

## Adler's Place in Psychology

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Lewis Way's recent book<sup>1</sup> reopens the discussion on the position which Adler holds in the field of psychology, medicine, philosophy, and education. The vast majority of psychologists and especially of psychiatrists believe that Adler's theories on human behavior and mental disease are too superficial to be taken seriously. In recent textbooks of psychology Adler has usually received deferential but cursory treatment. His successes with children are sometimes mentioned. Various authors, where referring to him, mention "organ inferiority," "will-to-power," "inferiority complex," and "social interest." In a recent issue of the *Archives of Neurology and Psychiatry*, a psychiatrist writes, "The Adlerian theory with its restricted concept of organic defects ignores the broader ideational types of personality inadequacy feelings."<sup>2</sup> Such complete misinterpretation is not uncommon. The Adlerian theory has been so attacked and twisted that many prominent psychiatrists who lean heavily toward Adler are afraid to admit this because Adler is "unfashionable."

In spite of this, the Adlerian concepts gain steady headway for two reasons. First, they offer an understanding of the individual in his actual setting as a social organism rather than as a mass of biological urges fighting with the environment; secondly, the Adlerian method is much more useful in short-term psychotherapy and group therapy than any previous method of dynamic psychotherapy. Until the mid-forties many American psychiatrists who held to a dynamic psychology labored under the mechanistic concept that life was a struggle by the individual to fulfill his needs, sexual or otherwise, and that neuroses were caused by the "repression" into the "unconscious" of unacceptable desires or "wishes" which then set up a conflict with a censoring con-

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<sup>1</sup>*Adler's Place in Psychology*, by Lewis Way, George Allen & Unwin, Ltd., London, 1950; Introduction by Alexandra Adler, 334 pp. with index, 18s.

<sup>2</sup>Darmstadter, H. J. "The Superiority Attitude and Rigidity of Ideas," *Archives of Neurol. & Psychiat.*, 61; 621, June, 1949.

science. A theory of the individual as a social unit became more acceptable when Karen Horney and members of the William Alanson White school envisioned neurosis as a cultural disease, a point which Adler had made in his 1914 lectures on Individual Psychology.

There is another reason for the existence of so much misunderstanding about Adlerian theory. Adler, like Freud, came from a mechanistic tradition of medicine. Disease had a cause (germs, etc.) and the disease itself was merely the result. Germ + body = disease. In effect Freud said "biological urge" (libidinous or aggressive) + repression by the ego or super-ego = neurosis. Adler, part of the same tradition, said "organ-inferiority" + attempt to compensate in a mistaken way = neurosis. Now it is important to remember that this was Adler's theory as of 1908 to 1912. The first modification was "feeling of inferiority" + mistaken attempt to compensate = neurosis. This included the idea that the individual need not assume that he is inferior in any situation; however, if his attitude is "I am inferior," then he feels it necessary to compensate. The next modification came in 1916 when Adler shifted his emphasis from "will to power" to "*Gemeinschaftsgefühl*." At this point Adler recognized the "will to power" as a mistaken attempt to compensate for a feeling of personal inadequacy which grew out of a feeling of not belonging to or not being acceptable to society (i.e., the family, mother, father, friends, etc.). This concept is well discussed in *Understanding Human Nature, What Life Should Mean to You, Social Interest*, etc. The following diagram illustrates the final form of the theory.

ATTITUDE: I am inferior *leads to* I don't belong *leads to* I have to compensate.  
*leads to*  
EMOTION: feeling of inadequacy, anxiety about personal security, hopelessness.  
*leads to*  
ACTION: attempt to compensate, actively (useful or useless), or passively, evasion.

If this occurs in every person, what then causes neurosis? After having expressed the concept that our emotions and actions are *motivated by our basic attitudes*, Adler then adds the holistic, non-deterministic and non-mechanistic idea that the *attitudes* themselves are based on the "courage" with which an individual meets life. The individual *himself* decides whether he will have a courageous or a discouraged attitude to life. Thus

Discouraged attitude *leads to* feelings of inferiority or hopelessness and increased frustration *leads to* actions of a discouraged individual = Neurosis.

This, in simple form is Adler's theory at the present day. To say that this is superficial is to show a gross misunderstanding of everything the theory implies. It is no longer a mechanistic theory since it includes the idea of the individual's "creativity" in choosing his own attitude while under the influence of his environment. Neurosis is then, as Adler says, "a hesitating attitude to life." Emotions are the tools of the individual and he uses them to make himself act in a manner consistent with his attitude. Negative emotions go along with a negative attitude and conversely. This is not a denial of the importance of any instincts, but a viewpoint which says that any instinctual potentialities are utilized by the individual according to his basic attitudes. For example, we all have the instinctive urge to eat but the girl with the anorexia nervosa will, because of her attitude of passive rejection of life, just stop eating and stop digesting and assimilating food. The obese man is usually a person who, out of his attitude that he doesn't get enough from life, uses his urge to eat to take as much unto himself as his greedy body can hold. Thus, all our actions and emotions are consistent with our attitudes.

Adler's writings in English translation are notoriously unclear. Dreikurs' recent *Fundamentals of Adlerian Psychology* does a good job of stating the Adlerian position. Alexandra Adler's *Guiding Human Misfits* is a good review of Adlerian theory and practice. There is a great need for a thorough and systematic exposition of Adlerian concepts and their place in medicine, psychology, and philosophy. Lewis Way's book is the most recent and most thorough review of the Adlerian position, but unfortunately the book, while written in a charming and lucid style, makes several serious mistakes which would confuse and actually give false information to the reader. The first chapter in the book is a discussion of organ inferiority based on Adler's 1908 monograph and gives the impression that this is part of the Adlerian concept of today. The following statement is an example of the gross mistake that Mr. Way makes (p. 16):

The overdevelopment of an organ is always a sign of inferiority. It is not the strain of singing or speaking which causes opera stars and orators to suffer from hoarseness, but the original larynx inferiority which may draw them towards these professions.

This is a generalized statement, unsound in the eyes of any physician. Mr. Way goes on to discuss other ideas which Adler included in the monograph, forgetting that these ideas are not only unacceptable to

medicine but that Adler's later concepts had discarded these unproved ideas. Anyone reading this chapter would be justified in believing that Adler believed organ inferiority to be at the basis of all neurosis or all disease. Present day Adlerians certainly do not believe any such thing. A weak organ may respond more readily to emotional tension, but to take the attitude that all neurosis is due to the weakness of an organ is a completely mistaken and unprofitable organistic point of view.

On page 19, Mr. Way says, "Early masturbation might conceal an inferiority of the urogenital tract." Again he succumbs to the mechanistic theory which Adler himself later considered inadequate. Whether or not there is an inferiority of the urogenital tract has nothing to do with *why* the child masturbates, and such a common phenomenon as masturbation does not need an organ inferiority to explain its existence. Mr. Way does little justice to Adler with these statements which have long since been discarded.

Chapters II to V are very well written. They concern themselves with the holistic theory, the "guiding fiction," and the neurotic character. Mr. Way is on solid ground here and does not make the mistakes that occur when he ventures into the field of medicine.

In Chapter VI, in his discussion of anxiety, the author again seems to require an organistic basis to explain this emotion. The first part of the chapter reads like Freud's *Introductory Lectures to Psychoanalysis*. Mr. Way states that inferiority causes anxiety which the organism then seeks to avoid. This negates the whole idea of "wholeness" and "purpose." It is, again, a deterministic approach. The Adlerian concept would imply that the organism which feels inferior uses the *emotion* of anxiety in order to *act* in a way consistent with its *attitudes*.

The author speaks about "conversion neurosis" in Chapter VI. Here again he conveys the idea that anxiety "does something"—it causes the person to convert the anxiety, etc., into a symptom. The whole idea of conversion of anxiety is contradictory to a holistic concept of neurosis.

In the chapters on social interest, problems in practical adaptation, neurosis, social ideals and rival schools, Mr. Way again writes with the convincing force and clarity he has when he stays away from biological aspects. He shows familiarity with Adler's works and ideals (indeed, too much familiarity with the early works of Adler).

Chapter VIII, "Problems of Practical Adaptation," is an especially good one in this reviewer's opinion.

Chapter X is a critique of psychoanalysis. The critique is a good one but more applicable to psychoanalysis in Europe than in America where there has already been a break with the orthodox tradition by many American analysts.

If the offending chapters were removed, this would be an excellent Adlerian book. As it is we should like to recommend it to our readers with a warning concerning the above mentioned defects. It is a good exposition of Adler's place in philosophy and social education but in the fields of medicine and behavior it falls into those very traps of out-moded cause-effect thinking that it cautions the reader to avoid.