

## **Criticism of the Discussion of Adler's article, "New Leading Principles for the Practice of Individual-Psychology"**

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The purpose of this paper is to criticize the discussion by faculty members of the Adler School of Professional Psychology, Chicago: Powers, Bolt, Maniachi and Schenider regarding Adler's article "New Leading Principles for the Practice of Individual-Psychology." The author characterized the article, and criticized focusing on the sympathetic understanding and the risk of losing the person in recent diagnosis.

**Key words :** Individual Psychology, sympathetic understanding, diagnosis

### **Introduction**

Heinz Ansbacher (1957) regarded Individual Psychology as being a holistic, phenomenological, teleological, field-theoretical, and socially-oriented approach. He thought that this approach was based upon the assumption of the uniqueness, self-consistency, activity, and creativity of the human individual (life of style); an open dynamic system of motivation (striving for a subjectively conceived goal of success); and an innate potentiality for social life (social interest).

The author studied the effectiveness of Individual Psychology which was developed by modern Adlerians: Dreikurs, 1967; Manaster and Corsini, 1982; Schulman, 1968; Mosak, 1973, 1977, 1987; etc. The author considers the theory and the method of the modern Adlerian approach to be very simple and beautifully refined. The author knows especially the recent Adlerian approach using DSM-IV to be very sophisticated (Sperry, 1995; Sperry and Carlson, 1996)

Alfred Adler's theory and the treatment described in his books are fascinating, inspiring and sometimes confusing. His books mostly consist of his lectures and the summaries of treatments Adler prepared for his audience. Using pretty emotional words, he described the process of those cases which he treated.

What are the differences between Adler and his fellows? First, regarding these differences, Mozdierz (1996) wrote that the power of Adler's words suggested how deeply Adler felt about his understanding of his clients and the need to convey this understanding in a public forum.

However, it is not so necessary for modern Adlerian psychotherapists to insist on the importance of sympathetic understanding in those case presentations, because this importance is obvious nowadays.

The author entirely agrees with Mozdierz's opinion because the clients' social interests were awakened in the relationship based upon sympathetic understanding which existed between the client and the psychotherapist. The author thinks that it is absolutely necessary for the Adlerian psychotherapist to establish this sense of cooperation rather than to use various modern therapeutic techniques and the modern diagnostic method, DSM-IV.

Second, The author thinks that if the psychotherapist is particular about the case formulation, he may tend to lose the client as the whole person, as James Bitter (1996) wrote.

The purpose of this paper is to criticize the discussion by faculty members of the Adler School of Professional Psychology, Chicago: Powers, Bolt, Maniachi and Schenider regarding Adler's

article, "New Leading Principles for the Practice of Individual-Psychology." As the author mentioned above, he has few questions about the tendencies in the recent Adlerian approach. Therefore, The author will characterize this article, and criticize focusing on the sympathetic understanding and the risk of losing the person in recent diagnosis. The author summarize the points at issue in the discussions as follows:

#### 1. Historical Aspect

Adler almost established his theory two years after he left the Freudian school. It was amazing that he had regard human beings as socially oriented and connected wholes, biologically, philosophically and psychologically, and that he had developed his own ideas in the school.

#### 2. Psychopathology

Adler delineated his treatments for various neurotic problems and developed his theory, and intended to adapt his theory to normal people. This article was not for normal people but for the psychopathology of neurosis and psychosis. From the view point of modern psychopathology, neuroses which Adler described in this article and his books can be considered not neuroses, but borderline personality or personality disorder.

#### 3. Treatment

Adler insisted that it was necessary to change the whole of the patient and to turn him back to human society, and that psychotherapists should have a unified understanding of the patient and a comprehension of his (undivided) individuality. The panel discussed how to cure the client with regard to principal No.12; Maniacci suggested one of the Adlerian treatments.

#### 4. Other topics

Further, there are several important assumptions in Adler's theory: creativity, uniqueness, soft-determinism, and the use of psychology. However, Adler did not directly deal with the creativity of human beings, but implied it. The panel did not address this.

### **New Leading Principles for the Practice of Individual-Psychology**

In 1902, Sigmund Freud invited Adler to visit him and to join the psychoanalytic circle that Freud was developing. Adler was one of the first four members and had stayed the most active member of the Vienna Psychoanalytic Society until 1911. In 1907 He published "Study of Organ Inferiority and its Psychological Compensation." In this book He described the relative weakness of an organ and the reaction of compensation either by an organ, another organ or the nervous system. Meanwhile, Adler developed his idea, keeping his independence from Freud.

From 1908 Adler argued the existence and importance of a primary aggressive drive, which couldn't be explained as the result of frustrated libido. In 1911 He contended that the concept of masculine protest, which was composed of a subject feeling of inferiority and a striving toward compensation in masculinity. He explained Oedipus complex using this concept. Adler left the Society with his friends and founded a new group, which was renamed Society of Individual Psychology in 1912.

Afterward Adler emphasized several important ideas: the uniqueness and indivisibility of the human being, the subjectivity of perception, fictive goal, and social factors. In 1913 Adler wrote an article of "New Leading Principles for the Practice of Individual-Psychology," which was included in "The Practice and Theory of Individual Psychology" published in 1927. He(1913) proposed twelve leading principles for the practice as follows:

I. Every neurosis can be understood as an attempt to free oneself from a feeling of inferiority in order to gain a feeling of superiority.

II. The path of the neurosis does not lead in the direction of social functioning, nor does it aim at solving given life-problems but finds an outlet for itself in the small family circle, thus achieving the isolation of the patient.

III. The larger unit of the social group is either completely or very extensively pushed aside by a mechanism consisting of hyper-sensitiveness and in-tolerance. Only a small group is left over for the manoeuvres aiming at the various types of superiority to expend themselves upon. At the same time protection and the withdrawal from the demands of the community and the decisions of life are made possible.

IV. Thus estranged from reality, the neurotic man lives a life of imagination and phantasy and employs a number of devices for enabling him to side-step the demands of reality and for reaching out toward an ideal situation which would free him from any service for the community and absolve him from responsibility.

V. These exemptions and the privileges of illness and suffering give him a substitute for his original hazardous goal of superiority.

VI. Thus the neurosis and the psyche represent an attempt to free oneself from all the constraints of the community by establishing a counter-compulsion. This latter is so constituted that it effectively faces the peculiar nature of the surroundings and their demands. Both of these convincing inferences can be drawn from the manner in which this counter-compulsion manifests itself and from the neuroses selected.

VII. The counter-compulsion takes on the nature of a revolt, gathers its material either from favourable affective experiences or from observations. It permits thoughts and affects to become preoccupied either with the above-mentioned stirrings or with unimportant details, as long as they at least serve the purpose of directing the eye and the attention of the patient away from his life-problems. In this manner, depending upon the needs of the situation, he prepares anxiety-and compulsion-situations, sleeplessness, swooning, perversions, hallucinations, lightly pathological affects, neurasthenic and hypochondriacal complexes and psychotic pictures of his actual condition, all of which are to serve him as excuses.

VIII. Even logic falls under the domination of the counter-compulsion. As in psychosis this process may go as far as the actual nullification of logic.

IX. Logic, the will to live, love, human sympathy, co-operation and language, all, arise out of the needs of human communal life. Against the latter are directed automatically all the plans of the neurotic individual striving for isolation and lusting for power.

X. To cure a neurosis and a psychosis it is necessary to change completely the whole up-bringing of the patient, and turn him definitely and unconditionally back upon human society.

XI. All the volition and all the strivings of the neurotic are dictated by his prestige-seeking policy, which is continually looking for excuses which will enable him to leave the problems of life unsolved. He consequently automatically turns against allowing any community-feeling to develop.

XII. If therefore we may regard the demand for a complete and unified understanding of man and for a comprehension of his (undivided) individuality as justified—a view to which we are forced both by the nature of reason and the individual psychological knowledge of the urge toward an integration of the personality—then the method of comparison, the main tool of our method, enables us to arrive at some conception of the power-lines along which an individual strives to attain superiority. The following will serve as the two contrasting-poles for comparison:

1. Our own attitude in a situation similar to that of a patient hard-pressed by some demand. In such a case it is essential for the practitioner to possess, in a considerable degree, the gift of putting himself in the other person's place.

2. The patient's attitudes and anomalies dating from early childhood. These can always be shown as dominated by the relation of the child to his environment, by his erroneous and in the main generalized evaluation (of himself), by his obstinate and deep-rooted feeling of inferiority and by his striving after power.

3. Other types of individuals, particularly those specifically neurotic. In these cases we shall come upon the patent discovery that what one type attains by means of neurasthenic

troubles, another endeavours to obtain by means of fear, hysteria, neurotic-compulsion or psychosis. Traits of character, affects, principles and nervous symptoms, pointing toward the same goal and, when torn from their context, frequently giving a contrary significance, all these serve as a protection against the shock caused by the demands of the community.

4. Those very demands of the community which the nervous individual, in varying degrees, side-steps, such as cooperation, fellow-feeling, love, social adaptation and the responsibilities of the community.

By means of this individual-psychological investigation we realize that the neurotic individual, far more than the ordinary normal man, arranges his psychic-life in accordance with the desire for power over his fellow-men. His longing for superiority enables him continually and extensively to reject all outside compulsion, the demands made upon him by others and the responsibilities imposed by Society. The realization of this basic fact in the psychic-life of the neurotic, so lightens the task of obtaining an insight into psychic inter-connections that it is bound to become the most useful working-hypothesis in the investigation and curing of neurotic diseases, until a more profound understanding of the individual enables us to disentangle and grasp in their full significance, the real factors involved in each case. (P23-26)

### **Historical Aspect**

Adler resigned as the president of the Vienna Psychoanalytical Association, and left the Freudian school in 1911, and organized "The Society for Individual Psychology" in 1912. Adler wrote this article in 1913. Later, he entered the army for World War I in 1917. There, he had great experiences treating war neurosis as an army doctor. Through those experiences, he recognized the importance of awakening the client's social interest. He placed the concept of social interest at the center of his theory.

Adler was in Vienna and spoke German at that time. This article was translated by an American professor. Therefore, the panel (faculty members in the video tape) pointed out the problem of translation several times. The author is not very concerned about this problem in this article on the whole, because this problem is not related to the important terms.

It is the influence of the psychoanalysis that we should be concerned about more. The author agrees with the panel's opinion that his theory in this article had been influence by psychoanalysis. For example, we can see this influence in the second subheading in the twelfth principle which Powers pointed out. The author doesn't think that the description of the case in this article was influenced by psychoanalysis. However, the descriptions of the cases in the other article (Chapter 1) of the same book were more obviously influenced by psychoanalysis (see p5-6, p10). Also, he used the term "aggression" as a drive, which he changed later to the concept of "superiority" as a master drive, which reveal the growth drive.

Nevertheless, as Bolt said in the discussion, Adler described his theory from a standpoint of holism, teleology, phenomenology, fictional finalism, cognition (style of life), as social orientation in both articles. It can be considered that he had almost constructed the main concepts of his theory before publishing this article.

Regarding this social orientation, he wrote that neurosis did not function socially, but rather side-stepped reality, withdrew from the demand of the community, away from society, and absolved one from responsibility. Also, Adler wrote that normal people had a number of forms of compulsion hardly perceptible to them, and that those compulsions prevented the appearance of a

nervous and psychotic condition. He regard neurosis as establishing a counter-compulsion. Moreover, he clearly argued principle No.8 about private logic and principle No.9 about the needs of human communal life.

The author considers those compulsion to be a preconception of social interest, although the panels did not discuss that; they only discussed the compulsion (the common sense) and the counter-compulsion (the private sense).

Adler listed principles No.10, 11 and 12 regarding how to cure a neurosis and a psychosis. At the end of this article, he wrote that a cure could only be attained by dismantling the patient's whole prestige-mechanism and by inducing the development of a feeling for society.

Maniacci discussed the importance of the viewpoint of the family system theory, and the others insisted on including group therapy. How Adler theorized his psychology on the standpoint of social orientation is remarkable and outstanding in that time, while Freud studied introspectively and mechanistically.

Therefore, it can be characterized that Adler laid the foundation of Individual Psychology in this article although he had been influenced by psychoanalysis; that he emphasized social orientation; and that he described vividly the way of living of the parent, and psychodynamics of the psychopathology of his clients from a viewpoint of phenomenology.

The author thinks that Adler indirectly insisted on the importance of empathetic understanding at that time. But he explicitly insisted that it is essential for the practitioner to possess the gift of putting himself in the other person's place.

### **Psychopathology**

What is normal, and what is abnormal? This is a difficult question to solve because the norm changes with time, age and culture. The line between normal and pathological is very indistinct. Adler (1929) stated clearly about this issue that:

[From the sociological point of view] the normal man is an individual who lives in society and whose mode of life is so adapted that, whether he wants it or not, society derives a certain advantage from his work. From the psychological point of view, he has enough energy and courage to meet the problems and difficulties as they come along. Both of these qualities are missing in the case of abnormal persons: They are neither socially adjusted nor are they psychologically adjusted to the daily tasks of life. (Ansbacher & Ansbacher, 1956, P154)

The Adlerians insisted that healthy, nonpathological person moves through life meeting various tasks, psychologically and behaviorally, with courage and common sense; social interest. They also insisted that healthy person use private logic, experience some discouragement, and feel a sense of inferiority for which compensate in ways that are outside the reaches of social interest. On the other hand, the Adlerians recognized that pathological person believes he must be perfect and justify his thinking and actions as the only way to achieve perfection (Manaster and Corsini, 1982; Sperry 1987, 1996).

Dreikurs (1967) pointed that pathological person is concerned with his own interest, his own security and with his prestige, instead of following his social interest. And he stated that:

The neurotic person meets the conflict by hiding Private Sense from his own consciousness, by not admitting his own tendency when they conflict with his conscience, his Common Sense. He look for alibis to excuse

his social shortcoming. . . . . if sickness or symptoms of diseases are used as alibis, the diagnosis of a neurosis is justified. (P124)

What is mentioned above reveals the unitary theory of psychopathology. Namely, whether one develops one's social interest or not is a criterion of psychopathology. When one can develop one's social interest, one can live the normal way of living. Contrarily, one cannot do it and acts according to his strong private logic, one begins to live pathologically. And one uniquely arranges one's symptoms either as excuses for not meeting the tasks of life or to safeguard one's self-esteem, either by aggression or by distancing himself from others.

In this article, "New Leading Principles for the Practice of Individual-Psychology", Adler did not use the terms "social interest" nor "private logic." He used the term "community feeling", and the term "plans of the neurotic individual striving for isolation and lusting for power." He also wrote the original form of the conflict between social interest and private logic in principles No. 9, 10, 11.

Maniacci said that the term "logic" in principle 8 meant "private logic," and that it was important for us to be treated by cognitive psychological theory. The author is interested in what he discussed regarding logic and language. Although Adler wrote that logic and language arose out of the needs of human communal life, Maniacci stressed that those were dependent on culture and could become hostile to human kind in a militaristic era. Moreover, he insisted that love could become confused with the desire for power over the other. Based on the author's clinical experiences with family counseling, he mostly agree with Maniacci's opinion: we should notice the influence of culture and distinguish false common sense from pure common sense. Then, from a viewpoint of cognitive psychological theory, the author thinks that it is useful for clinical activities to check the degree of "basic mistakes" of the client, as described by Mosak and Shulman, especially if those basic mistakes are irrational.

Powers discussed the risk of categorizing a client in diagnosis. The author thinks that it may make the psychotherapist's frame of reference fixed, and then he may not see the various facets of the client. Beside, the psychotherapist may not recognize the client's uniqueness and self creativity.

However, Adler classified the characteristics of a normal person, a neurotic person, a psychotic person, and four types of life style. When we can use the classification of clients in treatment, classification can be useful. Empathetic understanding of the client's life style and his movement is required in classification. The author thinks that it is important to use DSM-IV and case formulation, taking into consideration the risk of categorization.

Dreikurs wrote that we are inclined to consider neurosis as an acute faulty response to life's demands and not characteristic for a person as such. We must never look down on a client. Namely, Adlerians treat not the disease but the person. We need to understand empathetically who a client is, what situation he is in, what relationships he has, what his long-term and short-term goals are, what his life style is, and what basic mistakes and irrational beliefs he has.

The psychotherapist should establish the therapeutic relationship through empathetic understanding: mutual respect and mutual trust. In the therapeutic relationship, the client can learn to trust the other person and cooperate with him; the client can develop his social interest and modify his private logic.

Adler mentioned "other types of individuals, particularly those specifically neurotic" in principal 12-3. He described the case of "rubber-fetishism." The patient had some characteristics of personality disorder: the existence of a longstanding maladapted pattern of attitudes and

behaviors. There are his ways of human relationships, perception, and thinking about the environment and himself, and they are severe enough to cause either impairment in adaptive functioning or subjective distress. The author agrees with the panel's opinion that the neurotic person described by Adler is a borderline personality disorder. The author thinks that the patient might not be merely a neurotic person but also have a borderline personality disorder, an obsessive-compulsive disorder, or a narcissistic personality disorder. Moreover, The author also thinks that there are many cases which may be diagnosed as kinds of personality disorders in his book (see, Mozdierz, 1996).

The author doesn't deal here with the difference between the neurotic person described by Adler and the personality disordered person pictured by modern Adlerian psychopathologists. The author merely point out as follows: Since the latter has hyper-sensitivities and strong "arrangements", we have to be more cautious about the treatments for the latter than for the former.

It is important for the Adlerian psychotherapist to empathetically understand the hyper-sensitivities and strong "arrangements" which the personality disordered person has. It is useful to encourage him to develop his social interest step by step by modifying his convictions and participating in social activities.

### **Treatment**

A neurotic person has a variety of symptoms and may come to psychotherapy. Adlerians assume a "psychology of use" which is based upon teleology. Therefore, they see the client's symptoms as having purposes. Regarding the functions of their symptoms, Adler (1913, 1936) wrote as follows:

All neurotic symptoms have as their object the task of safeguarding the patient's self-esteem and thereby also the life-line into which he has grown. To prove his ability to cope with life the patient needs arrangements and neurotic symptoms as an expedient. He needs them as an oversized safeguarding component against the dangers which, in his feeling of inferiority, he expects and incessantly seeks to avoid in working out his plans for the future.

The patient expects from the other the solution of his problem, or the excuse from all demands, or, at least, the granting of 'extenuating circumstance' When he has his extenuating alibi, he feel that his prestige is protected. His line of success, embedded into the life process, can remain uninterrupted — by paying the price. The important principle of life, the desire to solve a problem successfully, is no longer threatened. (Ansbacher & Ansbacher, 1956, P263)

In this article, "New Leading Principles for the Practice of Individual-Psychology", Adler wrote similar sentences to those above in principal 11. Adler mostly established the psychodynamics of psychopathology in 1913. Adlerians regard the common purposes of the symptoms as serving as a safeguard for self-esteem, or as an excuse. A neurotic person may say "I can't do it because I'm sick". What he means is, "I won't do it because my self-esteem might get hurt". Therefore, Adlerian psychotherapists need to determine in therapy the purposes of the client's symptoms. They also need to encourage the client to embed in society, to develop his social interest.

Adlerian psychotherapy has a growth educational model that the client has not failed in the past but does not know how to handle his life tasks today. They view the client's past in terms of how it is used in the present. They treat the person, not the symptoms. They assess his life style, which is composed of convictions and strengths, to see "how he uses what he has". As Adler said "Ask not whence but Whither?"; they focus on his movements to where he is going in relationships

in the present, and analyze his interfering convictions and beliefs from the viewpoints of teleology. The psychotherapists are real and genuine, and teach the client what he needs to know as a friendly teacher.

Adlerian psychotherapy can be classified as an uncovering and interpreting form of psychotherapy. Adlerian psychotherapists view a client as an indivisible social being who has a purpose for his actions. The client expresses his fictive goal in his total personality, his past, his present, and his movement toward his future. Dreikurs (1956) distinguished four phases in Adlerian psychotherapy: (1) Relationship, (2) Analysis, (3) Interpretation, and (4) Reorientation and re-education. These four phases overlap. The main object of Adlerian psychotherapist is to develop the client's social interest. The four phases can be summarized as follows:

#### 1. The establishment of a therapeutic relationship (Relationship)

It is very important for a psychotherapist to empathize with a client and treat him with warmth. The psychotherapist's empathy and understanding build the client's trust and cooperation in an equal relationship to deal with his problems. The psychotherapist and client seek to be active partners working toward mutually agreed upon goals (mutual goal alignment). In the process of psychotherapy, the psychotherapist helps the client become aware of, accept, and utilize his assets, and the psychotherapist offers sustained support. A contract and confidentiality should be established.

#### 2. The exploration of the psychological dynamics (Analysis)

In the initial interview, the client talks about his present problems, his history of the problems, his current situation, his family situation, his social adjustment, work adjustment, and his marital history, and so on. The psychotherapist already starts to analyze the client's life style during the initial contact. Life style assessment is very useful for identifying his convictions, beliefs, and assets. It is very important to actively listen to his subjective and objective situation regarding his life tasks.

#### 3. Interpretation to client (Interpretation)

The primary function of a psychotherapist is to help the client recognize his mistaken convictions and understand why he acts the way he does. The psychotherapist also helps him gain insights about what goals he has and how his behaviors achieve his goals.

The client can gain insights about hidden purposes and goals through confrontation and encouragement, as well as through interpretation and so on. It is necessary for the psychotherapist to be empathic and accepting. The client needs a meaningful experience to change by providing a new emotional experience.

#### 4. Re-orientation and Re-education

This is the action-oriented phase: putting insight into action. He can change his basic mistakes, his directions and his way of attaining goals. He may direct his attention toward seeing alternatives and making new choices. The psychotherapist's encouragement generates the self-confidence and the self-esteem that enable the client to act upon his concern. Encouragement is the overall tool of change.

In the principle 10 of this article, Adler insisted, "it is necessary to change completely the whole up-bringing of the patient and turn him definitely and unconditionally back upon human society." The author thinks that this sentence means that it is necessary for Adlerian psychotherapists to modify the life style of the patient, to develop his social interest, and to have him find some useful alternative way to join society.



Maniacci discussed the importance of having sympathetic understanding regarding principle 12. He meant, first, a psychotherapist listen to the story of an adult client. The psychotherapist get some early memories, how the client was in childhood. The psychotherapist listen to those more sympathetically and compare some early memories to the adult client. Once the psychotherapist have won the client over, and the client see that the psychotherapist is on his side. The psychotherapist get the client to accept himself. The psychotherapist can say, "I am sympathetic to you. you need to be more sympathetic to yourself. You were a little child who made mistakes", next, "Don't you see that other people have made similar mistakes? Look the other people like you in the community. Let's get you back into the community. it will be nice to you."

The author thinks that Maniacci concisely stated the phases of Adlerian psychotherapy, especially the third phase, re-orientation. He stated the dynamics of psychopathology and the core of treatment. However, he did not talk much about the "neurotic arrangement."

In the chapter 4 of this book, "Individual-Psychological Treatment of Neurosis", Adler (1913) wrote in detail about the "arrangement" of the neurosis as follows:

At this point let me append some remarks about "affect-disturbances", and neurotic "sensibility" in order to prove the existence of an unconscious "arrangement" for the purpose of keeping them within the life-line, thus employing them both as a means to an end and as an artificial of the neurosis (P38). ..... The most important element in therapeutic is the disclosure of the neurotic system or life-line. .... It is therefore essential, particularly at the beginning, to proceed with caution and to fathom as quickly as possible the neurotic system of an individual. As a rule, with any experience, this is discovered on the first day. .... While these and similar measures dictated by the same attitude bring about the best adapted relationship of equality, the uncovering of the neurotic life-plan proceeds apace in friendly and free conversation, it being always the better tactics to let the patient take the initiative (P44).

Adler insisted that we should be cautious about the "arrangement" of a client and establish the therapeutic relationship of equality. To create a good foundation, a psychotherapist should make the relationship horizontal through friendliness and free conversation, mutual respect and mutual trust: this is "social equality." The author thinks that it is most important for us to empathetically understand the whole of the client: his movements in his life-tasks, his life style, his priority of goals, his basic mistakes, his affects, his behavior patterns, his purposes of his symptoms.

Adler wrote about the "sensibility" of the neurosis as an arrangement. He described the severity and difficulties of some mental disorders. Nowadays in DSM-IV, in spite of neurosis, we have many mental disorders. Because psychosis and personality disorders can be supposed to have biological cause, the client needs some medication and some proper treatment. That is, it is necessary to treat the clients differently according to the types of their mental disorders.

Adlerian Psychology is a psychology of use which is based on phenomenology. Adlerians consequently think that what counts is how we use what we have, and that it is important to be ideographic rather than nomothetic. Until recently, Adlerian psychotherapists have avoided using the label of the psychopathology, because they have insisted on the continuum of mental health. Therefore, these assumptions have violated the objective diagnosis.

As Sperry (1989) wrote, on the other hand, contemporary practice is becoming much more closely monitored and accountability by professionals is becoming the standard. Sperry and Maniacci (1992) developed an integration of DSM-III-R diagnoses and Adlerian case formulations which can complement each other.

They overviewed the five axis system and discussed each. They beautifully and briefly integrated it as follows:

A client with this particular life style (Axis II) has encountered a situation for which he or she is not adequately prepared (Axis IV). In order to safeguard himself, the client selects a particular group or cluster of symptoms to use to sidestep the demands and create distance (Axis I). Which symptoms are chosen may in part be due to an organ inferiority or an overburdening situation such as a handicap (Axis III). How adequately the client meets the tasks of life can be assessed. What degree of involvement he or she expects to return to can be assessed to gain a quick barometer of the amount of social interest present and to help align treatment goals (Axis V).

This case formulation is clear, orderly, and comprehensive. This is followed by doing a life style assessment. This case formulation provides us with a common language communicating with other professionals.

The author thinks that a case formulation is necessary if the purpose is to better understand and treat individuals, as Sperry et al (1996). described. The problem is how a case formulation is therapeutically useful for a client. It is necessary for a psychotherapist not to analyze the information about a client but to empathetically understand the whole of one unique person. Moreover, the psychotherapist should share understanding with the client. The client can consequently have some insight and "outsight", and learn how to get along with others. He can develop his social interest, that is, his solution, step by step.

Finally, we should remember an English phrase Adler found: "To see with the eyes of another, to hear with the ears of another, to feel with the heart of another."

### **Other topics**

The author thinks that the assumptions like creativity, uniqueness, and soft-determinism are quite important. However Adler did not write about those assumptions so much in this book. Adler did not directly deal with the creativity of human beings, but implied it. And the panel did not address this.

This article was published in 1913, before Adler developed those concepts of creativity and social interest. At this time he might not have written clearly about those assumptions. Later, he stated those assumptions in the concept of social interest. He probably needed more experience and insight to develop his theory. He encountered World War I, the biggest tragedy created by human beings, and learned what human nature is.

Adler (1932) described a role of creativity in his later paper, regarding to the influence of the environment and the heredity.

As to the influence of the environment, who can say that the same environmental influences are apprehended, worked over, digested, and responded to by any two individuals in the same way? To understand this fact we find it necessary to assume the existence of still another force: the creative power of the individual.

We have been impelled to attribute to a child creative power, which casts into movement all the influences upon him and all his potentialities – a movement toward the overcoming of an obstacle. This is felt by the child as an impulse that gives his striving a certain direction. There is no doubt that all phenomena in the psychic life of a child tend toward overcoming his inferior position; and consequently the views of those who believe in the causative influence of heredity on the one hand, or environment on the other hand, are as complete explanations of his personality, made untenable by the assumption of this creative power of the child (Ansbacher & Ansbacher, 1964, P87).

In 1937 Adler wrote the most important paper for all Adlerians. It was published in the year of his death. It dealt with his personal credo through his life and the foundation of his psychology. In it he stated the relation between social interest and creativity.

The power of social interest which is inherent to the life of mankind, which as innate aptitude determines human nature in great part, and which is lacking only in the feeble-minded, comes to life and becomes productive through the creative power of the child (Ansbacher & Ansbacher, 1964, P27).

The author thinks that Individual Psychology is a third-force psychology for stressing partial self-determination which is an attribute to the creativity of human beings. The author takes the position that individuals are creative, able to make decisions and to be responsive. In psychotherapy or counseling, the author thinks that an Adlerian therapist or counselor should help the client develop insight into his mistaken goals and misbehaviors, help him consider some productive alternatives to the problem, and help him become a contributing member of the society using his creativity.

### Acknowledgement

In the discussion of "New Leading Principles for the Practice of Individual Psychology", the panelists played unique roles. Maniacci insisted on his opinions clearly. The author felt there was a little tension in the discussion. Mrs. Bolt played important role. She pointed out the important issues to discuss, and stated her opinions and several proverbs with humor like "Nothing venture, nothing lost." She used nice humor at the right moments. She might have used the humor to loosen the tension in the discussion. Finally, the discussion became more harmonious. The author appreciate her sense as a psychotherapist. The author thanks for the other panelists' wisdom.

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### References

- Adler, A. (1913). *New Leading Principles for the Practice of Individual-Psychology*. The Theory and Practice of Individual Psychology (P. Radin, Trans., 23-31). LONDON: ROUTLEDGE & KEGAN PAUL LTD.
- Adler, A. (1914). *Individual-Psychology, its Assumptions and its Results*. The Theory and Practice of Individual Psychology (P. Radin, Trans., 23-31). LONDON: ROUTLEDGE & KEGAN PAUL LTD.
- Adler, A. (1913). *Individual-Psychological Treatment of Neurosis*. The Theory and Practice of Individual Psychology (P. Radin, Trans., 23-31). LONDON: ROUTLEDGE & KEGAN PAUL LTD.
- Adler, A. (1932). *The Structure of Neurosis*. Ansbacher, H. L. and Ansbacher, R. R. (Eds.). (1964). Superiority and Social Interest: ALFRED ADLER. New York: Norton.
- Adler, A. (1937). *The Progress of Mankind*. Ansbacher, H. L. and Ansbacher, R. R. (Eds.). (1964). Superiority and Social Interest: ALFRED ADLER. New York: Norton.
- Ansbacher, H. L. and Ansbacher, R. (Eds.). (1956). *Chapter ten Neurotic Safeguarding Behavior*. The Individual Psychology of ALFRED ADLER. New York: Harper & Row.
- Ansbacher, H. L. and Ansbacher, R. R. (Eds.). (1964). *Brief Comments on Reason, Intelligence, and*

- Feeble — Mindedness*. Superiority and Social Interest: ALFRED ADLER. New York: Norton.
- Bitter, J. R. (1996). *On Neurosis: An Introduction to Adler's Concepts and Approach*. *Individual Psychology*, 52(4), 311-317.
- Dinkmeyer, D. C., Dinkmeyer, D. C., & Sperry, L. (1987). *Adlerian Counseling and Psychotherapy*. Columbus: Merrill Publishing Company.
- Dreikurs, R. (1967). *Psychodynamics, Psychotherapy, and Counseling*. Chicago: Alfred Adler Institute of Chicago.
- Ellenberger, H. F. (1970). *The Discovery of the Unconscious—The History and Evolution of Dynamic Psychiatry*. Basic Book Inc.
- Manaster, G. J. & Corsini, R. J. (1982). *Individual Psychology*. Chicago: Alfred Adler Institute of Chicago.
- Mosak, H. H. (1977). *On Purpose*. Chicago: Alfred Adler Institute of Chicago.
- Mosak, H. H. (1989). *Adlerian Psychotherapy*. In R. J. Corsini, D. Wedding. (Ed.), *Current Psychotherapies*. Itasca, IL: F. E. Peacock.
- Maniaci, M. & Mosak, H. H. (1996). *Chapter 4 Adlerian Therapy and Counseling*. In Sharf R. S. (Ed.), *Theories of Psychotherapy and Counseling*. Brooks/Cole Publishing Company.
- Mozdzierz, G. J. (1996). *Adler's "What is Neurosis?": Clinical and Predictive Revelations from the Past*. *Individual Psychology*, 52(4), 343-350.
- Schulman, B. H. (1968). *Contribution to individual psychology*. Chicago: Alfred Adler Institute of Chicago.
- Shibayama, K. (1992). *A Study of Adlerian Family Counseling— A Case of School Refusal Child and his Parent*. 8<sup>th</sup> Conference of Japanese Society of Adlerian Psychology, presentation.
- Shibayama, K. (1992). *A study of Adlerian Family Counseling (II)— On the Usage of Confrontation and Humor*. 21<sup>th</sup> Conference of Kyusyu Association of Clinical Psychology, 16-17.
- Shibayama, K. (1993). *A Case Report of Adlerian Family Counseling—On the Goal of School Refusal and Reconstruction of a Family*. 9<sup>th</sup> Conference of Japan Society of Adlerian Psychology, presentation.
- Shibayama, K. (1994). *A Study of Adlerian Family Counseling— On Establishing a Therapeutic Relationship in the Introduction Phase*. 22<sup>th</sup> Conference of Kyusyu Association of Clinical Psychology, 30-31.
- Shibayama, K. (1995). *A Study of Adlerian Counseling— On Constructing the Solution by Indirect Suggestion and Paradox*. 14<sup>th</sup> Conference of the Association of Japan Clinical Psychology, 508-509.
- Shibayama, K. (1996). *On Present of "Future-Oriented Psychotherapy"— From Adlerian Perspective*. 24<sup>th</sup> Conference of Kyusyu Association of Clinical Psychology, 30-31.
- Sperry, L. (1989). *Integrative case formulations: What they are and how to write them*. *Individual Psychology*, 45(4), 500-508.
- Sperry, L. & Maniaci, M. (1992). *An Integration of DSM-III-R Diagnoses and Adlerian Case Formulation*. *Individual Psychology*, Vol. 48(2), 175-181.
- Sperry, L. & Carlson, J. (1993). *Psychopathology and Psychotherapy: From diagnosis to Treatment*. Muncie, IN: Accelerated Development.