

## The Contribution of Individual Psychology to the Understanding of Psychoses<sup>1</sup>

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Adler's contributions to psychiatry would cover more ground than could be presented in this symposium. I would like, therefore, to talk about one aspect only; namely, the application of Individual Psychology to the understanding and treatment of psychoses. The principle of compensation and over-compensation of inferiority feelings can be applied in the understanding of all psychoses, be they organic or functional.

The function of the mind is an essential and basic factor in the individual's adjustment to the problems of living. This function is carried out by the nervous system. Mental functioning increases in complexity on the phylogenetic scale, and is more complex in the human species. Here we find the mental function influenced by the constitutional endowment and by the cultural background. Individual differences in development depend partly on the constitutional state of the individual and partly on the use he has learned to make of his endowment and experiences.

An individual who encounters difficulty in adjusting to the problems of living experiences "inferiority" of different degrees: Very slight ones can be compensated without damage; intense ones might lead to even greater difficulties if the attempts to compensate are inappropriate. Eventually, complete paralysis of the individual's actions may result. These inferiorities, as we easily realize, may be real or imagined, and the resulting limitation of function may be based on organic or so-called functional factors. Of course, the degree of impairment will often not depend on the severity of the cause, but on the ability of

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the individual to compensate and on his attitude towards his inferiority. The definition of inferiority as attempted here is as conclusive as possible, and thus could be applied to all inferiorities, including the problem of psychotic illness. Some examples may help to illustrate this:

A patient with general paresis may have ideas of grandeur and be neglectful of his appearance. We know that these changes are due to the destruction of cortical substance by the syphilitic disease process.

Another patient may have quite similar symptoms without any indication whatsoever of syphilis; but he shows marked dissociation of emotion and content of thought. His case is diagnosed as schizophrenia, the most frequent "functional" mental disorder.

Although their etiology is quite different, both diseases manifest themselves in similar mental disabilities to take care of the demands of life, which implies an inferiority.

We are dealing in all cases of psychoses with ("real=organic or with "imagined"=functional) inferiorities that cause an impairment of the ability to solve the tasks of living in a successful manner. Treatment then will aim at helping the patient to make the best of real inferiorities and to learn to live with them; in the cases of functional inferiorities, to help the patient to readjust his concepts so that he is able to function more efficiently.

In the "withdrawal" of the schizophrenic we can easily see a complete dwindling of social feeling leading finally to a total isolation from society, characteristic of the advanced schizophrenic. But also in all other mental conditions, in accordance with the severity of the condition, a degeneration of social feeling occurs to a more or less pronounced degree. A short case report may demonstrate the usefulness and importance of Individual Psychology for the understanding and treatment of psychotic conditions.

At admission to the State Hospital, our patient, a single white male of about twenty years of age, showed a marked schizophrenic picture. The family and personal history revealed that the patient's grandparents were friendly people without any "nervous tendencies" who died in their seventies, with the exception of the maternal grandmother who died of cancer at the age of fifty-eight. The patient's father was about fifty at the time of the patient's admission. He was a successful business man, was hard driving, nervous, and had "high standards." Towards the patient he was over-protective, and at the same time quite demanding, due to his high expectations from his

only child. The patient's mother had been in a car accident while pregnant; he had to be delivered by Cæsarean section. His mother became very nervous and was always over-protective toward him. Our patient, an only child, was thus protected and at the same time kept continuously aware that his parents expected great things from him. They conveyed to him the idea that he was superior to others. Since early childhood the parents hampered the development of even the slightest independence; they disapproved if he tried to play with other children, and played themselves with him rather than let him play with other children. He was bright and did very well in the early grades in school. The parents saw to it that every obstacle was removed from his path. The father played tennis with him; he received violin lessons, both activities helping to reduce his contacts with other people. He got through elementary school quite well, and experienced his first difficulties in inter-personal contact in high school, where he was no longer protected from the hard bumps one experiences in normal day-to-day living.

When the patient entered college he was really on his own; in accordance with his concepts about himself and what he had to be, he worked quite hard, was tense and upset. After all, he found himself in a new situation, being for the first time without the protective shelter of the parental home and its emotional support. When his father noticed his tenseness, he told him to take it easy, and not knowing any measure of equilibrium, the young man practically stopped working on his studies. Very poor marks were the result. To make up for this, he worked day and night during the next semester. After two months he became disturbed, suspicious, confused; on the advice of a psychiatrist he was taken out of school. His father stayed home for a short while to keep him company, but eventually the patient got so disturbed that he had to be taken to the Psychiatric Institute in New York. There he received different treatments (adrenal hormone, elesoxycorticosterone plus vitamin C, insulin). Nevertheless, the hallucinations increased (he was a man from Mars, Napoleon, Cæsar, Pluto). He was boisterous, irritable, and assaultive, and had to be sent to Kings County Hospital, and from there to a State Hospital. In the State Hospital he stated that for several months he had the idea that he was Jesus Christ, that his mother was the Virgin Mary and that he frequently heard voices talking to him from heaven. He continuously threatened other patients that he would "break them in two—beat them up," etc. He received some further treatment in the

hospital, became superficially clear and well-composed, and was sent on convalescence.

His parents did not want any contact with the after-care setup of the hospital, but he could not adjust and it became necessary to return him to the hospital the next year. The immediate reason was his behavior in a summer camp where he had been employed as a counselor. He insisted that the boys play tennis all day with him and do nothing else. After coming home from camp, which was necessitated by his behavior, he revealed his sexual desires to his father who made arrangements for him; but instead of feeling relieved, he was even more tense and had to be returned to the hospital. Here he again received intensive electro-shock therapy, but little change was obtained.

One Sunday, when his father and mother were visiting, he was out of doors and thought his father and the physician had gotten into an argument inside a building. He smashed the heavy glass window of the entrance with his fist, and cut one of the tendons of his hand. An emergency operation had to be performed and he was transferred to the surgical ward of the hospital.

The physician in charge of his case continued to see him for psychotherapy. His distorted view of his role in life was one of the main topics of discussion. He eventually saw that he was one *of* the crowd, not one *above* the crowd. As soon as his hand was better he helped taking care of sick patients in the ward and gained a great deal of satisfaction from it. His social interest gradually grew stronger as his concept of himself in relation to others became more coordinated with reality. He could recognize his unbalanced attitude towards his college career and realized that he had studied only to be superior. After returning to his former ward he continued his therapy sessions, and also joined a group psychotherapy class where he had opportunity to check and consolidate his new insights.

When eventually he was released to the custody of his parents, he showed considerable insight and an improved emotional attitude. It is important to mention that in an unobtrusive manner his parents also received help from the physician. Every visit was used for discussion of the problems that had caused their son to break down mentally.

At the present time the patient is discharged from the hospital for over two years. He is doing well, makes friends very easily, and continues his studies in college, but not with the attitude of trying to be superior to others and thus more powerful, but with the goal of enriching his life and making it more meaningful.

His case illustrates quite clearly how Adlerian concepts can help in an understanding and in the treatment of psychoses. It should always be kept in mind how important the attitude of the whole family group is. Many failures in treatment are due to the fact that only the patient is treated and that he returns into an environment that is not changed and continues to exert its traumatic influence on the individual.