Adlerian Individual Psychology and Cognitive-Behavior Therapy:
A Comparative Approach

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Abstract

Cognitive-Behavior Therapy and Adlerian Individual Psychology share many commonalities, along with a host of dissimilarities. The fundamental basis of every person possessing social/experiential constructs (e.g., Life plans) (Adler, 6), is Adlerian in nature, whereupon CBT borrowed this notion and applied it to pre-conceived, formative cognitive constructs called “schemas.” However, Adler’s approach is much more time-consuming and less structured, and he postulated that the underlying impetus of behavior for all of us is simply the need to be superior, and to combat an inferiority complex, unlike CBT, which proposes that human beings are essentially “free agents” or “independent variables” (Alford & Beck, 40). This comparative paper explores the commonalities and dissimilarities of the abovementioned theories, as well as their respective utility, universal application and pronounced efficacy to College Counseling.
Cognitive-Behavior Therapy and Individual Psychology

Adlerian Individual Psychology and Cognitive-Behavior Therapy are easily integrative due the similar foundations in the overarching notions of the respective theories. Originally, Alfred Adler approached psychology with a phenomenological, environmental outlook, asserting that former rigid systems (such as psychoanalysis) with an epistemological basis were useless in discovering the uniqueness of every person and their respective neuroses. Similarly, CBT states that individual behavior is influenced by certain experiences in childhood, and personal interpretations of those experiences (schemas), paralleling IP’s emphasis on individualism and empiricism. However, among several other differences between the two theories, Adler suggests we have an underlying need to circumvent inferiority, whereas CBT doesn’t include this construct. Therefore, although both theories are different, CBT would not be in existence without Individual Psychology, and conversely, IP would not evolve successfully without the inception of Cognitive-Behavior Therapy.

Nature of the Person and Personality Development

“By starting with the assumption of the unity of the individual, an attempt is made to obtain a picture of this unified personality regarded as a variant of individual life manifestations and forms of expression,” (Adler, 2), theorizes Alfred Alder in his groundbreaking publication, The Practice and Theory of Individual Psychology. Essentially, Alfred Adler facilitated a dramatic break with Psychoanalysis in 1911 by proposing that Freudian psychology put forth a “dry formula” (7) for the individual, which due to its lack of dynamism and focus on unconscious sexual drives as the root causes of neuroses, did not accurately gauge as to why the
person was behaving in a maladaptive manner (Vaughan, 368). IP suggests that every person has a pre-conceived, unique “life plan”, around which every one of our decisions, perspectives and behaviors circulate (Adler, 6). This life plan is predicated on the assumption of a latent need to “strive for superiority” (Freeman, 6), and the fact that the mistakes that we committed in early childhood are innately corrective with the introduction of a dynamic, collaborative therapy. (Freeman, 168).

What’s more, Adler introduces the “Masculine Protest,” which is basically our “will to power” (Vaughan, 368), whereby through any means or stretch of the imagination one is driven to realize a certain perfection of ones abilities (Vaughan, 368). Commonly, Adler explains the manifestation of the inferiority complex as a reaction to “organ inferiority” (Adler, 5), which could allude to an inadequate functioning of a certain external or internal organ (such as deafness, blindness, impotence), and consequently “overcompensation” ensues, in which another innate ability in effect overcompensates for the lack of another ability. Beethoven and Mozart are fantastic examples of this, as they both had deformed ears but became masterful composers (Vaughan, 365).

Like IP, Cognitive-Behavioral Therapy surmises that everyone is programmed with an internal “schema,” or “stored bodies of knowledge that interact with incoming information to influence selective attention and memory search (Leahy, 29). These schemas reflect either positive or negative life experiences, and once “activated” by external stimuli (e.g., one’s social environment) (Alford & Beck, 15), can lead to the processing of already-experienced negative themes thereby negatively affecting behavior. Unlike IP, CBT does not presuppose the existence of an inherent “inferiority complex” in humans; moreover, CBT also does not employ the tenets of organ inferiority or overcompensation as a catalyst for maladaptive or neurotic behavior. CBT
applies our unique understanding of life through cognitive and behavioral processes, and infers that our behavior reflects a certain way of thinking (or cognitive processing), or conditioned way of acting (behavioral influences), that are intrinsically malleable and can be changed through simply altering the faultiness that governs how one thinks or acts. (Parker, 833). For example, if one is rejected romantically by someone, then he or she will create a “lovability schema” (Leahy, 30), whereupon every successive romantic failure could harken to this schema of being universally unlovable, thus causing maladaptive behavior of depression. CBT could utilize several different techniques to treat this client by addressing deep-seated cognitive distortions such as catastrophizing, all-or-nothing thinking, minimalizing, over-generalizing, etc.

Therefore, dissimilar to IP, individuals are not predisposed to a natural yearning for superiority; rather, they are subjected to certain cognitive distortions that surface as a result of negative, biased meanings based on earlier experiences in childhood (otherwise known as their schemas) that humans bestow upon specific, successive situations. Furthermore, there are three levels of cognition: the automatic level (or unintentional, “preconscious” level,” the conscious level, and the “metacognitive” level which can account for “realistic” or “rational” responses (Alford & Beck, 17). Like IP, there exists a predisposition to form unconscious, “automatic thoughts” based on personal notions, and we are to understand nearly every action of a human being a representation of purpose, or “unconscious strivings”. (Wood, 292).

Finally, Adler opines that one develops their respective life-plan by the age of six, with no further growth. (Adler, 4) However, although CBT states that early recollections (ERs) categorically reflect what the individual’s current perceptions in life are (Freeman, 170), correlating with Individual Psychology’s belief that “every marked attitude of a man be can be
traced back to an origin in childhood” (Adler, 10). CBT adheres to a longer period of individual perceptual development of up until late adolescence (Leahy, 37).

**Emotional Maladjustment**

“Every neurosis can be understood as an attempt to free oneself from a feeling of inferiority in order to gain a feeling of superiority.” (Adler, 23). This is where Adlerian Individual Psychology and Cognitive-Behavioral Therapy differentiate significantly, because CBT views maladaptive behavior as a manifestation of certain negative meanings derived from a negative schema regarding the self, experience and future goals—collectively labeled as the “cognitive triad” (Alford & Beck, 16). Although Adler believed that neuroses materialize due to the unmet individualized goals or the “life-plan” established during childhood, within which experience and social environment serve as triggers— similar to CBT’s assertion that maladaptive behavior results from the lack of fulfillment of certain schema goals (developed until late adolescence) which are also brought on by environmental and social stimuli— Adler nonetheless connected the genesis of this life plan with a need to maintain a belief in an individual’s perceived “godlikeness,” or superiority (Adler, 7).

Adler considers “freeing oneself” as perpetually seeking power and “domination over others” (Vaughan, 360), whereas CBT highlights a vast array of causes including personal, environmental and future goal-oriented that occur organically to a “free agent,” (or human vessel), which ultimately influence the individual’s direction in life. Adler utilizes the concept of the “neurotic,” who because of a certain congenital organic deficiency or psychicial overcompensation exhibits qualities that would be indicative of emotional maladjustment (Adler, 32-50). While both of the aforementioned theories subscribe to the concept of individualized perceptions of reality conceived in childhood and external stimuli eliciting maladaptive
behaviors, they both fundamentally branch off from one another regarding the cause of emotional maladjustment, in that CBT does not assume that we all have a universal desire to be superior. For both theories, maladaptive behaviors can include symptoms of depression, anxiety, with some distinctly Adlerian-labeled “neuroses” such as homosexuality and “psychical hermaphrodisism” (Adler, 16).

Counselor/Client Relationship

In respect to the relationship with the counselor vis-à-vis the client, both CBT and IP consider a collaborative and cooperative relationship the successful formula for good therapy (Freeman, 4). Adler seemed to fancy himself more of a father rather than counselor with his clients (Wood, 294), with less active participation emphasized on the part of the client (Parker, 30), and conversely, CBT stressed more active involvement by the client and more direction by the therapist, along with greater emotional support (40). Due to a greater time-limited nature with CBT, therapy is more structured and based on a discernible, ordered fashion with a beginning, middle and end, whereas IP typically is terminated tentatively by a maximum of 20 sessions, or if the therapist should believe that there has not been any progress made, he or she can choose to terminate the counseling relationship (Wood, 295). Additionally, CBT adopted IP’s characteristically dynamic relationship and strategic approach to therapy, rather than a static, rigid approach that Freudian psychotherapy commonly practiced (Watts, 150).

Originally, Adler noted the need to display empathy (Parker, 831), to exemplify clearly that the therapist is a fellow human being who desires to get to know the “soul of a man” (Adler, 3), rather than a “detached expert” (Wood, 296), as classical psychotherapists usually appeared to represent. Naturally, CBT subsumed this crucial construct of empathy, and also reinforced the importance of the counselor to impart an heir of self-confidence, skill and active involvement,
but simultaneously invites the client to provide more of an active role in the perception, interpretation and evaluation of the events discussed (Ghassemzadeh, 57).

**Techniques**

The crux of the techniques concerning CBT and IP are geared towards altering entrenched “dysfunctional individualized thinking” (Watts, 148) and behaviors that are phenomenological in nature. Through constant use of encouragement and empathy during the counseling sessions, clients will feel at ease expressing personal issues (Schwartz, 101). A major tool used to treat clients is that of the production of imagery (such as film, shows, comics, dreams etc.) to help illustrate the misdirection of goals in life, and these goals are subjected to natural or logical consequences presented to client so that he or she is made aware of the implications. (101). Clients are encouraged to employ such techniques as acting “as-if”, or acting as if someone were a person of whom they are the antithesis so they can learn to alter previously-held views of themselves. (Watts, 148). Other techniques such as encouraging the exaggeration of their symptoms so the client can be more apt to realize the futility in their execution (paradoxical intention), and attempting to please someone in order to increase their level of social interest or determining person’s level social disinterest.

CBT and IP share a slew of techniques, including interpretation, dream analysis, the idiosyncratic meaning of imagery and conjuring up “replacement imagery” to aid in coping; the application of exaggeration or paradox, and they both assign homework or graded tasks assignments to help achieve a mutually desired goal (Freeman, 170). However, in favor of interpretation nowadays, CBT typically utilizes Socratic questioning to develop a more pronounced awareness in the client and construct a more thorough therapeutic plan (Freeman, 176). Among several other techniques, CBT provides the examination of options and
alternatives, de-catastrophizing so the client harbors a less severe perception of a situation, examination of the advantages and disadvantages of both ends of a problem; and facilitating an externalization of voices, which resembles IP’s acting “as-if” and teaching oneself how to control ones maladaptive behavior through the embodiment of alternative behaviors and personas. Exposure therapy—in which the client is introduced into unfamiliar and daunting situations that exacerbate their maladaptive behaviors, is used quite frequently. The technique of “mindfulness,” (Hollon, 291) or “mind over mood,” (Ghassemzadeh, 58), is an enduring effect that CBT seems to impress on people, which quite literally forces people to think in a different way when one feels the urge to revert to prior faulty cognition (Hollon, 292). Furthermore, on the more behavioral end of matters as with the above exposure therapy, role reversal, activity scheduling (for those clients who feel overwhelmed and need to plan their lives more efficiently), and social skills or assertiveness training come into play, supplementing the list of techniques that can be utilized to achieve desired therapeutic goals. It is also helpful that the client is completely aware of the cognitive distortions that he or she is exhibiting, so that the client can become more at ease with the entire therapeutic process and remain privy to critical information.

**Therapeutic Goals**

Another integral contribution that Adler bestows upon modern-day psychology, including CBT, is a viable structure that incorporates focus, homework assignments and goals established for the client. Cognitive-Behavioral Therapy and Individual Psychology share four essential goals: creating a collaborative and cooperative relationship, learning about the client’s schema or life-plan that ultimately deconstruct and define respective life goals, facilitating cognizance of the above and providing the client a foundation for understanding the self, and finally to
“reorient” the client via establishment of alternative cognitive and behavioral techniques to usher in more realistically adaptive life goals (Freeman, 168). Ultimately, both IP and CBT realistically share the same goal of fomenting effective coping skills rather than cultivating a cure. (175), because in the end both modalities acknowledge that the symptoms can recur and resurface, whereupon therapy would be reinstated. CBT also adds the element of agenda setting (174), which lends a greater structure to the therapeutic process by prioritizing issues of concern for the day, as well as for the entirety of the sessions, including reviewing homework, building rapport and session reviews (174). One of the most important facets of CBT is making the client realize that he or she can essentially change something in their lives, be it physical, behavioral, physiological, cognitive or emotional (Ghazzemzadeh, 56), just by interactively constructing a plan and subsequently following this plan so that in the end one can change the intrinsic way one thinks and behaves. Each theory deems it fit to “ascribe the work and the success of the cure to the patient” (Adler, 43), so that the patient can actually have an active role in the therapeutic process which ensures that the entire system of therapy implemented is proceeding correctly and the client develops a true sense of autonomy and control over his or her life.

Application to College Counseling

CBT and IP, especially CBT, are profoundly useful in the treatment of college students, as these therapies provide the level of empathy, structure, individualization and emotional support that college students largely feel devoid of and desperately need. For example, a cognitive-behavioral modification study was performed on several college students regarding test anxiety, and it was conclusively shown that once the college students demonstrated cognitive and behavioral modification techniques such as implementation of “self-instructions and self-verbalizations” (Meichenbaum, 374), positive imagery training, exposure therapy and self-
relaxation, they performed markedly better on their exams (Meichenbaum, 376). Therefore, it would seem that the above cognitive behavioral methods were efficacious in ameliorating the effects of text anxiety, especially reiterating to oneself certain reaffirmations that would “facilitate their attending to the task and inhibit task-irrelevant thoughts” (Meichenbaum, 374). Undergraduates and graduates alike commonly exhibit classical symptoms of cognitive distortions such as catastrophizing on or before the test day just like the study mentioned above, making all-or-nothing statements regarding intellectual and physical ability in terms of keeping up with the rigors of college life, minimalizing one’s own achievements in the face of other students who share similar accolades and accomplishments, and isolating oneself because of the fear of the unknown and consequently shunning ones community in a typical Adlerian style and eventually dropping out as a result, or to “free oneself from all the constraints of the community by establishing a counter-compulsion” (Adler, 23). College students would benefit immensely from the individualized, phenomenological theories of CBT and IP, along with the interactive therapeutic techniques, because it caters to them as active participants in the counseling process, and provides them with a counselor who truly serves as a bastion of support for their trying time away from their families and homes.

Conclusions

Without the inception of Adlerian Individual Psychology, there would be no genesis or subsequent development of Cognitive-Behavioral Therapy because IP serves as the fundamental basis for the latter theory. Theoretically, both CBT and IP differ relating to the inherent strivings of an individual, in which IP claims that said strivings are intended to lead to superiority, and CBT adheres to the belief that humans begin their lives with a veritable blank slate. Upon the creation of CBT by Aaron T. Beck from the 1960s on, Individual psychology evolved to the
modern era by adopting CBT methods such as a more time-sensitive and goal-oriented structure and more comprehensive treatments to provide to clients, along with greater client participation in therapy and increased therapist direction to meet mutually established goals. CBT has effectively helped IP become more focused, comprehensive and less antiquated. Naturally, they both prescribe the notion of a personal life plan or schema, to which ones behaviors revert when “activated” by environmental, social and heuristic factors. Finally, their applicability to college counseling is extensive and multifarious, as the environmental and empathic nature of both theories and the cognitive/behavioral techniques that each employ would be extremely conducive to a college student’s existential problems of fitting in socially, isolation from home-life, and coping with the trials and travails of meeting the lofty expectations of college life.
References


