

PRESENT-DAY ADLERIAN PSYCHIATRIC PRACTICE¹

ALEXANDRA ADLER, M.D.²

New York University School of Medicine

Adlerian psychotherapy has largely followed the lines laid down by Alfred Adler's basic teachings. Adler's technique of public child guidance, first demonstrated in Vienna more than 50 years ago, is now practiced in clinics, guidance centers, and schools in the United States and abroad. New techniques and growing experiences add to the present effectiveness of Adlerian psychiatric practice. In keeping with growing needs, group approaches, practiced by Individual Psychologists from the beginning, are increasingly in the foreground of the therapeutic work of all Adlerian clinics and guidance centers (1, 10, 13). New discoveries, such as better psychopharmacologic drugs, are used by our medical psychotherapists whenever needed.

Adler's basic concept held that a person's life style evolves within, and in response to, society—as experienced by the individual. Furthermore, the criterion of mental health is the degree of social interest (*Gemeinschaftsgefühl*) developed by the individual. This concept offers guidelines for understanding and treatment of all disorders and is to be assumed in all the following sections, where varied specifics are dealt with.

SCHIZOPHRENIA

Adlerian psychiatrists have always accepted schizophrenic patients and have devised various methods for keeping them out of hospitals and on an ambulatory basis (2, 9, 14, 15). In order to help the schizophrenic patient cope with his environment, which he usually looks upon as hostile, his whole life situation must be taken into consideration. An effort must be made to prevent him from withdrawing from society and its demands on him; he must be taught to deal with his fears. To achieve this objective, constant attention is given to the patient's current activities, rather than to attempt to explain to him the possible causes of his illness on a

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²Author's address: 30 Park Avenue, New York, N.Y. 10016.

symbolic level, which, in our experience, is likely to increase his tendency toward mystic thinking (2).

In the early twenties, Adler called attention to some characteristic traits of the schizophrenic (15), such, for instance, as his negative reaction to attempts to coax or force him to accept direction. The schizophrenic is overwhelmed by forces in the world around him which he feels may threaten his existence, such as his parents, political groups, or racial minorities.

At present, the patient also often fears the overwhelming effect of the tranquilizing drugs now used in therapy, and tends to resist taking them. An important task is to make the patient understand that these drugs are his friends, and once this is accomplished, he may learn to cooperate. Intelligent patients will even be able to determine for themselves when they need an increase or decrease of medication. For instance, when their thoughts are, as they may say, "racing" or "chasing" them, and they realize that a change of dosage will control their anxiety, they are encouraged to do so on their own. Such cooperation between therapist and patient will raise the latter's self-esteem while, at the same time, every effort is made to avoid increasing his feeling of inferiority and humiliation. This type of holistic approach, rather than an analysis of the patient's various drives and instincts, has proved to be valuable in dealing with the schizophrenic.

To illustrate: A 33-year-old man, orphaned early in life and brought up by his devoted uncle and aunt, had become increasingly seclusive at age eighteen. At 20, when a first-year college student, he was found mute and immobile in his bed and, consequently, was hospitalized and given electro-convulsive treatments. His condition, however, did not improve. When first seen by me, two years later, he looked dishevelled, could hardly speak a complete sentence, and was given to outbursts of violence, during which he would hit his relatives. Our sessions were kept short since the patient hardly conversed. However, arrangements were made to help the patient to re-establish human contacts, for instance, through the use of social clubs, group therapy sessions and foster homes. His paranoid ideation and bizarre behaviour were brought under control, to a great extent, with high dosages of tranquilizing drugs. Later on, he was placed in protected jobs until he was able to hold a part-time job. To an attempt to probe more deeply into the genesis of his hostility and isolation, he responded with an increase of hallucinations and delusions. After he had gained an understanding of how self-destructive his life pattern was, he learned to adjust his dosage of tranquilizing drugs to his varying needs by himself. Later on he married a woman, who is mentally less severely affected than he had been. Both are still undergoing psychiatric treatment which they use constructively in helping each other. To the outsider, they now give the impression of a well-adjusted, happy couple.

As in the case of all patients, the psychotic's relation to his family or family substitute needs a great deal of consideration. The schizophrenic, will gain much if he can be induced to accept the family as collaborators in therapy, rather than to fight and keep them at a distance.

Social clubs, the forerunners of day hospitals, have been in existence for many years in several Adlerian clinics (12). Bierer (11), a pupil of Adler, organized the first day hospitals and social clubs in England. These, together with night hospitals and "self-help" organizations of ambulatory psychotic patients, have contributed much to their improvement by helping to prevent them from slipping into isolation, and deteriorating.

Summarizing, we can state that, although we may not know all—or perhaps not even any—of the causes of schizophrenia, Adlerian principles that have been applied to their management and treatment have helped to bring about improvement and alleviation of suffering.

NEUROSES

According to Adler, the neurotic symptom is aimed at exempting the patient from his obligations, on the one hand, and freeing him from the possibility of failure, on the other. The symptom must "hit the bull's eye," to use Adler's phrase, meaning that the patient, though unconsciously, chooses precisely those symptoms which help him to achieve his neurotic goal of exemption and evasion.

It has proved to be useful to ask the patient what he would do if he suddenly were freed from his neurotic symptoms (7, pp. 311 & 332). In his response he will clearly reveal the area of human endeavor he is seeking to avoid, be it occupational responsibilities, or social or sexual involvement.

For instance, a gifted young writer complained of depression and anxiety that made her suffer greatly. It was a reactive depression, and she could easily be distracted by pleasurable social activities. When asked what she would do if her depression could be lifted, her answer was that she then would go on with her writing, which she had had to give up because of her depression. Her life style reflected that great expectations had been placed upon her during her upbringing, and she had reacted with panic whenever her success was in danger. In the past year she had experienced several rejections, both personal and professional, all of which tended to make her feel that she was a complete failure, and led to her neurotic breakdown.

In therapy, the patient has to learn the meaning and goal-directedness of his neurotic symptoms, rather than spend most of his time in trying to find all the original causes of his difficulties. Particularly nowadays, discouraged patients repeatedly stress the mistakes of their parents in bringing them up, which they consider to be at the root of their suffering. It is often a difficult task for the therapist to make the patient understand that he is misusing causes as excuses. He should be shown, for instance, that even a Hitler can be explained as a result of his poor upbringing and socio-economic conditions which, however, do not excuse his adult personality pattern.

The patient must be encouraged to use his creative power and "free will" to choose his own response to his past when he is grown up. The therapist has to confront him with his exaggerated reactions to his life problems, which are geared to demonstrate that he needs more support, more consideration, and exemption from the responsibilities of the grown-up. He will learn how his private logic leads him to "over-time work without pay," so to say: futile attempts to resist the laws of communal living, resulting in a waste of his energy. Efforts have to be made to clarify the often complicated patterns, which vary with each patient, and to do so in terms comprehensible to him. Adler once mentioned that it was easy enough to describe human nature in involved, technical terms, but that he had spent a lifetime trying to simplify these (8, p. 387).

It is still common to encounter neurotic patients who insist that the "one" incident which they believe caused their difficulties should be identified. This is the result of the opinion held by some psychological schools that one particular episode in a person's early life, usually a so-called sexual trauma, initiated his psychological problems. Several popular movies center around the same erroneous concept. In Adlerian psychotherapy, the aim has been to help the patient to understand his style of life and to see his personality as a whole, rather than focusing attention on one single episode in his childhood. It is hoped that in this way he will be induced to anticipate his reactions and control them. For example, if as a child the patient has really wanted to kill his father and take total possession of his mother, he can be helped to understand that this is the reaction of a pampered child, fighting everything that threatens to interfere with his domination of his mother. He should be helped to see what relation this pattern of his early life bears to his later problems, and

to discover that his neurosis represents an attempt to perpetuate the preferred position which he experienced at an early age.

Adler has described the over-all pattern of the neurotic in the words "yes-but," indicating that the patient is usually in full command of his judgment, recognizing his tasks but hiding behind his symptoms. Furthermore, he has shown that this pattern of behavior may be traced back to the neurotic's childhood. Such a child may be obedient and outwardly cooperative, but often finds reasons to excuse himself from normal activities. He will show disinclination to play with other children whom he considers "too rough." He will have headaches and vomiting spells which prevent him from going to school, and exhibit other psychosomatic symptoms. Although the average educational measures often succeed in changing this pre-neurotic style into one of normal adjustment in the majority of children, treatment is indicated if the pattern persists, or the child keeps adding more neurotic symptoms. Experience has shown that it is much easier to help a child than to change an ingrained neurotic pattern in the adult.

Adlerian therapists seldom see a neurotic patient more than three times weekly, even in the beginning, and one or two sessions a week are often considered sufficient; the spacing will depend on what use the patient is able to make of the time between sessions. While no definite answer can be given at the beginning of treatment to the legitimate question of how long it will take, the patient can be told that he should be able to estimate this himself, after several weeks, on the basis of the progress he is making.

PERSONALITY DISORDERS

The difficulties encountered during the treatment of severe personality disorders, especially those involving drug addiction and criminality, are well known. Such patients are usually mainly concerned about the legal consequences of their activities, namely, imprisonment, and, unlike the neurotics, they do not fight their symptoms. Therefore, they usually do not even apply for therapy. The time for change comes when they finally realize how self-destructive their pattern is, which all too often is only after they have wasted their best years.

The early life style of the criminal has been identified by Adler as that of a rebellious and destructive child who says "no" to the demands of society (5). For various reasons, he behaves as if he

had to go on fighting in order to survive. Again, this is the time when the danger signals should be spotted: unless his rebellion is of a transient nature only, so often seen in children and remedied through normal education, treatment is advisable to change the anti-social pattern.

ELUCIDATING THE PATIENT'S LIFE STYLE

Dream interpretation is used in Adlerian psychotherapy to give the patient a better grasp of his main motivations (3, 6). Dreams do not represent the fulfillment of sexual desires, as Freud claimed. According to Adler, a person may dream about any problem he feels unable to solve while awake. I remember Adler telling me, the symbols and distortions in dreams can be compared with those often observed in a poor orator or writer who is elaborating on a subject he does not quite understand. It is mainly the directions and movements expressed in his dreams that are examined with the patient. For instance, a patient who is ambitious, but who is at the same time afraid he may fail, will often have dreams of flying upward. Dreams of falling, on the other hand, will often be experienced by individuals who have achieved a certain standing but are afraid of losing it because of some catastrophic events in their lives, such as a threat of criminal prosecution.

Early childhood recollections are used in Adlerian psychotherapy, unlike Freudian, to elucidate the patient's life style, and through his understanding of it, to help him to anticipate erroneous reactions to his problems. In patients, for instance, who have no early memories of their mother, an alienation between mother and child usually has set in during infancy, depriving the child of experiencing a close, reliable companionship, the result of which may show itself later in the grown-up's mistrust and alienation from others (5).

Adler's original views on the birth order of children has proved to be of lasting value in psychotherapy. It may be pointed out here that Adler never generalized about these positions, but emphasized the importance of the individual's unique response to his ordinal position in the family hierarchy (4).

SUMMARY

The Adlerian approach in therapy is to the patient's whole life situation and activities in the concrete present, as well as in the past without dwelling unduly on interpretations on a symbolic level.

With the schizophrenic, tranquilizing drugs and gaining his cooperation in their use is most important in bringing him back into a positive relationship with the therapist, the family, and—through social clubs, etc.—society. In the case of the neurotic, it is important to bring him to a realization of the meaning of his symptoms, namely, what he is trying to evade, and of the misuse he is making of “causes” as excuses. Traces of the neurotic and criminal behavior can be seen in childhood, where they are more easily corrected. The social nature of all problems, and the need to develop social interest, make group approaches, family, and milieu therapy favored forms of Adlerian psychotherapy.

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