

## WHAT DOES LIFE MEAN TO US?

Antonio Bruck

"We" is the totality of all those personal pupils of Adler who do not feel that an extensive psychological practice will alone give a true meaning to their lives, who are not willing to sell or conceal their Adlerian convictions for a lecturer's chair, and who do not strive to hide the fact that they are pupils of Adler, behind a smoke screen of a new terminology.

Only the most commonplace element of Adlerian psychology has, up to now, gained world-wide acceptance: the importance of the Feeling of Inferiority. There are, however, two vastly more important elements: the concept of the Style of Life and Adlerian philosophy. Whatever we may do to make a living, psychological practice or teaching, both or neither, we should always consider it as our main objective in life to fight for a world-wide recognition of these latter two elements, to make the Style of Life become the basis of psychology even if all "psychologies" form an axis directed against us, and to make out of our philosophy a world-wide basis for education and re-education.

Our three fundamental concepts are:

### The Feeling of Inferiority

This concept has been "eclecticized" out of Adlerian thought. It is now used by all psychologists, but the ties that united it with the Style of Life have been torn and it has been misnamed a "complex." Most people look at it as something psychopathological, something that only "patients" can have, just as if it was a brother of that imaginary Oedipus complex, while, in reality, the Feeling of Inferiority is a perfectly normal consequence of certain clearly traceable facts and circumstances.

We Adlerians should always correct all those who use the expression "inferiority complex" and explain that there exists only a more or less profound and more or less pervading feeling of

inferiority. If we do so, we shall get a chance to help people who have protested for years against the idea that they might have an "inferiority complex."

### The Style of Life

We know that the Style of Life is the result of an OUTLOOK UPON LIFE acquired in early childhood. We know that in order to get a consultant to change his erroneous style of life, we must first show him that it is based on a wrong outlook upon life and how this outlook originated. Only if in our talks with the consultant we have led him to change his outlook upon life can we start him on the road of auto-reeducation, i.e., the destruction of his "automatized" style of life and the development of a new one.

Thousands of psychiatrists and psychologists fail to understand the concept of the Style of Life; that is why there still can be so many "psychologies and why new ones can crop up all the time.

We know that no real help can be given to any consultant if his style of life remains unchanged. So, besides our efforts in favor of a new education which will create styles of life correct from the start, we must also fight for the general acceptance of the concept of the Style of Life, in order that those who have psychic difficulties may be really helped.

We must prevent all such "eclecticism" as that of a young New York psychiatrist who used to come to Adlerian lectures in New York some eleven years ago. He said to me then in a conversation that took place on the Welfare Island Ferryboat: "I handle the cases of children in accordance with the ideas of Adler and those of adults following the ideas of Freud."

### Adlerian Philosophy

When we are working with consultants, we do make them see that only by liv-

ing on the social side of life can they get significance which will also give them happiness. Yet we should all clearly realize that we do too little if we teach our philosophy only to people who have failed.

We all must try to be what Adler was, teachers of logical living, and consider it our main task in life to make the world re-educate itself and educate its future generations in such a way that they will have a logical outlook upon life and a logical style of life from the start.

The world is in a crisis because human beings have not yet learned to live logically, i.e., in accordance with their own psychic constitution and the inescapable realities of human co-living. We must make the world understand that the fundamental element of our psychic constitution is the desire for significance. Whatever happiness we get out of life is due to some form of significance, be it in the eyes of others in general, in those of one person by whom we particularly want to be considered significant, or even only in our own eyes. And, in accordance with the inescapable realities of human co-living, only socially positive significance can give us happiness, and the depth of this happiness is directly proportional to the degree of "sociality" of our significance, while asocial or antisocial significance can give only temporary and superficial satisfaction. And we must make the world strive to live logically.

International cooperation, this vital necessity of the human race, will never be truly possible until the individuals who make up the smaller components that would have to cooperate have learned to live logically, in accordance with the fundamental wisdom ("sophia") here expressed.

Adlerianism is not, in the first place, a method for "curing neuroses,"; it is only also that. In the first place it is a wisdom that we must get the world TO LOVE, a philosophy that we must get the world TO LIVE, even if it should

be said that we are propagating "a new religion," even if we should be called "unscientific," even if the psychoanalysts, who think themselves to be so terribly "profound," should call us "naive."

### The Psychologies and We

We, the Life-Style-Changers, are up against a united front of psychoanalysts, medical psychologists, symptom-fighters, eclectics, and givers of good advice, even if they all do disagree among themselves as well. These are only some of those who try to "cure" and "influence" people; Ferdinand Birnbaum, in his "In Memoriam" written at the death of Adler, shows clearly how many more psychologies cannot reconcile their ideas with ours, and how, in order to join us, they would have to throw practically all their own ideas overboard.

You can reconcile "negative practice" with "desensibilization," but you cannot reconcile these methods of symptom-fighting with the idea that the style of life must be changed, so that the symptoms will disappear and no new ones will crop up.

There is also the economic motive to be considered. The practice of Adlerian psychology is not a money-making proposition. We cannot make people come for months and years, make them lie down on a sofa and break their heads--it does make them suffer--in order to find something new to tell us; we must try to make our consultants understand the errors in their outlook upon life as quickly as possible and must make them enter into the period of auto-education as soon as we feel that they do no longer need us.

There is, furthermore, the American tendency toward methods which do not reckon with the "unscientific" intervention of the personality of the psychologist. We Adlerians can only succeed if we are understanding human beings visibly eager to help, and if we give the impression that we are not bothered by our own unsolved per-

sonal problems; while methods like "negative practice" or "desensibilization" give the psychologist the easy and impersonal role of the prescribing physician.

Adlerian Psychology  
and the Medical Profession

The M.D.'s among us should reflect upon how far they still feel like physicians. Personally, I never yet have met a true Adlerian M.D. who would have been interested in the practice of medicine and who did not try to escape from it, in order to devote himself exclusively to psychology. This is easy to understand, since the first consequences of a true understanding of Adler is the desire to become a teacher of logical living, to help by solving psychic problems, and not to fumble with bodies. It seems to me that most of those who come to us from medical practice would never have taken that detour had they known Adler's teachings before starting in the field of medicine.

This is very important, because there has been a tendency in our movement to concentrate all efforts upon getting physicians to join us, regardless of whether or not they had that philosophical mind and the disposition to be an educator which the Adlerian

M.D.'s will doubtless find in themselves. I think that too much importance has been given to the physical symptoms that might accompany psychic difficulties and too little to the type of mind needed for Adlerian work, be it psychological practice or the spreading of Adlerian thought. If my thesis is accepted, that Adlerianism is, today, more a philosophy of logical living and an educational program than a method of curing neuroses, we must all, M.D.'s and not M.D.'s, teach, teach, teach, and create a new generation of well-trained Adlerians, no matter from what field of activities they come to us. It is the attitude toward life that counts most, not previous education; and the attitude of the average M.D. is absolutely un-Adlerian.

We, the personal pupils of Adler, have twenty or thirty years more of active work life. Let us use them well. It has often been said that those who have not been in personal contact with Adler cannot be true Adlerians. I do not think this is absolutely true. I have probably learned more from pupils of Adler than from Adler himself, and I know we all can train new Adlerians if we only look for the right type of mind and attitude toward life.

Let us work together. All of us.

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Child Guidance as a Community Service

B. Brind, Ph.D.

Settlement houses, community centers, and similar institutions seem to offer excellent opportunities for establishing child guidance clinics. The Queen's Nursery School serves the New Housing Project at Long Island, New York. For 2½ years I have been conducting a consultation service for parents of problem children. Thirty-six of the hundred children attending the nursery school were referred for consultations by the teachers, who discussed the cases with the principal prior to referral.

After a child was referred to me, I observed him during the playing and eating periods. Every child was given a test (Buehler or Stan-

ford-Binet). Then the parents, usually both, were invited to the office. After two or three consultations with the parents, I visited the home to check whether the given directions were being followed, and how the child was handled at home. Thereafter, children and parents came together to the office. The parents complained mostly of bed-wetting, speech defects, untidiness, and unmanageability.

During the winter months, all the parents of the nursery school children were invited to general meetings with lectures about the education of the normal and the difficult child.