

VARIOUS PURPOSES OF SYMPTOMS

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In medicine, a symptom is a condition that accompanies or results from a disease and serves as an aid to the diagnosis of such disease. The concept that a symptom may have a purpose is familiar to medicine. For example, the purpose of diarrhea is to expel the irritant from the digestive tract; of pain, to signify that something is wrong; of a cough, to remove foreign material from the trachea.

Alfred Adler made the basic assumption that "We cannot think, feel, will or act without the perception of some goal" (1, p. 3). He considered the following statement an important proposition of Individual Psychology: "Every psychic phenomenon, if it is to give us any understanding of a person, can only be grasped and understood if regarded as a preparation for some goal" (1, p. 4). A psychic symptom, like any other psychic phenomenon, has a purpose and can best be understood if its purpose is understood.

It is sometimes easier to see symptoms as reactive behavior than as purposive. To illustrate, anxiety can be seen as a reaction to a perceived danger; depression, as a reaction to discouragement. However, in cases where such reactions are exaggerated or overly prolonged or inappropriate, this point of view does not give a clue to their understanding.

Freud's point of view was that "A symptom is a sign and a substitute for an instinctual gratification which has remained in abeyance; it is a consequence of the process of repression" (6, p. 20). "Sometimes the symptoms become valuable to the ego because they obtain for it, not certain advantages, but a narcissistic gratification which it would otherwise forego." Thus the obsessional uses his symptoms to feel "better than others because he is specially cleanly or specially conscientious." Freud calls this the epinosis or secondary gain of the neurosis (6, p. 36). Thus, Freud also recognized that symptoms have a value to the patient, but he preferred to see them primarily as compromises with the instincts, and only secondarily as purposive.

In the eyes of the Individual Psychologist, the main significance of the symptom lies in its service to the individual in striving for his

goal. Adler, in discussions of clinical examples, frequently mentioned the purpose or "secret intent" in the use of the symptoms. Thus, a symptom is described as the means of securing a triumph, of retiring from danger, of reproaching another, of creating the fiction of a superiority (1, pp. 11-13), of providing an exemption from the demands of reality (1, p. 23); "to force his environment into his service" (1, p. 38); "compelling [others] to concern themselves continuously with him" (1, p. 55).

Adler's views were presented more systematically by the Ansbachers. In one chapter his writings on the function of the neurotic symptoms are organized (2, pp. 263-280). All symptoms are seen as serving as safeguards for self-esteem, or as excuses. One way to accomplish this is through aggression, specifically through: depreciation of others, as in sexual perversion; accusation of others for imagined faults, etc.; and self-accusation and neurotic guilt.

Another way of safeguarding is through "distance" for which four categories are recognized: "moving backward" which includes suicide, agoraphobia, compulsive blushing, migraine, anorexia nervosa, etc.; "standing still" as in psychic impotence, psychogenic asthma, anxiety attacks, compulsions, etc.; "hesitation and back-and-forth" as in all methods of killing time such as procrastination, compulsions, pathological pedantry; and "construction of obstacles," primarily psychosomatic symptoms.

Adler sees the symptom as an expression which is always in accord with the patient's life style, his basic attitudes toward life. Physical symptoms show the same expressiveness. Thus, vomiting may say, "I can't swallow that," abdominal cramps and rumbling in the bowels, "My bowels are in an uproar," and so on. Such organ jargon (2, pp. 222-225, 308-310) frequently provides the clue to the underlying purpose of the symptom.

To return to the above category of aggression, many symptoms can be regarded as offensive weapons. "Neurosis is the weapon of the coward and the weak" (2, p. 269). Thus, one way the Individual Psychologist tries to understand a symptom is to ask himself against whom or what the symptom is directed. For example, the depressed patient expresses his antagonism to the life situation in his negative feelings (3), the paranoid symptoms destroy logic (9), the hyperactive child annoys his mother (5), the frigid woman rejects a man's power to arouse her, the homosexual negates the sexual value of the opposite sex (7), and the emotionally unstable person punishes those who fail to accede to his demands by making a scene.

Returning to the category of distance, it is a truism of Individual Psychology that neurosis is an evasion of life tasks and neurotic symptoms are evasive devices. "The neurotic has always collected some more or less plausible reasons to justify his escape from the challenge of life, but he does not realize what he is doing" (2, p. 332). The neurasthenic, for example, uses his various sensations to announce to himself his incapability of meeting this or that unpleasant situation (4). Symptoms become part of an overall strategy dictated by the dominant goal, fitting into it in many different ways and serving many purposes.

This paper proposes to spell out further the Adlerian concept of the purpose of the symptom by listing various stratagems which have been most commonly found in patients examined by the authors.

SAFETY STRATAGEM

Some symptoms are intended to insure against failure, exposure, or other catastrophies (2, pp. 263-266). The symptom may have the effect of making it impossible for the patient to meet an onerous responsibility, or at least to delay the "moment of truth" (cf. the various methods of safeguarding through distance described above). He may use the symptom to disqualify himself from a race he does not wish to run.

A 37-year-old bachelor suffered from sexual impotence only with a pretty 33-year-old divorcee who wanted to marry him. He never was impotent with prostitutes or in casual affairs. This was the first girl he really considered marrying. However, he felt he could not propose in view of his sexual inadequacy. When he was asked what he would do if the symptom were not present (2, p. 332), he answered, "Why, I'd get married of course." His dreams and early memories revealed an antagonism toward and fear of close relationships with women.

The symptom of mild depression sometimes has the purpose of safeguarding the person from the demands of an occupation or a life situation that requires some action he is unwilling to take or some commitment he is unwilling to make.

A single man of 30 was alternately a successful salesman and a poor one. He would become enthusiastic and work steadily for several months, then become neurasthenic and depressed and spend several weeks frittering his time away. He also complained that he wanted to get married but would not undertake the responsibility of a family because he could not be sure that he would work steadily. A dream revealed the underlying dynamics and showed his fear of commitment to any particular job or relationship. He dreamed that he was on a battlefield and all about him were men fighting with each other. Corpses were strewn about the field and he was lying quietly, pretending to be dead. He felt himself in the

midst of a heroic struggle but had no feeling of belonging to any particular side in the conflict. He had no weapons and wondered if he were supposed to be a combatant. He would have liked to have taken part in the struggle, but felt that to move would be to betray himself and invite the attack of others. He waited until night came and crept away to a safer place.

A special instance of the safety stratagem is "buying double insurance." This device is the opposite of the double bind. It is a double unbind. No matter what the outcome, the safety of the individual is secured and therefore he can afford to take a partial chance. Inability to concentrate on school studies often falls in this category. The real problem consists in the fact that the student dares not make a true test of his intellectual capacity. His symptoms insure him against the failure of being of ordinary intellect.

A student is overambitious and demands of himself that he be "on top." He cannot really afford to take the chance that his best efforts may leave him in the average range of his class. At first he makes resolutions to study and indeed fantasies that he will study exceedingly well and do much outside reading on his subject. But somehow he rarely sits down actually to do the necessary work. In a few weeks he is already behind and the chances that he will do exceedingly well are already poor. Now he feels disappointed in himself and even less inclined to study. People who want to be "on top" have no interest in studying hard to achieve only an average passing grade. This is shown in his procrastination, inability to concentrate, and restlessness when he sits down to his books. Throughout this comedy the student maintains his feeling of intellectual superiority. He blames his trouble with studying and his poor grades on bad habits, "nervousness," lack of discipline, dull teachers, and uninteresting courses. He consoles himself with the thought that his is really a bright intellect that is merely unproductive for the moment, that if only he were able to study properly, he would be at the top of the class. If he should happen to get a high grade in spite of the fact that he did not study, that is all to the good. He may even boast, "I never opened a book." If he receives a poor grade, it is not because he is stupid, but because he was "lazy," and in our society most people would prefer to be regarded as lazy rather than stupid (2, p. 391; 8).

The following is another example of the way in which a symptom is used to "buy double insurance." Once a psychiatrist (Rudolf Dreikurs) mentioned in a talk that neurotic symptoms were often used to evade responsibility. After the talk, a member of the audience introduced himself and stated that he suffered from headaches for which no organic cause had ever been found, but that the headaches were not used by him to evade his responsibilities. The man was indeed a successful playwright whose works were well known. "I seldom let my headaches keep me from working," he said, "I will simply go ahead with whatever I have to do in spite of pain." The psychiatrist confessed this case was perhaps an exception. They chatted a few moments longer about plays and authors and the playwright turned to go. As he left, he said, "Just think what I could have done had I not had these headaches. Who knows? People might have compared me with Shakespeare."

HERO-MARTYR-SAINT STRATAGEM

An efficient, capable individual will sometimes complain of distressing symptoms even when no overt stress is apparent. He may create his symptoms in order to demonstrate his strength, just as some with saintly aspirations create temptations in order to demonstrate their virtue by not succumbing, or the aspiring martyr arranges to suffer in order to demonstrate his moral superiority over his tormenters.

A medical student complained that he became panicky and felt faint during conferences and ward rounds. He feared that his supervisors would ask him questions which he would not be able to answer. He did not have such symptoms during written examinations. Furthermore, in his ward work he made a good record. He developed a reputation for skill in drawing blood and was called upon whenever his colleagues could not find a vein. He felt a sense of triumph at these times. He enjoyed examining new patients and was exhilarated by a diagnostic problem. He recognized that he was happier when faced with a challenge. He could not understand his emotional symptoms and felt like a coward and weakling for having them.

One can guess that this man found unpleasant any situation in which his superiority was questioned. Furthermore, his way of being superior was to be a hero, to accomplish what others could not. A situation which did not provide him with an obstacle to overcome had no value for him. At the conference and ward rounds, he not only had no chance to act the hero, he was even in danger of being exposed as someone who did not know as much as he should.

What then is the purpose of his symptoms? They supply him with a challenge and an obstacle and therefore, as Adler says, with a chance to enhance himself (2, pp. 275-276). At each conference he again has the chance to be a hero by struggling with and overcoming his spurious weakness.

ATTENTION-SERVICE-LOVE STRATAGEM

The purpose of some symptoms is obviously to get something. Sometimes it is sympathy, sometimes service, but always in this case it is to make oneself the center of the field of action through the symptom. For example, if a mother pays more pleasant attention to the child when he is sick and tends to ignore him when he is not complaining, it becomes most tempting to the child to complain about some body discomfort in order to win the mother's attention. Symptoms used for this purpose work better if they have some dramatic quality which compels the attention of the observer.

A 22-year-old girl was seeing a therapist weekly for an anxiety reaction. For several consecutive Sunday nights she experienced a panic and telephoned her therapist. On one such occasion the therapist asked, "Why is it that you become panicky every Sunday night and don't seem to have this trouble at

other times?" "Well," she answered, "I know you're at home on Sunday night." The therapist confronted her with the purpose of her panic; namely, to give her an excuse to call him at a time he was known to be available. The Sunday night panics subsequently stopped.

POWER STRATAGEM: MANIPULATION OF OTHERS

The most direct example of a symptom which has as its purpose to overpower is the temper tantrum (2, p. 227). The small child with temper tantrums kicks, screams and holds his breath until the parents give in, acknowledging his power. The hysteric throws a fit when someone is displeasing her. The mother who wants to hold on to her adult son develops chest discomfort and shortness of breath when he becomes interested in a marriageable girl. The symptom is designed to overpower the others and permit the sufferer to have his own way. In effect, the patient is saying, "If you don't do what I want, I will suffer and *make* you do it." "Tears and complaints—the means which I have called 'water power'—can be an extremely useful weapon for . . . reducing others to a condition of slavery" (2, p. 288).

REVENGE AND RETRIBUTION

There are times when a symptom has the purpose of destructive retaliation against a person or life situation (3, pp. 269-271). Patients who use symptoms for revenge are usually very discouraged people who have lost the hope of dealing with the situation constructively. In taking revenge, they are striking back in anger, willing to do damage because all is lost anyway. Adler gives an example of a depressed woman who dominated her husband and who developed a guilt complex over an affair she had had 25 years before with another man. By confessing to her husband and accusing herself she could continue to torture him (2, p. 272).

A 17-year-old girl, in a state hospital with a diagnosis of emotionally unstable personality and history of rejection and neglect by her parents, was a problem to the hospital staff for two reasons: she impulsively broke windows with the back of her hand, and she mutilated herself by putting sharp foreign objects in her ears and under her skin. She was well treated in the hospital and given considerable attention since the staff appreciated the extent of her early emotional deprivation. But whether she had privileges or not made no difference in her behavior. On visits to her family she behaved the same way. Under questioning she said that she broke windows to "get even." She wanted to get even with her family and a life situation that kept her a patient in a mental hospital. If she wanted something and did not get it, if her mother's visit had irritated her, or

if she had for any reason begun to brood on her lot, she became impulsively angry and broke whatever windows she could reach. She injured herself for the same reason.

FACE-SAVING STRATAGEM

Sometimes a symptom has as its purpose to repair damaged self-esteem. The development of a delusional system in the later stages of schizophrenia is often an example of this. Another common example is guilt feelings. When a person has done something he believes is wrong, feeling guilty about his behavior is sometimes his way of salving his own conscience and consoling himself that he is really a well-intentioned person (2, pp. 272-273).

A 3-year-old girl was observed to sneak to the cookie jar, take out a cookie and eat it. She then slapped her hand and said, "Bad girl." Having made "retribution" she then took more cookies, repeating the self-reproach after each one (5).

Other face-saving devices include the development of symptoms which excuse or mitigate a failure (2, pp. 265-266). Thus, a man who lost his job because he dropped and broke a valuable instrument developed a tremor of the hands. He reported that he lost his job because of his "shakes," not because of incompetence.

CREATING EXCITEMENT

Sometimes a symptom has the purpose of creating a furor and agitating others. The symptom may be directed against a particular person the patient wants to annoy or sometimes against a life situation that is boring and uneventful. The excitement may be generated internally or externally. The former is often the purpose of irrational impulses.

A young law student complained of strange impulses to jump down from heights. He would experience these impulses upon crossing bridges or looking down at the ground from windows in tall buildings. He did not believe that he would give in to the impulses but was annoyed by them and was concerned lest they be symptomatic of an approaching mental disorder. The patient could not seem to relate his symptoms to any particular problems. There seemed to be no critical situation in his life. But the symptoms never appeared when he was busy, under stress of work or school, or otherwise occupied. He experienced them only when he had no immediate task to perform, when he was for the moment idle, bored or forced to wait for events. The symptoms were used by him to keep his life interesting and exciting.

Some people find exciting and dramatic the recital of illnesses, operations and doctor's examinations. Hypochondriacal symptoms

(which are often somatic pre-occupations) often make life more exciting.

The creation of external excitement is quite clear when the symptom is a fainting spell or perhaps a hysterical fit. Contagious forms of hysterical behavior, such as mass swooning of young female audiences of popular singers, fit into the category.

A man of 40 went to a management consultant with the complaint that he could not organize his business well. He had a wife, a mistress, engaged in casual affairs, ran two businesses, became constantly involved in community projects and seemed willing to give himself to any new challenge that came his way. When a friend became ill with cancer, he contacted specialists in other cities to ask their advice. He took up the cause of better housing for Negroes. He drove his car at excessive speeds. He encouraged his mistress to date other men and became obsessively jealous when she did. Because of his numerous activities he was a poor family man and erratic provider. In spite of his positive accomplishments, he was much more impressed by the atmosphere of confusion and excitement in which he lived. He recounted his exploits gleefully, dramatizing his narrow escapes and his inability to live a stable life. The excitement actually meant more to him than anything else. A narrow escape afforded more pleasure than a constructive achievement. He scarcely solved one problem before he was embroiled in another.

PROOF STRATAGEM

Some symptoms have the purpose of the patient strengthening his position, of proving to himself that his judgments are correct and thus defeating the logic of those who disagree with him. These individuals "run after their slaps in the face" (2, p. 290). The paranoid may deliberately provoke others to behave badly to him in order to gather evidence that others are unfair to him. "Lack of joy in life, the continuous expectation of accidents, . . . superstitious fear, . . . distrust" and other manifestations of oversensitivity lead to the repetition of unpleasant experiences and the lack of pleasant ones (2, p. 290).

A 14-year-old boy, subject to much deprecatory criticism from his father, was pessimistically convinced of his own inadequacy. He did not believe that psychotherapy could ever help him. He had originally come with a complaint of pain in the left side which was diagnosed as psychogenic. After several months in treatment, he had long since stopped talking about the pain and complained about numerous other symptoms. One day, as he complained about the ineffectiveness of therapy, the therapist pointed out that at least he no longer had the pain in his side. The patient demurred and changed the subject. When he returned the following week, he gleefully reported that the pain in the side had recurred. This was additional proof that psychotherapy could not help him.

KEEPING A SYMPTOM IN RESERVE

Patients who respond favorably to psychotherapy sometimes retain one or two symptoms for no readily apparent reason. They seem to be functioning well, are happy, and report a feeling of progress. They sometimes feel that some particular problem has not yet been worked out and feel that they therefore need more treatment. The reason for such behavior is sometimes that the patient does not dare to become completely well. He prefers to keep a symptom or two in reserve just in case he may need them. In this way he maintains a form of insurance against future difficulties, keeps himself in training by practicing the symptom, and avoids a complete commitment to the idea that he is now completely well and no longer has excuses for holding back in life. As one patient said when he was confronted with the meaning of his behavior, "After all, nobody can ever get *that* well."

SUMMARY

The purposive nature of the symptom is stressed by Individual Psychologists in accordance with their point of view that behavior is goal-directed, and that the functional mental illnesses represent inadequate or socially useless ways of dealing with the demands of life which arouse in the individual fear of failure. The authors have described some purposes of symptoms found with relative frequency among patients in psychotherapy.

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