

The Evolution of Adler's Individual Psychology: Toward a transcultural framework for counselling practice

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As mental health professionals, we live in an interesting, disturbing, and indeed troubling time. Since publication of DSM III in 1980, a struggle has been occurring over which of two paradigms will prevail as the dominant MH cultural narrative.. There are now two distinctly different “cultural perspectives” regarding the etiology, prevention and treatment of difficulties in psychosocial adjustment. Each paradigm advocates for a distinctly different set of assumptions about human behavior, human development, and the etiological dynamics of mental health difficulties and how they might best be treated.

The Biomedical Paradigm

On the one hand, there is the increasingly dominant biomedical paradigm which began with the 1980 publication of the DSM-III and subsequently with similar changes in the International Classification of Mental and Behavioral Disorders (ICD). Subsequent revisions (e.g. DSM-IV and DSM-V) have moved increasingly toward promoting a biomedical based understanding of mental disorders. Indeed, while DSM-IV referred to disorders as “biopsychosocial”, DSM -V dropped the “social” component and now defines mental disorders as “psychobiological” in nature.

This paradigm is based within western culture (particularly North American) and western ideas regarding the functioning of the brain and the biological base of behavior. As such, it strives to homogenize our understanding of the human mind and mental disorders on a global level. This biomedical, disease-based paradigm amounts effectively to a neo-Kraepelinian perspective. The diagnostic categories and treatment methods such as medications and behavioral-based symptom control strategies effectively return us to the original 19th century ideas of Drs. Kraepelin and Greissinger regarding classifications of mental disorders; that is, that they all problems in human behavior stem from, “diseases of the brain”.

The biomedical, psychobiological paradigm is a very much a culturally bound perspective and not well supported empirically. The reality is that mental, emotional, and behavioral disorders are understood, experienced and treated differently both across cultures and across time.(Watters, 2010). For example, the 19th C western culture diagnoses of hysteria, body part paralysis, “vapors”, and drapetomania have vanished. Instead, today we speak of learning disorders, attention deficit disorders, anorexia, PTSD, binge eating disorders, and obsessive-compulsive hoarding disorders. Symptoms of mental health disorders are the product of cultures, cultural

expectations, values, and beliefs (Watters, 2010). Symptoms vary from one culture to another as do the types of behavior that are deemed to be problematic and of concern.

While there are many explanations for the growth of this biomedical perspective, it should be noted that a primary motive lies simply in the profit making of the multibillion dollar psychopharmaceutical industry. Psychiatry has colluded with these corporations in advocating for the biomedical narrative in mental health. By promoting the narrative of universal, brain-based disease/disorder categories, widespread marketing of drugs purporting to control the symptoms is effectively enabled. It has also served to return psychiatry to a dominant position among the mental health professions both in regard to status and financial gain. The rush to diagnose, or over-diagnose, disorders and disabilities is also proving to have dangerous consequences. Even Dr. Allen Frances (2014), chair of the DSM-IV-TR task force, addressed this concern in his article entitled, “No Child Left Undiagnosed”. He noted that current estimates are that, using the current DSM-V criteria, 81% of youth now qualify for at least one psychiatric diagnosis by the age of twenty-one. The abnormal now becomes, statistically, the normal!

The psychobiological paradigm has become so strong that some have expressed concern that the battle is already lost. The financial strength of those advocating for this psychobiological perspective while ignoring the socio-cultural and developmental contexts has become like fighting against the current of a raging river sweeping away everything in its path. Evan Watters (2010) notes in his book, *“Crazy Like Us: The globalization of the American psyche”*, that this “flattening of the landscape” in mental health is the biggest issue yet to be addressed in the mental health field; it is the proverbial ‘elephant in the room’.

To travel internationally is to become increasingly unnerved by the way American culture pervades the world’. From indoor shopping malls in Tanzania, Nike factories in Malaysia, World Wide Wrestling matches on television in Borneo, or finding a McDonalds, Subway, Pizza Hut, KFC fast food in every country we see the economic trend to Americanize the world while bulldozing cultural diversity. An old American saying goes, “Wherever we go, there we are!” This observation is very much applicable today in regard to the American Psychiatric Association’s DSM-V, the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2013). Sociocultural factors are bulldozed and the homogenized psychobiological narrative is instead put in place.

The Biopsychosocial, Developmental Paradigm

Competing against the biomedical narrative there is the biopsychosocial, developmental paradigm regarding the etiology and treatment of psychosocial adjustment difficulties in living. This alternative perspective emphasizes the fostering of social-emotional wellbeing. It is based in the research of anthropology, human development, and cultural psychology. This paradigm has been historically at the foundation of the counselling profession. It focuses us on the role of psychosocial factors in the etiology of mental health difficulties as well as addresses those factors which lead to wellness, resilience, mental health, social well-being. Consistent across the various counselling or psychotherapeutic models based in this more affirming paradigm is the recognition of the importance of positive cognition, social-emotional competencies, and the

availability of positive, supportive social environments (e.g. home, school, community, culture, and workplace).

Recent research on stress has further added to our understanding of wellness and the role of social contexts, or social ecosystems/cultures in the development of mental and emotional disorders. Research has now firmly identified the relationship between Adverse Childhood Experiences and the rates of learning difficulties, mental/emotional/behavioral disorders, substance abuse/addictions for children, adolescents and adults (Anda & Felitti, 2006; Mate, 2011; Felitti & Anda, 2010). The role of what we might term stressful or toxic social ecosystems (e.g., living in high stress family, community, or organizational environments) results, over time, in the dysregulation of the HPA (hypothalamic-Pituitary-Adrenal) system and high Allostatic Load scores (McEwen, 2000; Sapolsky, 2004)) which in turn leads to both physical and mental health problems.

The research for this latter, social-developmental paradigm in explaining the etiology of mental health disorders appears to be far more compelling and scientifically supported. However, the psychobiological paradigm, with far less compelling scientific evidence, continues to control the narrative in the mental health field both professionally and in the lay media. How do we then address this trend and advocate for a more optimistic, socially embedded, and developmental understanding of the difficulties and struggles in living experienced by so many around the globe?

Perhaps the answer lies in focusing on, and promoting, the development of mental health or, psychosocial wellbeing rather than on psychopathology. Ironically, the misguided attempt to homogenize and categorize our collective understandings of mental disorders may actually be more useful as a transcultural framework for identifying the elements of mental health and psychosocial wellbeing. As Tolstoy once stated that, *“All happy families are alike; each unhappy family is unhappy in its own way.”* So too perhaps are mentally healthy individuals and healthy social ecosystems or cultures alike while each dysfunctional individual and social ecosystem is dysfunctional in its own unique way. It is here that Adler’s Individual Psychology theory and the further evolution of its concepts may be useful in seeking to formulate a transcultural framework for wellness promoting counseling practice.

The Evolution of Adler’s Individual Psychology Theory.

Adler’s Individual Psychology theory has been extensively recognized as foundational to most all modern methods of counselling and psychotherapy. Numerous authors have noted that Adler’s original ideas lie at the foundation of such theorists as Maslow, Horney, Rogers, Sullivan, Fromm, Ellis, Glasser, Seligman, and many others. Albert Ellis (1970) once stated that, Alfred Adler more than Freud is probably the true father of modern psychotherapy. Models of counselling and psychotherapy such as the person centered, cognitive, cognitive behavioral, constructivist, dialectical behavioral, feminist, rational emotive, reality, and others can be seen as further evolution and development of some of Adler’s original theoretical ideas (Corey, 2005; Watts, 2015). As noted by Prochaska & Norcross (2010), *“Adler’s ideas have quietly permeated modern psychological thinking, often without notice. It would not be easy to find another author from which so much has been borrowed from all sides without acknowledgement than Alfred Adler”* (p.91).

Four concepts serve as the cornerstones of Adler's theory: the Purposiveness of behavior, the Lifestyle or unique cognitive schema of each individual, Social Embeddedness or the importance of understanding individuals only within the context of their social environment or cultural contexts, and, Community Feeling/Social Interest (gemeinschaftsgefühl) as the basis of mental health. The concept of Lifestyle (our idiosyncratic, cognitive schema on self, others and life) have been incorporated into, and further developed, by most current counselling approaches including the Cognitive, Cognitive Behavioral, Narrative, Constructivist, Dialectical Behavioral, Solution-Focused, Culture Sensitive, Feminist Therapy, Rational Emotive, Reality, Emotion-Focused, and several other "new" theories and therapies. All emphasize these first three concepts in one way or another.

Moreover, this concept is remarkably consistent with many long standing eastern philosophies and therapies such as Morita and Naikan therapies of Japan and the Confucian, Taoist, and Buddhist philosophies (Bankart, 1997). Each model recognizes the importance of understanding the importance of an individual's idiosyncratic worldview, cognitive schema, or internal narrative; that is, the subjective meaning the client attaches to life experiences.

It is the remaining three foundational concepts of Individual Psychology which beg to yet further evolve in terms of their application in actual practice. Evolution is defined as a process of gradual development from the simple to a more complex form; a process of change over time. Unfortunately, this evolutionary process has been slow to develop in regard to Adler's original ideas on the nature of mental health. The reason for this is perhaps best seen in Verhaeghe's observation that, *"Every time someone risks leaving the beaten path the chance of something new appears. The associated paradox is that, following this fruitful side track, a group of disciples emerges to defend the master's orthodoxy. Anything is allowed so long as it is written by the master. In the name of an original thinker, originality itself becomes forbidden."* (2004, p. 108)

However, Adler himself was an advocate of continual growth and development. He stated that life is not a question of "being", but rather of "becoming" (Adler, 1963). The same would apply to his Individual Psychology theory. The question should not be, "What is Adlerian theory", but rather, what is it becoming or continuing to evolve toward?

Community Feeling & Social Embeddedness: Toward a transcultural framework for counselling practice

It is the remaining three foundational concepts of Adler's Individual Psychology (purposiveness, social embeddedness and community feeling) which beg to be developed, operationalized so as to evolve in their complexity and practical applications for a transcultural perspective for counselling. In particular, the concepts of social embeddedness and community feeling, are especially conducive to formulating a transcultural framework that is based in promoting mental health and well-being rather than upon the labeling and treating of culturally bound categories of mental illnesses and disorders (Ansbacher, 1992).

Social embeddedness refers to the reality that humans are innately a social animal. As Darwin noted, the weaker animals (such as humans) survive and thrive by learning to cooperate through group life. This concept requires us to look at the cultural and social contexts (i.e. social

ecosystems) in which one finds his or herself. Adler stated, *“Individual Psychology regards and examines the individual as socially embedded; we refuse to recognize and examine an isolated human being”* (Adler, 1926). Thus, for Adler’s IP, mental health professionals must be cognizant of the social contexts in which people are embedded. Do these social contexts promote or hinder psychological well-being?

All healthy organisms require a healthy, nurturing ecosystem if they are to thrive. When fish fail to thrive, we examine what toxins are present or nutrients absent from the waters in which they live. When animals fail to thrive, we again look to the quality of the supporting ecosystems for the answer. The same idea holds for plants; when plants exhibit poor growth, we look to the quality of the ecosystem in which they live such as the soil quality, water and sunlight.

Humans are the same. We are living organisms developing and living within human ecosystems (i.e., cultures and subcultures). The relative quality of these cultural ecosystems is essential for fostering optimal psychosocial development. When an individual demonstrates psychosocial difficulties, we need to address what supportive nutrients are missing, or toxins present, within the human ecosystems in which they live or developed. The term “culture” is defined in the biological sense as a medium to cultivate the growth of living organisms. Similarly, the term “ecosystem” is defined as a biological community of living organisms and their physical environment, a network of interconnected systems.

Accordingly, we can only understand and address mental health by addressing the relative “nutrients and toxins” present in an individual’s social ecosystems. This includes a multitude of interacting, interconnected ecosystems such as the family culture, school culture, community culture, religious culture, organizational and occupational cultures, national cultures, ethnic cultures, socioeconomic cultures, and so forth. As Adler stated, *“The honest psychologist cannot shut his eyes to social conditions which prevent the child from becoming a part of the community and from feeling at home in the world, and which allow him to grow up as though he lived in enemy country. Thus the psychologist must work against nationalism when it is so poorly understood that it harms mankind as a whole; against wars of conquest, revenge, and prestige; and against unemployment which plunges people into hopelessness; and against all other obstacles which interfere with the spreading of social interest in the family, the school, and society at large”*. (Ansbacher & Ansbacher, 1956, p. 454).

Community Feeling/Social Interest (gemeinschaftsgefühl) was Adler’s criteria for mental health and social wellbeing. This involves an interest in the interests of others and sense of being worthwhile, respected, and connected in a useful, meaningful way to one’s social community and the “cosmos” (Ansbacher, 1968). Community feeling is viewed as the cardinal indicator of mental health. Adler suggested that the mentally healthy individual comes from a position of feeling connected, competent, significant and respected as an equal with the “most sensible estimate of the value of any activity is its helpfulness to all [humankind] present and future” (Adler, 1929, p.78).

The well-adjusted individual, therefore, feels at home with others, is empathic and has a sense of responsibility to cooperate and contribute to the welfare of others and the world. It is a spiritual, global sense of connection and contribution to both humankind and the environment. Ansbacher

(1977) summarized Adler's conceptualization of mental health and well-being as the feeling that one is worthwhile, valued, needed and is making a valued contribution. Emotional wellness derives from the feeling that one counts for something and that you'd be missed if not there. This conceptualization of what constitutes mental health offers an optimistic, health promoting perspective in opposition to the psychopathology paradigm that might evolve into a useful, transcultural framework for defining and promoting mental health globally.

As noted above, Adler once stated that life is not a question of being but rather of becoming; thus, it is a question of continual growth, movement and evolving into something better or greater (Adler, 1963). So it is as well with Adler's IP theory. The question is not, what is Adler's IP theory, but rather, what is it becoming? In what direction is it continuing to move, refine itself, and evolve into an ever more useful, comprehensive theory for humankind? Individual Psychology can perhaps be most useful as a foundational framework for assisting mental health and counselling practitioners in focusing the mental health profession, as well as the general public, upon those social conditions (social ecosystems) necessary for promoting optimal mental health. In so doing, interventions could turn more toward increasing the psychosocial wellbeing, mental health (community feeling), of individuals as well as improving the supportive qualities of the social ecosystems, or cultures, in which people around the world are embedded.

Dimensions of Psychosocial Wellbeing Promoting Human Ecosystems

As with Tolstoy's "healthy families" observation, perhaps all healthy human ecosystems look the same be they at the societal, community, family, school or workplace levels. Therefore, we might expand upon Adler's concept of the "individual life tasks" (i.e., career, social, intimacy, and spiritual), and begin to identify the primary dimensions or tasks of psychosocial wellness promoting cultural contexts, or social ecosystems. These might be designated as the Social Ecosystem Maintenance Tasks essential to healthy, wellness promoting human ecosystems.

By combining the research on high functioning systems (family and organizations) with the family development framework (Aldous, 1978) we can hypothesize five essential elements of a healthy social ecosystem. These social ecosystem maintenance tasks consist of: safety maintenance, life skills maintenance, cohesion maintenance, behavioral maintenance, and boundary maintenance. Well-functioning social ecosystems/cultures will be found to address all five tasks in a positive, supportive, effective, and balanced manner. Those where psychological disorders, chronic conflict, stress, poor performance, and social/relational difficulties occur, on the other hand, will tend to be found to underperform, or improperly perform, on one or more of these five maintenance tasks.

safety maintenance. The safety maintenance task refers to the need to provide for the safety of all individuals. All members of within a social ecosystem or culture must feel physically, emotionally, psychologically, verbally, and sexually safe. This task is absolutely essential. It must be of the utmost priority when assessing the relative degree of supportiveness and health promotion versus toxicity of the cultural contexts in which their clients live.

life skills maintenance. The life skills maintenance task refers to the teaching of both needed academic/occupational skills and the social-emotional competencies necessary for

successful functioning life. Particularly important are the social-emotional competencies of understanding & respecting self & others, empathy, positive/constructive and growth mindset communication, cooperation, and responsible contribution skills (Elias & Arnold, 2006; Nicoll, 2011, 2006; Zins, et. al., 2004). When cultural systems fail to adequately foster these social-emotional competencies social adjustment difficulties and conflicts are likely to develop.

cohesion maintenance. The third ecosystem maintenance task, cohesion maintenance, is of particular importance. As Darwin noted, and Adler echoed, the weaker animals (such as humans) survive and thrive by learning to cooperate through group life. Research as consistently found the variable of cohesion (i.e. belonging, engagement and connectedness) to be the most powerful predictor of positive social outcomes (Otto, 1963; Fisher, Giblin & Hoopes, 1982; Stinnett, 1983; Nicoll, 1984b; Lam, 1997). Positive, supportive, and encouraging communication between and among all members is a dominant feature in supportive social environments (Dornbusch, et al, 1987; Dweck, 2006; Paulsen, Marchant & Rothlisberg, 1997; Niebuhr & Niebuhr, 1999; Weishen & Peng, 1993). Evidence has suggested a minimal ratio of 5:1 between positive and negative interactions as necessary for stability and functionality of social groups or organizations.. The lower the ratio, the greater the frequency and severity of problems that develop (Fredrickson, 2009; Gottman, 1994, 2002)

behavioral maintenance. Behavioral maintenance refers to the fact that in any social group instances of inappropriate behaviors (misbehavior) will occur. Therefore, every culture needs to use appropriate behavior management strategies for correcting and re-directing problematic behavior. In healthy social groups, behavioral expectations will be found to be clearly established with firm, fair, respectful and appropriate methods employed for correction. Discipline would be understood as involving an educational, not punitive, process with the use of logical.

boundary maintenance. The fifth ecosystem maintenance task is that of boundary maintenance. Overly rigid or overly diffuse boundaries within and/or between members and subsystems lead to problematic interaction patterns (Minuchin, 1974; 1992; Minuchin & Fishman, 1981; Walsh, 1993). It is essential that the dignity of all individuals, the right to privacy and autonomy, and the interests of all are respected (Aldous, 1978). Inappropriate individual or subsystem boundaries (e.g. enmeshed/diffuse or rigid/controlling) will adversely impact the wellbeing members in any cultural group.

Dimensions of Individual Mental Health

Adler suggested the terms of community feeling (*gemeinschaftsgefühl*) and social interest as being the cardinal indicators of mental health and psychosocial wellbeing (Ansbacher, 1956). The mentally healthy individual, he suggested, comes from a position of feeling connected, competent, significant, and respected (Adler, 1929). But this can only occur within the context of a positive, wellness promoting social ecosystem or culture. The optimal psychosocial development of each individual; the development of a positive self-identity can only occur within a positive, supportive social ecosystem .

While the clinical applications of Adler's concept of the purposiveness of behavior have focused primarily upon the client's presenting symptoms in therapy, the evolution of the purposiveness

concept might focus upon the purpose or goals of healthy, positive human behavior. Supportive human social ecosystems (cultures and subcultures) would be expected to provide ample opportunities for all members to realize, or move increasingly toward, the goals of healthy social-emotional adjustment and personal wellbeing.

Goals of Positive Behavioral Adjustment

Utilizing the ‘goals of misbehavior’ idea in Adler’s IP theory, we can begin to then formulate the idea of at least five goals of positive behavior. These are the five necessary goals toward which all humans would be able to effectively strive in a healthy culture. Success in meeting these five goals leads to developing a positive self-identity. When individuals experience a supportive social ecosystem encouraging and providing ample opportunities to realize these five goals, optimal psychosocial development can occur. When opportunities are absent to any or all members, we can expect problems in psychosocial adjustment to increase. The unique nature of the culture’s dysfunction will lead to unique psychological difficulties expressed in a manner consistent with the cultural context; i.e. unhealthy cultures are each unhealthy in their own unique way.

The five positive goals toward which all humans strive in their quest for optimal psychosocial development are suggested as: recognition/connection, autonomy, equality/respect, meaningful contribution, and competence/mastery. The goal of recognition/connection reflects the aforementioned need for cohesion and positive engagement with others. We are a social animal and need to feel a sense of belonging value, and acceptance as we are.

autonomy

The goal of autonomy would initially appear to be paradoxical. It refers to our need to find our own sense of self as a unique individual responsible for how our life unfolds. Solving this paradox is perhaps the central issue among all cultures and individuals. We all need to feel connected and a part of, the larger group. But, at the same time, we seek to establish our own unique niche, or identity, within the group. Cultures may vary along a continuum in the relative balancing of these two dynamics. But, an acceptable, healthy balance is required for optimal psychosocial development. We see evidence of this struggle to balance connection and autonomy in all aspects of human endeavor from marriage relationships to sibling relationships in families to community and business/organizational behavior.

equality

The importance of equality, the feeling of being respected and having equal value and worth as all others was suggested repeatedly by Adler as essential for positive psychosocial adjustment. Indeed, history has repeatedly demonstrated the importance of this issue and the consequences when it is denied to some. Systems of government are rebelled against and overthrown by those feeling diminished or of lesser importance. All people seek social justice when treated in an unfair, unequal manner. We can see the purported mental health diagnoses of hysteria and melancholia among women in 19th century western cultures as just such a protest against their inferior, diminished and subservient social position. A healthy culture will be found to promote the optimal development of all members equally rather than the dominance of one group over another and the closing off of opportunity to some. This, in turn, enables the larger social ecosystem to benefit from the talents and contributions of all its members, not just a select few.

meaningful contribution

The fourth goal, meaningful contribution, relates to the need to feel oneself as being an important, worthwhile individual whose contributions are valued by his/her social group or culture. Developing an optimal level of mental health requires an opportunity to experience oneself as being a worthwhile, contributing person. Perhaps nothing is more damaging psychologically than feeling oneself to be worthless, unwanted, or useless. We all seek an opportunity to contribute to the larger social group; to contribute in a way that is respected and valued, and feel that our voice is heard and our thoughts and ideas welcomed and valued.

competence

Finally, the fifth goal in the formation of a healthy, positive self-identity involves the experiencing of a sense of competence in some aspect of life (Matsen & Coatsworth, 1998). We need to be provided with hope and encouragement along the path to discovering and developing our unique interests, skills, talents and abilities. Such abilities and skills will enable us to make a valued, meaningful contribution to the larger cultural group.

In a healthy social ecosystem (i.e., culture), ample opportunities for all individuals to discover and develop their personal interests, abilities, and talents are provided. In such human ecosystems, there is found a widespread preference for communication patterns based in what Adler's IP theory refers to as 'encouragement' or, what Carol Dweck's research refers to as 'Growth Mindset' promoting communication patterns (Dweck, 2006). Thus, communication among members of an encouraging, growth mindset promoting social ecosystem will be focused on effort, growth and progress. In this manner, each member's sense of competence is facilitated. Unhealthy social ecosystems are found to engage in communication patterns marked by criticism and the negative labeling of others. Such more toxic human ecosystems focus on categorizing individuals as possessing, or not possessing, certain talents, abilities, disorders, disabilities, and so forth.

Summary

The further evolution of Adler's Individual Psychology theory provides a potential foundation for the development of a comprehensive, transcultural framework for counselling practice. A framework focusing upon the development of mental health and social wellbeing rather than on the diagnosis and control of supposed biologically based psychopathologies. Such a framework might be yet further developed into what could constitute as both a Social Vaccine and Social Antidote for mental health problems.

As an antidote, a psychosocial wellbeing framework would extend Adler's ideas of treatment and intervention strategies. Adler advocated that counselling or therapy interventions be intended primarily to improve a client's psychosocial adjustment and wellbeing.. As Adler stated, "*All my efforts are devoted towards increasing the social interest (community feeling) of the patient... as soon as he can connect himself with his fellowmen on an equal and cooperative footing, he is cured*" (Ansbacher, 1968). The social embeddedness concept further requires us to expand our professional lenses in counselling practice and address the importance of working not only with clients themselves, but directly with the social ecosystems in which they find themselves embedded (i.e. family, school, workplace, community, social culture, etc.). Creating

opportunities to experience more nurturing, healthy, social ecosystems (i.e. cultures) would become an important dimension in all treatment/intervention plans and programs.

Equally important, such a positive, social-developmental and transcultural framework for counselling practice offers the potential for creating effective prevention based strategies. Prevention focused efforts offer the potential for what might be termed, a “social vaccine”. Actively developing positive, supportive social ecosystems that enable all to realize the five goals of positive/constructive behavior would serve to help immunize people from mental health and psychosocial adjustment difficulties.

It is said that when Dr. Jonas Salk, discoverer of the polio vaccine that largely eradicated the polio virus around the world, was asked upon what would he focus his research today if he were a young research scientist, he replied, “*I’d still do immunization, but I’d do it psychologically rather than biologically*”. This is what is proposed in this paper; the evolution of Adler’s theory toward a social-developmental framework for counselling practice. Such a framework offers the possibility of creating such a social vaccine. A social vaccine immunizing people around the world from the negative mental health effects of adverse life experiences.

Adler’s Individual Psychology theory offers at least the foundation for developing a positive, transcultural framework for counselling practice; both for treatment and prevention. Through the further evolution of his foundational concepts, counsellors might better able to advocate for an optimistic, socially embedded, and developmental understanding of the difficulties and struggles in living experienced by so many around the globe. An optimistic, socially useful and wellness promoting paradigm is needed to counter the pessimistic, culturally biased biomedical perspectives of the DSM and ICD.

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