

## ADLER AND BINSWANGER ON SCHIZOPHRENIA

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It happens repeatedly in the history of science that one person will pick up something, report a finding, and then years later others, working in the same general area, will make similar findings. At first this seems wasteful. If the later explorers had only read the literature, they would have known the earlier findings and much time would have been saved. Actually, the issue is more complex than this. A finding is seldom obtained in exactly the same way by separate investigators. They come to the data with different backgrounds, experiences, and even different styles of life. There are enough differences in ways of reporting that it takes some work to find the similarity. Such finding and refinding is a necessary way of reassuring ourselves that the finding is valid.

We have here a case in point. Alfred Adler, founder of Individual Psychology, and Ludwig Binswanger, senior man in Europe's existential analysis, have come to nearly the same view of the major psychodynamics of schizophrenia. It appears Binswanger's findings, coming some thirty years after Adler's, were made independently.

*Adler's position.* This has been presented in several recent publications (2, 4, 11), in most detail by Kurt Adler (3). Adler came to the schizophrenic with a holistic and phenomenological frame of reference and in this respect was similar to Binswanger. He made no assumptions about the schizophrenic's inability to form a transference as did Freud. In fact he saw the schizophrenic essentially just as human as everyone else, so that in his very approach there were no assumptions to act as barriers. He reported his successful treatment of a girl (1, pp. 255-257) who had been psychotic for eight years. The main difference he found in schizophrenics is that their goal or guiding fiction is simply loftier and more godlike than in psychoneurotics, and, in turn, than in normals. The schizophrenics' increased distance from others is a concomitant to this.

Individual Psychology always seeks to uncover the uniqueness of individuals as implied in its central concept of style of life. Yet Adler saw a similarity in the styles of life of schizophrenics. Like everyone

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else they want to stand forth, to be something, to attain something. Yet, as in all psychopathology, in the crucible of social relations they strongly sense their inferiority. To compensate for this, they develop goals which are unusually high. They are *the* misunderstood one, *the* gifted one, the one with a *secret* that puts them above the world. As noted elsewhere (13, p. 151), the individual self or being must stand forth and realize its superiority. If this cannot be done normally and productively in the social world of others, it will be done anyway against the world of others.

Most of the bizarre symptoms of the schizophrenic are the result of this compensatory godlike goal and the rationalizations needed to support it. The compensatory goal and its defensive supporting structure alienate the individual from the easy give-and-take-world of others. When reality presses upon him to announce his failure, he sacrifices reality to maintain his self-esteem. The goal and the fictions around it become dogmatized and rigid. A number of safeguards are built to protect this superiority realized at the sacrifice of reality. Withdrawal from critical situations is one of these safeguards. Depreciation of others is another. Everything dictates a withdrawal from the world of social interest into fantasy. Even responsibility is sacrificed and falls to named or nameless others, or to voices and guiding spirits. The superiority and self-esteem of the individual is safe, but at the cost of the world of others and of control within his own narrow world. Even his logic has become private rather than what is socially shared. The individual's style of living becomes rigid, stereotyped and guarded. The scope of the individual's world has narrowed to a self-supported poverty. The encroachment of other people and reality is the very danger to be avoided. His world becomes a small, narrow, barren private construction.

Adler's way out of this bind is to allow the patient self-expression, without ever taking away from his impoverished self-esteem, until he can maintain self-esteem in the shared world with others. It is possible, as Bierer implied (4), that Adler's view of schizophrenia has at least indirectly led to the use of the therapeutic community in state hospitals. It is the same formula of treatment he used, though on a larger scale.

*Binswanger's position.* Binswanger was a long-time confidant of Freud though he never fully espoused Freud's views. He had to go his own way which led through phenomenology to the existential analysis of Heidegger, to *Daseinsanalyse*, one of the European forms of existen-

tial analysis (12). Binswanger published three major studies of cases of schizophrenia (5, 6, 7, 8), and most recently a book (9, 10), the seventy-third work in a distinguished bibliography, which represents a collection of his writings on schizophrenia between 1945 and 1953, including the above cases. It is this book with which we are concerned here.

Binswanger's lengthy studies of schizophrenia go into great detail. He seems almost driven to capture every nuance of a patient's world. He is not the objective, diagnostic scientist standing outside the world of the patient. Rather he attempts to enter that world and recapture all the nuances of change and relationship.

For Binswanger, schizophrenia is a unique style of living which is a radical alteration of the whole world of the person. Basically, natural subjective experience loses its spontaneity, and instead the basic mode of being-in-the-world splits into inflexible, rigid alternatives. The rigid alternatives are high-flown ideals and their antinomic correlatives. The unbearable aspects of the alternative are masked and concealed in order to sustain the dominion of the high-flown ideals. The result is a wearing away of existence which is a narrowing and impoverishment of the whole world of the person. One can no longer be with others in intimacy. Instead one becomes an object. Juerg Zuend's (7) existence was constrained as "being already in the has-been."

*Comparison.* Binswanger devoted far more time and effort to schizophrenics than Adler. The main difference between their formulations is in the details and length of Binswanger's, and his more flowery and difficult language, as against Adler's more straight-forward formulation.

The basic theses of Binswanger and of Adler are strikingly similar. Both see the schizophrenic reacting to a threatened existence. Both see the world of the patient split apart into rigid alternatives (Adler's antithetical mode of apperception, 2, pp. 248-249). On the one hand these are high-flown ideals (higher goal setting or godlike ideals, 2, pp. 244-245 & 314-315). To support these, there is the masking or concealment of the opposite (deep inferiority feelings, 2, pp. 317-318), on the other hand. There is a retreat of existence away from intimacy with others, away from reality, away from any threat to the ideals (seeking distance, 2, pp. 273-276 & 315-316). The masked and rejected antinomic correlatives must remain not known and not understood to maintain the high-flown ideals ("It is a general human phenomenon to lay aside thoughts which stand in our way, and take up those which

advance our position. . . . That remains unconscious which might disturb our argumentation" 2, p. 233.).

Binswanger's position on schizophrenia not only parallels Adler's on schizophrenia, but amounts to a recovery of Adler on all pathology. For Adler, as mentioned above, considered the schizophrenic only a more exaggerated example of what normals and neurotics do.

In *conclusion*, seen from Adler's and Binswanger's common view, schizophrenia is a retreat of an existence which has failed at fulfillment. From a strong feeling of inferiority the schizophrenic throws away colorful human weakness for a soaring fiction which can be maintained only at the cost of reality, human contact and the whole shared world which gives existence its deep meaning. The problem becomes one of leading him back to the shared world without embarrassing him.

The situation deepens in interest when one notices that Harry Stack Sullivan, who had a good deal of experience with schizophrenics, also came to a similar position (11, pp. 186-187). The literature on schizophrenia is so vast one can find almost anything in it. But when three giants, coming to the data at different times and places with different presuppositions, arrive at roughly the same view, there must be something to it.

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