

# Society and Neurosis

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There are many pitfalls inherent in the process of psychotherapy. Not the least of which is the great reluctance on the part of patients to change established patterns of behavior and to transform habitual ways of acting and reacting into more appropriate ways of relating to the world. In short, the patient is resisting any change in his lifestyle. This is not surprising to an Adlerian, since we know that the individual's lifestyle is established at an early age and is perceived as crucial to the individual's survival. Consequently, the patient will defend his lifestyle with the utmost tenacity, no matter how maladaptive it may be in the context of social reality.

The therapist working for a change in the neurotic lifestyle is therefore often considered an adversary, rather than a friend and collaborator. He, too, must be resisted at all cost, lest the integrity of the neurotic lifestyle would be impaired. To admit the validity of social interest in the therapeutic process would be equivalent to admitting it as valid for society as well. Many patients resist this equation by attacking society as being inadequate, and blaming therapy as being a tool of this society, more intent on upholding the status quo rather than on helping the individual to become a fully realized person.

The basic argument goes something like this: "Society," many patients say, "is evil, is rotten to the core." They point to past and present history as "proof" of their assertion. The arguments range from the institution of slavery to the continued existence of discrimination against women, blacks, and other minorities. They cite the facts of economic exploitation as well as an immoral war in our recent history in support of their thesis. A corollary statement—often not verbalized—is: "Why should I change if we are forced to live in such a deplorable world?" Or, as it is frequently put more directly to the therapist: "How can you ask me to adapt to this society which is so inherently evil?"

Alas, the argument is not easily dismissed. While recognizing it as a vehicle of resistance, it does not help the patient or further the process of therapy if we confront him bluntly with the explanation that he is resisting therapy. Such an approach would perhaps quite correctly be perceived as insensitive to the feelings and values of the patient. Rather, we must concede some merit to the basic premise. The therapist can readily agree with the patient that our society—like all societies—is imperfect and can stand a great

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deal of improvement. But we must not allow such agreement to be used for further resistance. If not properly dealt with, the argument that society is the archvillain can block therapeutic progress for a long time and perhaps lead to premature termination of therapy, caused by discouragement and disillusionment on the part of the patient.

### **The Psychological Roots of the Need to Blame**

Constructive criticism of the shortcomings of society and of our social institutions is legitimate and desirable. However, the use of such criticism as a vehicle of resistance—to block further therapeutic progress—cannot be accepted as valid. The distinction is important, if not crucial, to the course of therapy. The therapist must correctly interpret the psychological motivation of the patient. If we examine carefully the mode of the patient's argumentation, then we often realize that his arguments with society cover a lot of territory. Behind the facade of tough, radical-revolutionary rhetoric hides frequently an insecure, frightened individual who has a need to blame the failings of society for the real or imagined inadequacies of his personal existence.

In the therapeutic process, every patient has to confront his personal feelings of inadequacy and the mechanisms he uses to hide these feelings from conscious awareness. We learn very quickly, however, that the patient would rather do anything else than this. The strategic arsenal that the patient employs to cover up his resistance is truly amazing. It ranges from a flight into health to an exaggerated concern with the therapist's personality and lifestyle; from an emphasis on trivia to the display of deep anxiety and depression. But sooner or later the resistant patient returns to what seems to be his central preoccupation: His perception of society as a negative, oppressive superstructure which embodies and—is responsible for—all the forces of evil which are loose in the world.

Actually, there are good psychological reasons for this phenomenon. The neurotic, as Adler pointed out, is a supercritical person. But like all critics, the neurotic needs a suitable target to criticize. For a variety of reasons, which we shall discuss shortly, a critical attack on society lends itself admirably to the purposes of the neurosis. It allows the neurotic to express his basic conflicts and, at the same time, perpetuate his feelings of inadequacy and the neurotic lifestyle which they support.

The need to blame others for the shortcomings in our lives seems to be a universal attitude. But with the neurotic this urge to blame frequently becomes an obsession. It is as if all the feelings of inadequacy, frustration, fear and anger are focused on society and can thus be channeled into a consistent theoretical framework. Based on this biased scheme of apperception, society is perceived as governed by vast, impersonal forces, oppressive in nature, and bent on inflicting pain and suffering on innocent people. Our patient, of course, considers himself as one of these innocent victims.

From the vantage point of such perception, a conspirational theory of history is expounded. Somebody must be blamed for the preponderance of evil in our world as well as for the pain and suffering in our patient's personal life. Society fits the bill, primarily because an element of reality is present in such a perception. Society has indeed become vast and impersonal in our time, and there are certainly indications that it does not care enough for the fate of the lonely, isolated individual, nor does it show enough concern for entire classes and subgroups which have not been able to adapt successfully to the mainstream of society.

But the validity of this sociological observation should not divert us from the psychological issues. From the therapist's point of view, we understand the patient's argument with society as an expression of a transference reaction. There is generally a great reluctance on the part of the patient to face the basic anger towards the parents (frequently the father). This does not deny the fact that patients do express some anger towards the parents, but such anger is generally not related to basic feelings of inadequacy, shame, and guilt. Rather by focusing on the evil in society, all the fear, loathing, and hatred that the patient experienced as a child can be channeled and discharged safely. Society is perceived as inherently evil, but at the same time it is also powerful and invincible. Thus, in a rather ingenious way, the parent-child relationship is re-established.

Feelings of hatred and resentment are transferred from the father towards society. Vis-a-vis an all-powerful society the patient feels impotent again, helpless and powerless like a little child. Again, as in his childhood, he is unable to change a frustrating situation and thus has to fall back on his neurotic defense mechanisms which served him so well in the past. The circle is fully closed; the neurosis is validated. At this point, therapy often becomes stuck in a quagmire. If the issue of resistance is not resolved constructively, then we have helped the patient to perpetuate his neurosis. Regardless of the theoretical orientation of the individual therapist, this could hardly be considered a satisfactory outcome of the therapeutic effort.

### **Strategies for Dealing Realistically with the Patient's Resistance**

There are three basic ways in which the experienced therapist can deal with the anti-societal argument. Firstly, he can use the orthodox, psychoanalytic approach, considering the patient's position as a diversionary maneuver, an expression of inevitable resistance, and thus not worthy of serious discussion. Such an approach has some theoretical merit—as we stated earlier—but it will not be satisfactory to most present-day patients. They simply refuse to accept the therapist's explanation that they are just resisting the process of therapy. Not only will they question the therapist's authoritarian stance, but they will also insist that they have a right to know where the therapist stands on the great issues of our time; i.e. the Vietnam war, the rights of women, affirmative action for minority groups, etc.

The therapist can try to avoid a direct response to these questions, but frequently this will have a negative effect on the course of therapy. For now, the patient has found a club with which he can beat the therapist. He can continue to harp on the therapist's reactionary politics—as evidenced by his silence. And he can consistently refuse to work on his own problems since the therapist has proved that he cannot be trusted to understand and appreciate the progressive views of the patient.

A second approach that seems more realistic is the one that was utilized by Alfred Adler. We might call this the confronting-challenging approach. Adler would agree sympathetically with the patient on the basic premise that social conditions were indeed deplorable, but then he came back with the question: "What have you done to change these conditions?" His strategy was to throw the ball back to the patient, implying that the latter had a responsibility to change himself before he could consider changing society.

Such an approach would seem to have an advantage over the rigid, psychoanalytic formula. It shows a recognition of the patient's social concern, and it does not rectify a conservative viewpoint by refusing to deal with social issues *a priori*. But even Adler's confronting question may not put the issue to rest. Conceivably, it will not satisfy today's more demanding, more sophisticated patient who may well insist on a more comprehensive treatment of this problem than Adler or his contemporaries were willing to accept. The reality of the situation is that our patients today frequently expect the therapist to have a philosophy of life, a political philosophy, that they can understand and relate to. Satisfactory resolution of this issue becomes very often a presupposition for the successful completion of therapy.

The third approach, the one advocated by this writer, tries to deal realistically with this dilemma. It takes cognizance of the patient's concern by suggesting that the therapist must indeed have a political philosophy. However, this does not mean that partisan politics should be allowed to intrude into the process of psychotherapy. We are not insisting that the therapist must be a Democrat or at least a liberal Republican. We are not advocating extended political discussions with the patient. Rather, we are suggesting a basic stance as regards the political process. The therapist must have a world-view which is socially progressive. The therapist who is socially aware cannot condone war, discrimination or exploitation in any form. Politics is of central importance in all our lives and the therapist cannot pretend to be neutral or uninvolved in this area. While it is a mistake to become involved in political arguments with the patient, the progressive attitude of the therapist can and must be communicated if the necessity arises. It should be made clear to the patient that the therapist unequivocally rejects all undemocratic, authoritarian ideas and institutions which tend to limit the individual's freedom of choice and possibilities of self-actualization.

However, the admission that the therapist is a political animal is a beginning not an end. We still have to convey to the patient that his use of the anti-societal argument is an instance of subtle, sophisticated resistance. We still have to clarify that no matter what the social conditions are, the patient has the responsibility to change, to give up his neurosis. Political activism can be put to the service of therapy. The patient must learn to understand that if he wants to work realistically for social progress he must possess moral courage and emotional health. To be truly effective, the patient must become less self-centered, more related to others. He must realize that his actions cannot benefit society unless they are based on social interest. It is easy enough to act out neurotic tendencies in politics. But the neurotic can be identified by his incessant striving for an increase in personal power and self-aggrandizement, while the healthy person realizes that his emotional health can only be safeguarded if he works constructively to make this a better society for all of us.

In summing up, then, we must emphasize another important concept of Adlerian psychology as an indicator for mental health, namely, the individual's degree of activity. Adler meant by this the ability to realize socially useful goals in a constructive manner. Applied to our topic, it would therefore follow that patients who are actively involved in the political process, who are working towards goals that benefit not only themselves but larger social groups as well, are inexorably moving towards mental health. On the other hand, patients who are complaining about the evils of society but are remaining passive and immobile in this as well as in other areas of their lives, are using their anti-societal arguments to maintain and to reinforce their neurotic lifestyle. The therapist must always be aware of this crucial distinction. He must help the patient who gets stuck in his resistance by bringing him back to the real issues. While learning to solve his life-tasks in the process of psychotherapy, the patient can—if he wishes to—also learn to become a more effective participant in the political process of his society.

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