adlerian therapist tries to model caring and empathy.

As noted, Adlerian therapy follows four stages, each of which builds upon the previous stage. The first and most important stage is the relationship stage, wherein therapy occurs in a relational context (Watts, 2000a). The success of subsequent stages rests upon the further development and continuation of a good therapeutic relationship. In this relationship, the therapist creates a safe environment for clients to explore their mistaken beliefs, faulty values, and ineffective behaviors. The subsequent stages (assessment, interpretation and insight, and reorientation) all require the counselor to be an active participant in the therapy process. In many ways, because of the level of activity, constant encouragement, and the psychoeducational component, the therapist behaves very much like a coach who is helping someone develop new life skills.

One aspect that might distinguish Adlerian therapy from other therapies is that at times the psychoeducational component of Adlerian therapy gives the relationship more of a teacher–student feel. Adlerian therapists educate clients about alternative coping styles as a means of dealing with problems. Adlerians might give their clients advice, yet the advice would be offered in the context of a relationship between equals. Adlerian therapists do not decide for clients what their goals should be or what needs to change. These are determined collaboratively. Once goals are identified, Adlerian therapy becomes focused on the goals. Some of the methods of reaching these goals are determined by the therapist, yet the goals themselves rest with the client.

Evaluation of Adlerian Therapy

Despite the widespread use and adoption of Adlerian ideas, there is a dearth of empirical research on the efficacy of Adlerian therapy. In one of the few studies on the efficacy of Adlerian therapy, Smith, Glass, and Miller (1980) found that Adlerian therapy was comparable to psychoanalytic and person-centered approaches in effectiveness. For a theory of such longevity, the lack of empirical research on Adlerian theory is rather alarming. For the most part, the evaluation of this approach is based more on clinical observations, limited research studies, case studies, and logic. Historically, many Adlerians have preferred more of a case study or idiographic method to support the
efficacy of Adlerian therapy (Carlson et al., 2006). In fact, Edwards, Dattilio, and Bromley (2004) suggested that clinical practice and case-based research be included as significant indicators of successful evidence-based practice. For counselors using the Adlerian approach, that means the explicit and conscious use of current best evidence in making decisions about treating clients, with an emphasis on blending individual clinical expertise about Adlerian theory with the best available evidence from external clinical empirical research.

One of the difficulties in conducting empirical research on Adlerian theory is that many of the core concepts are vague and ambiguous, thus difficult to define and observe operationally (Slavik, 2006). Slavik and Carlson (2006) brought together Adlerian scholars to address this issue and discussed how to more effectively evaluate Adlerian therapy. There is hope that Adlerians will conduct additional research on the model.

There is a growing body of research that addresses the relationship between certain transtheoretical factors common in many orientations and positive client outcomes (Prochaska & Norcross, 2009). This research involves client factors, therapeutic relationship factors, hope, and technique. One of the rationales suggested by some (Carlson et al., 2006) is that the efficacy of the Adlerian model is indirectly supported by that approach. In terms of client factors, Adlerian therapy emphasizes the importance of attending to what clients bring into therapy, especially their strengths, assets, and resources. In terms of therapeutic relationship factors, Adlerian therapy takes a relational approach with specific attention toward creating a solid therapeutic relationship. In terms of hope, Adlerian therapy is an optimistic approach that focuses on encouragement in clients both as an attitude and as a way of being. And, in terms of model/technique, Adlerians are generally eclectic in their selection of flexible therapy interventions and techniques and tailor therapy to their client’s unique needs and expectations.

Further support for Adlerian therapy comes from the longevity and continued interest in Adlerian concepts and principles. The adoption and integration of Adlerian concepts in other therapies with considerably more empirical support (e.g., cognitive–behavioral therapies) does provide some credence for Adlerian therapy.

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**Adlerian Therapy: Blind Spots, Limitations, and Challenges**

As you read subsequent chapters in this book, you will soon realize that Adlerian theory includes a little bit of everything seen in other therapeutic approaches. One reason for this, of course, is that so many other therapists have borrowed and adapted Adler’s ideas for their own purposes, often “discovering” many of Adler’s fundamental ideas without even knowing it (Kottler & Montgomery, 2011; Watts, 2000a). Without a doubt, Adlerian theory and therapy have been and continue to be significant influences on all forms of therapy. More than 50 years ago, Wilder (Adler & Deutsch, 1956,
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p. xv, as cited in Mosak, 2005) asserted what appears even more germane today: “Most observations and ideas of Alfred Adler have subtly and quietly permeated modern psychological thinking to such a degree that the proper question is not whether one is an Adlerian but how much of an Adlerian one is.” However, despite Adlerian theory’s many positive offerings, there are also several blind spots, limitations, and challenges to the application of the model in contemporary society.

**Blind Spots**

As with most theories that were developed with a Western perspective, the focus on change and responsibility in Adlerian theory rests with the self. This focus on the self may pose a problem for clients from cultures that have a more communal focus. Further, one of the basic tenets of Adlerian theory is that individuals are responsible for their behavior, thoughts, and emotions. Adlerians view not taking responsibility for one’s behaviors, thoughts, and emotions as a choice; however, this notion of choice may not be fair when applied to clients who are members of an oppressed minority.

Another blind spot may have to do with the emphasis on assessment that explores detailed personal information about the past (e.g., the life-style inventory). Some clients are put off by questions about the past, including family relationships and early memories. Paniagua (2005) noted that therapists who work with cultural minority populations would be wise to avoid collecting too much personal and family information early in therapy. Because clients’ most pressing problems exist in the present, clients may not be interested in—nor will they see the connection with—the past. Instead, the emphasis should be on the presenting problem. As the expression goes, “When you are up to your neck in alligators, you don’t want to think about much else.” Further, many cultures (e.g., Latino cultures) have prohibitions about revealing personal and family information (Smith & Montilla, 2005). Thus, the Adlerian who tries to collect too much information may be viewed by such clients as technically and culturally incompetent (Paniagua, 2005). To address this concern, most contemporary Adlerians do not undertake a complete life-style assessment, but they often use brief survey and interviewing techniques to obtain the needed information. Adlerian approaches are thus tailored to the client and rely on verbal interventions, logic, and insights that are dependent on the client’s level of understanding in order to focus on client-directed outcomes.

For some cultural minority clients, the fact that the Adlerian approach is a democratic approach where an equal relationship is created with the client may also represent a blind spot of the approach. Adlerians work hard at “not doing for people what they can do for themselves.” Yet, some cultures view the therapist as an expert and may want to be told what to do or how to fix a concern. This might be challenging for some Adlerian democratic-minded therapists.
Limitations

One of the criticisms of the Adlerian approach addresses how the theory has evolved over time. Some students, scholars, and practitioners may view the Adlerian approach as an antiquated model that has limited contemporary relevance. Some of the responsibility for that perception must lie with the Adlerian community, which often has such reverence and enthusiasm for Adler's work that the evolution of the model has been overshadowed by allegiance to the past (Carlson, 2000). Manaster and Corsini (1982) observed that very little has been written that contradicts or repudiates the original ideas of Adler. Instead, most Adlerians tend to write additions and supplements to or explanations of Adler's own thoughts without offering a substantial critique or revision. My (J. C.) 1989 editorial in the *Journal of Individual Psychology* titled, “On Beyond Adler,” was a call to Adlerians to work to evolve the theory into modern practice and recognize how the theory has changed over time. I further suggested that Adlerians look to expand and integrate the model with other systems of therapy in order to avoid exclusivity (Carlson, 2000).

For the most part, Adlerians tend to meet and share writings within a closed community. There is an annual meeting in North America as well as several smaller regional meetings that are not promoted outside the membership. The Adlerian group tends to enjoy its community spirit. Yet, as a result of this way of meeting, many Adlerian ideas have not been widely shared with the greater professional community. Further, this inbreeding tends to keep the organization largely White and privileged, and efforts need to be made to create a more diverse membership base that reflects the changing face of therapy. Through a diversity of people and ideas, Adlerian theory and practice can be expanded. Until this occurs, many of the challenges of applying the Adlerian model broadly will not be realized.

Another limitation of Adlerian theory is that Adler himself spent more time training and treating than writing and theorizing. When he did write, he revealed himself to be a mediocre and unsystematic writer. Maniacci (1999) noted that Adler wrote few books for professional audiences. As a result, his language was simple and his style was minimal. An outgrowth of this writing style was that the theory was not especially well defined and was often poorly presented in the existing scholarly literature (Watts, 2000a). Adler's ideas are somewhat vague and general, which makes it difficult to research the basic concepts. Further, although Adler had ideas and made observations about how people grow and develop, he did not formulate a theory of development or learning (Mosak & Maniacci, 1999).

Because of the way in which Adlerian theory evolved during Adler’s time and subsequently, it is difficult to place Adlerian theory and therapy into a single theoretical category. This, perhaps, may be yet another reason why Adler's theory is often misunderstood and misrepresented. The Adlerian approach can be categorized as cognitive, systemic, existential, and psychodynamic. More recently, some Adlerians have begun describing the approach
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as a constructivist theory and therapy. This is not so much a result of Adler’s trying to make his theory into something for everyone as a result of his followers’ having found ways to do so.

Challenges

The most debilitating limitation for any theory is stagnation of thinking around evolution and theory building (Fall, Holden, & Marquis, 2010). For Adlerians, the challenge exists to continue to develop the model to match the needs of modern society. The history of psychotherapy tends to support the notion that older theories do not necessarily fade away but instead evolve into what appear to be newer theories and approaches (Prochaska & Norcross, 2009). Historically, Adlerian therapy preceded and strongly influenced rational–emotive behavior therapy (Ellis, 1970; Ellis & Joffe Ellis, 2011), which contributed to cognitive–behavioral and cognitive therapies. Whereas Adlerian ideas are alive in other theoretical approaches, there is a question about whether Adlerian theory as a stand-alone approach is viable in the long term. Norcross, Hedges, and Prochaska (2002) asked a panel of experts to forecast changes in theoretical orientations, therapeutic interventions, psychotherapy providers, treatment formats, and future scenarios. They found that cognitive–behavioral, culture-sensitive/multicultural, and integrative therapies were expected to expand the most. By contrast, many of the older theories, such as classical psychoanalysis, transactional analysis, and Adlerian therapy, were expected to lose ground in terms of popularity and relevance. Thus, the challenge for Adlerians is quite clear: For the Adlerian model to survive and thrive, it must look at ways to strive for significance. One avenue is to recognize how modern practice is moving toward community involvement and social justice, which are core concepts outlined by both Adler and Dreikurs (Fall et al., 2010).

One of the strengths and continued challenges for Adlerian theory has to do with treating diverse populations and doing social justice work. Perhaps Adler’s greatest contribution is that he developed a theory that recognizes and stresses the effects of social class, racism, and gender on the behavior of individuals. His ideas, therefore, are well received by those living in today’s global society. Yet, acknowledging the utility of Adlerian theory is not enough. The model needs to be continually examined and developed to meet the contemporary needs of all clients.

Another challenge for Adlerians has been adapting the theory for brief and short-term therapy. Because the Adlerian model is a comprehensive approach, it would seem to require a setting and clients conducive to long-term therapy. Nevertheless, the Adlerian approach has been adapted for effective brief therapy (Carlson & Sperry, 1998) with the ability to address the full range of problems clients present (Sperry & Carlson, 1996). Adler believed that he could help most clients in under 20 sessions (Adler, 1970), and in a survey of Adlerian therapists Kern, Yeakle, and Sperry (1989) found that 86% of their clients were seen for less than a year and 53% for less than 6 months. There was a wide variation in the number of sessions, depending
on the severity of the problem. A guiding construct is that Adlerians focus on limiting time rather than limiting goals. “Adlerian therapists attempt full and complete therapy in whatever time is available and in the shortest time possible” (Manaster, 1989, p. 245).

Future Development: Adlerian Therapy in a Diverse World

It appears that the basic tenets of Adlerian theory and psychotherapy will continue to be mainstreamed into contemporary thought (Mosak & Maniacci, 1999). This is evident in both the positive psychology movement and in the current emphasis on strength-based therapies for treating diverse populations. Examples include the positive psychology movement’s emphasis on normal human growth and development; prevention and education rather than merely remediation; lessened reliance on the medical model perspective; focus on mental health and the client’s strengths, resources, and abilities (rather than on psychopathology and client disabilities); and focus on holism, wellness, multiculturalism, and social justice (Ansbacher & Ansbacher, 1956; Barlow, Tobin, & Schmidt, 2009; Carlson et al., 2006; Mosak & Maniacci, 1999). Because of its emphasis on encouragement and empowerment of clients, Adlerians can have success with populations that are sometimes difficult to reach. For example, Sapp (2006) noted that Adlerian therapy represents a strength-based model that can be effective with at-risk youth.

The Adlerian concept of social interest with an emphasis on helping others, belonging, and focusing on the collective spirit fits well and supports the traditional value system of community-focused minority groups, such as Asian Americans (Capuzzi & Gross, 1995). Multiculturalism also entails attention to and appreciation of the role of religion or spirituality in the lives of clients. Whereas most schools of psychology have not given much attention to religion or spirituality in clinical work, Adlerian therapy has been quite open to religious and spiritual issues (Mansager, 2000). Adler viewed religion as a manifestation of social interest, specifically calling attention to the tradition of those religions that stress people’s responsibility for each other (Mosak, 2005). Contemporary Adlerians also view spirituality as one of the major tasks of life, noting that “each of us must deal with the problems of defining the nature of the universe, the existence and nature of God, and how to relate to these concepts” (Mosak, 2005, p. 55).

Some of the ideas contained in this chapter will come up again in the chapters on other theories that have taken Adlerian concepts and developed them further. Adlerian therapy remains to this day one of the most integrated systems of psychotherapy.

Summary

1. Alfred Adler named his approach Individual Psychology to emphasize the unity of the individual. Adlerian therapists believe that all behavior is goal directed, is socially embedded, and has social meaning.
Adlerian psychotherapy posits that people seeking therapy are not sick, but rather discouraged, and therefore need to be encouraged to develop more social interests and a more effective life-style to achieve success in the tasks of life.

2. Adler’s early personal experiences with illness and helplessness may have informed his theoretical focus on inferiority and superiority complexes. In addition, his socialism and corresponding beliefs in personal freedom, social responsibility, and the rights of children, women, and workers carried through into his theoretical emphasis on the impact of social, familial, and cultural forces on psychology.

3. Adler was the first to introduce the relationship between thinking processes and feelings; the impact of early family experiences and birth order on present behavior; the value of constructing specific plans of action; the construction of an egalitarian, collaborative counseling relationship; the assessment of life-style and social behavior as they affect personality development; and the importance of skill training and an educational model of treatment.

4. Adlerian therapy suffered a crisis of relevance after the death of Adler’s successor, Rudolf Dreikurs, but modern Adlerians have since adapted the original theory to a variety of other applications and settings. Adlerian therapy has proved to be particularly adaptive to addressing multicultural and social equality issues.

5. Adlerian therapy theory rests on several key concepts: holism (the notion that understanding a person involves consideration of all of the components that make up the individual’s personality and environment), encouragement (the process of increasing a person’s courage in order to face life’s difficulties), subjective or private logic (the individual way that a client perceives the world), life-style (an individual’s attitudinal set that includes the basic convictions, choices, and values that influence decisions and behaviors), basic mistakes (the self-defeating attitudes and beliefs of an individual’s life-style), basic life tasks (the questions and challenges of life that influence psychological development), social interest (the notion that all individuals have a responsibility to the community), life goals and belonging (the idea that all behavior is goal directed toward finding a place in the social world), and birth order (the notion that the order in which one was born in relation to one’s siblings is a variable in psychological development).

6. The Adlerian theory of change posits that all individuals are always in the process of becoming and that the process of change is not about curing a client, but rather encouraging a client’s growth and development. Adlerian therapists pinpoint mistaken goals in order to help their clients reach insight and eventually change their goals.

7. Adlerian therapy proceeds in four stages: the relationship stage (in which a collaborative relationship is established), the assessment stage (in which the therapist conducts a comprehensive assessment of the client’s functioning, via such tests as a life-style inventory), the
interpretation and insight stage (in which the therapist assists the client in developing new, more fully functioning orientations to life), and the reorientation stage (in which the therapist assists the client in constructive movement toward desired goals via action-oriented exercises).

8. During the four stages of the therapy process, certain therapeutic strategies may be employed, including encouragement, reframing, asking The Question, the push-button technique, acting as if, the Midas technique, and pleasing someone.

9. The client–counselor relationship in Adlerian therapy could be described as cooperative, collaborative, egalitarian, optimistic, and respectful. In addition, an effective Adlerian therapist is one who engenders social interest in the client.

10. Most Adlerian therapists prefer a case study or idiographic method to support the efficacy of the therapy. Adlerian therapy is difficult to research empirically because many of the core concepts are vague and ambiguous, thus difficult to operationally define and observe.

11. Adlerian therapy carries with it a number of blind spots, limitations, and challenges. Blind spots include the Adlerian focus on individual choice (which may pose problems for clients from communal cultures), its emphasis on the client’s past history (which may not appeal to some clients), and its egalitarian approach (which may not be effective with clients from cultures that view therapists as experts). Limitations include the tendency of Adlerians to communicate primarily within their closed professional community, the paucity of theoretical literature written by Adler himself, and the difficulty of placing Adlerian therapy into a single category. The challenges for Adlerian therapy are to continue evolving the therapy, to continue creating ways to adapt the therapy for diverse populations, and to further adapt the therapy to brief and short-term therapy.

12. The Adlerian approach is one that shows great respect for all people regardless of gender, ethnicity, race, and sexual orientation. The approach is truly democratic and respects the notion that all people are equal and deserve to be treated in that fashion. Adlerians advocate for social justice and the rights of all people.

Key Terms

- basic mistakes (p. 103)
- birth order (p. 106)
- discouragement (p. 98)
- early recollections (p. 103)
- encouragement (p. 98)
- family constellation (p. 107)
- faulty logic (p. 100)
- holism (p. 97)
- inferiority complex (p. 106)
- life goals (p. 98)
- life-style (p. 101)
- life tasks (p. 104)
- mistaken goals (p. 108)
- private logic (p. 100)
- self-concept (p. 98)
- self-ideal (p. 98)
- social interest (p. 105)
**Resources for Further Study**

**Professional Organizations**

**North American Society of Adlerian Psychology (NASAP)**

NASAP Central Office  
429 E. Dupont Road, #276  
Fort Wayne, IN 46825  
260-267-8807  
http://www.alfredadler.org

The North American Society of Adlerian Psychology (NASAP) can provide a list of the 58 Adlerian organizations and institutes.

**Adler School of Professional Psychology**

*Chicago Campus*

17 North Dearborn  
Chicago, IL 60602  
Phone: 312-662-4000

*Vancouver Campus*

1090 West Georgia Street  
Suite 1200  
Vancouver, BC V6E 3V7  
Phone: 604-482-5510  
http://www.adler.edu

The Adler School of Professional Psychology in Chicago and Vancouver offers fully accredited masters and doctoral programs.

**Professional Journals**

*Journal of Individual Psychology*

http://www.utexas.edu/utpress/journals/jip.html

Also available from NASAP or

University of Texas Press  
P.O. Box 7819  
Austin, TX 78713-7819  
800-252-3206  
utpress@uts.cc.utexas.edu

The *Journal of Individual Psychology* is the journal of the North American Society of Adlerian Psychology. As the premier scholarly forum for Adlerian practices, principles, and theoretical development, it addresses techniques, skills, and strategies associated with the practice and application of Adlerian psychological methods.
Suggested Readings


This has been the main source of Adler's writings. The editors' comments are very helpful in understanding Adler's theory and practice.


A collection of classic articles from the *Journal of Individual Psychology* that focus on techniques and practice.


An important book on contemporary Adlerian psychotherapy.


A good basic text on Adlerian counseling and psychotherapy.


This is a classic text on the Adlerian perspective on parenting and raising a child.


The best biography on the life of Alfred Adler.


A fun and easy-to-read primer about the life and contributions of Alfred Adler.


A good source for the “nuts and bolts” of Adlerian psychology.

Other Media Resources


Dr. Carlson works with an African-American woman struggling with her divorce and overfunctioning approach to life.


Dr. Carlson provides an example of both an individual parent consultation with a single mother and a parent group consultation.

Dr. Carlson works with a couple with problems of anger and abuse.


Dr. Carlson works with a young man with issues of perfectionism. In a brief 45-minute session, significant change occurs.


Dr. Carlson works with a 30-year-old woman with issues of depression and people-pleasing behavior. Over the course of six 45-minute sessions, she transforms her thoughts and behaviors by learning to state her needs and reduce her negative self-talk.


Dr. Kottman demonstrates Adlerian play therapy with a 4-year-old boy.