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**INDIVIDUAL
PSYCHOLOGY**

The Adlerian and Jungian Schools

HEINZ L. ANSBACHER

THE ADLERIAN AND JUNGIAN SCHOOLS

A. Individual Psychology

Heinz L. Ansbacher

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THE ADLERIAN AND JUNGIAN SCHOOLS

A. Individual Psychology

Heinz L. Ansbacher

The most important question of the healthy and the diseased mental life is not whence? hut, whither? . . . In this whither? the cause is contained.

Alfred Adler

The Adlerian school of psychiatry, represents a unique theory of personality, psychopathology, and psychotherapy and corresponding practices, which Adler named Individual Psychology.

1. It is consistently humanistic, rejecting analogies from physics, chemistry, or animals (except anthropomorphized animals from fables), while stressing man's striving to overcome difficulties as an aspect of the general evolutionary principle.
2. It is consistently holistic, regarding man as an individual in the sense of being indivisible and unique as well as inextricably embedded in larger systems of his fellow men.
3. It focuses on what is specific to man, his cognitive ability for abstract behavior, for creating fictions, and for anticipating future events.

4. It regards human creativity with its freedom of choice as decisive, and heredity and environmental factors as subordinated to it. Animals in their natural habitat, instinctually determined, are not subject to mental disorders.
5. Man requires values as criteria for choice. While the choice is invariably in the direction of a goal of success, what constitutes success is individually determined.
6. Functional mental disorders are based on mistaken schemata of apperception and mistaken ways of living guided by unsuitable goals of success—mistaken life styles. These are not in the patient’s awareness but can be inferred from his actions and their consequences. In psychotherapy the patient’s cognitive misconceptions and mistaken goals are pointed out to him together with alternatives, thus confronting him with new choice situations.
7. Individual Psychology is pragmatic rather than positivistic, accepting such alternative concepts and assumptions as are therapeutically valuable and rejecting those associated with pathogenicity. This does not mean that Adler was blind to all the existing pathologies, only that he preferred to regard them as avoidable mistakes rather than as something innate. He was deliberately an optimist from the realization that pessimism is virtually a negation of the work of psychotherapy.

Adler’s contribution is to have accepted many time-honored and newer philosophical and scientific humanistic conceptions and to have forged these

into an original theory of psychopathology and system of psychotherapy.

Alfred Adler: Development and Systematic Position

Alfred Adler was born in 1870, in a suburb of Vienna, received his medical degree at the University of Vienna in 1895, and subsequently practiced medicine there. From 1902 to 1911 he was associated with Freud in the initial group that became the Vienna Psychoanalytic Society. He then developed his own school of Individual Psychology. In the 1920's he founded a chain of child guidance centers in Vienna. He began traveling to the United States in 1926 and settled there in 1935. In 1937 he died on a lecture tour in Aberdeen, Scotland. Four biographical accounts of Adler by associates have been published,- and one by a detached psychiatrist historian, Henri Ellenberger, which is also the best documented.

Constancy

Adler was consistently guided by the idea of social progress and melioration. As a small child he had decided to become a physician “to overcome death” (p. 199). His first publications were on social medicine, with references to Rudolf Virchow, the great nineteenth- century research and public health physician, liberal, and champion of the poor. As a student he had become interested in socialism and later read before the Freudian circle a

paper on “The Psychology of Marxism.” He introduced the name Individual Psychology with Virchow’s definition of individual as “a unified community in which all parts cooperate for a common purpose” (p. iv). After World War I Adler condemned the Bolshevik terror, wrote a passionate defense against the notion of collective guilt, and, in a handbook on active pacifism, denounced personal power over others as a false ideal to be replaced by one of social interest. One of his last papers was on “The Progress of Mankind” (pp. 23-28). Adler’s crowning theoretical achievement was the concept of communal feeling (*Gemeinschaftsgefühl*), and his outstanding contribution to practice was counseling before a group. In view of such positive orientation toward the community of man, he had a positive regard for religion as having always pointed to “the necessity for brotherly love and the common weal” (p. 462), and he appreciated the concept of God as “the dedication of the individual as well as of society to a goal which rests in the future and which enhances in the present the driving force toward greatness by strengthening the appropriate feelings and emotions” (p. 460).

Change

Adler’s changes were in his theoretical formulations—in the direction away from a mechanistic-causalistic model of man and toward a humanistic-finalistic model.

When Adler wrote in 1907 about organ inferiority and compensation it was a step toward an organismic orientation, although he was still causalistic in his expression, and his concept of motivation was essentially one of homeostasis through emphasis on the central as against the peripheral and autonomic nervous system. When he introduced in 1908 the concept of the aggression drive he took again a step away from elementarism and toward holism in that this was the result of a confluence of several drives, although he still spoke in terms of a drive psychology. When in 1910 he introduced “inferiority feeling” he brought in the concept of the self with its subjectivity and creativity since the feeling was not in a one-to-one relationship to actual conditions. When in 1910-1912 Adler introduced the “masculine protest” and the “will to power” these were decisive steps in replacing a causalistic drive psychology by a finalistic value psychology.

When Adler first wrote about communal feeling or social interest, *Gemeinschaftsgefühl*, it was almost in opposition to self-interest, a dualism quite foreign to a holistic theory. Only in the late 1920's did he clarify that this was a cognitive function, “an innate potentiality which must be consciously developed” (p. 134). During this period Adler also introduced the term “life style,” superseding some previous terms, a truly holistic, humanistic conception previously used by the philosopher Wilhelm Dilthey and the sociologist Max Weber.

Writings

Adler's psychological writings extend from 1907 until his death in 1937. It is during the second half and increasingly during the last quarter of this span that he achieved the sophistication and comprehensiveness on which his present-day relevancy is largely based, although the important foundations were laid during the first period.

Most of the books of the second period are available as paperbacks, and articles after his last book have been collected into a volume that includes also his essay on religion and a complete bibliography of some 300 titles. Of his earlier works, important excerpts are to be found in a book of selections from his writings. Another volume consists of 28 papers from professional journals up to 1920, mainly on psychopathology and psychotherapy.

Relationship to Freud

Freud formed his original circle in 1902 by inviting four younger men to meet with him one evening a week to discuss problems of neurosis. One of these was Adler, 14 years Freud's junior. This group developed into the Vienna Psychoanalytic Society, and Adler eventually became its president and co-editor of one of its journals—just a year before his resignation in 1911.

Freud considered Adler to have been his pupil, which Adler consistently

denied. He would admit essentially only that “I profited by his mistakes” (p. 358). This position is supported by Ellenberger who states, “Adler seems to have used Freud largely as an antagonist who helped him ... by inspiring him in opposite ways of thought” (p. 627). Ellenberger advises that in order to understand Adler the reader “must temporarily put aside all that he learned about psychoanalysis and adjust to a quite different way of thinking” (p. 571). The difference is that between a physicalistic-causalistic and a humanistic-finalistic way of thinking.

Systematic Position

Because of the physical contiguity, similarity of subject matter, and Freud’s seniority, Adler’s Individual Psychology was usually classified as a variant of psychoanalytic theory and therapy. In recent years, however, better classifications have been introduced. Adler has been designated as “the ancestral figure of the ‘new social psychological look’” (p. 115); as among those advancing a “pilot” rather than a “robot,” view of man, where man is largely master of his fate (p. 597); as probably the first among the “cognitive change theorists of psychotherapy” (p. 357), which include Albert Ellis, Adolph Meyer, Fred C. Thorne, George A. Kelly, Rollo May, Viktor Frankl, and O. Hobart Mowrer; as the first among the “third force humanistic psychologists” (p. ix); as advancing a “fulfillment model” rather than a “conflict model” of personality (pp. 17-19); and as representing the

philosophy of the Enlightenment. In these various designations Adler is always found in a group opposed to Freud. In sum they support the statement that Adler originated a system of psychotherapy in which a mechanistic medical model of the functional disorders was replaced, not by resorting further to the natural sciences, but by aligning itself with the humanities or human studies (*Geisteswissenschaften*) as described by Wilhelm Dilthey and Eduard Spranger, while keeping well aware of the somatic aspects.

Methodology

Methodologically Adler's approach is what we have called phenomenological operationalism. On the phenomenological, subjective side Adler held: "More important than disposition, objective experience and environment, is the [individual's] subjective evaluation of these. Furthermore, this evaluation stands in a certain, often strange relation to reality" (p. 93). Adler was convinced that "a person's behavior springs from his opinion" (p. 182). "Individual Psychology examines the attitudes of an individual" (p. 185).

On the operational, objective side Adler's principle was, "By their fruits ye shall know them" (pp. 64, 283), that is, by overt behavior and its consequences. In this respect Individual Psychology comes close to behaviorism, although the two differ widely in their respective concepts of human nature. In contrast to other subjectivistic approaches and

psychoanalysis, one will not find in Adlerian literature such terms as real self, primary processes, inner forces, latent states, inner conflict, emotions that the individual has to “handle,” and many others, because they are like reifications of abstractions and cannot be operationalized.

From this it follows that Individual Psychology is not a *depth* psychology, in the sense that something substantive can be found lurking within the individual if you only dig deeply enough. Rather it is a *context* psychology, in the sense that the meaning of a specific form of behavior can be determined by regarding it in its larger concrete context of which the individual himself is likely not to be aware. By the same token Individual Psychology is a concrete and idiographic science, more concerned with arriving at the lawfulness of the individual case than arriving at general principles, which is the emphasis of the nomothetic approaches.

Personality Theory

Aiming for a humanistic, nonreductionistic, and pragmatically valuable model of man and personality theory, Adler borrowed from philosophy and the other humanities. Thus his conception is in accord with the broad stream of human development found in the other social sciences, in daily life, and in history—aiming toward a better life for all, greater freedom, and greater humaneness.

Mans Creativity—Style of Life

Adler presupposes that the human organism is a unified whole that is not completely determined by heredity and environment, but, once brought into existence, develops the capability of influencing and creating events, as evidenced by the cultural products all around us, beginning with language. Adler quoted from Pestalozzi (1746-1827): “The environment molds man, but man molds the environment” (p. 28), a sentence later also used by Karl Marx.

Heredity and environment merely supply the raw material that the individual uses for his purposes. To quote Adler again: “The important thing is not what one is born with, but what use one makes of that equipment” (p. 86). To understand this one must assume “still another force: the creative power of the individual” (p. 87).

Adler thus advocated, in fact, a “Third Force” psychology, stressing human self-determination, while psychoanalysis essentially stressed heredity, and behaviorism stressed environment. This means in practice that the last two look for objective causes in the past to *explain* behavior, while Adlerian psychology looks for the individual’s intentions, purposes, or goals, which are of his own creation, to *understand* behavior.

Creativity is the essential part of Adler’s model of man. Its criterion is the capacity to formulate, consciously or most often unknowingly, a goal of

success for one's endeavors and to develop planful procedures for attaining the goal, that is, a life plan under which all life processes become a self-consistent organization, the individual's style of life." Only in the feeble-minded is such purposeful creative power absent.

Striving to Overcome: Goal of Success

A unitary concept of man such as Adler's requires one overall dynamic principle. This Adler derived from the processes of growth and expansion that are common to all forms of life. Having the capacity to anticipate the future and having a range of freedom of choice, man develops values and personal ideals, that is, mental constructs or fictions, that serve him as criteria of choice in his movement through life toward a goal of success. The movement takes the form of a striving from relative minus to relative plus situations — from inferiority to a goal of superiority.

Regarding the question whether the inferiority feeling or the goal-striving is primary, Adler does not give a clear answer. But we hold strongly that the latter must be primary because where there is no prior conception of what we should and want to be, there can be no inferiority feeling. Most of us have no inferiority feelings about not being able to speak Chinese because in our environment this is not likely to find inclusion in our goal or image of success. But everybody's goal of success includes wanting to be a worthy

human being. “The sense of worth of the self shall not be allowed to be diminished.” Adler called this “the supreme law” of life (p. 358).

Movement from inferiority to superiority is a dialectical conception in which Adler was undoubtedly influenced by Nietzsche. Adler found: “Nietzsche’s ‘will to power’ ... includes much of our understanding” (p. ix); he considered Nietzsche “one of the soaring pillars of our art” (p. 140) and credited him with “a most penetrating vision” (p. 24). Just as will to power meant for Nietzsche not domination over others but the dynamics toward self-mastery, self-conquest, self-perfection, so for Adler power meant overcoming difficulties, with personal power over others representing only one of a thousand types, the one likely to be found among patients.

Social Interest

Adler’s most important concept, and the one most specific to him, is communal feeling (*Gemeinschaftsgefühl*). It is often translated as social interest, meaning not an interest in the other as an object for one’s own purposes, but “an interest in the interests” of the other. It includes also the conception of being attuned to the universe in which we live. ’

Adler’s holistic emphasis saw man not only as an indivisible whole but also as a part of larger wholes—his family, community, humanity, our planet, the cosmos. Man lives within a social context from which he meets the various

life problems of occupation, of sex, and of society in general—all social problems.

Social interest as a conception is based on the simple assumption that we have a natural aptitude for acquiring the skills and understanding to live under the conditions into which we are born as human beings. Human nature “includes the possibility of socially affirmative action” (p. 35), a conception quite different from conformity and superego, leaving room for social innovation, even through rebellion. If such an aptitude were not present in man, how would social living and the creation of the various cultures ever have started? This aptitude, however, needs to be consciously trained and developed. A developed social interest is the criterion for mental health. When the actions belie words of social interest, as is so often the case with neurotics—the “yes-but” of the neurosis— the actions are taken to speak louder than the words.

Social interest is then direction-giving. The direction it gives to action is toward synergy of the personal striving with the striving of others. It is on the socially useful side, in line with the interests of others. All failures in life, on the other hand, have in common a striving for a goal of success that has only personal meaning—and thus becomes in the long run unsatisfactory even to the individual himself.

Social Interest-Activity Typology

Adler eventually added to his basic dynamics of overcoming a second dimension, beyond that of social interest, namely, the individual's degree of activity. This led him to a fourfold typology that, however, does not quite correspond to the four categories created by the two dimensions. The types are: high social interest, high activity—the ideally normal; low social interest, high activity—the ruling type, tyrants, delinquents; low social interest, low activity—the getting type, expecting from and leaning on others, and the avoiding type, found in neuroses and psychoses; with the category high social interest, low activity left unrepresented by a type (pp. 167-169).

Approach to Biography and Literary Criticism

“Every individual,” Adler” stated, “represents both a unity of personality and the individual fashioning of that unity. The individual is thus both the picture and the artist ... of his own personality, but as an artist ... he is rather a weak ... and imperfect human being” (p. 177).

This then became Adler's approach to characters in literary works. The great authors succeed in creating their characters in similar fashion as characters in real life “create” themselves. Adler venerated and admired the great writers “for their perfect understanding of human nature,” and considered any attempt to explain artistic creations by tracing them to

assumed underlying “causes” as being profane and desecrating. Adlerian literary criticism is concerned with understanding the basic “mistake” in the life style of the tragic hero, or in the case of an actual biography, perhaps of a great man, understanding what acts of constructive overcoming of difficulties became decisive. Recent studies along these lines have dealt with *Hamlet*, the casket scenes from *The Merchant of Venice*, *Oedipus Rex*, Somerset Maugham, and Ben Franklin. There are also numerous earlier studies.

Theory of Psychopathology

Everyone lives in a world of his own construction, in accordance with his own “schema of apperception.” There are great individual variations in the opinion of one’s own situation and of life and the world in general, involving innumerable errors. While the “absolute truth” eludes us, we can discern between greater and lesser errors. The former are more in accordance with “private sense” (also private intelligence or private logic) and characteristic of mental disturbance, the latter, with “common sense” (H. S. Sullivan’s “consensus”), an aspect of social interest, and characteristic of mental health (pp. 253-254).

It was Kant (1724-1804), with whose writings Adler was well acquainted, who had originally observed, “The only feature common to all mental disorders is the loss of common sense (*sensus communis*), and the

compensatory development of a unique, private sense (*sensus privatus*).” Interestingly, the Latin *communis*, in addition to meaning common and general, also means equal and public.

The Patient’s Creativity

The patient’s creative process, involving more serious errors than is ordinarily the case, has brought him to the predicament in which he finds himself. His “symptoms” are further creations, his own “arrangements” (pp. 284- 286) to serve as excuses for not meeting his life problems. They assure him freedom from responsibility. In trying to convey an excuse they are forms of communication. Since the organism is a unified whole, the autonomic functions can become part of these arrangements, the basis for psychosomatic medicine. In this sense Adler" spoke of organic symptoms as “organ dialect” (p. 223), actually symbolic acts rather than symptoms.

In most cases the patient’s circumstances were conducive to mistaken constructs. As Adler stated, “Every neurotic is partly right” (p. 334). But the Adlerian school does not accept these adverse circumstances as absolutely binding. Difficulties can be overcome in one way or another. Thus the patient is “right” in that there were “traumas” and all sorts of “frustrations” in his life, which can easily be construed as adverse “causes.” But he is only “partly right” in that he was not obligated to construct his life in the inexpedient way

in which he did. Others with similar experiences constructed their lives differently.

Conflict and Emotions Seen Holistically and Teleologically

On the basis of its holistic orientation Adlerian theory does not recognize any internal dualities and antitheses resulting in antithetical unconscious impulses, or in onslaughts from an unconscious on the conscious. It does not recognize any “intrapersonal” conflicts, only “interpersonal” conflicts arising from the opposition of the patient’s private sense to the common sense. “Individual Psychology is not the attempt to describe man in conflict with himself. What it describes is always the same self in its course of movement which experiences the incongruity of its life style with the social demands” (p. 294).

What is often described as “ambivalence” is considered the use of seemingly antithetical means to arrive at the same end, as a trader sometimes buys and sometimes sells, but always for the same end of making money. The related concepts of doubt and indecision are also arrangements of the patient, serving one unrecognized goal—to maintain the status quo.

Emotions are not understood as in conflict with rationality, but in the service of the hidden purposes of the individual. Thus anxiety supports the creation of a distance between the person and his tasks of life in order to

safeguard the self-esteem when there is fear of defeat. "Once a person has acquired the attitude of running away from the difficulties of life, this may be greatly strengthened ... by the addition of anxiety" (p. 276). Lack of social interest always being involved in pathology, "the anxious person . . . also feels himself forced by necessity to think more of himself and has little left over for his fellow man" (p. 277). Anxiety neurosis and all kinds of phobias serve the purpose of blocking the way and thus cover up the simple fear of personal defeat. Actually all neurotic symptoms develop out of an effort to conceal "the hated feeling of inferiority" (p. 304). "The emotions are accentuations of the character traits . . . they are not mysterious phenomena. . . . They appear always where they serve a purpose corresponding to the life method or guiding line of the individual" (p. 227).

The Pampered Life Style

The predisposing condition for pathology is the pampered style of life. This is more likely to be developed by individuals who as children (1) have actually been pampered, although it is often found also in those who (2) have been unwanted or neglected, or (3) suffered from physical handicaps (organ inferiorities) —the three overburdening childhood situations. The pampered life style is ultimately the individual's own creative response to which he is by no means obligated by the situation. The pampered life style is characterized by leaning on others, always expecting from them, attempting to press them

into one's service, evading responsibility, and blaming circumstances or other people for one's shortcomings, while actually feeling incompetent and insecure. "The pampered life style" eventually replaced Adler's original term of "the neurotic disposition."

Also, "We must always suspect an opponent," according to Adler, "and note who suffers most because of the patient's condition. . . . There is always this element of concealed accusation" (p. 81). This accusation "secures some triumph or at least allays the fear of defeat," not in the light of common sense, of course, but in accordance with the patient's private logic (p. 80).

There is then always a degree of self-deception to the extent that the patient makes himself believe he is not to be blamed because he is not responsible. This is, of course, a general tendency. But "when the individual helps it along with his devices, then the entire content of life is permeated by the reassuring, anesthetizing stream of the life-lie which safeguards the self-esteem" (p. 271). Later Adler most often used the term "self-deception" instead of "life-lie." This idea was taken up many years later by Sartre in his concept of "bad faith," *mauvaise foi*.

Unity of Mental Disorders

In keeping with a unitary dynamic theory, Adler presented essentially a unitary theory of mental disorders. These are not considered as different

illnesses, but the outcomes of mistaken ways of living by discouraged people, people with strong inferiority feelings and unrealistically high and rigid compensatory goals of personal superiority, and people with insufficiently developed social interest. "What appear as discrete disease entities are only different symptoms which indicate how one or the other individual considers that he would dream himself into life without losing the feeling of his personal value" (p. 300).

"Naturally, anyone, who stands for the unity and uniform structure of the psychoneuroses," Adler observed as early as 1909, "will have to explain each particular case individually" (p. 301). At the same time Adler recognized the commonly observed symptom categories, and in the following we shall give his views on some of these.

Compulsion Neurosis

As Freud used the hysteric as the paradigm of the neurotic, so Adler, in fact, considered compulsion neurosis as the prototype of all mental disorders. One of the early Adlerians, Leonhard Seif, had noted that "one could call virtually any neurosis a compulsion neurosis" (p. 138). The following is a summary description adapted from Adler. (1) A striving for personal superiority is diverted into easy channels. (2) This striving for an exclusive superiority is encouraged in childhood by excessive pampering. (3)

Compulsion neurosis occurs in the face of actual situations where the dread of a blow to vanity through failure leads to a hesitating attitude. (4) These means of relief, once fixed upon, provide the patient with an excuse for failing. (5) The construction of the compulsion neurosis is identical with that of the entire life style. (6) The compulsion does not reside in the compulsive actions themselves, but originates in the demands of social living that represent a menace to the patient's prestige. (7) The life style of the compulsion neurotic adopts all the forms of expression that suit its purpose and rejects the rest. (8) Feelings of guilt of humility, almost always present, are efforts to kill time in order to gain time (pp. 135-137).

Even the psychoses share, according to Adler, characteristics of the compulsion neuroses. "Compulsive symptoms may border on manic-depressive insanity or schizophrenia and resolve themselves into one or the other" (p. 137). "All three groups are variants of a single condition: an extreme superiority complex and [confrontation with social] tasks which call for more social interest than the patient has" (p. 138).

The book by Leon Salzman on *The Obsessive Personality* fits exceedingly well within the Adlerian framework. The author considers himself close to Rado, Horney, Alexander, Sullivan, Strauss, Goldstein, and Bonime, among others.

Depression, Suicide, and Mania

Depression was for Adler “a remarkable artistic creation (*Kunstwerk*), only that the awareness of creating is absent and that the patient has grown into this attitude since childhood.” It is actually “the endeavor through anticipation of one’s ruin to force one’s will upon others and to preserve one’s prestige.” The depressed patient makes “a formidable weapon” out of his weakness “to gain recognition and to escape responsibility” (p. 239). “The most prominent weapon . . . consists in complaints, tears and a sad, dejected mood” (p. 250).^[1]

“It is always a question of effect upon the environment” (p. 251). Such paradoxical use of weakness to gain control over others, that is, the attempt to control others without accepting the responsibility for doing so, has more recently been recognized and designated by the term “paradoxical communication” (p. 17).

A particular person in the patient’s environment may be considered the “opponent.” As we have seen above, Adler regarded this, in general, as a most useful principle for understanding a patient’s dynamics. But it was in the context of depression that he originally recommended “to raise the question of the ‘opponent’ ” (p. 236).

Regarding suicide, Adler proposed in 1910 that it had a social intention

like depression. Talking about adolescent suicide, he considered it an “act of revenge,” in which “one’s own death is desired, partly to cause sorrow to one’s relatives, partly to force them to appreciate what they have lost in the one whom they have always slighted. ... In later years, ... a teacher, a beloved person, society, or the world at large is chosen as the object of this act of revenge.” Adler soon added that neurosis, in general, is “a self-torturing device for the purpose of raising the self-esteem and troubling the immediate environment” (p. 412) and that suicide is similar. The potential suicide “hurts others by dreaming himself into injuries or hurting himself,” when confronted with an exogenous problem for which his social interest is insufficient (p. 252). “The ‘other’ is probably never lacking. Usually it is the one who suffers most by the suicide” (p. 251).

Farberow and Shneidman in their *The Cry for Help* have offered an opportunity to compare the Adlerian understanding of suicide with that of other schools by having one case of attempted suicide discussed from various viewpoints. The viewpoints of Freud, modified psychoanalysis, Jung, Adler (by the present writer), Sullivan, Horney, George Kelly, and Carl Rogers are each presented in a separate chapter.

The manic state that often accompanies depression is interpreted by Kurt Adler as follows: “Mania is a frantic effort by the patient to force success in the service of his goal of superiority. ... In his overcompensation of his

inferiority feelings ... he appears to take literally the 'all' in the 'all or nothing' proposition so typical of the neurotic. . . . Both the manic and the depressed never really believe in themselves, do not appreciate others, and are always eager to exploit others for their own purposes. Both negate reality by the use of delusion about their prophetic gift: one, by foreseeing that everything will be wonderful and that he can do anything, the other, that everything will be dismal and that he can do nothing" (p. 60).

Schizophrenia

The Adlerian theory of schizophrenia assumes an abysmally low self-esteem that is, so to speak, balanced by an extravagant reified goal of superiority, such as to be Jesus Christ or Napoleon. This can be maintained only "when the individual has, by losing all interest in others, also lost interest in his own reason and understanding" (p. 128).

The characteristic hallucinations, connected with the role of superiority that the patient has created for himself, "arise always when the patient wants something unconditionally, yet at the same time wants to be considered free from responsibility" (p. 317). The hallucination is a trick to make subjective impulses appear as something objective. "The coercion toward irresponsibility prevents the will from being guided by objective determiners and replaces these by apparently strange voices and visions" (p. 259). The life

style of the schizophrenic along these lines has been concisely described by Kurt Adler.'

This conception is quite similar to that later arrived at by Ludwig Binswanger. The area of agreement could be described as follows: "From a strong feeling of inferiority the schizophrenic throws away colorful human weakness for a soaring fiction which can be maintained only at the cost of reality, human contact, and the whole shared world which gives existence its deep meaning." This is also similar to Harry Stack Sullivan's position.

Recently an Adlerian book on schizophrenia has been published. Its author, Bernard Shulman, questions the role of genetic or environmental factors "as direct linear 'cause' of schizophrenia," and holds instead that "a teleological factor must be present, namely, a set of *personal values* which are largely self-determined and which 'call forth' the psychosis" (p. 8). In this sense schizophrenia is not only a reaction but also "an action, a decision, a choice" (p. xi). On this basis Shulman gives many practical examples of treatment that could be followed by any therapist, regardless of his theoretical orientation.

Perversion and Crime

Adler summarized the common factors in all sexual perversions (homosexuality, sadism, masochism, masturbation, fetishism, and so forth) as

early as 1917 in the following:

1. Every perversion is an expression of increased psychological distance between man and woman.
2. The perversion indicates a revolt against the normal sexual role, and is an unconscious trick to depreciate the normal sexual partner and to enhance one's own self-esteem.
3. Some animosity against the normal sexual partner is always evident.
4. Perversions in men are compensatory attempts in the face of the overrated power of women; in women, in the face of the assumedly stronger male.
5. Perversions develop in persons who generally are oversensitive, excessively ambitious, and defiant. They are likely to be egocentric, distrustful, and domineering, have little inclination to "join in the game," whether with men or women. Their social interest is greatly limited (p. 424).

Adler stressed that the consistent exclusion of the other sex is a matter of self-training. "No sexual perversion without preparation. . . . Each person has formed it for himself; he has been directed to it by the psychological constitution he has himself created, although he may have been misled into it by his inherited physical constitution which makes the deviation easier for him" (p. 424). A contemporary Adlerian exposition of homosexuality has been

provided by Kurt Adler.

Regarding crime, while Adler wrote quite extensively on the life style and treatment of the criminal, and crime prevention, the basic theory can be stated briefly. The criminal, like other failures, fails in social interest (p. 411). But unlike the others he displays a certain degree of activity, albeit on the useless side of life; he can cooperate, though, only with his kind (p. 413); and he is likely to develop “a cheap superiority complex” (p. 414). He is extreme in attempting to free himself from responsibility, always looking “for reasons that ‘force’ him to be a criminal” (p. 413). How well the Adlerian formulations fit especially the cases of the various assassins of American presidents has been shown in a discussion by James P. Chaplin.

Process of Psychotherapy

Psychotherapy is the endeavor to help the patient reconstruct his assumptions and goals in line with greater social usefulness. “The fault of construction is discovered and a reconstruction is accomplished” (p. 22). This is done largely through extending social interest toward the patient, getting him to see his goal of personal superiority stemming from hidden inferiority feelings, and encouraging his actions on the socially useful side. Thereby his behavior will be modified despite all objective adversities, including those from the past that in any event cannot be altered. The process is one of

cognitive reorganization, “by a correction of the faulty picture of the world, and the unequivocal acceptance of a mature picture of the world” (p. 333).

Psychotherapy is an “artistic” (p. 192), in the sense of creative, task in which the therapist brings his own creativity to bear to influence that of the patient. It consists in the art of imparting the understanding the therapist has gained of the patient to him, to make him see the mistake in his life style—giving him insight—and the alternatives available to him.

Three or four phases of psychotherapy have variously been identified and described. However, these must be understood not as distinct units following each other neatly in time, but as components to be found in any of the many incidents during the course of treatment as well as the treatment as a whole. Not all the phases are always represented. As we see it, the phases are: (1) establishing and maintaining a good relationship with the patient; (2) gathering data from the patient to understand him, to have source material for interpretation, for conceptualizing his life style; (3) interpreting the data; (4) provoking therapeutic movement, change of behavior.

But before turning to a description of these phases, we should like to consider briefly improvement without insight and somatotherapy. According to Adler, the criterion of success of treatment is objective. “As soon as the patient can connect himself with his fellow men on an equal and cooperative

footing, he is cured” (p. 347). Therefore, since mental disorder is a phenomenon of problem-solving in a situation, a patient may improve through merely a change of his situation or renewed interest in others. Adler gives the example of a burglar who becomes a good citizen. “Perhaps he is growing older and fatter ... his joints are stiff and he cannot climb so well: burglary has become too hard for him” (p. 418). Or, since the patient somehow unknowingly fell into making the more erroneous choice, he may also improve under certain circumstances without knowing how this came about. It is the change in behavior that counts; insight is not absolutely necessary. This is the point where Individual Psychology and behavior therapy meet.

Regarding somatic treatment techniques, let us remember that Adlerian theory had its origin in observing the variety of compensatory responses instigated by organ inferiorities; also that it is a pragmatic theory, rather than one attempting to establish absolutes. Thus Adlerian psychiatrists welcome the help they find in modern somatic techniques. “Drugs and electroshock therapy,” according to Kurt Adler, “probably cause a break in the constant, intensive preoccupation of the patient with his prestige strivings and morbid delusions” (p. 64). From similar reasoning Alexandra Adler states that drug therapy “may result in a more positive response to work, and an increased interest in human contact.” However, the success of such treatment “depends upon experience with and interest in the management of the whole

personality of the patient.”

Establishing and Maintaining a Good Relationship

“Psychotherapy,” according to Adler, “is an exercise in cooperation and a test of cooperation” (p. 340). To this Dreikurs adds, “Therapeutic cooperation requires an alignment of goals” (p. 65). Goals and interests of patient and therapist must not clash. “The first rule is to win the patient; the second is never to worry about your own success” (p. 341). In addition to friendliness, an important way to win the patient is to make him feel understood, whereby one also wins his respect. This feeling is generated by interpretation of the patient’s behavior in a way that is new and plausible to him.

To assure the continued cooperation of the patient, it is necessary to be tactful and avoid dogmatic statements. Adler referred to Benjamin Franklin in recommending the use of such phrases as “perhaps,” “probably,” or “possibly” when making proposals to patients. In the same vein Dreikurs offers interpretations with such phrases as, “Would you like me to tell you?” “Could it be?” “Are you willing to listen?” (p. 274). Sometimes the surprise element is helpful in maintaining a fruitful relationship, and Adler recommended “to have a series of dramatic illustrations at one’s disposal” (p. 201).

The therapist must also know that the patient may want to depreciate

him as he has done with others, in order to raise his own self-esteem. Resistance is an expression of this depreciation tendency. The patient may praise the therapist or express great expectations as a build-up to be followed by an all the greater letdown as a form of depreciation. The therapist must “take the wind right out of the patient’s sails!” (p. 338).

Gathering Data

The purpose of the psychological exploration is to arrive at a self-consistent conceptualization of the patient’s style of life, with emphasis on his mistaken goal and methods of striving for it. The exploration is not extended beyond this point. Not believing in the “causal” significance of past events per se, the Adlerian considers their recollection as active “arrangements” by the patient, and takes them as significant samples of his life style. In this respect the Adlerian approach differs from the Sullivanian one with which it has much in common. It considers a complete exploration of the past unnecessary, and should be quite timesaving by comparison.

The Adlerian emphasis is on concrete events and actions as well as on the patient’s “private world.” The idea is to get a representative picture of the patient, with his private views in the total context of his concrete social system, past and present. Thus the Adlerian therapist is interested in the primary family constellation in which the life style emerged, the patient’s

early recollections, his dreams, and so forth, but also in the actual time and circumstances under which his problem developed, as well as his present concrete social and occupational situation and problems.

To complete the picture the Adlerian is likely to follow any statement by the patient of what happened to him with the question, "And what did you do?" Often the request is made to describe a typical day. Most importantly, the question is asked, "What would you do if you were well?"

The areas to be explored are roughly outlined in an interview guide.- There is also a guide for exploring the family constellation.

Interpretation

The therapist listens to the patient dialectically;" that is, he asks himself what opposite could be paired with a certain statement. This is based on the assumption of the self-deception of the patient mentioned before. The patient sees and recognizes only that part of the situation that is consistent with his life style, and thus in this sense he is actually unconscious "even when he is conscious" (p. 217). "While he regards one point, we must look at the other. He looks at his obstacles; we must look at his attempt to protect his Active superiority and rescue his ambition" (p. 199). When the patient speaks of his generosity, the therapist may understand an accusation of stinginess against others.

The therapist synthesizes the two aspects into an inference regarding the patient's possible intention and goal. Thus the answer to the question, "What would you do if you were well?" leads to the interpretation that this activity may be exactly the one from which the patient is excusing himself by his symptom.

The dialectics may show to the patient more directly alternatives of action open to him; he is urged further into these by the therapist pointing to the paradoxes that the patient created by overlooking the part of the situation that does not suit his life style. For example, when the wife complains, "My husband comes home late at night," the question, "And what do you do?" may elicit the answer, "I scold him." From this the therapist gives her the insight that she "is not merely a victim . . . but a most active participant" (p. 269). This reply is a "therapeutic paradox" (pp. 184-185) in that it contains a reproach in telling her that she is not as innocent as she tried to appear, and at the same time an encouragement in telling her that she actually is capable of taking the initiative. Such interpretation comes close to being a confrontation since it is likely to move the patient toward change, if this is further suggested. In the above case the wife may from now on receive her husband quite differently when he comes home late, which, in turn, confronts him with a new situation.

Adler was quite aware of the phenomenon described today as paradoxical communication, when he quoted Socrates, "Young man of Athens,

your vanity peeps from the holes in your robe" (p. 232).

Interpretations are also given from concretizing or operationalizing a statement, or in reference to the consequences of an action. Adler would operationalize a complaint about indecision or doubt by stepping back and forth, actually remaining in the same place, and from this inferring that the meaning of indecision is the hidden intention to preserve the status quo. It is similar with Adler's acceptance of Nietzsche's interpretation of guilt feelings as mere wickedness: "The patient is demonstrating virtue and magnanimity," while, in fact, doing nothing to remedy the situation (p. 137).

A book on psychological interpretation by Leon H. Levy is very much in accord with the Adlerian position. The author holds that interpretation does not "uncover" any new "facts" hitherto hidden in the unconscious, but rather brings "an alternate frame of reference" to bear to facilitate change. The author acknowledges his intellectual debt to George A. Kelly and Julian B. Rotter, both close to Adler.

Confrontations and Directives

Confrontation in Adlerian psychotherapy is a technique particularly calculated to provoke therapeutic movement. When an interpretation is followed by a question challenging the patient to take a stand, it becomes a confrontation." These questions are most often calculated to make the patient

face the concrete reality, the common sense. For example, a middle-aged man who had been in psychoanalytic treatment before he came to Adler told him he suffered from an unresolved Oedipus complex, whereupon Adler confronted him with: “Look here, what do you want of the old lady?”

The confrontation is designed to get a commitment from the patient to make a choice on his own. Thus really any interpretation can become a confrontation. In the example of the wife in the previous section, presenting the option in the form of a question—“Will you continue to scold him although it does not help?”—would have made it into a confrontation.

At times directives are given. When these refer to the symptom, they are most often the paradoxical encouragement of the symptom as Haley described it, namely, “in such a way that the patient cannot continue to utilize it (P. 55)” When a patient complained, “There is nothing I like doing,” Adler would direct him to “refrain from doing anything you dislike” (p. 346-347). To a patient characterized by indecision and finally asking, “What shall I do?” Adler would say, “Do for a few months more what you have been doing! Above all, don’t do anything rash!” (p. 101). This is what Viktor Frankl calls “paradoxical intention,” and Dreikurs, after Erwin Wexberg, calls “antisuggestion” that is, to practice the very thing that one had been fighting against. Antisuggestion specifically is not limited to the symptom but applicable to any behavior. To return once more to the wife of the drinking

husband, one might say, “Go right ahead scolding him each time. But it won’t make you feel any better.”

Child Psychotherapy

Treatment of children in the Adlerian literature is concerned with disturbing behavior rather than psychotic abnormality. It does not differ from adult treatment in that it involves giving the child an understanding of the goals of his behavior, showing him how he is, in fact, behaving by pointing out the consequences of his behavior on others, and encouraging him to conceive and choose alternative ways, that would lead to socially desirable successes. Dreikurs has distinguished four goals of misbehavior in children: to gain attention, power, or revenge, or avoid defeat by withdrawal. Teachers in classroom situations have found this distinction especially helpful.

It is quite possible to give children the necessary understanding through simple terms, sometimes with gestures. Adler thought that if he did not succeed in explaining to a child the roots of his mistakes, “I can be sure that I have blundered in interpreting his situation or in describing it to him” (p. 397). The preferred form of therapy is counseling before a group or in the classroom situation or smaller group of peers (see below).

Illustrations of the Adlerian Approach

To demonstrate the Adlerian approach to understanding and therapy, we shall in the following give a concrete example of dream interpretation and the interpretation of an early recollection.

Dream Interpretation

William D. Dement, the dream physiologist, briefly reports the following four dreams: “One subject in our laboratory in a single night ran the gamut from being with ‘two hippopotamuses in a millpond’ through a ‘taffy pull in the Soviet Embassy’ to ‘hearing Handel’s *Messiah* sung by a thousand-voice chorus in this beautiful cathedral,’ back to ‘writing at my desk’ ” (p. 308).

He gives this as an example of “the wildly unpredictable nature of dream content,” even in dreams from a single night, and finds, “The fundamental determinants of dream content remain cloaked in obscurity” (pp. 308, 309). For the Adlerian the search for determinants would be a “pseudoproblem” since he accepts “the nearly limitless possibilities of the creative power” (p. 777) of the individual. However, while specific dream content is unpredictable, it is not unintelligible. Since the Adlerian assumes dreams to be attempted solutions of current problems facing the dreamer, in line with his life style in general, one should be able to “guess” from the dream content what kind of person the dreamer would be. Thus challenged, the present writer wrote to Dement: “The common denominator in these

dreams is bigness, strength, activity and a pleasant feeling tone. Hence we are willing to 'predict' with a considerable degree of confidence that the dreamer in waking life shows great activity, buoyancy, and optimism, with perhaps some grandiosity and manic traits. He is also a cultured person and interested in music. The dreams maintained his frame of mind for the next day's work. One might 'predict' further, that dreams on subsequent nights would still carry this person's mark of confidence and optimism" (H. L. Ansbacher, personal communication to W. C. Dement, March 29, 1967). To this Dement replied: "The individual in question is essentially as you describe him" (William C. Dement, personal communication, April 3, 1967).

If the author of these dreams were a patient, the feeling tone would probably be somewhat different. But if the content would otherwise be the same, we might guess that the patient would be manic or depressed. We could use the dreams to help him make him see his basic mistake, namely, the expectation of associating only with the big and the ultimate, thereby perhaps missing out on solving the daily problems of life—provided other data would point in the same direction. The dreams could help in giving the patient insight into what he is in fact doing and in clarifying to him the available alternatives of which he had been unaware.

An excellent presentation of the Adlerian view on dream interpretation has been provided in a chapter by Bernard Shulman, and the book by Walter

Bonime has been widely acclaimed by Adlerians.

Early Recollections

For the Adlerian a recollection is essentially a response, an action. For him it is important that the individual selected this particular incident as memorable, and how he acts in it. The earliest recollections are especially important. In Adler's words, "They represent the individual's judgment, 'even in childhood, I was such and such a person,' or, 'even in childhood, I found the world like this'" (p. 75). A brief description of the technique is to be found in all of Adler's books. Among contemporary descriptions an earlier one is by Harold H. Mosak and a recent one by Verger and Camp.

As an illustration we are citing the earliest recollection of the great German author, playwright, and poet, Goethe, giving first Freud's causalistic interpretation and then an Adlerian finalistic interpretation, following Paul Rom's account. Goethe's recollection was: "One fine afternoon, when everything was quiet in the house I was amusing myself with my pots and dishes . . . and not knowing what to do next, I hurled one of my toys into the street. . . . [Neighbors] who saw my delight at the fine crash it made, and how I clapped my hands for joy, cried out, 'Another!' Without delay I flung out a pot, and as they went on calling for more, by degrees the whole collection ... were dashed upon the pavement. My neighbors continued to express their

approbation, and I was highly delighted to give them pleasure.”

Freud reports that when he first read this story he was merely puzzled. But years later he found among patients who were jealous of their younger siblings recollections of throwing things out of the window as a symbolic gesture of getting rid of the rival. “The new baby must be *thrown out*, through the window, perhaps because he came through the window,” brought by the stork. Thus Freud furnishes a “causal” explanation that is at the same time elementaristic and generalizing by giving a single “element” a general symbolic meaning. Actually in Goethe’s case sibling rivalry could barely be supported, and if it were, it could not tell us anything particularly characteristic of Goethe.

The Adlerian “finalistic” understanding notes every detail of the story and places it in its larger context. We would then say, when Goethe as a small boy was bored one time, he “experimented” by throwing a dish out of the window and enjoyed the fine crash it made. The adult Goethe actually devoted considerable time to scientific investigation. But the boy Goethe enjoyed even more the applause from neighbors, being “delighted to give them pleasure.” The impression we receive is that of an active, independent child who is at first investigative and then sees himself as contributing to the pleasure of people outside the family in the “big” world. He is giving a show and is so much carried away by the applause that he stops at nothing.

If this were the recollection of a patient his complaint would undoubtedly be related to the life style that is here expressed in prototypical form. It might then be helpful to show him that he apparently thinks he must do something extraordinary, sensational, and receive applause from an audience, and that for him no price is too high to achieve this goal. We might then point out that this is a quite unrealistic goal, which led him to his present predicament, as we assume it did. If our proposition rings true to the patient, we have to this extent added to his insight by giving him new concepts that could become the starting point for a reconstruction, or further strengthen a reconstruction already in progress.

Group Process and Group Approaches

Individual Psychology is not individualistic. On the contrary, by regarding the individual as inextricably socially embedded and by considering the major life problems such as to require a well-developed social interest for their solution, Individual Psychology is very much a social psychology. For Adler" the function of psychotherapy was "a belated assumption of the maternal function" (p. 341), and this, in turn, was (1) to "give the child his first experience of a trustworthy fellow being"; and (2) to "spread this trust and friendship until it includes the whole of our human society" (p. 373). This definition is quite consistent with that of mental health as the presence of developed social interest and common sense (in contrast to

private intelligence).

With this orientation Adlerian theory is so keyed to the group process that it brings the group factor even into individual therapy, namely, in the sense that “the therapist appears as the representative for the human community” (p. 90). When more than one person is brought into the therapy situation this may be seen as a concretization of the “common sense,” described as “the pooled intelligence of the social group” (p. 19).

Here it is understood that the group “must be based on healthy social values. . . . Otherwise . . . social validation within the group would result in ‘socially shared autisms.’” Adlerians have been suspicious of recent encounter groups insofar as they do not seem to offer enough assurance for the prevalence of “common sense” and social interest. According to Kurt Adler, “These groups foster mainly catharsis . . . and very often . . . overt depreciation of others. . . . There is no sensitivity about the feeling of others in most of these sensitivity groups” (p. 116). A poorly led sensitivity group “reinforces the neurotic behavior of the self-centered person by existing mainly to have him experience his own sensations, talk about them, and attack others, . . . in a fit of ‘honesty’ ” (p. 67).

Adler originated a form of group approach that is in a sense the most daring and has, to our knowledge, been practiced only by Adlerians. It is the

treatment of children before a group of observers, the children coming in with, or shortly after, their parents or teachers. The group was at first thought of as having only the function of a training seminar for teachers in how to deal with difficult children. But a second function soon became apparent in that the group actually facilitated therapy. The observers by their mere presence embodied the common sense, as “witnesses” so to speak. The children realized “that ‘no man liveth unto himself alone,’ and that the mistakes of every individual affect many lives and are of public concern” (p. 491). The work of these counseling centers is described in a volume by Adler and his associates and has been carefully reported and evaluated by Made-
laine Canz. There were over 30 such centers in operation when they were closed by the Austrian fascists in 1934.

Today this type of open community mental health work is carried on primarily under the leadership of Rudolf Dreikurs in numerous Family Education Centers. The technique is described in various books and has become particularly teachable through a series of video tapes of actual counseling sessions before classes of graduate students.

Within the framework of social interest Adlerians have used any form of therapy beyond the one-to-one ratio, since it always means for the individual patient an increased representation of the common sense. We are referring here to multiple psychotherapy, family therapy, outpatient treatment and

therapeutic social clubs, psychodrama and action therapy, milieu therapy, conventional group therapy, as well as educational group counseling. There is a mimeographed collection of papers on group therapy by Dreikurs. An earlier symposium on Adlerian techniques, group and otherwise, was edited by Kurt Adler and Danica Deutsch, while a recent survey of techniques has been offered in a volume edited by Arthur Nikelly.

Adler recognized the necessity for the widest application of basic psychotherapeutic principles, and on the basis of this realization pioneered in the use of nonprofessionals— parents, teachers, and peers—as psychotherapeutic and prophylactic agents. In this way Adlerians, starting with educational counseling centers, have carried psychology into the classroom, originally in Vienna and presently in the United States and elsewhere.

Finally we should like to mention the relationship of Individual Psychology to pastoral counseling. Although detached from any organized religion. Individual Psychology is intrinsically attractive to the religious counselor through its concept of man and its therapeutic aim, which is to get the individual to relinquish his self-boundedness and turn to the larger world, “so that he will play his role harmoniously in the orchestral pattern of society” (p. 399). A recent symposium was concerned with this relationship.

Adlerian Organization

Since Adler's days there has been an International Association of Individual Psychology. It consists today of member groups in Austria, Brazil, Denmark, France, Germany, Great Britain, Greece, Israel, Holland, Italy, Switzerland, and the United States, publishes the *Individual Psychology News Letter*, and holds scientific meetings every three years.

The American Society of Adlerian Psychology sponsors the *Journal of Individual Psychology* and the *Individual Psychologist* and holds annual scientific meetings. Teaching and training are offered by the Alfred Adler Institutes of New York, Chicago, and Minneapolis. New York also has an Alfred Adler Mental Hygiene Clinic. Graduate training in Adlerian counseling is offered at the Universities of Arizona, Oregon, Vermont, and West Virginia. There are furthermore some 25 regional Adlerian associations in the United States and Canada that sponsor one or more family counseling centers and arrange for study groups for parents and teachers.

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