

EXPERIMENTAL STUDIES OF ORGAN INFERIORITY

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The clinical hypotheses brought forth by Alfred Adler include the concept of organ inferiority and its compensation. Adler hypothesized that chronic inferiority in a given organ would cause the person (responding as an integrated unit) to compensate for the organ inferiority, and that this compensation is generally developed unconsciously (1).

Recent experimental work has tended to validate the hypothesis. The present paper discusses studies which provide indirect validation and also reports direct experimental tests.

INDIRECT VALIDATION

Richter (2, 3) and Young (7) have shown that both animal and human subjects can, with comparative rapidity, develop a preference for foods rich in substances for which the individual has a particular need, in spite of the subject's utter ignorance of scientific facts regarding diet and his own peculiar needs.

While these studies have dealt primarily with artificially-induced deficiencies, they carry implications of importance for the psychologist interested in more permanent deficiencies and abnormalities. Here the studies by Roger Williams, a biochemist whose interest in psychology is only incidental, are pertinent.

Williams directed exhaustive investigations of the extent to which human subjects differ in biological factors. His reports (5, 6) reveal very great individual differences in the ability to utilize certain chemicals and compounds; in the amount of various compounds present in the body, for example, blood sugar, alkaline phosphatase, and acetylcholinesterase; and also in the requirements for the various vitamins, minerals, and other elements which are necessary to life and health.

Williams' findings, combined with the studies of diet preferences, provide theoretical justification for the contention that inferiority of a certain aspect of the body might cause the person to develop, in a very literal sense, a deviant appetite. Furthermore, it is a small step from idiosyncrasies in eating to the more "psychological" idiosyncrasies. If unsuspected biological weaknesses can affect a person's "tastes" in food, they should also be able to influence his "tastes" in recreation, clothing, personal mannerisms, and friends. Williams carries this reasoning to its logical conclusion; he ends his latest book (6) by suggesting, as did Adler, that specific biological inferiority may be a factor in specific "mental diseases."

DIRECT EXPERIMENTATION

Adler's concept of organ inferiority, combined with the findings summarized above, has led to at least two direct experimental tests of the original hypothesis. A report of one of these tests has been published (4). Some of the subjects had a minor physiological weakness, partial color blindness, but were not aware of this slight inferiority in their eyes. It was found that these subjects (in comparison with normal individuals) had learned to rely heavily upon the position of the lights in traffic signals. In other words, they compensated for their color weakness by ignoring color cues and acting instead on the basis of positional cues. And they did so, even though they were not conscious of the very weakness for which they were compensating. This experiment clearly supports the Adlerian hypothesis that an undetected, unrecognized physiological inferiority may cause a person to act in a manner which he cannot understand.

An unpublished study by the writer provides further verification of the hypothesis. People who were slightly deaf (as indicated by a rigid audiometric test) were found to watch a speaker's mouth more than people with normal hearing. This tendency appeared even in those individuals who declared that they had never suspected any deficiency in their hearing. It is obvious that the experimental subjects developed the habit of looking directly at the mouth of the speaker in order to gain additional cues about his conversation. It is also easy to imagine how this result of organ inferiority might affect the subject's "personality," at least in the judgment of naive observers.

To summarize, the writer asserts that experimental findings justify the concept of organ inferiority and its compensation, and that thorough application of the concept would probably clarify many examples of unusual behavior.

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