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THE MALADJUSTED CHILD

by Paul Brodsky

A Hypothetical Case

On a cannibalistic island somewhere in the Pacific the tradition demanded of the oldest son that he eat his grandfather when he had reached a certain age. The oldest son of a particular tribe, however, was disinclined to carry on that obligation. He was scolded, called a renegade, a disgrace to his family, even a subversive. His grandfather felt degraded by the boy's lack of respect for his age. However, instead of confronting the tribe's tradition openly, the young man developed difficulties with swallowing. At that point his family decided to call for a famous psychiatrist from Vienna.

The question now arose: What was the psychiatrist to accomplish? Was the oldest son of the family to be considered a "maladjusted" child? In light of the value system of that tribe he certainly was; in that of the psychiatrist's culture he was not. Thus, it appears that it was not so much a matter of diagnosing whether or not the young man was maladjusted, neurotic or suffering from a psychosomatic affliction; it was rather to determine the boy's outlook on life, what he expected to result from his behavior—his goal. He certainly had been brought up "properly," had been taught the right things, had been given the right examples. Yet he had arrived at an unexpected conclusion, had formulated an unexpected concept. Assuming that he was a generally "normal" child, that is to say that he would have passed all the intelligence, aptitude, and performance tests of his society, and would have adjusted to the culture within which he had been brought up, what he derived from what he had "learned," from what he had been taught, his fiction certainly deviated from what was anticipated. It represented his own creation, resulting from his own way of interpreting the stimuli with which he had been presented from within as well as from without.

How then was the psychiatrist to evaluate the "patient"? He could actually be considered quite normal, were it not for his symptom of difficulty in swallowing. Yet it is just that symptom which exposes the young man: it tells us that although he had built up his own fiction, his own conception of life, an adolescent revolution perhaps, now that he was faced with the consequences of his fiction he became apprehensive, unsure of himself, and fearful of having to assume responsibility for his decision. He felt fine so long as he was a revolutionary in thought only. He might be considered a great guy among his peers, like some of our school dropouts. He could feel

big and tough in defying the demands of his adult culture. However, now he has to face up to some unpleasant consequences: either he must eat his grandfather or he will find himself ostracized by the tribe, or punished severely. He may even have to leave his country for safety's sake. In other words, he is no longer in a position where he can leave well enough alone; instead, he has to decide upon a course of action. And here is where his real trouble lies. The physical symptom is his means to attempt evasion of the issue and to delay a final decision--perhaps grandfather will pass away in the meantime, thus relieving him of having to make up his mind. The young man might for the rest of his life be considered a disgrace to his family, but he could always hold up his swallowing problem as having prevented him from doing the right thing. Thus, it will obviously be the psychiatrist's task to help his patient accept the fact that whatever he did, or did not do would still be the consequence of his decision that he would find himself forever confronted with the necessity of accepting responsibility for the outcome.

"Adjusted" and "Maladjusted"

From this imaginary case we can perhaps see that the terms "adjusted" and "maladjusted" represent a way of describing someone in relation to the fictions of his culture. They are adjectival forms of the verb adjust, which expresses an act of doing or relating, especially with regard to phenomena outside of oneself, such as a value system or a behavioral structure prescribed by society. Consequently, various and quite contrasting forms of societal structure use these descriptive forms of the verb adjust in order to establish the degree to which an individual has aligned himself with a particular value system, regardless how different these value systems may be--democratic, dictatorial, plutocratic, anarchistic, etc.

Thus, we can say of a physically and mentally "healthy" child only that at the moment we study him, intercept him on his way through life, he has formed a way of conducting himself which has been anticipated and expected of him within his particular social structure. To put it somewhat differently, his pattern of living--his style of life--reflects the degree and mode of achieved, attained, and formed adjustment. He may be well, poorly, or maladjusted, depending on the set norms and values of his culture. It is important to keep in mind that it is the child who has formed his own pattern, his life style. This is why under stress or in response to changed conditions, the degree of adjustment can be expected to change, sometimes even radically. This issue is directly related to such problems as education, re-education, therapy, counseling, and rehabilitation.

Conclusion

Considering the many factors which impinge upon the individual forming his outlook on life, among them inheritance, environment, and his unique way of evaluating the continuous flow of stimuli reaching him by way of his sensory organs, it becomes apparent

that his conception of himself and his relations to his surroundings will contain errors and misinterpretations. Thus, no two individuals will manifest the same attitude towards life, towards problem solving, towards responding to the demands of life. In other words, no individual conceives the "true," the "objective" life, and each individual follows the fiction formed by himself, for himself, as if it were true, as if it were real.

Consequently human society is established and functions, not on a true, or objective conception of reality but on the basis of a kind of consensus, a coordination of various outlooks known as "common sense." This is the ability of man to experience himself as a part of a whole, as a member of human society--his social interest, as Alfred Adler defined it.

It is because of the errors of the multitude of fictions established by each member of human society that ethical, moral and social values are subject to continuous change, which renders these values only temporarily usable as measures of the degree of any individual's "adjustment." Thus, another yardstick is needed, and that is to be found in the individual's attitude towards his experiencing himself as part of the whole of human society, that is to say to the extent to which his social interest has had the opportunity to develop. Therefore, what we encounter in the day-to-day way of living of an individual is not so much a problem of his "adjusting" to a given, though temporary, set of values, but to the overall task of being a human being. "Adjustment," "maladjustment," and "unadjustment" are indicators of the individual's attitude towards the tasks of life: towards work, social relations and love, tasks which can be solved only in cooperation with the whole of mankind. Thus, the presence or the lack of cooperation, as a gauge of social interest, becomes the manifestation of an individual's way of adjusting to life.

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SOME NECESSARY CONDITIONS FOR SCHIZOPHRENIA *

by Bernard H. Shulman, M.D., Chicago, Illinois

The conditions mentioned in this paper seem, in the author's view, to be necessary for the existence of the schizophrenic process in a human being. Unless these conditions are present, schizophrenia will not occur. Transient psychotic reactions which occur under extreme environmental stress are not included in this context,

* Editor's Note: This is an outline of Dr. Shulman's paper already published in The Journal of Existentialism in a longer form.