

An Introduction to Adlerian Psychology

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Ask any high school or college student in the United States who has taken a general psychology course to name the discipline's most noted figures and chances are he will mention Drs. Freud, Jung, and Adler. George and Ira Gershwin even wrote a song about the three for their 1933 musical, "Pardon My English," which, about split personality, featured two singing Freuds, two singing Jungs, and two singing Adlers, and a chorus of nurses:

Freud and Jung and Adler: The Viennese Sextet

*We don't cure appendicitis
Or the mumps or laryngitis —
That is not the kind of service that we sell.*

*But we're always on location When its
mental aberration, For that pays twice
as well!*

*You must know that when a Doctor's
from Vienna — That pays twice as
well!*

*If you've any mental problem that perplexes
If there's anything that's wrong with
your reflexes —
If you're really not certain as to which your sex is*

—
*We are positive that you had better see Doctor
Freud and Jung and Adler, Adler and Jung and
Freud* —

The number was cut before the show hit Broadway.¹

Though Freud (1856-1939), Jung (1875-1961), and Adler (1870-1937) are often grouped together, largely because they were at the forefront of the psychoanalytic movement at the beginning of the last century, their theories differ markedly, especially Freud's from Adler's. Though the three were once colleagues, members of Freud's legendary Psychoanalytic Society that met weekly in Vienna (indeed, Jung and Adler are often referred to as disciples of Freud), Adler was the first to leave Freud's "circle," in 1911. Jung left in 1913.

Adler vehemently disagreed with Freud's concepts of determinism, the libido and infant sexuality, and the structure of the psyche: that it could be divided into conflicting parts or energies (id, ego, superego). Regarding their relationship, Freud was incensed when he learned that the University of Vienna was teaching Adlerian psychology in the early 1930s. Whereas Freud felt that Adler's theories could be taught and learned in two weeks, his, by contrast, would take at least four or five years — and then a student would only begin to understand it!

Freud's opinion speaks volumes about the simplicity and elegance of Adler's theory. It suggests that every man can easily understand Adlerian psychology and, thus, apply it to his well-being and that of society. A basic understanding of Adlerian concepts and how Adlerians today assess personality and mental health shows how influential Adler's theories are today in the United States, especially with regard to the popular brief therapy movement. It is not unusual for a case — from assessment to intervention to termination — to take only a few sessions.

¹ Gershwin, G. & Gershwin, I. (1933), *Freud and Jung and Adler: The Viennese sextet*. Retrieved July 17, 2006 from <http://home.att.net/~Adlerian/lyrics.htm>.

Adler's Concepts

Adler's main concepts, all of which are interconnected, include holism, teleological or goal orientated behavior, phenomenology/subjectivity, the influence of one's social field, which connotes individual choice, "Social Interest" (contribution to society), and the "law" of compensation.

Holism

Holism is the idea that mind and body, including the psyche, are indivisible. The "state" of one's mind or how one thinks affects the body and vice versa. The mind can not be divided into various conflicting parts or sections (i.e., id, ego, superego). There is not a separate unconscious, but rather the person remembers what he wants to remember and that which supports his style or view of life: how he perceives the world and his place in it. A "game" I play with my students, to help them understand the concept of holism, involves asking them to stand and raise their left hand and right leg. I ask them to circle their left hand in a clockwise motion and then, at the same time, to circle their raised right leg in a counter-clockwise motion. The students soon laugh because they find that, without thinking about it, they begin to move their leg and hand in the same direction! The analogy is that mind and body "move" together: as stated, a physical symptom affects one's state of mind, one's state of mind affects one's physical body and the world around him. Another image that also helps to understand the concept of holism is that of a car. A car is made of many parts but all the parts work together so that it can move in one direction.

For example, a client of mine, age ten, had trouble walking. He was often sick and "blue." A medical checkup revealed no medical causation. However, not being able to walk and often being sick and blue enabled him not to attend school, where he was pressured to join a gang and sell

drugs. Being sick also prompted his grandmother, with whom he lived, to pity him and pamper him, provide him with his favorite meals and buy him a television set that she could not afford — all in efforts to cheer him up. The client had "arranged" his symptoms holistically and purposely — if unconsciously, or out of his awareness — to evade school and "get" goodies (please note that "unconsciously" is an adverb denoting "without awareness" and should not be confused with the psycho-analytic term "the unconscious").

Goal directed Behavior

The above example demonstrating holism, that mind and body move together, also suggests goal oriented behavior, or what the Greeks called teleology: to what or to which goal(s) is one's behavior directed? For what means? If a person were lost, would another person ask that lost person "From where did you come?" No, the lost person would be asked "Where are you going?" Knowing a client's direction or goals helps a therapist to understand how that client views life. A therapist who knows his client's direction or goal(s) can suggest more positive behaviors to enact to reach that goal. For example, a client whose goal is to be more powerful than others can bully others — or can gain that power through knowledge, say, education, and help and lead others.

Goal orientation, thus, suggests movement and purpose: that all behavior is purposeful, toward a goal or set of goals. Even if a person appears to act conflicted, we must ask what is the direction or movement — the goal, purpose — of that conflict. Often, the goal is to stay stuck in the same rut or to confound others. A person who can not decide whether to give up his wife or mistress may just want to "keep" both!

Phenomenology/Subjectivity

Determining one's unifying themes, goal-orientation and purpose(s)

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of behavior involves getting an idea of one's beliefs, or belief system: how that person believes or perceives the world and his place in it. This is known as phenomenology, or one's subjective view of life. All of us consider life from our own "lens," based not so much on our experiences as, rather, the conclusions, or values, we have drawn from our experiences. What do we expect of the world? What are our expectations of new situations, or of men and women, and how do we act according to our expectations?

The Social Field

How we arrange our world and see it subjectively is "colored" by our social field. What are or were the values and beliefs held by our family, the neighborhood we grew up in, the schools we attended, our government, religion, and ethnic group, etc.? What was our position in our family-of-origin and early neighborhood, vis-a-vis others, and how have we "carried" this into adulthood? What were the values which were presented to us — say, be a good boy, study hard, be lazy, go to church, trust or don't trust others but, more importantly, what were the conclusions that we drew from these presentations: the attitudes we made concerning them? Did we follow or rebel against the values that were presented? For example, the parents of a client of mine valued education, both parents having advanced degrees. My client followed this "guiding line" and went to college; his sister rejected this value and, to carve out her own personality and/or make herself significant in her family in a different way, did not attend college. Recently I attended a lecture given by a famous American newscaster who spoke about her early life and the values of her family. Both of her parents had rejected religion. However, the family of her best early school age friend embraced religion. As a child, the newscaster was impressed by the closeness showed by this family and their devotion to their religion's rituals. The newscaster broke with her family and embraced religion.

Individual Choice and Creativity

The values and beliefs that were presented to us as guiding lines and which we accepted and/or rebelled against — chose or not chose to follow — reflect that we are all creative, choosing individuals. If we chose one way, given what was available to us, can we not choose another way? What were/are the choices that we made and continue to make: which not only have helped us to organize our personalities and views of the world but which continue to support our expectations of the world? How have our choices made us feel significant — to ourselves and to others, that help us to feel or not feel a sense of belonging to the wider world? This idea of choice — individual choice — presumes that Adlerian psychology is a psychology of use and not possession: that is, Adlerians consider "how we use what we have." For example, a person is born into wealth. Does-that person use that position to exploit or to help others? A person is born into poverty, or is sexually abused. Does that person continue the cycle of poverty or make choices to get out of poverty? Does the person who is sexually abused thus sexually abuse others or choose another route? A person becomes crippled. How does that person "use" that illness? To blame others? To expect pity from others? To bear a grudge? To be depressed? Or, does that person make different choices: to make the best of his or her situation and to contribute to the well-being of others?

This idea of how one uses what one has also includes one's hereditary or biological make-up. What does a male make of his masculinity and how does he use his status? How does a woman use her femaleness? The famous Olympic runner Wilma Rudolph who won three gold medals at the 1960 Rome Olympics, had contracted polio, scarlet fever, and pneumonia as a child. At one point she had even lost the use of a leg. To get a sense of positive belonging, she chose — and was encouraged by others to participate in team sports. If intelligence is biologically based, what Adlerians consider more important is how that person uses that

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intelligence — again, to help others, or to exploit others, or to be lazy, etc. It is not unusual to hear an intelligent student say "I could have done well had I applied my smarts."

Creative choice and how we use what we have suggests soft-determinism" as opposed to determinism which denotes a narrow "cause-effect" relationship. One's childhood experiences do not cause one to act a certain way. One's childhood situation influences the choices that that person makes. Again, is poverty a cause for more poverty, or can we view poverty as a set of situations and influences that do not present many positive choices? Just as one person can decide that there is nothing he can do to escape poverty, another person can decide differently, or view poverty as a motivator to get out of it: through education or even, conversely, through crime. Consider one's family-of-origin. Does every sibling behave the same? Why not, given that the siblings grew up in similar circumstances? If their father was mean, does this cause each child to fear others or to model themselves after their father? Choices are made and, with regard to early personality development, generally out of one's awareness.

The example of birth order or, rather, how one responds/responded to one's birth order position, is a great way to introduce clients to Adlerian psychology as it shows very simply how decisions are made out of one's general awareness. If an oldest child, say, is encouraged to "act like an oldest" — which generally means to be responsible and lead others — and assumes that position, does the next child compete with the oldest to lead or does this next child, perceiving that the leadership position has been taken, decide to rebel and/or choose other interests? If this second child overtakes the first in terms of leadership abilities, does the oldest "give up" and feel "less than" others? This idea of individual choice — that each of us arranges our world and looks at life from a different position — is why Adlerian Psychology is also called Individual Psychology.

Social Interest

Man is a social animal. Each of us defines ourselves vis-à-vis others (even a hermit defines 'himself as "apart from others"). Adlerians consider and plan interventions based on how each of us contributes or can contribute to our social world. Adlerian Psychology has a reputation as a "positive" psychology because the concept of Social Interest involves the idea that each person has the potential to contribute positively to the betterment of the world: to provide better social institutions and encourage positive choices and behavior, and to give others a sense of positive belonging. Good mental health, thus, is a reflection of our contributions to others. Hence, Adlerians endorse social and gender and racial equality, and, indeed, Adler pressed for equality and social change when such a position was not popular, predicting the rise and influence of the women's and black liberation movements of the 1960s.

Law of Compensation

Because Adlerians consider one's purposeful direction or movement in life toward a goal or set of goals, Adlerians hold that all behavior is compensatory and that all of us move, or strive to move, from a position of "felt-minus" to a position of "felt-plus" (consider, here, just a few of the examples of goals or themes that "lead people": to be important, to have mastery over others, to be liked or not liked, to be the best or, conversely, the best at being the worst, to finish a project, to be just plain average). This felt-minus—to—a—felt-plus continuum is the "inferiority-superiority" concept with which Adlerian psychology is often identified. How do we strive to make ourselves significant: to ourselves and to others? All of us are born into a state of inferiority. We can not do for ourselves what others can do for us. We can not feed ourselves, we can not walk, we can not talk. How do we compensate for this? Do we learn, say, that smiling prompts others to help feed us or to pamper us or

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to teach us how we can become useful to ourselves and others? Do we learn that crying and, later as an adolescent or adult, that whining works — to get others to do for us what we may be capable of doing ourselves? How do we gain a sense of superiority over our feelings of inferiority? If we feel bad about ourselves, how do we compensate for this? Do we make others serve us, to give ourselves a sense of superiority over them? Do we tell ourselves that others are to blame for our mishaps, thus, again, giving ourselves a feeling of superiority over them, that they aren't as compassionate as we? (Think about it: even a depressed person can get others to serve him — to feel sorry for him, to do his chores for him, and to try to cheer him up!) Or, do we help others and cooperate with others to gain a sense of acceptance and, thus, mastery over our position and, at the same time, feel that we are useful and part of the human race?

A boy who is jealous of others, who feels that the world is unfair, can move from a feeling of inferiority — a felt-minus position — to a feeling of superiority, or a felt-plus position, by bullying others, to give himself a sense of superiority. However, another boy who is jealous of others, who feels that the world is unfair, can move from a feeling of inferiority to a feeling of superiority, or mastery over his situation, by joining with others and contributing to the social good and, thus, to his own position. A person who feels life is unfair may choose to become a criminal, to give himself a feeling of mastery over "suckers." Another person who feels life is unfair may choose to become a lawyer or social worker to help himself and others overcome life's unfairness.

Adlerian Assessment

To assess a client and recommend a treatment plan, an Adlerian therapist usually:

1. considers how an individual "solves" the challenges of life, what Adler called the "Life Tasks," and
2. conducts a Life Style Inventory-Assessment, which helps to

identify an individual's Life Style. A Life Style is, simply, one's "schematic blueprint," or how that person has organized his life and perceives and responds to the world, self, and others. Such an inventory shows a client's direction in life, including his strengths and misperceptions (mistaken ideas) about the world, self, and others.

How one solves these tasks and engages one's Life Style is assessed with regard to the degree of Social Interest, or contribution to the common good, that the person exhibits.

Life Tasks

Adler deduced that all individuals living in a democratic society face three main life tasks: the work task, the society/friendship task, and the sex/intimacy task.

The work task involves what one does for work and how one contributes to the running of the household. Everyone must earn and/or contribute to his or her keep. How does one solve this? How does one "put food on the table"? Does the person refuse to work or feel dejected or discouraged? Does the person bully or exploit others? A Mother contributes via her caretaking skills. An artist who does not earn much money contributes by making or providing beautiful objects, and/or by showing others how to view the world differently. Even a wealthy person must work and contribute. How does such an individual tend to his health and to the health of others? Does the person feel others must serve him, or do for him what he can do himself? Does that person feel the world owes him a living, or is he willing to contribute? For a child and adolescent, the work task involves school and chores. A child's main "job" is, in essence, to attend school. How does the child respond to school and/or cleaning his room, or helping with meal preparation? How does he contribute and participate?

The social/friendship task involves how a person cooperates and gets along with others. Does the person have friends? Does the person feel encouraged by others and himself encourage others toward the common

good? Does the person contribute to the well-being of others?

The sex/intimacy task refers both to one's sex and to whether one has close relationships. How is one responding to or using one's sex? Does one accept his/ her maleness or femaleness, or feel ashamed? Does one use his/her sex to exploit others, or to be exploited? Does one have close relationships or is one embarrassed to enter into such mature relationships?

A mentally healthy individual embraces the Life Tasks. He feels encouraged to contribute in a positive way. It is not surprising to learn that individuals who are labeled with a mental disorder are often those who are discouraged and evade the tasks. Thus, clients are encouraged to increase their Social Interest and involvement with others — even to change their environment(s) to a more encouraging one(s). It is not unusual for an Adlerian therapist to recommend that a depressed individual do something for another (rather than gloat that no one is doing anything for him)! Nor is it unusual for an Adlerian therapist to suggest that a client change his work environment, to one in which others will value his' contributions!

Life Style Inventory-Assessment

An individual's Life Style can be understood to be, in and of itself, a means of escaping from the need to change. It is a tested way of moving on the basis of primary convictions that are prior to articulated ideas. As such it is a safeguard against confusion, disorientation, and delirium — a fundamental necessity to a symbol-using animal, which is what each of us is.²

A Life Style Inventory-Assessment, thus, reflects an individual's influences and the consequent attitudes, convictions, and goals regarding life that he "tested" and developed in response to those influences. An inventory is composed of two sections: a Family Constellation section and a Early Recollections section. To me, the Life Style Inventory-Assessment is the most important interview of the therapeutic process as it "tells" me the "essence"

² Powers, R.L., personal communication, November 20, 2002.

of the client. Depending on the client, I can gather the information in as little as fifteen minutes or as long as three hours (approximately three sessions). I usually conduct a Life Style Inventory-Assessment immediately after I get a client's demographic information (i.e., name, address, age, marital status, job, etc.) and an idea of what he wants to change about himself and/or situation (the presenting problem).

Family Constellation Section. The Family Constellation reflects one's early life and training. Basically, a client is asked:

1. to briefly describe himself, his siblings, and his parents — what each was like when the client was growing up ("What kind of a boy/girl were you?", "Describe Mother"; "Describe Father"), and
2. to give a few general statements as to his experiences regarding early schooling, friends, role models, and adolescence.

These questions reflect:

- a. the values and masculine/paternal and feminine/ maternal guiding lines which were presented to the client during childhood,
- b. the psychological position the client took vis-à-vis others with regard to these values, and which most likely the client still "holds onto" today, and
- c. the client's early training regarding the Life Tasks (with school responding to the work task, early friendships responding to the society task, and adolescence responding to the sex/intimacy task since one's response to adolescence often shows that individual felt about becoming a man or woman and becoming closely involved with others).

Early Recollections Section. Early Recollections (ERs) are one's earliest memories. They reflect how the client has evaluated his early influences, how he makes decisions, and expects life and his position in it to be. Though ERs reflect the client's present stance toward life, they also tend to reflect how that person has been moving through life: the main, long term "themes" by which he has "run" or organized his life. In other words, over time, a person will relate similar ERs, with similar themes.³ The memories are "fictional" in that

³ See Josselson, 2000, for results of her longitudinal study, "Stability and Change in Early Memories over 22 Years", *Bulletin of the Menninger Clinic*, 64 [4], 461-481.

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they show how one has perceived life: indeed, another person can just as well remember the same incidents from a different perspective!

The client is asked to relate his earliest memories before the age of eight or nine as these reflect one's earliest and lasting impressions, namely:

a. that which is longest remembered, or which is thought to be longest remembered, must be of service because it gives an idea of how that individual has been "rehearsing" his life, telling himself over and over "this is what life is, this is how I expect it to be and how I should respond to it, and this is how men and women tend to act";

b. asking for ERs before the age of eight or nine corresponds to that time before one has developed mature reasoning and abstract thinking skills; thus, they reflect one's most powerful impressions;

c. though much of the information reflected in ERs may be gleaned by asking for more recent memories, ERs tend to be simpler in construction — more "basic" and easier to write down! Consider: if a client is asked for a recent memory, the client often gives a running commentary, not only to justify his own position but to elaborate on what he likes, dislikes, what another person(s) in the memory was wearing or drinking, etc. — in other words, too much "blah, blah, blah." Also, because an ER is considered "old," it is often easier for the client to "remove" himself from it and view it more objectively with regard to therapeutic intervention (will be discussed).

In essence, a Life Style Inventory-Assessment can be considered a template for a kind of narrative therapy. The Family Constellation information provides the background of the "hero" (the client) in the ERs; the ERs can be likened to the chapters in a book or the scenes in a film or play. The ERs can then be "laid out" or studied much as literature can, and explained to the client that this is how he has "written" and "edited" his life. Therapy often involves reinterpreting and "reediting" the scenes.

Case Example

The following case illustrates the type of information that a Life Style

Inventory-Assessment collects.

Rose (not her real name) is a fifty-six year old Caucasian female who has suffered a number of recent losses: her husband of over thirty years died a few years ago and though he had been wealthy and left Rose well off, she had entrusted her estate to her eldest son who consequently squandered her fortune. The bank foreclosed on her condominium and she has moved into a dormitory for women artists. A published author, Rose has never though been able to support herself financially. Before she married her husband, she worked as a cocktail waitress and Playboy bunny. Her other children are in college and not prepared to help her financially.

Regarding her Family Constellation, Rose was an oldest child who felt "dethroned" every time a brother or sister was born. As she related, "I was an only child who did everything perfectly until my brother was born!" She also described herself as "a tomboy like my father" and "a beauty like my mother." She reported that she "was precocious and learned to walk and read at an early age to escape my mother's sermonizing from books that taught good behavior!" When Rose was seven years old, she "wanted to be called Veronica because (Veronica) was the only woman saint who did something. She was the true icon who at Calvary stepped out of the crowd and wiped Christ's face as he carried the crucifix." Adolescence was exciting to Rose because boys took notice of her "because of my large breasts."

In short, Rose saw herself as a privileged and special individual who was/should be the center of attention.

Rose related the following seven ERs. Please note that after each ER, Adlerians usually ask for a number of "qualifiers":

1. The age of the client at the time of the memory. This puts the story/scene into context (e.g., the start of school, the births of other siblings).
2. The client's "Most Vivid Moment" from that memory. The Most Vivid Moment often reflects the most current and pressing issue(s) facing the client.
3. The client's "Feeling at that Most Vivid Moment." This feeling, or emotion, (e.g., happy, fearful, angry, sad, confused) often reflects how the

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client is evaluating that issue (e.g., embracing and positively solving it; feeling stuck and confused by it).

How many ERs should a clinician collect? Some clinicians put a limit on the number (e.g., "Please give me eight of your earliest memories — specific moments — before the age of eight or nine"), while some clinicians will stop a client after the Life Style themes appear to repeat and repeat. Students learning how to assess Life Style often are taught to collect from five to nine ERs. I often ask for three ERs, having learned from experience that this number usually gives me enough information with which to gauge a client's major themes, his movement/direction through life, and his misperceptions regarding the world, self, and others: ideas of the client which are hindering his living a more satisfactory, healthy life. (Please note that Adlerians usually write down their clients' ERs as this not only ensures a record for later referencing and therapeutic work, but also because it is not uncommon for a therapist, given his own subjectivity, to remember the ERs differently!)

Rose's ER 1

(Observations of mine and questions that I asked Rose for clarification purposes are in italics.)

"The geese. I was surrounded by a flock of geese and on my grandfather's farm in New Canyon, Kansas. I don't know how I got out in the farm yard alone. Very... that's my first memory. I think I was eight or nine months old. I was terrorized. The whole flock of geese surrounded me and they were taller than I was. And I was screaming and running. But because they were around me I was running in circles. Small circles because I was so young. More like spinning all I had on was a diaper of some sort."

Age: "Eight or nine months old."

Most Vivid Moment (of the memory): "My mouth wide open like in a circle, screaming. And shadows. Like it was very — you know how like a sunlight comes in through tree leaves. It was like that. Like in light and in shadow. There are no sounds in that memory."

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Feeling (at that moment): "Absolute terror. I have a sense of adults laughing somewhere. Adults laughing at me from somewhere. They helped me but they didn't help me fast enough. They stood around watching me. It may have only been a second (that they stood watching me), but it was a second too damn much."

And you were eight or nine months old?

"I'm supposing I was eight to nine months. There's a possibility I was even younger."

Rose's ER 2

"Mainsted, Iowa. This is the other grandmother's house. It was a big grey house. The house where I was born. Big grey house, but falling apart. But big. Three stories. There was an outhouse to one side. And a big garden. My grandma's garden. I may have to come back to this. This one I remember: my aunt's cat fell in the outhouse, down in the hose. I can just remember the aunt trying to get the cat. And it was scary and stinky in there. It really was. 'Cause I was always afraid that I would fall down there. All you could see was the cat. Its eyes staring up at you."

Age: "Under five. I don't know. But that house goes back so far. I may have been only three. Really young."

Most Vivid Moment: "Fear. Again, fear. My aunt and I staring down at the cat's eyes. I don't remember us rescuing it. I can't remember if we pulled it out. No more recollection. Just that it fell down and our looking down the hole. Looking down the hole was what it was."

Feeling (at that moment): "Fear."

Rose's ER 3

"Now we go back to New Canyon. There's a farm-house in town now. And there's a big field next to it. Across the field two boys lived near: Jack and John. This is all true. This was my grandpa's farm. My grandpa was a

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mean old man. He'd sit on the front porch, on the rocker — he wasn't farming any more. It was a big old farmhouse in town. Right on the edge of town. A small town about two or three hundred people. I am trying to think of how old I was. My Uncle Billy used to take me into the barn and make me close my eyes and touch me. And he always would whisper 'Be quiet, Rose. Be quiet, Rose. If anyone should come, be quiet.' Because people would come looking for me. He died writing on a magic slate (see upcoming explanation). The bastard. He had Lou Gehring's disease and his throat cleared up (but at his death had to communicate through writing). You know I don't think ... eighteen months to two years. I think I was a little older. That's so connected. The geese I know carne first. Then this. I wasn't very big, I wasn't very verbal. God, I carne from white hillbilly trash. And Uncle Billy was only about 14, 13-14, maybe a little older: 15-16. but he wasn't by any means ... he was definitely a teenager. He was my father's younger brother. I remember him rubbing me. But my eyes were closed so I don't know if he was using his fingers or his penis. I don't know."

Age: "One and a half to two years old."

Most Vivid Moment: "Being afraid to breathe almost."

Feeling (at that moment): "I don't know what was happening except for that it was secret. I don't know if I could have talked to tell a secret I don't know if I was talking then. (Client pauses, looks deep in thought) Then... He used to ... I would remember everybody was around and he was carrying me on my shoulder and I was everybody's favorite, of course. Definitely Uncle Billy's favorite. Because all the others were males. That way he could fondle me with his hands. You know, how a kid sits on the shoulders and he reaches back. Strangely enough, you know I said none of the other scenes (ERs) had words or sounds? But I remember a lot of sounds from this scene. This memory has a lot of connection with sound I guess because I was told to be quiet. "Be quiet, Rose." So this whole memory has to do with sounds."

Rose's ER 4

"My first memories of Chicago. We were in a real old big building on the south side around 67th and Kenwood. My mother used to put things in cupboards in the kitchen and I remember she told you not get into things in the cupboards. So I put a little step stool by the counter and I stood up and there was a bottle of mustard — a jar of mustard — and I put in my fingers there and tasted it and fell backwards. It was a god-awful taste but I thought something was being kept from me."

Age: "Under five years old, not in kindergarten." *Most Vivid Moment:* "Watching myself do it."

Watching yourself?

"Deliberately walking up the step stool to disobey. I know I was doing something I should do."

Feeling (at that moment): "Of not wanting to be caught. A feeling that I knew I was doing something that I shouldn't."

Rose's ER 5

"You know how they used to pull teeth out? Pull it around a tooth and tie it to the door. That was terror. I remember my brother Tommy screaming on the floor when the string was tied to his tooth. And then you slammed the door."

Slammed the door?

"My mom or dad. And him being held down. That was my dad doing that. Then the door was slammed. You tried to reach for the door but your hands were tied. I can only remember that one incident — my brother Tommy. My father putting the string around his tooth."

Age: "Seven, probably eight years old."

Most Vivid Moment: "Tommy being on the floor and being held down. And he was screaming so loud and you have to have your mouth open so that the string can go on the teeth."

Feeling (at that moment): "Glad it wasn't me."

Rose's ER 6

"Some from kindergarten."

Can you be specific, give me an example?

"The main one of kindergarten was we had a nap time and whoever was best at the nap time got to win the rabbit. There was a pet rabbit in the class. And so I laid down without moving and I was never good at nap time. I remember laying on this little mat we had to lay on to rest on, and I won the rabbit. And I brought the rabbit home and, of course, rabbits jump around and leave their trail all over, of poopy, so I couldn't keep him around. I could only keep him one day. I don't know whether I let the rabbit out on the alley or I gave it back to the teacher. I could only have the rabbit one day. It had to leave the next day. I have no recollection of either of my brothers as babies. None whatsoever."

But the rabbit...

"I either brought it back or I let it out the alley. I could not keep it. My mother told me, rightfully so. Vicious with a map and a broom, she would never have a rabbit messing on the floor."

Age: "Five years old, kindergarten."

Most Vivid Moment: "The laying without moving to win it."

Feeling (at that moment): "I really wanted that rabbit. I would not move. And I was never good at nap time. always tossed and turned and did not nap."

Rose's ER 7

(This last ER is considered an "Extra ER." After thanking Rose for giving me the above six ERs, I asked her if there was perhaps another ER that she wanted to share. This Extra ER is often a "compensatory" ER: i.e., after clients have "edited" their life in brief via ERs, some will give an additional, last ER which reflects how they want life to be. The following is an example of such

an ER.)

"After kindergarten. I told you about the Mother Goose play where I was the star. The high point of my life!" (Client said this jokingly.)

No, you didn't.

"We were putting on a play and it was from Mother Goose. Mother Goose makes the nursery rhymes. And everybody wanted to play the little princess. All the little girls. Everybody wanted to be the princess. Nobody wanted to be Mother Goose. Everything went downhill from kindergarten, yes! (Client said this jokingly.) Oh, I, of course, got picked for Mother Goose. I remembered at the time asking the little nun do I have to wear a goose mask. This is true. Oh, is this pathetic! And, no, I didn't have to. And it was the absolute starring role. Mother Goose had all the lines. The princess didn't have any. She just had to wear a pretty dress and look dumb. Mother Goose had all the lines. She was the star. She called everybody on stage and she introduced them and I remember this, too: my parents said I knew everybody's lines because half these dopes didn't know their lines and I had to prod them because I knew all their lines. All their lines. They only had a few words to remember and most of them couldn't remember. This was kindergarten. I had to prod them — the supreme Mother Goose. Oh, lord. We had a big auditorium, with a big stage. The Catholic schools always put on a big play. Every year."

Age: "Five or six years old, after kindergarten."

Most Vivid Moment: "Standing in the middle of the stage because it was a big auditorium...It was filled with people. And I wasn't even aware of the audience. I wasn't scared at all."

Feeling (at that moment): "Kind of like I should be telling everyone their lines. Kind of like it was my supreme mission in life. I don't know. No, I was the absolute center of the stage and the absolute center of attention. But I wasn't at all frightened of it. Because I was so concentrated on everybody's lines. What they were saying. I was kind of out of myself. I can remember myself in the center of the stage. All I had to wear was some plain long dress. I mean I didn't look like a stupid goose."

Discussion of Case

Rose's ERs can be considered, or analyzed, from a number of perspectives: for example, from (a) the direction of her movements and (b) the roles "played" by others.

Regarding movement and the purpose(s) of Rose's direction: what is the general direction of the ERs if they are taken as a whole or set (from her first to her last ER), and/or if we just consider Rose's movement within each ER (e.g., is she active or passive)? Taken as a whole, the direction shows Rose's concern with control. Rose's "character" moves from not having control to gaining control. That is, in her first ER, she feels helpless, terrorized by geese while adults laugh; in her second ER, she watches a cat stuck in the outhouse (feces); in her third through fifth ERs, she is told to be quiet, falls from a stool, and watches her father hold down her helpless brother during a tooth pulling episode. However, in her sixth and second to last ER, Rose wins a rabbit by keeping still and quiet and in her last, compensatory ER, she sees herself as the star in a production of Mother Goose, knowing everybody else's lines, in effect directing them.

Regarding the other characters present in Rose's ERs: adults — or perhaps those caretaking individuals who should know better — should be more empathic. They do not come to her aid. Women tend to be powerless (e.g., Rose terrorized by the geese in her first ER; she and her aunt watching a helpless cat in her second ER). Men have and exploit control (e.g., her uncle who abuses her; her father who holds down her brother). Rose's response to her uncle's abuse, however, reflects that Rose perceives that women or, rather, a woman's sexuality is both appreciated and exploited by men (e.g., after relating the abuse, Rose relates that she was everybody's favorite; she even is carried on her uncle's shoulders — a position of being higher up, perhaps even a position of superiority).

To summarize Rose's ERs: Rose perceives the world as confusing, not safe, and "shitty." People tend not to be helpful. Men are controllers. Women tend to be stuck or powerless — though they have the means to be in control.

Women can be taken advantage of because of their sexuality, but also appreciated because of their sexuality. Rose wants to be appreciated and in control.

In conducting psychotherapy with Rose, an Adlerian therapist will point out how Rose has organized her personality based on her early training (the information reflected in the Family Constellation) and through the images she "carries" in her mind which endorse and emphasize her view of world, self, and others (her ERs). As written earlier, ERs can be viewed as fictions. We do not know whether these events happened or if they happened in the way Rose remembers them (phenomenological-wise: each of us views life based on his own subjective experiences, remembering that which suits and supports our tested style of life).

Therapy would help Rose to focus on how she can gain a sense of control over her situation, even encouraging her to learn the types of government financial assistance available to her. Therapy also could help her to re-shape her ERs: for example, how could Rose and her aunt have helped the cat who is stuck?; how could Rose, now as an adult, help — or enlist others .to help and, thus, help herself since it appears that the cat symbolizes her current position in life? Rose's last ER shows her knowing everybody's lines: though this suggests a position of superiority over others (an "over-compensation" for her current feelings of inferiority and lack of control), it also suggests an ability to want to know as much as she can beforehand. This can be considered an asset, for how can Rose currently use her faculties to learn and plan for her future? Re-shaping and re-imagining her ERs in such ways may prompt Rose to become more actively involved in her therapy: to become "pro-active" and use her strengths rather than, say, wait for the therapist's answers. In essence, the revised ER versions may become "internalized," to be reflected in more positive attitudes and convictions about herself and the world. Therapy also would focus on how Rose successfully solved other issues from her past. An Adlerian therapist may even ask Rose to relate ERs or more recent memories regarding those times when she felt encouraged and had made positive achievements. How can Rose apply the skills-set she used in those times or

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crises to better solve her current life issues? (Because individuals experiencing distress tend to focus more on the negative ERs that support their current mental state, it is not uncommon for a therapist to have to prompt clients into relating positive memories!)

Adlerian psychotherapy has been referred to as the "common sense school" of psychotherapy because it focuses on here-and-now practical solutions — an asset in the United States where health insurance policies often will not pay beyond eight psychotherapy sessions. With this in mind, an Adlerian therapist would likely meet with Rose once a week, monitoring and encouraging her progress and perhaps working at reduced pay until he is satisfied that she understands the perceptions that she has formed and the choices that she has made — and which she "took on" or developed mostly out of her (heretofore) general awareness. Becoming more cognizant of her evaluations and choices can now be a strength that she can use to make better choices in the future. Group therapy also would probably be recommended because such groups help individuals to connect with others and are cheaper than one-on-one therapy. After Rose's initial presenting problems or issues have been better solved and the therapist is assured that Rose can use her strengths better, it would not be uncommon for him to terminate the therapy and "check-in" with her every few months. Her therapy may resume if she encounters other issues that her Life Style has not "encountered" before.

As the above examples demonstrate, ERs are a great psychotherapeutic tool. They help clients get a quick sense of how they have adapted and formed their worlds and how, now as adults, they can use their basic personality traits and strengths to shift their thinking and engage more positively with others. ERs "come" in all different "shapes and sizes." Some are short, some are similar to mini-stories containing a set up, conflict, and denouement. Some focus on colors (reflecting, say, artistry or emotion), some focus on the senses (does a client's observation of others' actions within an ER reflect passivity?; do odors reflect a push toward or away from others?; etc.). Some ERs show how the client desires life to be, some show how life is. In short, ERs are individual metaphors that reflect "a way of narrowing down a complex

problem to one's needs and a way of arousing emotion in order to impel oneself to act".⁴

Having begun this article with a Gershwin brothers' song, it seems appropriate to quote lyrics from a Johnny Mercer-Harold Arlen song, "Accentuate the positive" (1944):⁵

*You ve got to spread joy up to the maximum
Bring gloom down to the minimum
Have faith or pandemonium's
Liable to walk upon the scene
To illustrate my last remark
Jonas in the whale, Noah in the ark
What did they do when everything looked so dark?
Man, they said "We'd better accentuate the positive"
"Eliminate the negative"
"And latch onto the affirmative"*

I became a firm believer in Adlerian psychology after undergoing a Life Style Inventory-Assessment when I was forty-one years old. During my twenties and early thirties, I had been in psychotherapy with two therapists who had been trained in psychoanalytic theory. During the first session of my Adlerian Life Style Inventory-Assessment, I was amazed at how fast I was able to succinctly summarize my early self, my family members, and my childhood direction regarding school (the work task), society/friendship, and adolescence/becoming a man (the sex/intimacy task). What took one session in Adlerian psychotherapy had taken years to explore in "regular" psychotherapy! During the second session of my Life Style Inventory-Assessment, after I related eight ERs, the clinician said "Thank you. I have enough." But I said "You don't understand. I have hundreds of memories!" The clinician put down her pen and said "Okay. It's your money." I related more ERs. While driving home, it dawned on me that no matter how many

⁴ Adler, A., *Richard III - His Significance as a Study in Criminal Life-Style*, in the *International Journal of Individual Psychology*, 1936, 2 [3], p. 57.

⁵ Arlen, H. & Mercer, J. (1941). Accentuate the positive. Retrieved August 1, 2006, from <http://www.google.com/search?q=Johnny+Mercer+lyrics!+for+Accentuate+the+Positive&chl=en&lr=>

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memories I discuss, they all pretty much reflect the few major themes by which I live and have organized my life (how I tend to view and respond to world, myself, and others). Not only had the eight ERs I related in a fifty minute session presented these themes succinctly, the same information was reflected in the first few ERs I had given!

A year after my Life Style Inventory-Assessment, I found an old journal from a writers' workshop that I had attended more than ten years earlier. One of our exercises had been to write our earliest memories, a common writers' exercise as writers pull from their own experiences. The memories I had written in the old journal were remarkably similar to those which I had related during my Adlerian analysis! A slight change, however, could be discerned in that though the "set-ups," or situations, were similar, my responses at age forty-one were healthier than my responses at age thirty. For example, a memory I had written down when I was thirty, of a barbed wire fence that had "stopped" me in my tracks when I was seven years old, is similar to an ER that I related when I was forty-one. In the newer version, though I stop before the fence, I then walk alongside it and beyond it! The newer version shows that I was no longer stuck or troubled by what I had perceived as outside forces. Soon after finding my writers' workshop journal, I found an old dream journal I had kept. The dreams reflected the same general themes and concerns of my old and newer ERs! These experiences encouraged me to earn a doctorate in clinical psychology and to focus on Adlerian psychology.⁶

Abstract

Les E. White

⁶ Sources to Learn More About Adlerian Psychology and the Uses of a Life Style Inventory Assessment Powers, R. L. & Griffith, J. (1987), *Understanding life-style: The psycho-clarity process*. Chicago: AIAS; White, L. E. (2004), *Work and lifestyle*, in *The Journal of Individual Psychology*, Austin, TX: University of Texas Press.

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Introduzione alla psicologia adleriana

Freud, Jung e Adler sono le figure più importanti nella storia della psicologia e delle teorie della personalità. Al principio del secolo scorso, i giovani Jung e Adler erano membri attivi della leggendaria Società psicoanalitica di Freud. Adler è stato il primo a lasciare la Società e a sviluppare una teoria della personalità separata da quella di Freud. Oggi la teoria di Adler è molto influente negli Stati Uniti perché si presta alla Terapia Breve e al Movimento Psicologico Positivo che sono molto accettati in questo paese. Questo articolo tratta dei maggiori concetti adleriani: Olismo, Soggettività, Scopi della Condotta, l'Influenza del contesto sociale sulle scelte individuali e il Contributo al bene comune. Inoltre discute come un terapeuta adleriano diagnostica un cliente usando una terapia a tipo narrativo, oltre all'elenco e valutazione del Life Style.

Parole chiave: Olismo, Soggettività, Elenco e valutazione dello stile di vita.

Les E. White

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Freud, Jung, and Adler are seminal figures in the history of psychology and personality theory. At the beginning of the last century, the younger Jung and Adler were active members of Freud's legendary Psychoanalytic Society. Adler was the first to leave the Society and develop a personality theory separate from Freud's. Today, Adler's theory is very influential in the United States because its major concepts lend themselves to that country's popular brief therapy and positive psychology movements. This article discusses Adler's major concepts, including holism, subjectivity and the purpose(s) of behavior, the influence of the social field on individual choice, and contribution to the common good. It also discusses how an Adlerian psychotherapist will assess a client and conduct therapy using a narrative-like psychological instrument, the Life Style Inventory-Assessment.

Keywords: Holism, Subjectivity, Life Style Inventory-Assessment.

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