

# **Individual Psychology and Group Psychotherapy: Toward an Adlerian Group Psychotherapy Orientation**

**Joshua M. Gross  
Miller A. Garrison**

In Fall, K.A. & Levitov, J.E. 2000.  
Modern applications of group work.  
Huntington, NY: Nova Science Publishers, Inc.

## **Introduction**

Over the past six decades group psychotherapy has steadily become embedded in the armamentarium of eclectic mental health practice. Since the earliest work of Burrow, Dreikurs, Pratt, Wender, and others various theoretical applications and techniques have developed, progressed, and evolved into a generic interpersonal group approach which is common to most psychotherapy practice venues (MacKenzie, 1992). This chapter describes group psychotherapy from the orientation of Adler's Individual Psychology. It begins with an overview of Adler's Individual Psychology with the goal of giving the reader a historical, philosophical, and theoretical background. It then discusses group therapy practice presenting a set of six different and distinct populations demonstrating a range of psychological intervention from the Individual Psychology approach. These groups will serve as examples of how the theory is applied and what interventions are made in the context of the orientation. It is hoped that this chapter will give the interested reader an introduction to the Individual Psychology and group psychotherapy with the goal of developing an Adlerian group psychotherapy orientation. This orientation is flexible and adaptive, much like human nature itself. This flexibility and adaptability allows for the improvement of quality of life for a wide range of human conditions and situations.

## **Origins of the Psychology of Alfred Adler**

Alfred Adler was born in Vienna in 1870. He studied medicine at the University of Vienna, graduating in 1895. During his student years he was active in the socialist movement, and met his wife, Raissa, at these meetings. Apparently Adler was drawn to the egalitarian and idealistic aspects of this movement more than he was committed to the political ideology (Hoffman, 1994). In 1898 he published Health Book for the Tailoring Trade, which connected many of the diseases experienced by tailors to the socioeconomic structure of the tailoring trade and declared that the economic plight of the trade produced a "hostility" toward health (Stepansky, 1983). He called for preventative efforts by physicians and society and insisted on an awareness of the context as a part of the diagnostic process.

In 1902 Sigmund Freud invited Adler and three other physicians to an informal discussion group, which became known as the Psychological Wednesday Society and later the Vienna Psychoanalytic Society. Adler was an active member and attended frequently. After 1906, when minutes of the proceedings began to be kept, his primary contributions were related to elaborating his theory of organ inferiority. This theory asserted that all neuroses were derived from a congenital weakness and the effort to overcome the congenital disability in a struggle for social adaptation. By 1909 Adler expressed some reservations about the "sexual factor," and he and Freud were periodically disagreeing openly in meetings. By the fall of 1910 Adler's views were generally recognized as being distinctive. "... Adler never accepted the etiological authenticity of sexual themes in his clinical work; he consistently maintained that sexual factors embodied a 'manifest content' not to be taken at etiological face value (Stepansky, 1983, p. 54)."

Early in 1911 the differences between Adler and Freud became so great that Adler resigned his membership as well as society chairperson and editor of the psychoanalytic journal. About 10 of the 25 active members left with him, and together they formed the Society for Free Psychoanalytic Study. In 1912 the group changed their name to the Society for Individual Psychology.

The name Individual Psychology intends to express the conviction that psychological processes and their manifestations can be understood only from the individual context and that all psychological insight begins with the individual (Furtmuller, 1914, p. iii).

Freud's increasing criticism of Adler and other dissenters has been attributed to his growing confidence that psychoanalysis had become established as an international movement. This as well as a "deepening frustration with the quality of his entire Vienna circle" caused him to believe that dissidents like Adler needed be tolerated no longer (Stepansky, 1983, p. 138).

In 1904 Adler, along with his daughters, Valentine and Alexandra converted from Judaism to Protestant Christianity. This was not an unusual decision for those of his background - Vienna had by far the highest Jewish conversion rate of any city in Europe. Some Jews converted as a way to gain acceptance and entree into fashionable society, for others it was an attempt to circumvent anti-Semitism. Adler was apparently not motivated by religious conviction, as there is no indication that he attended church regularly at any time after his conversion. There is speculation that Adler's conversion was influenced by his growing friendship with Carl Furtmuller. A prominent socialist and educational reformer, Furtmuller converted to Christianity in 1903, possibly because civil servants were required to have religious affiliation.

Adler most likely met Carl Furtmuller through their Russian born wives, and they had a life-long collaboration (Hoffman, 1994). Furtmuller was bright, articulate, politically active, and by the beginning of the 20th century he had a national reputation as an educational reformer. Furtmuller joined the psychoanalytic circle in 1909, left that group with Adler in 1911, and was Associate Editor of International Journal of Individual Psychology for a number of years. His monograph Psychoanalysis and Ethics which was written in 1912, was the first publication of the new Society for Free Psychoanalytic Research. He went on to co-edit Healing and educating: Foundations of the art of education for physicians and educators in 1914 with Adler as well. It is likely that Adler's thinking on educational innovation and social change was profoundly shaped during discussions with Furtmuller.

Another early influence on Adler's thought was Vaihinger's philosophy of 'as if' published the same year as Adler withdrew from the Vienna Psychoanalytic Society (Vaihinger, 1924). The two carried on an active correspondence for a number of years, and Adler in 1916 wrote that he was "... considerably assisted and confirmed in my view by Vaihinger's work (p. 77)," in his first book (Stepansky, 1983). Vaihinger's influence marks a shift for Adler to a phenomenological point of view in which causality is subjective and soft. "The three psychological meanings of the term fictional [which he adopted from Vaihinger], as subjective, created, and unconscious, remained the most essential components of Adler's goal concept" (Ansbacher, H.L. and Ansbacher, R.R., 1956, p. 90). Drives are replaced by values, goals, and beliefs as the central motivational elements in the personality. Fictions are creations of the individual and not reducible to objective causes. The seemingly objective factors of environment, heredity, and developmental experience are utilized by the person in forming the goal, which is then acted upon "as if" it were truth.

After World War I Furtmuller used his political influence and his position as State Inspector for Vienna's experimental schools to get Adler an invitation to help create child guidance clinics attached to the State schools. This work is the beginning of group based interventions for Adler and despite the fact that they are not group therapy, they do indeed show a movement away from the private one to one format exemplified by the practice of psychoanalysis. Furthermore, they are a movement away from a medical and disease based model toward an idea of incorporating education and reorientation as a psychological intervention. Adler developed a creative and unique format in which a teacher described a difficult child to Adler in front of an audience of colleagues. After asking some questions, Adler would present his impressions, and then would interview the child and the parents. Once this was completed and the family left, he would lead a final discussion of the case. The procedure was extended from the schools to the community, serving parents at Centers for the Guidance of Parents (Dreikurs, et al, 1959). These clinics proliferated in schools and in the community, and were the primary method for interested persons to become acquainted with the principles of Individual Psychology. By 1935, when the fascists shut them down, there were about 30 such clinics in operation in Austria as well as several in Germany. Adler also founded a school based upon his principles and lectured at adult education centers and local universities.

During this time Adler began speaking to audiences throughout Europe. He had a reputation as an inspiring and thought-provoking speaker, and was quite popular. His writings have been characterized as the original self-help books (Hoffman, 1994). He made his first trip to the United States in 1926 as a part of a lecture tour. In 1932 he became Chair of Medical Psychology at Long Island Medical School and moved to America. Adler's family, associates, and followers in Europe were forced to flee for their lives when the Fascists came to power. Adler died in 1937 while on a lecture tour in Scotland.

### **Individual Psychology and Group Approaches**

Rudolph Dreikurs, Adler's premier follower and a major theoretical contributor to Individual Psychology in his own regard, is credited with being among the first private practice group psychotherapists circa 1925 (Terner &

Pew, 1978). The story goes that due to an overcrowded schedule he suggested that three of his patients come to share a single interview appointment. Given that they were all at an advanced stage of their work with Dr. Dreikurs it was assumed that they would be able to gain from each other's experience. This initial serendipitous event led to a longstanding interest in group psychotherapy that Dreikurs would practice in his remaining years in Vienna and then carry with him in his work in Chicago.

As group approaches became more widely accepted, Adlerian practitioners have participated actively in the theory and practice of group psychotherapy. Bierer (1951) applied the principles of Individual Psychology to the treatment of hospitalized psychiatric patients, emphasizing the encouragement of social interaction. Papanek (1954) wrote on the combined practice of group and individual therapy in private practice and the importance of the social setting in milieu therapy (1970). Kadis wrote on the use of family constellation (1956) and childhood recollection (1957) in group therapy. The Alfred Adler Clinic in New York utilized a social club to treat psychiatric patients (Mohr and Garlock, 1959). Kadis and Winick (1960) wrote on the importance of the role of the stranger in group psychotherapy. Shulman and Hoover (1964) describe democratic staffing patterns and interactions for a psychiatric hospital unit. Sonstegard and Dreikurs (1975) wrote a comprehensive chapter on group psychotherapy and counseling as part of a textbook on basic approaches to group psychotherapy. Dinkmeyer and Muro (1971) describe a set of methods and procedures for the practice of Adlerian group counseling. The theory and practice of group psychotherapy has been further described in chapters of texts by Dinkmeyer, Dinkmeyer, and Sperry (1987), Manaster and Corsini (1982), Sweeney (1989) and Schulman (1973). The literature on group psychotherapy and counseling from the perspective of Adler's Individual Psychology has been consistent and longstanding despite its unsung presence in the larger literature of theory and practice of group psychotherapy.

Individual Psychology is first and foremost a practical and adaptive theoretical approach. The psychological interventions described in the literature of Individual Psychology address the full range of human conditions from the normal difficulties of healthy people to the extreme needs of the chronically mentally ill. In developing an Adlerian group orientation it is essential to consider the varying circumstances in which group interventions are applied. Caplan (1970), in his classic work on mental health consultation, makes clear the distinctions between various assumptions in mental health relationships. In the application of psychotherapy there exists an assumption of pathology with the concomitant goal of treatment and rehabilitation. In the case of consultation, supervision, and or education the assumption is that of normal range functioning on the part of the client. Here the assumption is that the individual will adapt better with some help through education and encouragement. There is a wide range of normal human functioning and many people will do well to receive assistance for problems of daily living. Adlerian-based group techniques make this distinction clear with the goal of developing interventions that are facilitative, educational, or advisory in nature for conditions that fall short of diagnostic criteria that suggest mental illness or dysfunction.

Ettin (1992) in his textbook on group psychotherapy describes a continuum of group psychotherapy approaches, including self-help, support, psychoeducational, process, and psychotherapeutic groups. In this work he describes the various philosophical underpinnings that underlie each intervention approach. Most importantly, he goes into great detail with regard to the planning and development of group interventions with regard to the important differences inherent in each approach. This summation of the research and practice of group work fits well with the range of approaches that have been applied in the name of Adler's Psychology.

Individual Psychology group approaches have included education, counseling, and psychotherapy since the beginning of the theory. The North American Society of Adlerian Psychology includes sections for Education, Family Education, Clinicians, Counseling and Therapy, Business and Organization, and Theory and Research.

In Individual Psychology the goal of education is to increase the individual's understanding and to develop specific skills. The teacher or trainer provides the student with information about interpersonal patterns, disease processes, self help approaches, and other objective data that can be of assistance in promoting adaptation and coping in the face of difficult life problems. In the area of parent education Soltz tells us that

The goal of parent study groups is to understand the purpose of children's misbehavior, to become aware of the actual meaning of 'mutual respect', and to gain skill in democratic approaches for coping with the daily problems of living together as equals." (1967, p. 8)

In Individual Psychology the distinction between counseling and psychotherapy is related to the scale of the change being sought. Counseling is more concerned with acute situations while psychotherapy concerns itself with changing the totality of the person's life style – his or her view of themselves, others and the world. In counseling the client is encouraged to act differently; while in psychotherapy the client is helped to understand their basic beliefs. Both processes lead to a reorientation of the client's style of solving the tasks of life.

While avoiding the traditional stigma of medical diagnosis and classification, Individual Psychology counselors and psychotherapists generally conduct a rigorous evaluation at the beginning of treatment (Powers & Griffith, 1987; Shulman & Mosak, 1988). Dreikurs, Shulman and Mosak proposed an innovative use of the life style interview in which one therapist collects some initial information and then meets with the client and a second therapist for a review, interpretation, and summation of this information and treatment planning (1984). The second therapist implements the agreed-to plan and continues the treatment of the client in individual counseling or psychotherapy, family therapy, psycho educational intervention, and or group psychotherapy.

Powers and Griffith note that some clients choose to conclude treatment at the time of the interpretive interview, reporting that they feel ready to try out some new behaviors in meeting the life tasks that confront them (1987). The initial inquiry process is educative in that the therapist is providing the client with information about their life style. It also involves counseling in that the therapist is encouraging and pointing out alternative behaviors for coping with the present life task. And finally, it is psychotherapy in that the basic beliefs are being interpreted to the client with the goal of helping them to understand and have more adaptive control over their lifestyle.

Dreikurs, Grunwald and Pepper apply the concepts of life style analysis, encouragement, equality and group processes to the classroom (1971). The teacher is advised to structure the classroom democratically, to encourage student participation in resolving conflicts with in the class and to utilize the relationships within the classroom group as learning tools.

There is a great deal of overlap in the processes of education, counseling, and psychotherapy and in any group it is likely that all three processes will occur to some degree. Relationship factors greatly influence the outcome for each, and for individual psychologists a collaborative relationship (mutual respect and alignment of goals between therapist and client) is central to the success of each process.

#### Mechanisms of Psychological Intervention.

As a psychodynamic and interpersonal theory of personality, Individual Psychology is concerned with the process of helping the patient or client become aware of unconscious motivations for their behavior and lifestyle decisions. The premise is built upon the notion that the individual with psychopathology has problems in living and is discouraged rather than sick. These problems in living are seen as resulting from poor preparation for the tasks of life, and the therapeutic task is to encourage the person, to activate social interest, and to develop a new life-style through relationship, analysis, and action methods.

Dreikurs describes the process of Adlerian Psychotherapy as an uncovering and interpreting form of psychotherapy that is based upon the premise that man is an indivisible holistic social being whose every action has a purpose (Dreikurs, 1967). Dreikurs talks about the working process of counseling and psychotherapy following a four step series of interventions involving Relationship, Psychological Investigation, Interpretation, and Reorientation.

The idea that the therapeutic relationship is basic to the work of counseling and psychotherapy is central to all theories of psychological intervention. The relationship is the fundamental medium through which the work is conducted and is initiated with the first contact between the patient or client and the therapist. The ability to develop a trusting and cooperative relationship is primary to the initial tasks of information gathering, problem identification, diagnosis, and treatment planning. The theory of Individual Psychology has always promoted the ideas of collaboration, social equality, and reduction of emphasis on pathology as a means for developing a horizontal rather than vertical relationship between the client or patient and the therapist (Garrison, 1994; Grunwald & McAbee, 1985).

The process of psychological investigation involves a gathering of information and testing of hypotheses making use of the stochastic method (Manaster and Corsini, 1982). The Individual Psychology therapist considers the presenting problems in the context of the developmental history, family constellation, and lifestyle data and seeks to understand the purpose and psychological context of the behavior or symptoms in question.

The process of interpretation involves the use of language and behavior to assist the patient or client in understanding the underlying motivations for the lifestyle decisions involved in the behaviors or problems in question. The ability to communicate with the patient or client in a manner that reduces psychological defensiveness and increases their courage to understand the motivations for the actions is a fundamental skill set that each mental health professional needs to develop in the course of their training and professional work. At best the interpretation process assists the person in gaining additional understanding of the motivations and lifestyle decisions that underlie their behavior with a minimum of shame, guilt, or anxiety response. The idea is that psychological insight is best obtained when one feels able to join in with the group or community at large and feels less stigmatized by their symptoms, actions, or experiences.

The process of reintegration involves the patient or client working through the applications of the insight in the various components of their developmental and social life experience. With a newfound understanding of the purpose of a behavior the individual is in the position to make increasingly adaptive decisions in the course of their life and to have an increasing sense of control and mastery in their daily living.

The process of group psychotherapy makes use of these same intervention methods in course of the life of the group. In the early stages of group as the members are normalizing their relationships with each other there is a process of developing a working alliance. This is a critical period in the life of a therapeutic group and the leadership must work to support the development of trust and support so the group will be able to work through the inevitable conflicts and confrontations that will be a part of future group interaction. As the group members are increasingly aware of each other's presenting problems, family and developmental history, as well as their presence in the group there is ample opportunity to better understand the context of the psychological problems or shortcomings that are brought forward for work in the therapy.

As group members become more able to explore and ask questions of each other the process of investigation evolves between members of the group as well as on the part of the therapist leader. As groups develop, they are more able to tolerate conflict and disagreement, which allows the membership to better explore the relationships within the group in the context of the history and problems that are presented for work.

As the group matures to the point of accepting interpretations from each other, the process of exploration matures. The group at this point grows able to accept and tolerate varying levels of confrontation, disagreement, interpretation, and questioning. This is the time in the life of a group where a normalizing process occurs in the membership and participants cooperate in the course of their work. As members learn more about each other and are able to work together for the common goal of self-growth and exploration the process of interpretation and reorientation occur on an ongoing basis.

The Individual Psychology oriented group psychotherapist makes use of group process to form a collaborative corrective social construct that can be compared to and conferred with in the participant's exploration of his or her own external and developmental experience. The individual's relationship with the group serves as a teacher and corrective influence which reduces the stigma of having deficiencies and enhances the ability to experiment with and change values without the loss of dignity (Sonstegard, 1998a).

The social responsibility and community building philosophy of Alfred Adler is deeply embedded in this approach. This idea is not solely the domain of Individual Psychology. Frances, Clarkin, and Perry (1984) in their work on the selection and prescription of psychiatric treatment point out that much of what makes treatment successful is matching the problem to the therapeutic intervention. MacKenzie has written on the importance of developing different approaches to group work when serving diverse populations in managed care delivery systems (1995). Group therapy as a theoretical and practical discipline has always stressed the importance of individual differences, the importance of patient selection, group composition, and theoretical orientation as fundamental to quality care. These ideas are central to the practice of group therapy and can be found across the range of literature from the classic early works to the most recent practice development oriented publications (Fehr, 1999; MacKenzie, 1992, 1995; Price, Heschels & Price, 1999; Rutan & Stone, 1993; Yalom, 1995)

Adler himself tended to work in psycho-educational groups in the Child Guidance Clinics then popular Vienna. The process of these clinics evolved from Adler's emphasis on the social context as being central to understanding and treating the child and family. In the course of counseling Adler worked to promote an open, egalitarian, and encouraging environment for families and children with behavioral or school based problems. They would be interviewed and the problems would be discussed in the presence of teachers, families, and community members. The great emphasis on the importance of the leader being responsible to promote a constructive and educational environment was the foundation for the success of this public forum counseling approach.

Over the years the traditions of demonstration family counseling have persisted and there are communities where these strategies are still applied in the present day. As the techniques of group therapy were advanced with research and theoretical development in the areas of interpersonal theories, systems theories, and group-as-a-whole dynamics the applications of Individual Psychology in group psychotherapy have evolved to incorporate an interpersonal and interactive approach. The task of the work is to assist the individual in joining with the group to engage in understanding unconscious aspects of lifestyle through the use of relationship building, psychological investigation, interpretation, and reorientation.

Despite the fact that Individual psychology is not often credited as a widely popular theoretical orientation, its roots in psychodynamic psychology as well as its interpersonal, family, and community based premises make it a significant contributing theory that underlies contemporary eclectic psychological group approaches. The applications of group therapy are present in Individual Psychology from its earliest roots in its consistent use and application of group processes in counseling, educational, and training interventions.

The Individual Psychology oriented group psychotherapist makes use of group process to form a collaborative corrective social construct that can be compared to and conferred with in the participant's exploration of his or her own external and developmental experience. The individual's relationship with the group serves as a teacher and corrective influence that at best encourages the experimentation with new feelings, experiences, and approaches to relationships that occur in the group. Over time, the ability to increase one's personal understanding and self confidence allows for the transition of these lessons outside of the group room into the daily life experiences in work, family, and community relationships.

### Clinical Examples.

Six clinical examples are provided here to demonstrate the breadth of Individual psychology and group psychotherapeutic approaches. Table 1 presents and contrasts six different types of group intervention. The psycho educational group meets weekly in a clinic setting for a limited time with the same clients. The demonstration family-counseling group meets weekly in an educational setting with a walk-in clientele. The chemical dependency group meets daily on an inpatient psychiatric/chemical dependency unit and attendance is required of all persons on the unit. The outpatient psychotherapy group meets weekly in a psychologist's consulting room and has little turnover in-group members. The hospice team support group meets every other week and is required of all staff at the hospice. The PTA parenting workshop is a one-time annual meeting in the school cafeteria for all who choose to attend.

Insert Table 1 about here

### **Teleology and Life Style**

In individual psychology the analysis of the person is based upon an understanding of the goal of the psychic movement, at various times called the fictional goal, the guiding fiction, the guiding self-ideal, or the fictional final goal by Adler. A person's behavior is viewed as a consistent and purposive striving toward their unique fictional final goal. This goal is the central organizing principle of the personality, which is variously called the guiding line, life plan, life style, style of life, or unique law of movement in individual psychology. "The personality of the individual was seen by Adler as a unity and all drives, strivings, tendencies and aspirations were part of this unity and all inclined in the direction dictated by the unique law of movement" (Shulman, 1973, p. 16).

The goal is a self-created fiction or narrative world view formed early in life and is based originally on biological and environmental influences. As the infant develops, he or she organizes the world and formulates rules about their experience as a means of adapting and coping. These rules of thumb in turn begin to limit and define what is experienced. "It [the unique law of movement] cannot help but be reinforced by experience because it is the rule by which experience is perceived" (Shulman, 1973, p. 17). Through the course of early life the pattern elaborates and becomes the guiding principle for the person's movement through life.

Personality is the result of training that is less stimulated by heredity and environmental influences than by the child's own interpretations, conclusions and decisions. The basic concept of himself and life, the guiding lines which he has set for himself for orientation toward social participation form a fixed pattern - the style of life (Dreikurs, 1967, p. 6).

The fictional final goal and the life style are believed to crystallize between the ages of 4 and 7, with change in the core beliefs or the goal being relatively rare. Various authors have discussed a variety of components of the life style and a hierarchical organization has been proposed (Kopp & Garrison, 1976). The components are always viewed as consistent with one another and as organized by the fictional final goal. There is typically a cognitive component made up of convictions, beliefs, expectations and/or ideals, and a behavioral component that includes emotion and mood. The cognitive component may include self-concept, belief or expectation about others, world image, image of the social world, gender guiding lines, private logic and/or hidden reasoning. The behavioral component is generally conceived of as expressing the methods utilized by the person to achieve their goal. Individual psychology is a cognitive psychology that views emotion as secondary to the beliefs and as an expression of the person's goal in the specific context and situation. Adler has been quoted as saying that to know where a person is going watch the tongue in their shoe rather than listen to the tongue in their mouth.

The life style organizes and simplifies experience for the person, and exerts a selective function on experience. "The world is seen through a stable schema of apperception: experiences are interpreted before they are accepted, and the interpretation is always in accord with the original meaning given to life" (Adler, 1958, p. 60).

Events are perceived according to the logic of the life style leading to fulfillment of the expectations and reinforcement of the beliefs contained within it.

As individual psychology has evolved and developed, the concept of life style has been applied to a variety of family and social units. Ansbacher (1967) also proposed using the term life style "... in reference to the behavioral and cognitive aspects of a relatively permanent, small group, down to a dyad, where the members are interacting with one another" (p. 200). There have been discussions in the literature of marital life style (Hawes, 1983), family life style (Deutsch, 1967) and group life style (Kadis, 1959).

The next section describes the use of time limited group psychotherapy as an example of how interventions that make teleological and lifestyle issues more obvious to the members of a group can promote significant psychological benefit and growth. The intensity level of intervention in a psycho educational time limited group is relatively minimal. The major emphasis is on education with the goal of increasing the member's understanding of their lifestyle, unconscious goals, and their ramifications on the quality of daily life. As a result of this understanding the counseling, or approach to specific life situations, is of a medium level. The psychotherapeutic, or depth understanding of lifestyle is low at best.

### **Time Limited Group Therapy.**

Time limited psychoeducational groups have become quite popular in the past 15 years. They generally run between 10 and 20 sessions, and are designed for a homogenous population. They can be composed of persons with a specific problem, life concern, diagnosis, or life developmental phase related difficulty. Participants may be self-referred or referral may be from a physician or mental health professional. These are usually closed groups, meaning that members are not added during the course of the group. Cost is generally considerably lower than that in individual or long-term group psychotherapy. Most time-limited groups have a curriculum or guide, and leader manuals are utilized in research and clinical practice.

Individual psychology has a long history of time-limited groups. Lott and Nelson (1988) provide outlines for eight different courses on parenting, utilizing eight different parenting books. There is also mention in the individual psychology literature of life style groups (Dinkmeyer, Dinkmeyer, & Sperry, 1979), marriage enrichment groups (Hawes, 1983), marital communication groups, (Hawes, 1983), encouragement groups (O'Connell, 1975), health care counseling groups (Dinkmeyer et al, 1979), and action therapy groups (O'Connell, 1975). The process of these groups is to have some content presented by the leader or by a book, and then group discussion of the content with an emphasis on self-disclosure and on resolving to act differently in specific situations. Education and counseling are the predominant therapeutic modalities, but there are frequently changes in a participant's life style that emerge from the new behavior patterns.

The four goals of a child's misbehavior are consistently presented and discussed in individual psychology parenting groups. These goals are attention, power, revenge, and display of inadequacy and are discussed as the purpose of a specific misbehavior and as a pattern of misbehavior. Thus the purpose of an act of misbehavior can be identified as attention seeking and a child can be identified as engaging in numerous attention-seeking behaviors. Various parenting strategies can be taught as appropriate for the different goals of misbehavior. The use of encouragement for more appropriate, high social interest alternative behaviors is typically a part of these strategies.

#### Clinical Illustration:

Mike and Linda are 42 and 40 years old respectively, and enrolled in a time limited parenting group offered in a private practice setting. They married 3 years earlier, and each had children from prior marriages. Linda's son, David, is 10 and has lived with them since their marriage. Mike's daughters, Kate, 13, and Emily, 11, had visited on a regular basis. Two months prior to beginning the group Kate decided to move from her mother's home to her father's home and she was the focus of their concern. Kate was being noncompliant and verbally disrespectful to Linda and engaging Mike in long conversations about a variety of subjects. These conversations seemed to occur frequently at bedtime and were sufficiently long that Linda was frequently asleep when Mike came to bed.

At the first session, when families were asked to introduce themselves and their families, Mike and Linda noted that about one third of the families included stepchildren. This was discussed in the group as a subgroup that might have special concerns. As the goals of misbehavior were presented in the second session, Mike and Linda recognized Kate's goal with Mike as being attention, and her goal with Linda as being power. They were encouraged to hear that other parents were also experiencing similar difficulties. They collectively formulated a plan that included:

- ❖ Mike setting firmer limits about bedtime and clarifying appropriate times for conversations,

- ❖ Linda disengaging from power struggles and disrespectful interactions with Kate,
- ❖ Linda taking Kate to a movie, and
- ❖ Both parents noticing Kate's respectful interactions with them.

They also met with Kate together and clarified the consequences for noncompliance, emphasizing consistency between the two parents.

At the third session they reported that Kate's disrespect had increased with Linda and she had become more demanding with Mike, but the noncompliance had subsided. This was just as had been predicted in group as they presented their plan. They were encouraged to continue with the plan for another week and by the fourth week the presenting problems were resolved, and did not emerge through the course of the 12 week group.

During the fifth session the group was broken into small groups and Mike and Linda participated in the stepfamily small group. It was particularly important for them to hear about the struggles of other stepfamilies. This group requested that they have time to meet each week for the remainder of the class and the leader adjusted the curriculum and timetable of the course to allow this to occur.

### Social Interest

Adler's term *Gemeinschaftsgefühl* has been translated as social feeling, community feeling, fellow feeling, sense of solidarity, communal intuition, community interest, social sense and social interest (Ansbacher & Ansbacher, 1956). Ansbacher (1978) traces the development of this concept in Adler's writings. It is the most distinctive and valuable concept in individual psychology and one of the most difficult to understand comprehensively. Social interest has been called "... the cardinal personality trait" (Ansbacher, 1968, p. 131), which is "... the main characteristic of each person and is involved in all his actions" (Adler, 1937, p. 774)." It is the criterion for mental health and for well being, and thus represents a statement of the values of Individual Psychology. Social interest is assumed to be "... an innate potentiality which has to be consciously developed" (Adler, 1929, p. 31)."

Human beings are portrayed as constantly moving in Individual Psychology, and in this portrayal, social interest serves as the compass. Social interest is based on the premise that human beings are socially embedded one with the other and the realization that human beings only exist within a society. Social interest is equated with an affirmative attitude toward life in general, manifested by a sense of connection and cohesion.

The innate social feeling is actually a community feeling, a reflection of the coherence of everything cosmic, which lives in us, which we cannot dismiss entirely, and which gives us the ability to empathize with things, which lie outside our body (Ansbacher, 1968 p. ???). There is a unification of the interest for the well being of self and others, that promotes an essential harmony with mankind and the human community at large. In addition to this community aspect of social interest Ansbacher (1968) identifies a process dimension that is composed of three developmental steps.

- In Step 1, social interest is an assumed *aptitude* for cooperation and social living, which can be developed through training.
- In step 2, this aptitude has been developed into the objective *abilities* of cooperating and contributing, as well as understanding others and empathizing with them.
- In step 3, social interest is a subjective *evaluative attitude* determining choices and thus influencing the dynamics of the individual (p. 132, Italics in the original).

Dreikurs (1967) conceived of social interest as a feeling of belonging, a sense of having a place within the immediate group and the larger community, and based on a desire to be useful and to make a contribution to the group and community. He saw social interest as "movement on the horizontal plane" (p. 40), and emphasized the relationship between social interest, social equality, and democracy.

O'Connell (1965) proposed "humanistic identification" as a more appropriate translation for *Gemeinschaftsgefühl*. He points out that this translation broadens the reference point (humanistic is broader than social) and energizes the activity (identification in contrast to interest). For him social interest is

Demonstrated intellectually by 'outsight,' a commitment toward understanding the psychological needs of others and the tension generated by their lack of fulfillment; and by an active movement toward satisfying such needs and becoming a significant other (p. 44).

He combines the sense of cosmic connectedness with a behavioral expression. He also sees humanistic identification (social interest) as a precondition for authentic religious practice.

Different facets of social interest are manifested in the cognitive, affective, motivational, and behavioral processes of the person. Adler postulated three life tasks with which each person is confronted: friendship and community, work, and love. The manner in which these three tasks are pursued can be evaluated for the level of social interest present. Counseling, psychotherapy, parenting, and teaching are all opportunities to consciously develop social interest. The psychological movement of the person through life can be evaluated for the level of social interest and specific alternative behaviors can be formulated that are more socially interested and therefore likely to be healthier for the person and the other with whom they are interacting.

In the following example of a family education center the issues of social interest and family relationships are described. In this public forum counseling intervention the group format is utilized to normalize and reorient difficult behaviors in children and parents. The strategy of educational intervention, shared experience, and creative approaches to problem solving provides a moderate level of intervention intensity. The emphasis is on education and counseling with a comparative low level of psychotherapy in that the work is directed toward specific difficult behaviors and various approaches to eliminate them.

### **Family Education Center**

The family education center is a service delivery modality that is unique to Individual Psychology. There are typically one or more playrooms for children, with some centers offering different activity groups for various ages. The centers generally convene once a week in an on-going manner and are composed of walk-in members who may have been referred by a community caretaker or self-referred. Fees vary from donation to \$5 per session. Some centers are freestanding; others work in conjunction with a community college or university, while others are affiliated with a public or private K-12 school. Staff are predominantly volunteers who have attended parenting groups (which are frequently offered in conjunction with a family education center).

When a family comes to the center the children go to the playroom while the parents convene in a group – generally between 15 and 50 people. First there is a brief presentation of a parenting principle from individual psychology by one of the volunteer staff. Then a family who has attended several previous sessions and who volunteered the previous week is interviewed in front of the group. First, the parent(s) are interviewed, then they are asked to leave the room and the child(ren) are interviewed. After this, the parent(s) are asked to return and the playroom worker and/or teacher (if the FEC is operating in conjunction with a school) is asked to report their observations of the child(ren) and how they relate to the other children and to the group. Then the counselor gives explanations of the dynamics of the child(ren)'s behavior and makes recommendations regarding parenting strategies. There is some discussion by the group of the principles being applied to the demonstration family and then the group concludes.

#### Educational Illustration:

Don and Marta are both 21 years old and have been married for three years. They have a four year old daughter, Kirsty, who is having frequent tantrums with both parents and with their day care provider. The day care provider had attended a parenting class through the family education center and recommended to Don and Marta that they consider attending one as well. They attended a total of four demonstration family counseling sessions and did not serve as a demonstration family.

The first demonstration family they witnessed had an attention-seeking child, and did not seem particularly relevant to their situation. They enjoyed the supportive and nonjudgmental atmosphere at the family education center, and were pleasantly surprised by the manner in which the other, mostly older parents took an interest in their situation. They began having family meetings based on the short talk that had been given at the beginning of the session and a book they purchased at the center.

The second demonstration family worked with was about attention seeking, but also involved the recommendation to institute a weekly family meeting. During the discussion after the demonstration Don talked about their first family meeting and received encouragement from several other parents. Don, Marta, and Kirsty ran into the demonstration family at lunch after the meeting and Don and Marta shared their experience with family meetings and gave the family some tips on how to hold one.

The third demonstration family (the Smiths) they watched was about a power-seeking child and was very relevant to their situation. They felt a strong kinship with the parents in this family, partially because the family dynamics were similar, and partially because this family was one of the other younger families at the center. Marta sought out the mother from this family at the end of the session and they had dinner together later in the week. They shared techniques for withdrawing from the conflicts and enlisting the help and cooperation of the child.

Don and Marta did not attend the next several sessions, but they maintained some contact with the Smith family and were mutually supportive of the changes each parent was making in their parenting style. They continued to have weekly family meetings and supported one another in their new parenting strategies. Kirsty's tantrums gradually decreased in frequency and severity during this time.

Don and Marta attended one more session and watched another family with a power-seeking child. After this demonstration they agreed that they were happy with the way things were going in their family and decided to stop coming to the center. They continued a friendship with the Smith family. Marta volunteered to work in the young children's playroom and continued to do so for about six months. She participated in several demonstrations as the playroom reporter, and co-led a parenting group for young parents.

In the Family Education Center Example the development of social interest in the interaction of the family is the major underlying component of the educational intervention. In the next example it can be seen that a far more complex health problem, depression and chemical dependency, is addressed with a similar application of promoting social interest. In the following example there are marked differences in the intensity of the intervention with the use of psychotherapeutic versus educational interventions. Nonetheless, the use of the individual's relationship to the community at large is a central and underlying common ground across both interventions.

### **Psychiatric/Chemical Dependency Inpatient Ward**

The population found on an inpatient psychiatry service is usually a combination of involuntary and voluntary admissions. Much of the initial work in a chemical dependency or psychiatric emergency involves the stabilization, diagnosis, and initiation of a longer term care plan. For the most part group psychological interventions are commonly practiced in this setting. The daily group therapy session involves a rotating membership as patients are admitted and discharged on a daily basis. The last decade has witnessed a significant change in the use of hospitalization in psychiatric care. The managed care emphasis has reduced length of stay to a small percentage of what was common over the previous five decades. Much of what occurs in the daily group involves orienting patients to their condition and helping them to develop a healthy attitude and a sense of responsibility for their own rehabilitation.

The daily inpatient group usually meets for 60 to 90 minutes and is best led by the same leader on a regular basis. The level of intervention is considered high as a function of the regular daily meetings and the need for confrontation of the symptoms, history, and lifestyle components of the current condition. With this emphasis there is a basic educational component that is central to the intervention. The patient needs to better understand how his history, both developmental and recent, has led to the current condition. Much of what the patient needs to do is make changes in the course of daily living. Here we can see the counseling emphasis. As the patient learns more about how they deteriorated into the present situation there follow concomitant actions to be taken to improve the condition. In the case of those patients who are uncooperative or unable to take responsibility for their actions and situation the treatment team frequently resorts to a more intensive level of care. Despite the fact that many useful psychotherapy care plans initiate in an inpatient setting there is rarely the opportunity for a length of stay of sufficient duration to develop a true psychotherapy care plan.

The intensity of the work in the inpatient setting requires that the therapeutic staff remain mindful of the dignity and levels of discouragement experienced by the patients in the group. While the group can be a very useful approach in confronting the difficult patient it can also promote therapeutic casualties. The professional staff needs to work together for the well being of the unit at large as well as the individual needs of the patients in admission.

#### Clinical Illustration:

Joseph was a 56-year-old depressive with a long history of alcoholism and multiple treatment episodes. He was admitted to the emergency room with abdominal pain and referred to the inpatient psychiatric/chemical dependency ward for detoxification from alcohol and treatment of depression. After three days Joseph was placed in the daily group therapy and presented in a withdrawn and apathetic manner. He would make sarcastic utterances under his breath and often appeared to be bored and disinterested. The leader actively confronted him with regard to his motivation for changing his lifestyle and the dangerous consequences of continued drinking. Despite his initial resistance and passive aggressive response an older alcoholic woman in the group who was crying because of her diagnosis of liver cancer finally touched him in the fourth meeting. Joseph's primary therapist on the unit coordinated care with the group therapist and they both agreed to continue with the confrontation approach. On the seventh day Joseph began to cry himself, telling of his father's alcoholism and the abuse he received as a child. He began to express regret for the ways in which he raised his children and become open to the idea that the family therapist on the unit could help him to try to improve the rapport with his adult children. At the time of discharge

Joseph was able to verbalize to the group how useful the process had been for him and said that he hoped he had been of some help to the younger members who were dealing with their own alcoholism.

### **Holism**

Many of Adler's followers believe that "Holistic Psychology" would be the most appropriate name for their psychology. This basic concept was expressed in Adler's choice of Individual Psychology as a name for his psychology. "The term individual in German has the connotation and denotation of a unity, an indivisible whole. It refers to the unique individuality of individuals" (Manaster & Corsini, 1982 p. 3).

A holistic approach to psychology includes the idea that the whole is greater than the sum of its parts, and that the parts, unified, constitute a unique whole.

...One can never regard single manifestations of the mental life as separate entities, but that one can gain understanding of them only if one understands all manifestations of a mental life as parts of an indivisible whole and then attempts to uncover the line of movement, the schema of life (Ansbacher & Ansbacher, 1956, p. 190).

Here Adler was disagreeing with Freud's analytic process of dividing the personality into id, ego, and superego or conscious versus unconscious and forging a theory with new basic hypotheses. Adler's early emphasis on organ inferiority and the subsequent compensatory strivings helped his thinking to avoid a mind/body split and contributed to this holistic position. "For Adler, the question was neither 'how does mind affect body?' nor 'How does body affect mind?' but rather how does the individual use his body and mind in the pursuit of his goals?" (Mosak, 1979, p. 52) As his thinking matured, the early focus on organ inferiorities developed into a focus on perceptions, beliefs and convictions. "Thus, in latter day Adlerian theory, an organ inferiority becomes a possible stimulus for psychic compensation if it is subjectively perceived as a defect or obstacle" (Shulman, 1973, p. 93).

Adler was among the first to appreciate the work of Jan C. Smuts (1926) who coined the word holism. Adler carried on a correspondence with Smuts after his book, *Holism and Evolution* (1926) was published. He was so impressed by this work that he arranged for it to be translated into German, but the translation was never realized (Ansbacher, 1961). Adler did arrange for a translation of Smuts' presidential address to the British Association for the Advancement of Science (Smuts, 1932). This may be the only time a psychological journal has published a paper by Smuts (Ansbacher, 1961).

This emphasis on a holistic understanding of the person led Adler away from a mechanistic conception of the person and toward a probabilistic, field theory perspective. Human beings are seen as indivisible, creative organisms functioning in a current social context and within the context of an evolutionary past. The focus of attention is shifted from the study of part-functions to a study of the whole person and how he or she moves through life. This perspective also contributes to thinking of all aspects of psychic life as movement and to the teleological conception of behavior.

The holistic perspective challenges the clinician to see each element of study in the context of the other elements of the person and to focus on the interaction between these elements as much as the individual elements.

We must never treat a symptom or single expression: we must discover the mistake made in the whole style of life, in the way the mind has interpreted its experiences, in the meaning it has given to life, and in the actions with which it has answered the impressions received from the body and from the environment (Adler, 1931, p. 47).

Dreikurs (1967) utilized the concepts of holism and movement to define the assessment strategy that he called "two points on a line." Determining the unifying concept in two apparently contradictory behaviors or beliefs is like joining two points, and the resulting line of movement will point to the purpose of the behaviors and to the individual's goal.

In the following case example of the outpatient private practice psychotherapy group the holistic factors of human nature are a central component of the psychological group based intervention. In this type of group the level of intervention is high. The emphasis is on psychotherapy, the understanding of the individuals basic, and often unconscious, beliefs and goals. The educational component is comparatively low in that we are less concerned with didactic instruction and provision of information in favor of experiential learning. The counseling component is medium because a side effect of understanding unconscious motivations is the enhancement of the experience of control over the problems of daily living.

### **Outpatient Private Practice Group.**

The population found in the outpatient private practice group therapy is a well selected heterogeneous group of individuals who are brought together by the therapist with the idea of creating a working therapeutic intervention setting. Much of the work in an outpatient open-ended group involves a focus on the relationships between the members of the group and the evolving psychological processes that develop therein. One major underlying assumption is that there is a significant parallel between the experience of the individual group members in the group and their families of origin. Not only does the group tend to become more familiar with the families of origin from which each and every member has evolved, but also the group process itself tends to replicate, and in a sense demonstrate, how each group member tends to join and fit in. The discussions of salient history, problematic symptoms, and the actual ongoing process of the group is usually very instructive and helpful in allowing members to better understand the families that they grew up on and the recurring patterns of difficulty they experience in their lives.

The group meets on a regular weekly basis and has a rather stable pattern of membership, that allows for a high level of intimacy in the interpersonal relationships. The level of intervention is considered to be high as a function of the regular meetings and the levels of interpersonal disclosure and sharing of opinions. One of the major factors in a group that has adequate time to explore the relationship between presenting problems, personal history, and present day behavior is the obvious variation in experience and difference of opinion. The levels of conflict and disagreement are a central component to the therapeutic intervention in that members have as a central task the need to work through differences of opinion, conflicts, and disagreements. Many group members remark that group is one of the few places other than the family of origin where they are as aware of the wide range of personal feelings and experiences, that require resolution when conflicts arise. For many people, the group is the first place where they are able to work through and understand their place in the family of origin and its impact on their daily living.

The average length of stay varies considerably from one practice setting to another but it is often the case that treatment plans require several years of group work. In order to sufficiently understand the complex interpersonal relationship factors that follow from the family of origin and to see their symbolic recapitulation in the group and other contemporary social settings group members need adequate experience analyzing and interpreting their own situation and that of their fellow group members. Over time, as mastery is gained, the process of termination for an individual member becomes self evident to that individual and the group at large. Under these circumstances the process of leaving the group allows for the development of safe and useful individuation processes and for moving on with the grace of the group. Much like the family of origin who supports the maturation of the child through adolescence and into adulthood, the process of the group is a reworking of deficiencies from the family of origin.

#### Clinical Illustration:

Jennifer was a 38 year old professional who was married and had two children. A happy and satisfying marriage for close to twenty years was becoming increasingly conflicted due to disagreements between Jennifer and her husband. Issues of financial planning, sexuality, and parenting were beginning to promote significant marital conflict. Initial consultations with Jennifer and her husband suggested that her family of origin included a history of gambling and alcoholism, the experience of abandonment, inappropriate seductive behavior on the part of the father, and an overwhelming level of responsibility in the care for her younger brothers. The marriage process itself was well intact and after a series of meetings Jennifer agreed to join an ongoing group to better understand how her childhood experiences in her family of origin contributed to her feelings of anxiety and anger in the marriage.

Over a series of months Jennifer became very emotional in group and began to understand that she had been very much out of touch as to how scared she was as a child. When conflicts arose between members of the group she would frequently assume that a dangerous physical event would follow. Over the course of several years she became more comfortable with differences of opinion and actually began to enjoy the idea that she was allowed opinions that were different from those of the more dominant men in the group. As this process began to unfold conflicts at home initially increased but over time the climate at home began to become much more enjoyable and cooperative. As an added bonus the increased ability to articulate feelings in words allowed for a tremendous improvement in communication and intimacy in the marriage. As Jennifer became more comfortable over time newer group members began to use her as an example of how much progress one can make in group and as a benchmark of when to think about leaving.

## Family Constellation

The Individual Psychology concept of family constellation views the family as analogous to a constellation in astronomy, as a group of bodies, each connected to the others and each with a place (Griffith & Powers, 1984). Understanding the family constellation is a developmental and historical undertaking. Adler worked to understand the family of origin as a whole system in his assessment of a person, examining their relationship with each family member. The person's unique life style (personality) is seen as developing out of the relationships and interpersonal process of the early years of life. "It is a common fallacy to imagine that children of the same family are formed in the same environment" (Ansbacher & Ansbacher, 1956, p. 376). The search for a place, for status and for methods of achieving significance is conducted within the family constellation. The family constellation defines what places are available as well as what is valued as the person grows up.

The focus on the whole family and their interrelatedness led to a focus on sibling relationships and birth order as one personality determinant. Adler defined five prototypic birth order positions or "vantages" (Griffith & Powers, 1984) from which the child perceives, evaluates, and forms the basic convictions of their life style. These positions are the oldest child, the second child, the middle child, the youngest child, and the only child. These positions are not rigidly defined and not everyone will fit one category - individual psychology is interested in the experience the child has as he or she grows up.

It is not ... the child's number in the order of successive births which influences his character, but the *situation* into which he is born and the way in which he interprets it (Ansbacher & Ansbacher, 1956, p. 377)(italics in original).

Shulman and Mosak (1988) list eight components of family constellation in addition to birth order: gender, constitution, models, parental care taking behavior, sibling behaviors and interaction, family values, family atmosphere and ambient culture.

In the following example of a hospice team support group we see the recapitulation of family dynamics in the work team. The opportunity for a team involved in such an inherently stressful and emotionally invoking occupation is very high. It is common for such a team to experience difficult interpersonal dynamics in the course of normal range work activity. The use of the support group format as a means to promote team efficiency and prevent the stress and burn out response helps to keep the team working in an efficient manner. When team members better understand the impact of their feelings they are better able to work together to achieve the desired goal.

## Hospice Team Support Group.

The staff of a hospice team is essentially a specialty nursing team with an R.N. nurse manager, infusion specialist RN's, LVN's, home health care aids, physical therapists, and social workers. The team is a highly structured work group with an exceptionally high turnover over of patients, as cases are not admitted to the service unless the death of the patient is immanent. Major stressors involve the intensity of the work, size of the caseload, administrative problems that are often idiosyncratic to each case, and the expression of stress in the relationships amongst team members.

The bi-weekly support group meeting occurs in a rotating calendar of team member's homes. As a home health care organization team, members are accustomed to driving to domestic residences to conduct their work. The weekly meeting consists of approximately three R.N.s, two L.V.N.S, two health care aids, one physical therapist, and one social worker. The teams remain relatively stable and are comprised of healthcare professionals who chose to be in this intense line of work. The major point of intervention is the transformation of mourning, loss, stress, and frustration emotions into a common team experience. The tendency to experience one's self as alone leads to conflict among team leaders and promotes conflict. Most difficulties between team members, or the team and the hospice administration, are commonly found to have at their root an experience of alienation and/or overwhelming emotion, which is so common in this line of work. As a result of this tendency the hospice service has prescribed regular support group meetings as a means for reducing conflict and increasing team efficiency.

### Clinical Illustration:

Louise is a single mother R.N. infusion specialist. She is good at the technical aspect of the nursing work and is an exceptionally caring and hardworking individual. She commonly takes on extra work and will schedule more visits each day than is expected of her by the hospice administration. Louise is very dedicated to her young

daughter and often has to rely upon the help of her mother and other team members to cover her when she over schedules at work. For the most part this work pattern has sustained itself well over the past eighteen months until she became especially connected to one case in particular. This terminal case died while she was on a five day vacation break she felt tremendous responsibility. Over the next week she became very angry with the home health care workers whom she felt were not doing enough to keep the patients clean and comfortable. The day before the support group meeting the nurse manager called the consultant to describe what had been happening and that there were a lot of conflicts on the team in the past two weeks.

With this information the consultant initiated the following day's support group meeting with the standard procedures. It became immediately clear that there were increased tensions in the air. One of the home health care aids began to talk about feeling picked on and soon broke into tears. Louise was quite cold and indifferent as she watched the story unfold. As each member had some say in the matter the consultant avoided the intensity of the matter and inquired as to how Louise's time off had gone. Within a matter of moments she expressed grief at the passing of the case to which she felt so connected. Soon she too was crying and with some clarification and support was able to state that the gentleman had reminded her of the best attributes of her father who had been an intermittent presence in her life. As she became more expressive and was able to understand the personal intensity of her sadness the anger at her colleague became self evident to her. With minimal intervention Louise came around to understand the events that had come to pass and made apologies to the home health care aid. The team spent an especially self-disclosing session this meeting with a recollection of many past cases they had cared for who had special significance for them. They were able to recall several events when their personal feelings had promoted team conflict. When the meeting ended most members had cried and there was a refreshed desire to return to work. In the following example of a PTA Workshop we see the educational aspects of Individual Psychology. Many clinicians have the opportunity to speak in public on mental health related topics and issues. It is generally seen as a way to generate referrals for counseling or psychotherapy. Individual Psychology views education and the dissemination of information as a therapeutic intervention and this awareness is utilized in the planning of such talks. In keeping with the democratic and egalitarian nature of Individual Psychology, education is not set up in a hierarchical fashion. Other students are viewed as potential sources of information as well as the instructor and experiential techniques of teaching are utilized extensively.

### **PTA Workshop**

Educational interventions vary greatly depending upon the context in which they are provided. This example is an annual talk sponsored by the PTA and open to anyone who wishes to attend. There is no fee for participation. The intensity of this intervention is minimal and predominantly educational in nature. In this illustration we show how information about one aspect of the family constellation, sibling position, can lead to significant change in the functioning of a person and a family.

#### Educational Illustration

Mary came to the PTA meeting because the speaker was going to speak about sibling relationships. She had a 3 year old boy, Sam, and a 6 month old girl, Bethany, and was a stay-at-home mother whose husband had been working a great deal of overtime for the past two years. A neighbor with school age children had told her about the workshop while they were talking about Sam's increased clinging, whining, and misbehavior. Mary and her husband were both only children in their families of origin. The workshop leader had the group break into groups of oldest children, middle children, youngest children and only children, giving each group the task of discussing what it is like to grow up with this view of family life and then presenting a report to the whole group. The leader then used the process of the groups and the style in which each report was delivered to the group as illustrations of the typical characteristics of each birth order position.

The group of oldest children elected a spokesperson that described the experience of dethronement and invasion of territory the group had recalled when their sibling was born. He also talked about the pressure of parental expectations and the stress they had felt to stay ahead of their sibling. The group of middle children had a spokesperson that used the slogan, "We Try Harder" to illustrate their aggression and competitiveness. Their report was longer than the report of the oldest children. They acknowledged that they had it easier in the family because their parents were more relaxed and confident with them. The group of youngest-borns did not really put together a report for the group as they had spent most of their group time telling of the mischief they had done as kids and the ways in which they had gotten their older siblings in trouble. The only children insisted on each giving their own report to the group.

Mary developed a new understanding of the emotional turmoil that Sam was experiencing. She also recognized how she and her husband were not functioning as a team in their parenting or family life. She purchased a book on parenting that the speaker had recommended and she and her husband read it together and made changes in their parenting style. During the next two years they did not seek out any additional therapy services.

#### **Concluding remarks regarding the development of an Adlerian Group Psychotherapy Orientation**

An Adlerian group orientation is an adaptive and accommodating approach to education, counseling, and psychotherapy. As shown in these six diverse examples of intervention, the group therapist is able to approach a wide range of commonly encountered human problems. In the course of intervention the group therapist is able to work with a range of levels of intensity appropriate to the membership of the group and the problems being treated. Each clinical or educational situation requires an appropriate level of intervention intensity to promote an effective outcome. The varying emphasis on education, counseling, and psychotherapy is in direct proportion to the problems at hand and the needs of the specific group.

As Sonstegard has stated (1998b) group work is highly structural in that the leader has the responsibility to have very specific goals and objectives with regard to the specific interventions utilized. This structure follows from a thorough understanding of the problems and goals for the specific intervention. In the development of a group therapeutic activity, regardless of the range of intensity or emphasis, the group therapist must have a clear idea of what the overall plan is and how it addresses the specific problem area at hand. The basic matters of timing, cost, membership, duration, and climate are central to the outcome of the project.

When implementing a group psychotherapy program the leader must have a clear understanding of the goals and objectives the work is to accomplish. There is much to be considered in terms of the population and setting in which the work is to occur. The intervention parameters need to be well thought through in terms of their ability to fit well with the overriding social and political ramifications in the setting at hand and the specific characteristics of the individuals being considered for treatment. The group therapist must be concerned with both the understanding of the individual and the society, the idiographic and the nomothetic, in the development of group therapeutic intervention.

The orientation is based upon a unified understanding of human nature as a central theme in the personality theory. The interventions are based upon the premise that human beings are socially embedded, holistic, goal

oriented, and subjective. These characteristics of human nature allow the group therapist to structurally arrange the social construction of reality within the group culture to facilitate the therapeutic task. In the psychoeducational, counseling, and psychotherapeutic modes of intervention, the four step process of relationship, psychological investigation, interpretation, and reorientation is employed. The major distinctions between the three models involve assumptions on the part of the social context of the intervention, the characteristics of the individuals, and their specific problems being worked with.

### References

- Adler, A. 1898. Gesundheitsbuch fuer das Schneidergewerbe [Health book for the tailor trade]. Berlin: Heymanns.
- Adler, A. 1916. The neurotic constitution: Outlines of a comparative individualistic psychology and psychotherapy (B. Glueck and J.E.Lind, Trans.). New York: Moffat, Yard and Co. (original work published 1912).
- Adler, A. 1927. Understanding human nature. Greenwich, CT: Premier Books.
- Adler, A. 1929. Problems of neurosis. London: Kegan Paul.
- Adler, A. 1931. What life should mean to you. New York: Capricorn Books.
- Adler, A. 1937. Psychiatric aspects regarding individual and social disorganization. American Journal of Sociology, 42, 773-780. (Original work published 1924).
- Adler, A. & Furtmuller, C. (Eds.). 1914. Heilen und bilden. [To heal and to educate]. Muenchen: Reinhardt.
- Ansbacher, H.L. 1961. On the origin of holism. Journal of Individual Psychology, 17, 142-148.
- Ansbacher, H.L. 1967. Life style: A historical and systematic review. Journal of Individual Psychology, 23, 191-231.
- Ansbacher, H.L. 1968. The concept of social interest. Journal of Individual Psychology, 24, 131-149.
- Ansbacher, H.L. 1978. The development of Adler's concept of social interest: A critical study. Journal of Individual Psychology, 34, 118-152.
- Ansbacher, H.L. & Ansbacher, R.R. (Eds.). 1956. The Individual Psychology of Alfred Adler: A systematic presentation in selections from his writings. New York: Harper.
- Bierer, J. 1951. The day hospital, an experiment in social psychiatry and synthoanalytic psychotherapy. London: M. Lewis.
- Caplan, G. 1970. The Theory and Practice of Mental Health Consultation. New York: Basic Books.
- Deutsch, D. 1967. Family therapy and lifestyle. Journal of Individual Psychology, 23, 217-223.
- Dinkmeyer, D.C., Dinkmeyer, D.C. & Sperry, L. 1979. Adlerian counseling and psychotherapy. New York: Macmillan.
- Dinkmeyer, D. & Muro, J.J. 1971. Group counseling: Theory and practice. Otasca, IL: Peacock.
- Dreikurs, R. 1967. Psychodynamics, psychotherapy and counseling: Collected papers of Rudolf Dreikurs. Chicago: Alfred Adler Institute.
- Dreikurs, R., R. Corsini, R. Lowe, & Sonstegard, M. 1959. Adlerian family counseling: A manual for counseling centers. Eugene, OR: University Press.
- Dreikurs, R. R., B. B. Grunwald & Pepper, F. 1971. Maintaining sanity in the classroom: Illustrated teaching techniques. New York: Harper and Row.
- Dreikurs, R., B. Shulman & H. Mosak. 1984. Multiple psychotherapy: The use of two therapists with one patient. Chicago: Alfred Adler Institute.
- Ettin, M.F. 1992. Foundations and applications of group psychotherapy. Boston: Allyn and Bacon.
- Fehr, S. S. (1999). Introduction to Group Therapy. New York: The Hayworth Press.
- Frances, A., Clarkin, J. & Perry, S. 1984. Differential Therapeutics in Psychiatry: The Art and Science of Treatment Selection. New York: Brunner/Mazel
- Furtmuller, C. 1914. Preface to Journal of Individual Psychology, quoted in Hoffman, E. 1994. The drive for self: Alfred Adler and the founding of Individual Psychology. New York: Addison-Wesley.
- Garrison, M.A. 1994. Misalliance movements in psychotherapy. Canadian Journal of Adlerian Psychology, 24, 20-33.
- Griffith, J. & R.L.Powers, 1984. An Adlerian lexicon. Chicago: The American Institutes of Adlerian Studies.
- Grunwald, B.B. & McAbee, H.V. 1985. Guiding the Family: Practical Counseling Techniques. Muncie, IN: Accelerated Development.
- Hawes, C.E. 1983. Marriage counseling and enrichment. In Christensen, O.C. & Schramski, T.G. (eds) Adlerian family counseling. Minneapolis: Educational Media Press.

- Hoffman, E. 1994. The drive for self: Alfred Adler and the founding of individual psychology. New York: Addison-Wesley.
- Kadis, A. L. 1957. Early childhood recollections in the therapy group. Journal of Individual Psychology, 13, 182-187.
- Kadis, A.S. 1959. Re-experiencing the family constellation in group psychotherapy. In Adler, K.A. & Deutsch, D. Essays in individual psychology: Contemporary applications of Alfred Adler's theories. New York: Grove Press.
- Kadis, A.L. & Winick, C. 1960. The role of the deviant in the therapy group. International Journal of Social Psychiatry, 6, 277-287.
- Kopp, R.R. & M.A.Garrison. (1976, May). The life style: A systems perspective. Paper presented at the North American Society of Adlerian Psychology Annual Conference, Vancouver, B.C.
- Lott, L & J. Nelson. 1988. Teaching parenting: A step-by-step approach to starting and leading parenting classes. Provo, UT: Sunrise Books.
- MacKenzie, K. R. (1995) Effective use of Group Therapy in Managed Care. Washington, D.C.: American Psychiatric Press.
- MacKenzie, K. R., ed. (1992) Classics in Group Psychotherapy. New York: Guilford Press.
- Manaster, G.J. & R.J.Corsini. 1982. Individual psychology: Theory and practice. Chicago: Adler School of Professional Psychology.
- Mohr, E. & R. Garlock. 1959. The social club as an adjunct to therapy. In K.A.Adler & Deutsch, D. (Eds.). Essays in Individual Psychology: Contemporary applications of Alfred Adler's theories. New York: Grove Press.
- Mosak, H.H. 1979. Adlerian Psychotherapy. in R. J. Corsini (Ed.) Current Psychotherapies (2nd Edition). Itasca, NY: F.E.Peacock.
- O'Connell, W.E. 1965. Humanistic identification: A new translation for Gemeinschaftsgefühl. Journal of Individual Psychology, 21, 44-47.
- O'Connell, W.E. 1975. Action therapy and Adlerian theory. Chicago: Alfred Adler Institute.
- Papanek, H. 1954. Combined group and individual therapy in private practice. American Journal of Psychotherapy, 8, 679-686.
- Papanek, H. 1970. Adler's psychology and group psychotherapy. American Journal of Psychiatry, 127, 83-86.
- Powers, R.L. & Griffith, J. 1987. Understanding life-style: The psycho-clarity process. Chicago: The Americas Institute of Adlerian Studies.
- Price, J. R., Heschels, D. R. and Price, A. R. (1999). A Guide to Starting Psychotherapy Groups. San Diego: Academic Press
- Rutan, J. S. & Stone, W. N. (1993) Psychodynamic Psychotherapy, 2<sup>nd</sup> Edition. New York: Guilford.
- Shulman, B. 1973. Contributions to individual psychology. Chicago: Alfred Adler Institute.
- Shulman, B. & K. K. Hoover. 1964. Therapeutic democracy: Some changes in staff-patient relationships. International Journal of Social Psychiatry, 3, [Special Edition], 16-23.
- Shulman, B. and H. Mosak. 1988. Manual for life style assessment. Muncie, IN: Accelerated Development, Inc.
- Smuts, J.C. 1926. Holism and evolution. New York: Macmillan.
- Smuts, J.C. 1932. Das wissenschaftliche Weltbild der Gegenwart. International Journal of Individual Psychology, 10, 244-261.
- Sonstegard, M. 1998a. Adlerian group counseling: Step by step. Journal of Individual Psychology, 54, 176-216.
- Sonstegard, M. 1998b. A rationale for group counseling. Journal of Individual Psychology, 54, 164-175.
- Sonstegard, M. & Dreikurs, R. 1975. The teleoanalytic group counseling approach. In G.M.Gazda (Ed.). Basic approaches to group psychotherapy and group counseling. (pp. 468-510). Springfield, IL: Charles C. Thomas.
- Stepansky, P.E. 1983. In Freud's shadow: Adler in context. Hillsdale, NJ: The Analytic Press.
- Stolz, V. 1967. Study Group Leader's Manual. Chicago: Alfred Adler Institute.
- Sweeney, T. 1989. Adlerian Counseling: A Practical Approach For A New Decade. Muncie, IN: Accelerated Development.
- Turner, J. & W. L. Pew. 1978. The courage to be imperfect: The life and work of Rudolf Dreikurs. New York: Hawthorn Books.
- Vaihinger, H. 1924. The philosophy of 'as if': A system of the theoretical, practical and religious fictions of mankind [C. K. Ogden, Trans.]. London: Routledge & Kegan Paul, Ltd (original work published in 1911).
- Yalom, I. D. (1995). The Theory and Practice of Group Psychotherapy, 4<sup>th</sup> Edition. Basic Books.