IRVIN NEUFELD, M.D. (1903-1969): ORTHOPEDIST AND INDIVIDUAL PSYCHOLOGIST

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With the passing of Dr. Irvin Neufeld, Individual Psychology lost one of its most creative and original thinkers, an indefatigable worker, concerned with basic principles in understanding psychodynamic processes, in the service of his primary interest in helping people.

Neufeld was born on January 20, 1903 in the small town of Vrable, Czechoslovakia. He received his matura, summa cum laude, at the Gymnasium in Nove Zamky, then studied medicine in Vienna where he met Alfred Adler and became interested in Individual Psychology. He returned to Czechoslovakia and finished medical school in Bratislava in 1928, when he began to practice as an orthopedist. There he established the Individual Psychology Society whose president he was for many years. He came to the United States in 1939 where he took up residence in New York City and continued the practice and teaching of orthopedic surgery and his interest in Individual Psychology. He passed away on July 16, 1969. He leaves his wife, Anica, who was both personally and professionally his devoted helpmate.

Neufeld was assistant clinical professor of orthopedic surgery, New York Medical College; chief, adult orthopedic out-patient department, Metropolitan Medical Center; and associate visiting orthopedic surgeon, Metropolitan Medical Center and Bird S. Coler Memorial Hospital; assistant visiting orthopedic surgeon, Flower and Fifth Avenue Hospital; also orthopedic consultant, Federation of the Handicapped. He was a fellow and diplomate, International College of Surgeons; lecturer in psychosomatic medicine, Alfred Adler Institute, New York, and Institute of Analytic Psychotherapy; and consultant, Alfred Adler Mental Hygiene Clinic.

Neufeld was continuously interested in the didactics of Adlerian psychology and medicine. For this reason, and since many of his contributions were published in journals with limited circulation, it seemed fitting to attempt a brief review of his work here, and to re-emphasize its significance.

Neufeld recognized that he was specially qualified to "study not only the psycho-somatic but also the somato-psychic aspects of the orthopedically handicapped," in view of his "privilege of having been

trained and having gained long experience in orthopedic surgery, physical medicine, and psychodynamics" (1, p. 64). He brought to this task a fine sensitivity for subtle nuances which illuminate important theoretical issues, and he took a special pleasure in creating, or borrowing, dramatic formulations and terms for these as aids in comprehending and remembering them.

Holism

What Neufeld had to say about understanding the individual as a whole in the case of the physically handicapped had significance for neurotic patients as well. When he stated that "a human being can properly be understood only as a bio-social entity," he defined this as signifying "that in every human being there is a constant and dynamic interdependence among the innumerable aspects of his somatic, psychic, cultural, and economic spheres" (1, pp. 48-49). He reminded us that biologic should imply what it means etymologically, "namely, inherent in and pertaining to 'life' (bios), with both the 'somatic' and the 'psychic' aspects, without the notorious dichotomy into soma and psyche" (4, p. 145).

> To a truly holistically-oriented physician it becomes clear that an individual cannot fully be understood as a self-limited whole in and by himself, but only as a whole that at the same time is a part of a larger whole. . . . a "psychosomatic space-time field." . . . The psychosomatic symptoms have to be considered in relation to the patient's spatial environment (animate and inanimate) as well as to the longitudinal continuum of his past, present and future (5, p. 105). But it cannot be stressed strongly enough that all those aspects of human functioning —although we may theoretically and arbitrarily break them down and focus our attention on one or more of them—are in reality interdependent and inseparable (9, p. 162).

Neufeld suggested that "Adler's genial triad of life problems (sex, vocation, society) could be extended to a tetralogy of life problems, the fourth cardinal problem being one's own self (including one's own 'body')" (4, p. 149). All of these are interdependent. "For didactic purposes the four life problems could be termed the 'tetralogy of four S's,' indicating: Sex, Subsistence, Society, and Self" (4, p. 149).

Teleology

Again, Neufeld rephrased one of Adler's views, in this way:

> Personality cannot . . . be represented by a two-dimensional co-ordinate system . . . representing heredity and environment . . . Personality research is fruitful only on the basis of a tri-ordinate system where the third axis represents the person's individual evaluation of and expectations from those inherited and environmental factors. . . . It is this third axis . . . which represents the real "dynamic" element in any holistic psychology (4, pp. 143-144).

Elaborating on the life style, Neufeld described three aspects which he attributed to it in its biosocial integration: (*a*) the direction of one's life style, namely, one's general and specific goals—teleo-psychology, one phase of Individual Psychology as a *psychology of goals*; (*b*) the modalities of one's life style, namely, the methods and means one selects and is willing to use in pursuit of one's goals, a *psychology of use*; and (*c*) the evaluation of one's life style, namely, one's own evaluation of the desirability, usefulness, and achievability of one's goals and of the ways leading to them, a *psychology of values* (4, p. 150).

These principal teleo-psychological aspects are the *what*, *how*, and *why* of the life style (4, p. 151). Neufeld realized that "a causalistic explanation seems more 'scientific' because we are conditioned to backward or retrograde thinking rather than to anticipatory, purposive, circular or 'feedback' thinking" (4, p. 141-142). Neufeld indicated thereby that Individual Psychology is quite in line with the recent concepts of cybernetics.

"We should analyze and interpret not only the patient's past and present history, but also his expectations, goals . . . fears and hopes—the anamnesis of goals is the teleoanalytical approach" (10, p. 135). This term, teleoanalytical, which has significance as a possible alternative to the terms Individual Psychology or Adlerian Psychology, was first proposed by Dr. Neufeld, in this paper of 1958.

Psychosomatic Stress and Rehabilitation

The problem of psychosomatic symptoms occupied Neufeld a great deal. He objected to "expediency diagnosis," the conclusion which assumes that the symptoms appeared after—therefore are caused by emotional stress (10, p. 135). Nor should the psychosomatic diagnosis be based on the absence of adequate somatic findings, nor on the patient's manifested "neurotic behavior" (9, p. 161). Neufeld accepted the notion that stress plays a major role in the development of psychosomatic symptoms, but, "pre-occupation with the observable external stress situation and with the measurable stress effects resulted in undue neglect of the intrapsychic process that intervenes between the [two] . . . On last analysis, it is this intrapsychic strain that determines the perception of and reaction to any external stress situation" (10, p. 135).

The intrapsychic stress is directly proportional to: (*a*) the conscious and sub-conscious goals, (*b*) the tasks, and (*c*) the internal and external obstacles one has to overcome in pursuing one's goals

and fulfilling one's tasks. It is inversely proportional to: (*a*) one's constitutional (inherited and acquired) endowment, (*b*) the environmental means available to reach goals, and fulfill tasks, and overcome obstacles, and (*c*) striving for optimum bio-social integration, one's psychological armamentarium. Correlation of these six integrational factors in a quasi-mathematical formula for the *stress quotient* provides useful presentation of the patient's entire stress-constellation, revealing etiologic as well as therapeutic factors (10, p. 137).

In rehabilitation, Neufeld claimed, there is a fourth phase which follows the three phases of general physical therapy. "While active treatment of a sick or injured person constitutes the first phase of medical care, after-care and convalescence may be considered as the second, and the process of rehabilitation of the physically disabled as the third phase." In rehabilitation, however, many patients could benefit greatly from a "fourth phase of medicine," namely that of social integration (1, p. 51).

Post-rehabilitational aspects, *as viewed by the rehabilitant*, represent decisive factors determining many a patient's attitude and behavior *during* rehabilitation (1, p. 51). From the patient's view the problem can be simplified by reducing it to one question: *Rehabilitation for what?* What reward can *he* (the disabled) expect from ability as compared with what he expects from disability? (1, p. 52). The task is not rehabilitation of a *given disability*, but rehabilitation of the *handicapped person*. . . . Therefore, it is his teleological aspect (purposive view) which should be reckoned with in determining the methods, aims, and outcome of rehabilitation (1, pp. 53-54).

New Terms

Neufeld always enjoyed suggesting new terms. He spoke about the *Sisyphus complex* of disappointed people who start with a deepening inferiority feeling, leading to an overwhelming striving for superiority with its increased failures, disappointments, and eventually to a breakdown of psychic homeostasis (1, p. 58). He spoke of the *Midas complex* of people who strove to turn everything they can into money (1, p. 65). He also proposed an interesting term, *strategic inferiority complex* in the case of persons whose discouragement resulted not from fear of failure but from fear of success. The anticipated burden for responsibility which is expected after a success, may be undesired, not worthwhile, or beyond one's assumed capacities (6, p. 37). Furthermore, he proposed the term *deed-urge* for the innate urge for accomplishment which facilitates social preservation, as the sex urge facilitates biological preservation. (4, p. 166). In many persons and under certain circumstances, the gratification of

the deed-urge may become even more pronounced than nutritional or sexual gratification (4, p. 148).

Neufeld also spoke of the *holo-logical approach*, i.e., from the viewpoint of the logic of the whole (4, p. 146). He borrowed a term created by Korzybski, "the organism as a whole in environment," from which he contracted the term *org-hol-en* as expressing the *bio-social integration*, BSI (4, p. 155). Similarly he spoke of *bio-social integrational stress*, BIS (6, p. 31). This listing does not exhaust the number of new terms Neufeld introduced, in addition to various formulas and diagrammatic presentations.

Neufeld's formulations have practical implications not only in helping patients to recognize their problems, and therapists to improve their approaches, but also—and perhaps most important—to facilitate the comprehension of holistic thinking by our students. We owe him a great debt of gratitude for his contribution to Individual Psychology. He will be sorely missed, particularly since he had just begun to expand his probing into new fields of inquiry (13), which his untimely death interrupted.

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[1]Omitted from this bibliography are seven papers which Neufeld published between 1928 and 1930 in a Slovakian orthopedic journal, the *Slovansky Sbornik Ortopedicky*.