

## "EARLY RECOLLECTIONS IN NEUROTIC DISTURBANCES"

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Alfred Adler was without any doubt the first psychologist to emphasize more than anybody else the totality, the unity, the entity of a person. Today psychiatry recognizes this important principle of totality. We realize more and more that taking things apart is always an artificial procedure, and can do it only in order to have a better understanding and a better possibility of teaching. We can think only in terms of body and mind and never body or mind. We should never forget the constant and basic interrelationship between the two. Besides, we will learn more and more that we cannot even separate this body and mind unit from the social environment nor from the cosmic environment. Knowing little about that cosmic interrelationship does not excuse ignoring it.

When we begin to study this complex entity of personality, we have to study activities. The most subtle examination under the microscope of every existing organ, including the brain, still keeps us in complete darkness. **Activities** must be studied in two ways:

1. Direct study of activities, observing another person's activities.
2. Indirect study of activities, which are only recognized by the individual.

The patient has to tell us about his "inner" experiences. This includes thinking, feeling, desiring, understanding, dreaming, memory, etc. Alfred Adler says: "The greatest of all helps in gaining a quick comprehension of the meaning an individual gives to himself and to life comes through his memories."

It is fascinating to see how this simple method works when we have to examine cases in the clinic and in the ward, where we have not enough time to interview one person at length. Easier than explaining is to present a few examples; everyone can also experiment on himself and others.

Recently the students were called to the ward for their psychiatric study and examination of a pa-

tient. The patient, being a nurse, was very uncooperative and very indignant about the psychiatric interview. She felt she was really sick, complaining about her heart, palpitations, sleeplessness, dizziness, shaky feelings, loss of appetite, and tremor. The 28-year-old patient had had a complete physical check-up; the result was negative, but the patient insisted that something must be wrong with her. As mentioned before, her unwillingness to cooperate gave very little possibility for diagnosing her psychiatric problems.

In order to come to a quick result, I asked the patient, "What is the very first thing you can remember about your childhood?" The patient answered, "I don't know, but my mother tells me that when I was about six years old, I wanted to go to school very badly, but when I went, I wanted to get out very badly." The students could not see very much in that answer. I told them, "you can be sure that this young lady is very poorly adjusted and she will prove to us that she always wants to get some responsible position; having achieved that, she wants to get out again."

The further interview proved that our guess was right. Becoming a nurse was her free choice. She liked it very much, but when she had to work in a hospital, in the ward, she felt it was too much of a strain on her; not enough pay, and she planned to take up some other occupations.

Shortly before giving up her position as a nurse, she complained of nervousness and palpitation and made these symptoms responsible for her leaving the hospital.

After a short period she got a job as a secretary, but she did not like it too well either. Since her symptoms increased, she felt compelled to give this job up again. Now she was looking for still another occupation, but in the meantime her symptoms became so severe she claims she had to go to the hospital as a patient.

Asked about her interest in marriage, she said that she "fell in love quite often, but was always falling out again."

Without much explaining, the students could realize that the patient revealed her pattern of life through her early recollections: Going in -- going out, wanting responsibility -- running away from it. Furthermore it was quite obvious that her symptoms served as a very well - devised alibi for getting out, for running away from her responsibilities.

I would like to show now a few other examples of early recollections, in order to prove how easy it is to detect a patient's pattern of life.

A 38-year-old male patient suffers from anxiety neurosis. He has severe anxiety symptoms with palpitations, dizziness, sinking feelings, and intestinal disturbances, whenever he goes away from home. He had to give up his occupation as a travelling salesman. His early recollection is: playing with a train together with his father.

Patient does not reveal very much interest in life; he enjoys playing with the train with his father, That his mother does not appear in his recollection is a very poor sign and indicates a feeling of having been neglected by her. He cannot forget it and his whole pattern of life is built around this experience. The fact is that the patient was very much attached to his father who died early. He never got along well with his mother and today he is still fighting and arguing with her. He usually sees her when he needs her financial support, since he is not too successful in life - which is not surprising when we know his first recollection.

A 35-year-old female patient was taken to the hospital after a suicidal attempt and was diagnosed as a case of psychoneurosis with mild depression. Her early recollection was: "I always was a sickly child and I always wanted more than I had."

Her first recollection reveals that she has not too much courage, is very self-centered, shows a lot of self-pity and has no social interest. She expects everything for nothing -- a very typical picture of a neurotic pattern. Patient is today still constantly impressed by her weakness, is completely dissatisfied with life, especially her married life; the analysis reveals that

her suicidal attempt was executed as a revenge against her husband, who, as she says, can not give her the things in life she wants.

A 33-year-old male patient suffered from anxiety neurosis, phobia, and suicidal ideas. The patient was afraid of crowds, people, could not ride in a subway, a train, or in a tunnel. His early recollection is: "At the age of ten years I was terribly disappointed when my parents told me there is no Santa Claus. The whole world seemed to crumble."

This patient expresses: "You see how terrible life is in destroying my belief in Santa Claus...". Patient, who is married, continued to be a day-dreamer and was unwilling and unable to face reality.

A 20-year-old male patient, who was diagnosed as a case of maladjustment and schizoid personality, told me the following recollections: "Mother put soap in my mouth in order to curb my crying."

Through this recollection we can hear: "Even my mother makes life miserable and distasteful for me." Patient had severe difficulties in getting along with people, never participated in social activities. He was a typical autistic personality, and very seldom opened his mouth.

A 30-year-old female patient, a homosexual, remembers first: Playing with boys and tying down each other. She tied one boy and made heavy knots. But the boy had his legs pushed up, pulled his legs together and just stepped out of the rope. She felt very badly about being outwitted. The second of her recollections is: older boys chasing after her and other children. One big boy caught her and gave her a spanking. She felt terribly humiliated. Patient hates men, has no interest in the opposite sex, lives with other girls as though married.

"Only boys can be so mean and they just dominate and hurt you" -- is the expression of her first recollections.

A 26-year-old patient, suffering from compulsion

neurosis and sexual neurosis tells as follows: "When I was seven days old -- you may not believe that I remember it - after being circumcised, I felt sleepy, and lay on a huge pillow. Everybody was coming to look at me."

Through this recollection patient reflects his extreme interest in sex, especially his own sex-organ, and the isolation of his later life. He does not want to be bothered with responsibilities and enjoys to be the center of attention. The fact is, patient had no friends of both sexes, was unwilling to face life and excused his constant failures with his sex-conflicts, which he proudly considered an "Oedipus-Conflict."

A 40-year-old male patient who was taken to the psychopathic ward after an attempt of suicide by cutting his throat, told me as follows: "At about the age of three or four, I recall being struck in the head by a baseball bat while watching a ball game. While this raised quite a lump, and I was carried home a few blocks away and quite a fuss was made about it, I suffered, as far as I know, no ill effects." A second recollection is: "I also recall feigning a headache one day in school to avoid lessons I had not studied. On the way home from school I remember deliberately hitting myself on the head in order to really have a headache when I got home." The patient recovered very quickly from his suicidal attempt, suffered no ill effects, and confessed to me later that he did not intend to kill himself, he just was fed up with his job and his marriage.

This patient shows complete lack of courage, a desire for being pampered and he has not even the courage to shun his responsibilities openly. He has to hit himself on the head in order to have an alibi. In fact his suicidal attempt was a bluff, an alibi, in order to run away from his marital responsibilities.

A 42-year-old male patient who was taken to a mental institution suffering from hysteria and severe obsessive ideas said: "When I was walking as a little boy behind my father's coffin, I got the greatest kick in my life out of it, realizing that the man I hated so much was dead." His main obsessive ideas have been to kill his wife and child and to yell "fire" in a crowded

movie or theatre.

His whole pattern of life is built around hate and destructive feelings.

A 32-year-old female patient, who was taken to a mental institution after a suicidal attempt and who was suffering from psychoneurosis and alcoholism, gave me the following recollection: "When I was three years old my mother gave a luncheon. The lady friends of my mother asked me how I felt. I said: "I feel perfectly miserable." Everybody laughed and thought it was cute from such a young child, but I felt terrible about it.

Her first recollection reveals that she enjoyed being a cinderella since she could not be a princess.

A 35-year-old female patient, who suffered from a severe paranoia, recalls: "When I was two years old a sister was born and I threw her out of the cradle. My mother scolded me, but I said: "You better throw her into the river." When I was three years old, my mother went shopping and left me alone in the house. I remember seeing two mice running through the room, and I got scared. But then it looked to me as if the two mice were dressed like man and wife and were dancing in the middle of the room. Suddenly the whole thing disappeared."

Here we see a strong resentment against being dethroned and a jealous and aggressive character who wants to remove every competition. The second recollection reveals her phantasy. We are not surprised that later on this person develops a projected and delusional jealousy reaction, called paranoia.

These are just a few examples to show how interesting and necessary it is to study the so-called inner experience of a personality. Not long ago heredity and environment were regarded as the main influence, in the development of personality. But it was Alfred Adler again who stressed more than anybody else that experiences -- and memories are past experiences -- have a tremendous and far-reaching influence on the development of a total personality.

In the study of personality and neurotic disturbances, early recollection usually can give us a fundamental estimate:

- 1.) of the beginning of a life history, the starting point of the personality development, his activities, relationship to others and ability to cooperate;
- 2.) of problems which confronted the patient, how he solved them, and an indication how he will meet future problems;
- 3.) of his pattern of life in its origin, his concept of himself, his main interest and purpose in life.

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#### A SUMMER SEMINAR IN INDIVIDUAL PSYCHOLOGY

On July 18, 1943, about eighteen persons, ranging in age from fourteen to the middle fifties, gathered at a cottage near Chesterton, Indiana, to start a week's Seminar in Individual Psychology and Cooperative living.

It took three cottages to house them. These were located in a real farming neighborhood, with no electric lights, no telephones, no newspapers, and no running water (except the Little Calumet River flowing nearby.) This environment, a delightful change from city life, offered quiet for thought and helped to keep outside influences away. Meals and housekeeping were cooperative projects and each member was assigned a task.

From Sunday, July 18, to Saturday afternoon, July 24, Dr. Rudolph Dreikurs, Professor of Psychiatry at Chicago Medical School, and Miss Eleanor Redwin, a psychologist and child guidance worker from Chicago, were the teachers.

All morning and afternoon classes were held out-of-doors in an informal circle under shady trees. The evening session was held on the screened - in porch at a cottage.