By examples, this little paperback teaches the reader two very timely aspects of Adler's system: the place of community in mental health work and the cognitive activity of the clinician. Adler's invention, the open community child guidance centers, provided treatment for problems of children as well as training for parents, teachers, and professional mental health workers. Nowadays when the President of the United States is urging the widespread development of comprehensive mental health centers and we are hearing much about the "therapeutic community," Adler's theories and practices have a fresh relevance. In regard to the second aspect of his timeliness, recent psychological research literature shows much interest in how the clinician formulates his "working image" of the client and, more generally, how the process of forming impressions of others operates and how individuals differ in the accuracy of their perception of others. Adler's double emphasis on social and cognitive psychology thus has special meaning today.

In 1930 Adler published the original of the present book (4), which appears now for the first time in English. Apparently the original is unavailable since a French translation (5) was used both for this translation and for the Ansbacher and Ansbacher compendium of Adler's works (7). Now there are paperback editions of four of Adler's books, the others being Practice and Theory of Individual Psychology (1), Understanding Human Nature (3) and What Life Should Mean to You (6).2 The present book has an introduction by Adler's son, Kurt. There are brief expository sections at the beginning and end of the book, but the meat of it lies in the many examples of problem cases presented before the audience of Adler's child guidance center in Vienna. Incidentally, the cover photograph provides one of the most appropriate introductions to a book that I have seen—a pouting boy looking out from an old box.


2A paperback edition of a fifth book (3) is planned for the Spring of 1964.—Ed. note.
AN EXAMPLE OF THE CASE PRESENTATIONS

In the twenty case-study chapters Adler candidly presented his thinking by successively working through the information presented on a child and his situation. The chapter entitled “A Spoiled Youngest Child” will serve to illustrate the method. At the very beginning we read, “The girl is eleven years old. Her father is a retired railroad man; her mother is a housekeeper. The mother is reported to have had fourteen children, seven of whom are alive. Petronilla is the youngest child’” (p. 38). Adler responded in the next paragraph, “The character structure of the youngest child is very clear to us.” After pointing to the biblical Joseph who wanted “the sun, the moon and the stars to bow before him,” he stated, “We can affirm that the youngest child is often particularly spoiled because the parents are very pleased to have been able to procreate a child in their later years . . . . The youngest child grows up in a different atmosphere from the other children, since he is the only one who has no successor . . . . As for the others, they live through the tragedy of seeing their place taken by another child” (p. 39). Then some more information from the school referral record was presented: “She works willingly for a certain period of time; then her enthusiasm diminishes.” Adler responded, “When you notice such instability in the work of a child going to school, you can conclude with some justification that the child is spoiled. He will make progress only . . . when progress comes without effort . . . As soon as the warm, comfortable atmosphere disappears, his productivity drops” (p. 39).

Thus Adler proceeded to analyze the case of Petronilla, deriving general hypotheses from the application of his theory to early information and checking on these hypotheses as the case developed. He arrived at a formulation of Petronilla’s style of life: “A very active child who takes an interest in the world around her and who certainly strives to raise herself above others” (p. 40). She disturbed the class in order to be the center of attention. However, she behaved well in the principal’s office, a situation in which she has won recognition. She would have liked to become a teacher herself (since she recognized the position of power that a teacher has). Much of the problem arose from the mother’s failure to provide a place in the family where she was an equal partner in the family and community life. After further reports from the school personnel, Adler interviewed the mother and then Petronilla in front of the whole group. To the resisting mother he recommended that the child have more counsel-
ing contact in the center. To Petronilla after first praising her appearance and size, Adler said she could become one of the best students, but “You must always remember to tell yourself: ‘I don’t have to be in the front of things all the time, and have everyone notice me. It is much nicer to do good work so that in the end people will esteem me, and like me; it doesn’t have to be right away, either’” (p. 51). In this way, far too abbreviated here, Adler reported directly how he conducted his counseling sessions in his guidance centers.

Innovations of the Child Guidance Centers

Adler’s child guidance centers were a very interesting social innovation. They were oriented around the treatment of children and the counseling of parents, but they served many other functions as well. They trained teachers and professional clinicians in principles of personality development and child guidance. They served as community centers for discussion of current mental health problems. By example they taught that child training and mental health are truly community problems, not to be talked about secretly with clinicians in private rooms but openly and publicly. The social force of the audience presumably would also facilitate therapeutic change. Adler stated in commenting on the case of Petronilla, “I have the impression that it is a good idea to have a child appear in front of a group of people. For the child this signifies that her difficulties are not a private matter, since strangers are also interested in them. It may be that her social sense is better awakened in this way” (p. 52).

In this time in the United States when we are looking for ways to improve mental health practices, certainly the Adlerian center provides a method very worthy of recognition. It needs to be put on the stage of scientific scrutiny along with other approaches such as individual interviews, treatment by marriage counseling alone, halfway houses, residential treatment centers, etc., to see what kind of treatment is effective and with whom.

By directly presenting his methods in the child centers in this book, Adler tried to communicate his clinical art. He pointed out two aspects of that art: empathizing with clients and their situations, and teaching his knowledge to them. He asserted that both arts are social functions:

Pedagogical tact signifies the attitude of one man toward another, which is determined by a desire to raise the level of the others’ feeling in a kind manner. How can we explain this attitude? Briefly, one has to reproduce the same feeling in oneself, one has to establish contact with the other person. One must see with
the other person's eyes, hear with his ears, and feel with his heart: one must identify with him (p. 162).

Frequently in discussing cases he indicated that the child’s behavior is very reasonable if one can put oneself in his situation and assume his built-in goals.

By means of these progressive case analyses, Adler laid open his thinking to public view. The central importance of certain ideas came out over and over again—the striving for superiority, the importance of position among siblings, the early construction of the life style and its subsequent active determining of life’s activities and the resultant emphasis on “becoming” and not “being,” the misdirected and socially destructive goals arising from rejecting or pampering a child, the importance of the use a person makes of his abilities and organ inferiorities. The guiding principles of the clinician and counselor are to reveal mistaken goals and encourage the development of social interest.

**Evaluation of the Book**

For the person wishing to steep himself in the Adlerian conception and treatment of child cases, this book is indeed valuable. Because of the limited exposition of theoretical background, it would be helpful for a neophyte to read first in Ansbacher and Ansbacher(7), especially the chapters on life style and the problem child. The recently published book by Dinkmeyer and Dreikurs(8) would offer an additional and up-to-date source for understanding Adlerian approaches to the pedagogical and treatment problems of children.

For scientific reasons, I wish *The Problem Child* had been more carefully constructed originally. The reader is not told just how the cases were recorded. Presumably a student or secretary kept notes as Adler went through the case in front of the audience. But we cannot be exactly sure of the stimulus configuration and his responses. Now with phonographic equipment readily available, skilled counselors and clinicians could keep more precise records. Such records if kept systematically might be analyzed by research methods related to Duncker’s (9) “thinking aloud” technique and to studies of impression formation. Also clinicians with different theoretical orientations might be presented the same case material bit by bit, making it possible to analyze the differential development of their “working images” of clients.

In another way I am disappointed with the sketchiness of the book. Adler’s thinking is presented on cases, but only rarely is there
any follow-up information. His conclusions would be much more convincing if we were told of changes that were observed when the child returned a month later, for instance, and even more convincing if there were a systematic follow-up interview by a trained interviewer. It is unfortunate that no one took the trouble to check even informally whether the families and teachers followed Adler's advice. It is to be hoped that the new Adlerian centers will be more systematic. Without evidence for success Adler's diagnosis smacks in places of easy application of formulas based on snap judgments—rather than an individualized interpretation of each case as Individual Psychology wishes to do.

**Stimulation for Clinical Research**

Another aspect of the book which will stimulate the clinical researcher are the many hypotheses scattered throughout the book. These hypotheses need to be sharpened and defined operationally, of course. The holistic nature of Adlerian theory makes it difficult to extirpate all hypotheses from the interacting whole, but as research methodology becomes more sophisticated this can be done. Some of these hypotheses are very basic to Adlerian theory, e.g., the notion that a person has courage only if he has belonged to a group (p. 71), or that a person can change his style of life after the preschool years only if he is enlightened about his errors and encouraged (p. 160). There are also some very specific hypotheses, e.g., that children who have trouble with arithmetic are usually pampered children (p. 93), or that there is a greater incidence of deviation among left-handed people (p. 124). Much could be done to relate Adler's ideas to more contemporary work in the social sciences.

Adler himself was very cognizant of the developing nature of his system. In several places he mentioned that his ideas if not confirmed would need to be revised. There is much evidence of deep knowledge and wisdom about children, parents, and teachers in this book but the true strength of Adlerian propositions will need to rest ultimately on scientific testing, not on the pronouncements of an expert. The last words of Adler's book (p. 172) are "... don't blindly believe any 'authority' — not even me!"

**References**

ADLER'S TECHNIQUE WITH CHILDREN


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(continued from page 114)

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