

**HEALTHY MINDS**  
**A WEEKLY COLUMN ALL ABOUT MENTAL WELLNESS**  
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**Alfred Adler and Adlerian Psychotherapy**



Alfred Adler, an Austrian physician was an early collaborator with Freud, but ultimately broke away from Freud after about 10 years. He felt that it was the consciousness rather than the unconsciousness that was the most important driving force of individuals. He recognized that social interactions were more important than sexual desires as the primary driving force, and that feelings of inferiority are positive motivators for the creative process, and for seeking goals. We are all born with limitations and abilities; the essential fact is how we use and develop them.

Years ahead of his time, Adler viewed individuals not as isolated beings but as members of their own socio-cultural systems and had to be regarded as such. Adlerian therapy strives to see a client's reality through that client's own subjective perception of reality rather than through the therapist's objective view.

People's personality, according to Adlerians, is developed over time as they make life decisions and set goals; this is called "our guiding self ideal" and is a key concept of Adlerian theory. Our behavior, in other words, is goal-oriented and it is unyielding. Inferiority is the "engine" that it motivates people to try to be competent, even masterful; this striving for perfection is part of human nature and it keeps us from feeling helpless.

During our first six years of life, a person develops his core beliefs and way of thinking about reality. This is his lifestyle. It is not the person's experiences that unifies his behavior, but his interpretation of reality. (These interpretations, when imperfect or wrong minded can later be modified in Adlerian Therapy).

Adler's concept "Community Feeling" is significant because people must feel accepted by the groups that they hold dear, and social interest is a primary marker of mental health. In this area, Adlerians define three "universal life tasks": (1) the social task of developing friendships, (2) the family/procreational task of establishing intimacy, and (3) the livelihood task of giving to society.

Another important concept was that of the individual's place in sibling relationships, established to a great degree by birth order. The oldest child, for awhile a spoiled only child, often dependable and industrious, is usurped by the next in line; the second child is born into a competitive situation with the first-born, often trying to outdo that child; a middle-child often feels disadvantaged by the privileges of the first born and the youngest, sometimes feeling sorry for him or herself; the youngest child is always the spoiled baby of the family, and often becomes very independent, and; the only child may be a high achiever, but likes to be the center of attention and sometimes has difficulty sharing and getting along with other children.

These are the basic concepts of Adlerian Therapy, which I find very alluring in their common-sense simplicity. The concept of lifestyle, however, seemed to tend towards the simplistic to my way of thinking. Some experiences, I believe, are so profound and life-changing, that they are the decisive factors in shaping our personality, and not our interpretation of them. Some of these experiences are no longer even in the conscious memory to be discussed and modified, yet they are buried perhaps beyond the range of Adlerian therapy. The concept of striving for significance and superiority no doubt is a useful concept, although it is plain to see that there are those whose feelings of inferiority and helplessness overwhelm rather than motivate them. In any event, we can learn much by studying the concepts of Adler and his followers, among which are some of the most important scholars and therapists in the field of mental health psychotherapy: Rollo May, Victor Frankl, Abraham Maslow, Albert Ellis, and others.

**TIP OF THE WEEK:** It is essential for older women to get enough sleep (7 to 8 hours per night) in order to reduce the risk of falls, which can be fatal, debilitating, and can put them prematurely into a nursing home, especially if they are getting less than 5 hours per night. Women, if you are regularly getting less than 5 hours of sleep per night, by all means discuss this with your physician. [The reference is Stone KL, et al "[Actigraphy-Measured Sleep Characteristics and Risk of Falls in Older Women](#)" *Arch Intern Med* 2008; 168: 1768-1775].