Here is the question:

As you read the personality descriptors identified by Adler to be typically associated with the various birth order positions, **would you recognize them to be reasonably true (i.e., they were never intended to be 100% accurate for everybody) in your case, or with people you know?**

Remember that you can find more of those descriptors on the website of the Adler Institute of San Francisco.

**Week Two Reading**

**Introduction**

Alfred Adler (1870-1937) developed the first holistic theory of personality, psychopathology, and psychotherapy that was very closely connected to a humanistic philosophy of living. The concepts of the Adlerian approach have had widespread effect across the helping professions both in theory and in practice. The "common sense" basis that the approach has taken has resulted in many of Adler's ideas being used by other theories. Concepts such as superiority and inferiority complex, total orientation, and lifestyle have become so common that few realize that they originated with Adler.

Adler's approach views the individual's state of mental health as being directly related to the degree of social interest. In other words, Adlerians have a positive outlook on humankind and value the well-being of the individual and society over organization and institutions. The core of Adler's work centres around his optimistic, humanistic view of life.

After Adler's death in 1937, Rudolph Dreikurs kept the Adlerian approach alive in North America. He was also the Director of the Alfred Adler Institute of Chicago. Dreikurs' work has been very influential not only in the fields of counselling and psychotherapy, but also in education and teaching (Dreikurs, et al., 1982).

**Objectives**

Upon completion of the lesson you should:

1. understand the key concepts of the Adlerian approach;
2. understand the use and application of Adlerian techniques to the process of counselling;
3. be able to outline the therapeutic process with respect to the therapist's role, the client's experience, and the relationship between the two.

**Required Readings**

The text reading for this lesson is Chapter 3 of *Current Psychotherapies*, Corsini and Wedding (2011).

I have uploaded this chapter on “Sharing site” and can be accessed through:

<http://www.keepandshare.com/doc/4986594/chapter-3-corsini-and-wedding-2011-pdf-2-4-meg>

Read the chapter before you begin to do the work in the lesson in order to get an overview of the theory. After reading the textbook material, supplement that information by reading the articles by [**Bitter and Nicoll (2000)**](http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=9064041&site=ehost-live) and [**Bettner and Lew (1993)**](http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=9406100207&site=ehost-live). As you draw upon the information in the textbook, the articles, or any other research sources, think about the definitions of the following basic concepts. If you are still unsure about a definition, you can always consult the online Glossary.

**Basic Concepts**

After you have read Chapter 3, begin to work on the meanings of the concepts. As Mosak and Maniacci (2008) addresses each of the concepts, write down your own definitions.

1. Life style
2. Family constellation
3. Social interest
4. Teleological
5. Fictional finalism
6. Basic inferiority
7. Early recollections
8. Reorientation
9. Birth order
10. Superiority

**Basic Assumptions**

There are several basic assumptions that apply to the Adlerian theory. These include:

1. Behaviour is purposive and goal directed.
2. Humans are born with a sense of inferiority and a striving for superiority.
3. To understand the individual one must know the pattern of his/her life (life style).
4. Perceptions of the world determine one's behaviour.
5. We mould our own personalities.
6. The ideal form of striving is social interest.
7. Personality is laid down early in life.
8. Basic obstacles to growth are: organ inferiority, pampering, and neglect.

**Causation**

When attempting to understand behaviour, Adler advises us to seek purpose rather than cause.

*Heredity*: We enter the world with certain genetic givens; however, it is not genetics that affects personality, but the individual's perception of himself or herself. We inherit a cerebral potential that permits us to hope, dream, aspire, plan, form attitudes, and set goals. These allow us to be creative and self-directing.

*Environment*: Out of the family environment, we develop a sense of self. People can only be understood interpersonally and as social beings moving through and interacting with their environment. Adverse environmental influences include pampering and neglect, leading to the formation of mistaken goals.

*Cognitions*: Adler adopted a phenomenological orientation, emphasizing the individual's perceptions or subjective reality of his or her experiences. (What we are does not determine our behaviour, but what we think we are). He also emphasized the role of learning in the formation of the style of life.

*Motivation*: Motivation is tied to an innate, never-ending striving for perfection and completion. Social interest is seen as the primary source of motivation. We strive for superiority, social interest, through purposive goal-directed behaviour. Perceived inferiority is a motivating condition for behaviour, and striving for goals is a motivational principle.

**Time Orientation**

There is a moderate emphasis on the past, particularly the importance of early development. Although a historical assessment is made in Adlerian Counselling, the focus is on dealing with the clients' current perceptions of their past, in an attempt to change goals for the future. Adlerians take a teleological stance, viewing the individual as being pulled toward the future rather than being pushed by the past. (Peterson & Nisenholz, 1999). Expectations of future outcomes determine present behaviour, goals, and ends.

**View of Human Nature**

Humans are primarily social beings. The emphasis is on the client's subjective frame of reference. People have the capability of self-determination. They are neither good nor bad, but, as creative choosing agents, they make choices based on and reflected in their lifestyle.

**Preference for Explanations**

*Holistic vs. Atomistic*: The Adlerian approach to counselling subscribes to a holistic view of the human nature. "Holism, like Gestalt Psychology, recognizes the whole is more than the sum of its parts. The whole in itself is an active factor; it cannot be explained by the characteristics of its parts, the human being is composed of physical, chemical, and biological structures, with physiological and psychological mechanisms. However, the human body by itself is neither human nor a body; mind, apart from the whole of personality, becomes a functionless abstraction" (Dreikurs, 1997, p.130).

*External vs. Internal Determinants*: Individual psychology places an emphasis on internal values, goals, and interests and the individual's perception of reality.

*Nomothetic vs. Idiographic*: Case studies (idiographic research) have been the focus of most of research in individual psychology. The emphasis in Adlerian counselling remains on the individual's unique subjective perception of self and others.

*Longitudinal vs. Cross Sectional*: The longitudinal perspective is used to understand the client. This is reflected in the use of early recollections, as well as obtaining a comprehensive client history, all part of the lifestyle assessment.

*Tension Reduction vs. Tension Production*: Adlerian therapy is based on tension production: striving for superiority and perfection. It is a growth model, whereby much of a person's behaviour can be explained as involving an individual's movement towards growth and self-actualization.

**Observer Frame of Reference**

Both internal and external factors are considered in the Adlerian approach to counselling. The theory looks at an individual's subjective perception of reality. At the same time, the theory is contextual: issues are considered from the perspective of the client's family and society.

**Bases for Inference**

The theory emphasizes the individual's uniqueness through such concepts as: private logic, style of life, and creative self. However, Adler proposed a predictive theory of general psychological characteristics that individuals develop based on their early family constellation, more specifically based on their birth position/order among their siblings. At the same time, Adler cautioned therapists against using this theory as a template and thus ignoring the unique idiosyncratic factors that shape individual personality.

**Bases for Psychopathology**

Adlerian theory considers the following as possible sources of psychopathology:

* lack of social interest, mistaken beliefs and inadequate psychological models, overambition, or discouragement;
* poor self concept;
* pampering, neglect, organ (physical weaknesses of the body) inferiority, sibling rivalry, and self-defeating behaviour.

Adler believed that these childhood situations tend to result in isolation, a lack of social interest, and the development of a non-cooperative style of life based on an unrealistic goal of personal superiority. In Adler's theory, neurosis is viewed as an escape from fulfilling one's duties to the community. It is the symptom of mistaken goals, a failure of learning, a product of distorted perceptions.

To compensate for *feelings of inferiority*, people strive for superiority. Problems occur when they become discouraged and strive for inappropriate goals. These goals are especially recognizable in children and include: gaining attention or power, getting revenge, or acting inadequate.

*Attention seeking*: the person is continually seeking approval for his or her actions.

*Power*: the person wants to win, or be in control. Behaviour descriptors include 'rebel' and 'stubborn'.

*Revenge*: the person does things to hurt others. Behaviour descriptors include 'vicious' or 'violently passive'.

*Inadequacy*: when the person assumes deficiency and gives up trying. The attitude is one of 'hopelessness'.

**Bases for Healthy Personality**

A healthy individual has a strong social interest and realistic life goals. He or she has an effective, socially acceptable, healthy compensation for perceived inferiorities and is a contributing member of a democratic family and a democratic society.

**Role of the Therapist**

The therapist focuses on the importance of educating clients as a preventative measure. The therapist guides the client toward adaptive behaviour, which leads to a reduction in feelings of inferiority. The Adlerian counsellor corrects the client's mistaken perceptions and develops new goals for behaviour.

**Implications for the Helping Relationship**

Therapists need to be aware of the importance of focusing on the individual's subjective reality.

**Goals for Helping**

The primary goal of Adlerian counselling is to develop the clients' social interest so that they will be able to live as equals in society, both giving to and receiving from others (Mosak & Maniacci, 2008). This may mean re-educating clients to modify their lifestyles. Therapy is a learning experience. Change in behaviour follows a change in motivation through insight.

There are three major goals of therapy: (a) understanding the lifestyle, (b) promoting self-understanding, and (c) strengthening social interest.

**Techniques and Procedures**

*Encouragement* is a major method of responding, one that has been found to be more effective than other social reinforcers, such as praise. Encouragement generally focuses on strengths that the client has but may not acknowledge or appreciate.

*Comprehensive Life-Style Assessment*: includes eliciting an extensive client history (including possible medications), exploration of family constellation, early recollections (used as a projective technique), and, to some extent, analysis of dreams. Most Adlerian counsellors are not very keen on using objective psychological tests, regarding them more as a measure of the clients' test-taking attitudes (Mosak & Maniacci, 2008). However, the most frequently used Adlerian instrument of life-style assessment is the one developed by Shulman and Mosak (1988). Another questionnaire for life-style assessment in brief Adlerian therapy can be found on the website of the Alfred Adler Institutes of San Francisco and Northwestern Washington.

*Acting "as if"*: Clients are instructed to act "as if" they are the persons they want to be. Asking The Question (*How would things be different if you didn't have this problem?*) is usually a simple way to help clients become more aware of their mistaken beliefs and adopt new realistic goals.

*Catching Oneself*: The client learns to become aware of self-destructive behaviours or thoughts.

*Spitting in the Client's Soup*: Adlerians believe that there is a payoff or reward for behaviours that are maintained; therefore, when a counsellor points out the particular payoff for a negative behaviour, the "enjoyment" may be diminished.

**Comments on Family Constellation (Birth Order) Theory**

The following information was provided by Dr. Du-Fay Der, former professor in the Department of Counselling Psychology at the University of British Columbia. These statements are meant as tentative generalizations regarding the various positions in the birth order. There are many exceptions. These characteristics apply to families in which the siblings were born less than five or six years apart.

*Characteristics of the first child*. When the first-born is the only child, he or she gets undivided attention. The child may feel self-reliant to the point of being spoiled, or very dependent because of over-protection. He or she feels insecure when a second child invades his or her kingdom and may misinterpret this as rejection. This situation is also referred to as the "dethroned child". The first child may get more attention as a baby because of the inexperience of the parents leading to unnecessary care and attention. The first child tends to be steady, dependable, and even exploits his or her worthiness at the expense of brothers or sisters. Usually a high achiever, the first-born is the subject of higher expectations from the part of the parents. He or she tends to follow the parent's values and attitudes. Serious and studious, the first-born tries to please or obey parents. First-borns are usually orderly and good leaders. If dethroned by the second-born, the first child may become a problem child.

*Characteristics of the second child*. The second-born child usually feels that he or she cannot compare with the older sibling and tries to find a different place in the family. Therefore, the second-born may adopt ways of behaving that are similar to the youngest child until the third child comes. Unacceptable behaviour is usually based on discouragement, but it may also represent an early sign of over-compensation, which may lead to positive outcomes and achievements. What the second-born child does with his/her situation depends upon how he/she perceives it. Quite often, the second-born may be compared unfavourably with the older sibling. Often his or her interests and achievements are different from those of the older brother or sister. This may include being less steady and poised. The second-born may be active and pushy. If the first child is a good student, the second may present behavioural problems. The second child may be sociable, outgoing, and happy-go-lucky. Sometimes, the second child may feel squeezed, unloved, and unnoticed, which leads to feelings of discouragement.

*Characteristics of the third child*. Once the two older siblings have established their positions within the family constellation, the third-born tends to be viewed as the "baby", which secures a special amount of attention and services. This works so well that, in some cases, it may continue into adulthood. The third-born may occasionally resent this perceived inferior position and may attempt to dominate ("chip on shoulder"). This is when the first and the third child may join forces (form an alliance) against the middle child. With everyone doing things for "the baby", the third-born may be deprived of the opportunity to develop self-confidence and self-reliance. The third-born often struggles to be noticed and seeks approval for his/her accomplishments. The third-born child may be spoiled by the family. He or she may also be the boss of the family by playing helpless, thus making everyone serve him/her. Sometimes, it is the third-born who outperforms all others. The third-born is not usually a leader, rather a follower, and is not known to be tidy and neat.

**Exceptions to the Rule**

*Only boy among girls (or vice versa)*. An only boy among girls, regardless of his position, would find his gender either an advantage or a disadvantage, depending upon the family value placed upon the male role and his own estimate of his ability to live up to it. The same would be true of an only girl among boys.

*The weak or sickly child*. A weak or sickly child among healthy, robust siblings might discover the role of an invalid advantageous if the family pities him or her. But, if robust health is a high family value and weakness is scorned, he/she would find himself/herself faced with an obstacle. The child would have the choice of giving up, living in self-pity, and feeling like a victim, or of striving to overcome the illness and matching the activities of the other siblings, even, perhaps, outdoing them.

*Child born after the death of the first sibling*. Such a child is really the second child living with a ghost ahead of him/her. Also, this child is in the position of a first child. The mother may overprotect this child out of her fear of losing him/her. This child may choose to bask in this stifling atmosphere or may rebel and strive for independence.

*The youngest child*. The youngest child soon discovers that he or she has many servants, which may lead to the development of a sense of helplessness. If parents are not aware of this or are unconsciously encouraging it, the youngest child plays the role of the "helpless little thing" and is forever dependent.

*The only child*. The only child is in a very difficult situation. He or she is a child among adults--a dwarf among giants. This child has no siblings to relate to. The goal may become one of pleasing and manipulating adults. He or she either develops adult viewpoints, is precocious in understanding and reaching an adult level, or is hopelessly an eternal baby, always feeling inferior to others. The relationships to other children are often strained and uncertain because of a failure to understand them. The only child does not develop a feeling of belonging to groups of children, unless exposed early to group experiences.

**Learning Activities**

1. After reading the textbook chapter, you will have clarified the fundamental concepts of the Adlerian approach. As you review the assumptions about human nature and Adler's view of inferiority feelings, reflect on whether you experience a sense of perceived inferiority in your life? How well does the concept fit for you?
2. *Family Constellation (Birth Order Characteristics)*. Adler suggested that birth order is a major determinant in shaping personality. Review the following generalizations regarding birth order and consider your own self-concept as it relates to these general descriptions. How did your position in your family constellation affect your personal growth? For more descriptors of psychological characteristics based on birth order, visit the website of the Alfred Adler Institute of San Francisco (see useful links below).

**Study Questions**

1. Adler's view of human nature focuses on internal determinants of behaviour such as: values, beliefs, attitudes, goals, interests, and striving for meaning. It also stresses the social determinants of personality. How does the model differ from the Freudian model, and what are the implications for therapy?

2. Define and briefly discuss the following concepts from the Adlerian perspective:

* + inferiority feeling
  + striving for superiority
  + style of life
  + childhood experiences

3. Adler believed that we create ourselves as opposed to being passively shaped and determined by childhood experiences. Do you favour this view? Why?

4. In their article, Bitter and Nicoll (2000) state that Adlerians use The Question as a "verifying intervention". Explain what they mean by that.

5. A client of yours, a young girl, informs you that she feels inferior to her sister, which, in turn, makes her feel extremely guilty whenever she surpasses her sister in school. As an Adlerian counsellor, how would you proceed to understand and alleviate her feelings of guilt?

6. Compare and contrast a first-born with a last-born child in terms of typical behavioural characteristics according to Adler.

7. Your clients, a young couple, claim that they are unable to make their children follow the house rules. The more authoritarian the couple tries to be, the less compliant their children become. Explain why the children refuse to cooperate and suggest ways in which the parents can achieve compliance.

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**Useful Links:**

Adler School of Professional Psychology, Website: [**http://www.adler.edu/**](http://www.adler.edu/)

Alfred Adler Institutes of San Francisco and Northwestern Washington, Website: [**http://pws.cablespeed.com/~htstein**](http://pws.cablespeed.com/~htstein/)