

# PATHOLOGY OF POWER STRIVING AND ITS TREATMENT<sup>1</sup>

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Following the presentations of a philosopher, Walter Kaufmann, on "Nietzsche's Concept of the Will to Power," and of a psychologist, Heinz L. Ansbacher, on "Adler's 'Striving for Power,' in Relation to Nietzsche," I, as a psychotherapist, shall present some examples of the pathology of power striving and its treatment from the Adlerian point of view.

## THE SUCCESSFUL PSYCHOTIC

My first example concerns extreme ruthless power, and I think we could say now, this is the kind of power to which Nietzsche referred when he said, "Power makes stupid." Such people usually are not amenable to any kind of treatment. Hitler presents an impressive historical example of the destructive power of a successful psychotic. His extreme aggressiveness and power drive may be explained as a compensatory device for past frustrations and injustice, for real or imagined slights and hurts. But what happened to little Adolf in his youth is less relevant than what he did with his experiences. He was able to become powerful, to use his power for himself, and for what he considered his nation. He attempted to destroy all others, i.e. whom he considered others. He found in Germany large numbers of people responsive to his megalomaniac and paranoid concept of destructive power. He was much worse than Bismarck or Kaiser Wilhelm. Many were influenced by his devilish single-minded ability to pursue his irrational dreams. His contagious and negative charisma blinded his followers and believers who in turn lacked any realistic sense of responsibility or awareness of common humanity. Thus a successful despot like Hitler lives and dies his grandiose dreams. Society has to recognize the danger and protect itself and possible victims by stopping sick people from acquiring power.

Paranoid and megalomaniac patients are convinced of everybody's evil and hostile intentions. They are too suspicious and feel too

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vulnerable to be able to confide in and trust in other persons' strength and sincerity. It is unlikely that the psychotic power-striving of a Hitler or a Manson would respond to psychotherapy.

#### WANTING ABSOLUTE CONTROL

My second example is similar but not quite that extreme. It is more about what Dr. Kaufmann mentioned as "lording it over others," but it is also in a way very stupid. People who feel isolated and weak, protect themselves by pushing everybody else down, thus trying in effect to elevate themselves. Their striving for power is based on a narrow vision of their human environment, of self-righteousness and a hollow shell of pretended strength. They are usually brought to our office by close relatives, especially their spouses. Frequently, years before, the spouse had been impressed by the dominating behavior which was seen as a willingness and ability to give emotional and financial security and support.

Mr. A., a good looking, forceful man of 45 years, a writer in residence at a college, can accept psychotherapy only with his wife. Although one of their teen-age daughters is severely disturbed, Mr. A. refuses any involvement in her problems and treatment. He wants to be in control, complete control of whatever happens. He makes the rules. He has for instance set up rules and regulations for the frequency and techniques of sexual intercourse. There is a rigid schedule for when his wife has to be home and where she can go. He decides what is permitted, who is permitted to be her friend or their friends. He drinks six or more cocktails and becomes violent when she does not obey. He is suspicious of her actions, distrustful and insulting. One of his goals in therapy was to get the therapist to tell his wife that *she* was really sick, inhibited sexually, that she had homosexual tendencies and *she* needed to change to fit his wishes.

In such cases the therapist has to put aside the feeling that this patient is really a terrible guy. Nor should the therapist sympathize with the downtrodden Mrs. A., for Mr. A.'s fears deserve empathy and the foreground of the therapeutic attention. Mr. A.'s behavior can be understood as based on his firm conviction that he must constantly be on the lookout for himself. If he relinquished his rigid control over everybody who is important in his life, he would lose everything, and become helpless, at the mercy of everyone. Behind all this lurks his terrible fear that he may not be successful enough professionally and that his wife may reject him. The therapist, how-

ever, has to be able to judge from their sporadic demonstration of affection that Mr. A. really wants to be close to his wife and mistreats her only because he conceives of closeness as leading to his complete subjugation.

Mr. A. is confronted in therapy with the unreality of his distortions, such for instance as his belief that Mrs. A. is having a lesbian affair because she talks to another woman on the phone for half an hour. Mrs. A. on the other hand, must be guided to assert herself in the presence of the therapist, instead of submitting resentfully to her husband, and to express how confused and frightened she is by his mistrust and demands. The therapist acts as an interpreter, explaining in turn how Mr. or Mrs. A. feels, what Mr. A.'s fears are, what angers Mrs. A., etc. A bridge of communication and mutual understanding is thus established and the spouses learn to listen to each other instead of screaming, hitting, or getting drunk. Mr. A. responded to the therapist and became more relaxed and happier as his marital relationship improved. He was willing to discuss his unrealistic ambitions in the college hierarchy, his distrust of colleagues and superiors, his fights and difficulties with them.

It is a great challenge for the psychotherapist to try to influence unwilling patients, patients unwilling to change, and it is a moving experience to see ingrained psychic structures finally change. Slowly the chains which had condemned a person to loneliness and suspicion soften, and the freedom to relate and confide emerges. A pathologic power striving, seeking self-protection, and fear of others can diminish or, hopefully, disappear if trust in one's self and towards others develops. Then the patient can be helped to find better means to achieve his new goals of closeness or to modify his old goals. He learns to try new patterns of understanding and respecting others, so that absolute control is relinquished and replaced by give and take.

#### CONTROLLING THROUGH POWERLESSNESS

My third example concerns a patient whose reason for wanting treatment was her feeling of complete helplessness. Miss B., 20 years old, meticulously dressed, her attractiveness marred by acne, has suffered for a year from depressions which make it impossible for her to concentrate on her work in a computer firm and to fulfill her responsibility to her employers. She came to treatment because she was afraid of losing her job. Since her depression started a year ago, she has had three psychotherapists. None of them "did the right thing

for her." She professes complete helplessness, hopelessness, and powerlessness. She sees herself as a passive victim of her sickness. At the same time she is unwilling to cooperate. In therapy this manifests itself in her lack of communicativeness. She answers questions reluctantly with "yes" or "no" or short sentences if possible, long pauses in between. Sessions with her may become difficult and boring for the therapist. If the therapist has the courage to respond with open anger or resentment to her passive obstructionism, the patient seems impressed and relieved.

Miss B. tells of many discouraging experiences in her childhood, with a critical and rejecting mother, a weak and seductive father, and a psychopathic brother who had been the mother's favorite. As an adult she had additional discouraging experiences. She felt helpless in a lesbian relationship with an older social worker, and had disappointments in an affair with a married man. Miss B. feels that whatever she does, things get worse for her. She cannot turn in any direction. Now she is convinced that any attempt to cope or to strive will end in failure. Apparently she is sure that she has been a victim all along. When she makes the therapist angry by her silent hostility and lip service to psychotherapy, she has a novel experience. She is more effective than she expects because she can make the therapist angry. In time this will give her a sense of power; her eventual realization that she can succeed in making the authority figure angry may give her satisfaction and a chance to re-evaluate her own strength. She is not a victim any more; she makes somebody else a victim.

The depression is a form of flight from independent living, which involves dependence and forces others into one's service. Psychotherapy has to give new courage to face the world and to set realistic goals for which to strive. To counter Miss B.'s depression the therapist finds out instances of successes in her life, which she devalues in her present condition. The therapist tries to prove to her that she was not at the mercy of her own family but has repeatedly in the past been able to take care of herself, and to assume responsibility; even now she is not as powerless as she says. Miss B. must be brought to understand that her salvation lies not in controlling others through her doubts and dependence, but in learning to control her own destiny in cooperation with others with mutuality of understanding and support. Experiences which prove to her that she is not powerless, but can successfully cope with life's problems will encourage her to replace her demanding passivity with goal-directed energy and action.

### POWER WITHOUT PARTNERSHIP

Now my fourth case presents a person who wanted power without partnership, to be important. This last example, the case of Mrs. C., is difficult to sketch because it is more complex. She is an attractive, 30-year old, black woman, working as a pediatric nurse in a hospital, with a 5-year old illegitimate daughter. Mrs. C. was torn by guilt feelings about her child, who was inadequately cared for. She was afraid of losing her job, and she suffered from the blues and loneliness, which arose from the fact that she could not confide in and trust friends. She thought that she had brought shame on her family by having the illegitimate child and that she had to hide this child. She felt rejected and abandoned by her brother and by her widowed mother, and felt resentful toward them.

Mrs. C. grew up in a middle-class family, living in the black ghetto of Washington, D. C. She was always aware of being black and she was proud of her race. She was her father's favorite; he was a supervisor in federal service with a high school education, and died when she was 19 years old. She was protective of her younger brother and influenced him to strive for a good education as she had done, and to become active in black social and sports activities. Mrs. C.'s mother, whom the therapist came to know in the course of treatment, is a pious, superstitious, self-effacing women. She considered her lively, ambitious daughter as a misfit and took her repeatedly as a child to doctors for checkups because she felt "something must be wrong with the child." The doctors would try to reassure Mrs. C. senior that the girl was fine but the mother's doubts persisted. After successful attendance at the black neighborhood schools Mrs. C. won a scholarship to an integrated college in the East where she competed for the first time with white students. She finished college summa cum laude and returned to Washington to start work as a nurse.

The patient had her first sexual affair when she was 25 years old, became pregnant, and was abandoned by her boyfriend. She confessed her pregnancy to her mother and brother, both of whom refused to help her. After the baby was born everything went downhill for Mrs. C. She left the child with inadequate foster families, and continued to work as a nurse. When she found the child neglected and beaten, she was finally able to convince her mother to take the little girl in and care for her. This the mother did in a dutiful, tightlipped way. After all this, the child showed signs of severe emotional dis-

turbance. Mrs. C., a psychologically knowledgeable nurse, became even more guilty and anxious.

Mrs. C.'s self-image and her sense of her own identity disintegrated. She could not live up to her own expectations, her striving for self-perfection. She had attacks of panic at her nursing job and was afraid of becoming totally disabled. She then decided to accept psychotherapeutic help. We started to explore how it happened that Mrs. C., a gifted and intelligent woman, had come to such an impasse in her life, a point where she felt trapped and surrounded by impossible choices. When Mrs. C. blamed herself for her the foolishness of her sexual involvement with a young and irresponsible man, and for her own inadequacies toward the child, the therapist attempted to interpret it as her wish to fulfill her mother's prophecy that there was "something wrong with her." She had proved that her mother was right and at the same time had punished her. Mrs. C. did not like this interpretation. She had always felt superior to her mother, and had under her father's influence become a leader in her community, at her job, and even within her family. After further exploration she could admit that her erroneous expectations that she was above common mistakes had, by giving her a false sense of security, contributed to her thoughtless and self-destructive love affair. She also learned to understand that her brother did not look at her as the superior and selfless sister that she wanted to be. When she mustered enough courage to ask him why he had been unwilling to help her when she and her child needed help, he expressed resentment and anger at her domineering, even arrogant attitude towards him in the past.

Mrs. C.'s striving for competency, for self-perfection, for a meaningful life, existed side by side with an immature, I would say arbitrary spitefulness and expectations that people and situations had to fit her preconceived ideas. If reality didn't correspond to what she expected and wanted, obstacles and limitations were ignored so that she could go ahead and fulfill her high goals. The therapeutic relationship had to give Mrs. C. an example of democratic guidance which is based on cooperation and the experience that achievement and significance are only possible and desirable within the reality of one's own life space. The therapeutic process consisted in our sorting out how she had failed in the past whenever she went on her merry, self-centered way without regard for others. It taught her that in the present she had to be aware of what Dr. Ansbacher quoted as the

realities of man's social embeddedness and that she could only be successful by accepting this reality.

Mrs. C. was able to change her stressful situation. She took her little girl to live with her, and the grandmother took care of the child while Mrs. C. worked. It was a great relief that the child did not have to be hidden away, and that Mrs. C. did not have to lie to friends, colleagues, and superiors. Mrs. C. did not lose her job as she had feared and the child started to recover in this more normal atmosphere. The areas of Mrs. C.'s security widened. She could handle her mother and take care of her daughter without feeling resentful and guilty. She finally trusted herself to choose a man willing to respond to her sexual needs and her desire for closeness. She could be sure now that this man would not betray her. Finally she was elected president of the alumnae society of her college. She understood that to be a good leader and responsible person one has to treat others as equals and be aware of their motivation and purposes.

#### SUMMARY

Now to summarize: Mr. A.'s concept of power is to achieve success by control over others. He thereby only isolates himself. This leads to a vicious circle of isolation, mistrust, and further need for power. The power for which he strives is asocial or in its more intensive form, antisocial. Miss B.'s goal is to avoid responsibility and coping activity, by behaving as a powerless person, without the ability to make decisions or to take care of herself. This too can lead to a vicious circle in which abdicating power for oneself only leads to unrealistic demands on others and further disappointment and discouragement. This is a depressed person, if you remember. The third case, Mrs. C., developed under difficult circumstances a socially directed goal of self-perfection, but because she could not build satisfying relations with people close to her, she was unable to cope with her life situation. Respect for others is a prerequisite for the successful and responsible use of power in a socially constructive direction.

The three cases illustrate how much misery results when individuals strive for success and the elevation of the self-esteem at the expense of others. The first patient sought to achieve this by subduing others; the second, by making powerlessness the general rule and living to prove that we are all victims and unable to strive or to

help each other; and the third patient disregarded others in using them for self-perfection.

Psychotherapy at best can bring only belated understanding that the wish for power over others in whatever form is self-defeating. Education is a much better way to learn the meaning of socially directed power. Children are creative; they have their own strong and nearly inexhaustible energies which they channel into various achievements and fulfillments by overcoming obstacles and failures. Family and school must furnish them the experiences to learn that, to quote Adler, "the only salvation from the continuously driving inferiority feeling is the knowledge of being valuable which originates from the contributions to the common welfare." Thus a healthy self-esteem develops which enables each person not only to be responsive to the individual attitudes, needs, and expectations of others, but also to make right choices, to be creative, and to find happiness in accepting others as they are and being accepted by them.

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