

ADLERIAN CONCEPTS OF SCHIZOPHRENIA
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Modern Drug Treatment during Psychotherapy of Schizophrenia. ALEXANDRA ADLER, New York.

During the last years new drugs have been offered to the medical profession, which have decided advantages inasmuch as, although they do not induce sleep in the patient, they still have a definite influence on the symptomatology of the mental disease process. For the treatment of schizophrenia, chlorpromazine and the rauwolfia derivatives are used in preference to other chemicals. Under their influence, the patient experiences a diminution of responses to various stimuli, which has desirable as well as undesirable effects. Most patients complain of a lack of drive while using the tranquilizing drugs, which often leads to difficulties, particularly in the professional field. If the patient works in a group, his co-workers will object to his slowness and lack of initiative, which, in turn, leads to conflicts in interpersonal relations and often to his unhappiness. On the other hand, the patient may be freed from the hallucinations and delusions which before the new drug treatment would have made it impossible for him to join in any community activities.

The dream life of the schizophrenic patient, while under modern drug treatment, shows definite changes, which evidently are the result of a diminution of goal-directed planning. Consequently, such dreams are less useful for the elucidation of psychodynamics. Occasionally such patients also report an appearance of vivid and detailed recollections of long-forgotten material. Such recollections do not go back as far as to the first years of childhood, to which commonly greatest importance is attributed during psychotherapy. The origin of this phenomenon needs further investigation.

The psychiatrist has to use even greater skill than before in order to differentiate between symptoms of the psychosis itself and, on the other hand, effects of the drug treatment. He has to use a holistic approach, using thorough knowledge of the schizophrenic's reactions, which, except for the impact of hallucinations and delusions, are basically related to the same problems as in any other human being.

A Special Group of Austistic Delinquents. (Read in German.) PETER BERNER and WALTER SPIEL, Vienna.

This is a report on a group of delinquents who are marked by affective emptiness, lack of social ties, and odd behavior. Eleven such cases were observed among the 290 inmates of the Austrian central correctional institutions for delinquent boys. The cases are all characterized by coming from large families and by having a middle position in the sibling order. In almost each case eccentrics were found among the ascendants. After normal development up to the age of 8 or 9 years, a

creeping change sets in, leading to such activities as peddling, circus work, or vagrancy. Some form of vagrancy together with petty thievery is the common offense. In the further development we find increasing social decline and complete loss of social ties and relationships.

This clinical picture differs from hebephrenia in that it sets in much earlier, and from psychopathy in its progression and serious personality changes. It also differs from the neuroses. It comes closest to a creeping schizophrenic process, the initial syndrome of which is apparently hardly noticeable. In seven cases light paranoid attitudes were clearly observed.

The fact that all cases come from the middle of a long series of siblings, leads us to relate this syndrome to the psychodynamics which Individual Psychology has shown to be the consequence of the middle position in the family structure.

The Specific Contribution of Individual Psychology to the Treatment of Schizophrenia.

JOSHUA BIERER, London.

Adler's first great contribution to the treatment of schizophrenia was to revolt against Freud's dictum that schizophrenia cannot be approached by psychotherapy. Adler's positive contributions were the following. (1) He introduced a two-way relationship between therapist and patient, thereby changing this relationship into a more active and dynamic one. The Freudian movement followed Adler's lead here by introducing counter-transference and a more active interpretation by the therapist. (2) With his first paper on aggression in 1908 Adler succeeded in breaking the one-sided libidinous interpretation of human nature. (3) Adler introduced the principle of social feeling. Although he was laughed at for using such a vague concept, this has become instrumental in starting the new, promising movement of social psychiatry which has revolutionized our outlook on and treatment of mental illness.

Three other important principles introduced by Adler are: purposefulness and life style, total situation, and relatedness.

Where Freudian principles govern the therapeutic outlook, one is repeatedly told "we cannot use psychoanalysis in our mental hospitals." Where the Adlerian principles, above, are being used, as in Great Britain, the treatment of schizophrenics has undergone great change within the framework of the old mental hospitals; instead of prisons for "life," these hospitals have become places of real cooperation between the patients and the staff. At the same time these changes are being carried into a new framework represented by the day hospital, the aftercare rehabilitation center, intensified social care of the patient in the family set-up, the therapeutic community hostel, the N. N. (Neurotics Nomine), the night hospital, and the therapeutic social club.

Without Adler's great contributions it would hardly have been possible to materialize this significant development which helps the schizophrenic patient to come out of his shell and to become a useful member of society according to his ability.

The Borderline Schizophrenic in Group Psychotherapy. HELENE PAPANER, New York.

The therapy group gives the schizophrenic patient a second chance to experience communal life and to understand its tasks. The first chance, healthy growth

and maturation during childhood, has been missed either because of an organic biochemical disturbance, or because of a schizophrenogenic environment which made the healthy learning process impossible, though the potentiality was present.

In schizophrenia the ability to organize perceptions into functional patterns is impaired. The symptoms of withdrawal into autistic fantasies, paranoid and megalomaniac ideation and delusion, and catatonic stupor alternating with impulsivity, are socially unsuccessful compensatory attempts leading to further deterioration. If the impairment is neither severe nor progressive, constructive compensations can develop, if and when the patient, through social experience in the therapy group, understands and accepts the guiding principle of social purpose. In an atmosphere of security chronic anxiety disappears.

The asocial schizophrenic syndromes are replaced by a progressive learning process and belated, though perhaps limited, ability to form concepts which correspond to reality as it is commonly perceived, and thereby to communicate, to empathize with the feelings of others, and to subordinate individual concern to social necessity.

Once the schizophrenic can grasp a glimpse of understanding of the social embeddedness of human life—and this happens in group psychotherapy, he is able to find a better, socially purposeful and therefore healthier solution for his handicap.

The Psychopathology of Schizophrenia with Special Reference to the Concepts of Alfred Adler. A. SPENCER PATERSON, London.

In many psychiatrists, especially the Zurich school, there has been a tendency to emphasize psychological factors, which is indeed of the essence of Adler's teaching. M. Bleuler, for instance, believes that Ruedin's ideas of heredity are vitiated by the environmental influence of one relative on another; that it is the personality of the patient, what Adler would call the life style, which determines the clinical picture; and that schizophrenia must be regarded not so much as a progressive illness but as a reaction to a catastrophe. According to Bleuler, "The chief thing is not the weighing up of the relative importance of nature and nurture, but . . . that we act within the limits of the possibilities of reaction to the environment with which we are born" (1957).

Stressing the unitary character of mental disorders, Adler gave a brilliant account of the prepsychotic personality in schizophrenia. He believed that the schizophrenic avoided a feeling of inferiority only by severing all connection with reality, but at the expense of his reason. In the end, the feeling of self as a separate entity became indistinct and his natural aggressiveness diminished almost to zero. This conception is borne out by the phenomena of schizophrenia. The hebephrenic rejects the world by judging everything to be silly and trifling; the paranoid, by attributing his failure to the actions of persecutors; the catatonic, by retreating into stupor.

Every psychiatrist has had cases of schizophrenia which have resulted from failure in the sphere of social work rather than in the libidinal sphere. The isolation of the schizophrenic underlines the importance of Adler's doctrine that in the normal man work within the group is necessary for the development of personality. Many papers at this Congress have emphasized the importance of remedial training in society in the treatment of this disease, while others have emphasized un-

healthy family life and faulty education as essential factors in its causation. It is not surprising, therefore, to learn that in countries where medicine is organized by the state, increasing attention is being paid to Adler's psychology as the most promising approach to the problems of preventive psychiatry, including the problem of schizophrenia.

Body Image and Life Style in Schizophrenia. (Read in French.) HERBERT SCHAFER, Paris.

Disorders in the development of the body image are found so frequently in schizophrenia that one is tempted to establish a relationship between the two phenomena. These have been studied in childhood by Schilder and Bender, and Dupre and Mercklin with their law of psychomotricity. Disorders of the body image represent a physiological inferiority which gives rise to a (schizoid) psychological super-structure which, in turn, under certain circumstances can result in schizophrenia. The schizoid type is characterized by a very great psychological coldness and an affective life which oscillates between extreme irritability and extreme indifference.

The apperception of objects begins the moment they are perceived by several sense organs simultaneously, and that is when the distinction between the self and the environment begins. A multitude of impressions from daily life is necessary to accomplish this distinction during the first and second phases of childhood. The child forms his conceptualization of things gradually, in a back and forth movement in which, searching for certainty with regard to external objects, he gains that certainty definitively within himself—certainty towards material objects as well as towards his fellow-men. It is in the social space that the child learns to give form to his relationships with others. In this space the individual, in order to assert himself, tends first to exclude the others, then to dominate them, and finally to join them in a spiritual and psychological communion.

Where this development has been disturbed, and certain circumstances lead to the breaking out of the illness, the individual shows an agnosia to the meaning of life. With meaning of life used in the sense of Adler, these individuals are unable to grasp human relationships. When tested for this meaning, they show a kind of "catastrophic reaction," as described by Goldstein in the sensory agnosias, but of much greater extent and duration.

As to treatment, Adler stated as far back as 1926 that all constraint is to be avoided. "Confinement in a closed institution is veritable poison." In an affectionate atmosphere, different from his previous environment, the patient must be supervised discretely while given sufficient freedom of action.

The Problem of Relatedness in Schizophrenia. (Read in German.) KURT WEINMANN, Munich. (Abstract not received.)

Discussion of Papers by Dr. Schaffer, and Drs. Berner and Spiel. LAURETTA BENDER, New York.

In connection with Dr. Schaffer's paper, many observations made by Paul Schilder and myself in the study of schizophrenic children have found the body image the most significant integrated perceptual experience, and that difficulty in the maturation of the body-image concept is very serious. Although from my point of view the failure in schizophrenic children for the body image to form is not the

cause of the schizophrenic disorder, this disability is one of the primary symptoms resulting from the schizophrenic process which is active from early childhood. It increases the anxiety and calls forth defense reactions which often take the form of articulate expressions of the body-image distortions, in verbal complaints of losing the extremities of the body, of feeling the inside of the body as though it were transparent, and of being unclear as to the body-image boundaries. Also, there is expressed often an unsureness as to the identity of the child's own body and its parts as distinct from that of other people about him. Panic states are frequently created because of these body-image problems. Other children are articulate by producing drawings which express the body-image distortions. These problems are basic to the problems of object relationship, and the therapeutic approach needs to take both into consideration.

In connection with the paper by Drs. Berner and Spiel, I have observed that frequently in puberty, schizophrenic boys show a recession of symptomatology typical of a childhood schizophrenic and present the picture described by these authors. For a while there is apparently no anxiety and consequently no secondary symptom formation, but basically there is a severe defect in the ego development and in object relationship, which gradually shows itself with paranoid attitudes and antisocial acting out. Consequently such adolescent boys are frequently involved in vagrancy, petty thievery, truancy and gradually in more serious behavior such as fire setting and aggressiveness on a paranoid background. In late adolescence or early adulthood they are often frankly psychotic. This picture I have described as pseudo-psychopathic defenses in schizophrenia in adolescence. A remarkable example of it has been written up by Thomas Mann in *The Confessions of Felix Krull*.

Dr. Adler suggested that I say a word about the difference between the Adlerian point of view in child psychiatry and that of other schools of psychiatry. The difference appears to me to be only in the theoretical implications. The way of examining patients, of handling them, and of treating them is the same in the various schools of psychiatry, differing only to the extent that every individual psychiatrist has his own approach to patients.

Discussion of Remaining Papers. PAUL H. HOCH, New York. (Not received.)

Summary. (Read in German.) HANS HOFF, Vienna.

The attempt to explain schizophrenia from a single point of view appears to me to be mistaken. Schizophrenia is a disease of the whole personality, which disturbs the feeling, thinking and well-being of an individual and thereby subjects his relationship to the surrounding world to considerable changes. Thus schizophrenia must be explained through multiple factors. These include the relationship to other persons, such as parents, school, or community at large.

The catastrophic reaction, on which the onset of the schizophrenic psychoses and reactions depends, is mostly determined by a changed relationship of the environment to the patient. But this in turn is triggered off by a disturbance of the patient's affective commitment to the environment. Obviously such a patient has disturbances of social interest; the inner harmony with the customs of the community, with the norms of society, is disturbed. The inner positive orientation is lacking. A further concept, the striving for contact, which Adler introduced, also

shows clear disturbances. The foundation for contact, the arousal of contact which consists of a turning toward the environment, as well as the expansion and the renovation of contacts, all show serious disturbances in the schizophrenic. The reason for these disturbances lies in the introversion of the schizophrenic patient, which leads toward breaking the contact, toward autism.

Thus we employ in our therapy methods which derive in part from Adler, in that we give the patients new contacts and social interests. Our work therapy attempts to give the patient self-values again and, since the work takes place in a group, to evoke interest in the group. In the attempt to activate the patient's social motive, we treat him in groups, so far as individual treatment is not absolutely necessary. In doing so we point to the group and help the patient to cope with his individual difficulties as a social being.

The various papers of this symposium have shown how Adler's thoughts—together with the modern advances of psychiatry in pharmacotherapy, individual psychotherapy and group therapy, and with recent findings regarding the fundamentally important relations of body image and life style to schizophrenic symptoms—have contributed essentially to the solution of the problem of schizophrenia, and are opening new ways for the future.