USEFULNESS OF THE CONCEPTS OF INFERIORITY FEELING AND LIFE STYLE WITH SCHIZOPHRENICS

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According to Cameron (5) authorities in general accept Freud's formulation of the use of denial and projection by the paranoid in handling thoughts which he cannot accept, such as homosexual or aggressive feelings (7).

But psychoanalysis is both a theory and a system of therapy. Freud may be correct in his theory of paranoia, without having devised the best therapy for its treatment. Arieti (4) points out that Freud devoted most of his life to the study of neurosis, and was only secondarily concerned with psychosis. Even more to the point is Kurt Goldstein's statement: "Freud thought that the treatment of schizophrenics through psychoanalysis would scarcely be possible because the development of transference in these patients is made difficult, even unlikely, by their narcissism—an observation which holds true if one tries to use the methods he found useful in neuroses" (8, p. 1340). Greenson points out that psychoanalytic therapy with its free association, the use of the couch, transference, etc. "requires patients who have strong motivation" (10, p. 1404), and egos relatively free of neurotic conflict. The three paranoid schizophrenic patients discussed below were neither well motivated initially, nor can they be said to have had relatively neurotic-free egos.

If the classic psychoanalytic approach is ineffective, an alternative seems necessary. Sullivan worked mainly with schizophrenics and obsessives, and found free association ineffective (11). He emphasized the interpersonal relationships of the patient (14) and de-emphasized the forces operating within the patient's psyche. This is consistent with the underlying philosophy of all those who have been called ego-psychologists after breaking away from Freud's doctrines. Their concern has been with the social side of man.

The Adlerian Approach

Adler deserves great credit here for his early recognition of the social nature of man and its consequent importance in therapy. His approach to treatment emphasizes inferiority feelings and life style, both of which receive their meaning from social interaction.

As Harper says, "Adler was the first psychotherapist to place high value on the social relationship between the therapist and the patient. He believed that this relationship could serve as a re-educative bridge to other relationships" (12, p. 46). This was true of the three paranoids with whom this author worked. Their socially useless life styles were obvious inside the therapy room and out; and therapy enabled them to see this, once a good relationship between therapist and patient had been established.

It is gratifying to note that, according to Coleman (6), most authorities on paranoia today accept the role of strong inferiority feelings as a predisposing factor. While generally covered up with an air of superiority, such feelings are nevertheless apparent in the patient's behavior. The Adlerian approach by stressing such feelings and life style, facilitates the therapist's understanding of the patient's behavior, and enables patient and therapist to talk in terms that are pragmatic. That is, the patient can actually do something about his behavior when it is explained to him by the therapist in terms of Adlerian concepts.

Kurt Adler (2), in a stimulating paper on life style in schizophrenia, states that his father, Alfred Adler, conceived of failure and hopelessness as the common denominator of schizophrenia, and thus stressed encouragement by the therapist, who should maintain an interested, hopeful approach with the patient. This is consistent with Cameron's views on therapy with paranoids and with the approach used by the present author. This is no easy task, since the therapist is challenging the patient's life style which was constructed as a way of avoiding threats, and which has undergone a self-defeating development as the patient has made numerous social and personal blunders. The patient has developed his own private logic to account for the threatening world in which he constantly fails and thus he tends to blame other people for his failures. The therapist must try to bring the patient back into what Alfred Adler called the "clash with reality" (2, p. 49), so strongly guarded against by the patient's symptoms.

As to group therapy with paranoid schizophrenic patients, there are many ways of doing this, but the approach based on Adlerian principles seems particularly valid. This is due partly to the general social orientation of the Adlerian framework, and partly to the relevance of the Adlerian concepts to the patient's everyday behavior. We do not talk in group therapy about homosexuality and projected aggression deriving from an urge of self-destruction. Instead we talk

about the patients' early discouragement and inferiority feelings and how these led to exaggerated and rigidified goals of success, and a self-centered, non-contributive way of living, or style of life.

Below are three examples of the use of the concepts of inferiority feeling and life style with paranoid schizophrenics whom the author treated in group therapy at a state mental hospital.

A CASE OF HOSTILITY IN A HOMOSEXUAL

Frank grew up with an extremely bossy mother who, at the same time, was said to have been seductive by being overly sweet, coy and protective toward Frank. She behaved toward him often more like a wife than a mother. His father was passive and for peace at any price; he would seldom play ball with his son, or do anything that would give him an adequate model for masculine identification. Frank became very effeminate, both in appearance and interests, considered himself unable to be accepted by females, and drifted into homosexuality. Though plagued by hallucinations and delusions, he managed to avoid hospitalization until he started threatening to beat up his mother. His parents proceeded to have him committed, though they knew nothing of the delusions, hallucinations, or homosexuality.

Frank, now 31 years old, was both very charming and very hostile. He used sarcasm effectively, and one would consider him a witty fellow until one realized that he was not joking when he said, "People are all crooked and out to get what they can from you," or "The world is no damn good."

Frank's feelings of inferiority seem to have stemmed from his very effeminate appearance and manner, and from the relationship with his parents who were both moralistic and, in some ways, rejecting. When he was four years old a younger brother was born, his only sibling. It soon became evident to him that life was a competitive affair, and he learned that he was not an especially good competitor. This occurred through his lack of preparation and lack of encouragement for tasks which often come easily to other children.

In group therapy Frank talked of how he was just too weak to work, to engage in sports, or to do anything which requires effort. He did not say, "I don't want to do that because it is uninteresting"; rather, he insisted, "I can't do that because I am too weak." He will tell anyone who asks that he is physically inferior to others because he lacks strength, despite the fact that he is a well-developed six-footer. This is a clear case of the inferiority complex as an alibi, as stated by Rudolf Dreikurs (3, p. 259).

This brings us to Frank's style of life, which is essentially one of saying that since all people are dishonest, and all jobs which he can think of are arduous, he might as well accept the easiest way out. His goal of success is to let others support him. Frank was content to have a marriage in which his wife worked and he cared for the baby and remained at home. And, he is also content to remain in the hospital since, as he puts it, "I get three meals a day, there's a roof over my head, and all I have to do is take it easy all day."

To allay his own feelings of inferiority Frank depreciates the world. Frank's obvious dissatisfaction with himself was pointed out to him by the therapist and patients, with the therapist emphasizing the source of it all—inferiority feelings developed during childhood. Frank's biting sarcasm makes one realize that he views the world in ways which are consistent with his fundamental tenet: the world is no damn good. His strong depreciation tendency (3, pp. 267-269) is part of a life style that can lead to no other path but failure.

The above is clear-cut and straightforward, and was readily conveyed to Frank. The points about inferiority feelings in childhood were readily admitted, since they stood vividly in his mind. Initially, he resisted the interpretation that he had developed a life style consistent with his overly pessimistic view of the world. Through a process of attrition, which consisted of challenges from the therapist and the group, Frank was able to see that some people do structure their lives in conformity with unrealistic philosophies. And when this much had been admitted, Frank had taken the first step in coming to the conclusion that *he* had adopted an unrealistic, antisocial life style.

How could such a defensive patient make such admissions? They certainly did not come easily, or early in the therapy sessions. The acceptance of these Adlerian principles could come only after Frank had been shown acceptance and sympathy. The therapist did not initially attack his delusional system, other than expressing personal disbelief. Speaking of children, Gondor (9) has said that the therapist's interest, sympathy, and lack of punitiveness will generally put the child at ease and allow him to talk to the therapist. Cameron (5) advocates much the same thing with paranoids, and it proved extremely effective with Frank in bridging the way for the introduction of the Adlerian concepts of inferiority feeling and life style.

After such sympathy and support Frank would probably have talked about numerous things, e.g., id, ego, and superego. But, the Adlerian concepts have the value of being closely related to the per-

son's behavior, in short, to the real world. With life style and feelings of inferiority we do not deal with abstractions; we deal with actual happenings in the patient's life. This likely accounts for their efficacy in therapy. Frank could accept interpretations based on these concepts because they hit home. His defenses did not, of course, disappear, but he did become more amenable to treatment, and seemed to have gained valuable insights into his behavior. More important, he seemed to be willing to make some modifications in his previously rigid, self-defeating style of life.

TWO CASES OF PARENTAL REJECTION

The other two cases can be considered together, since they are amazingly similar in background. Harry and Buster both came from broken homes; their parents were divorced when the patients were still in childhood. Both were told by their fathers that they were no good and would never amount to anything. Harry's father even predicted that his son would end up in jail. Why these boys were so discouraged by their fathers is not clear. But, apparently both believed their fathers, and took on the verdict their dads had expressed: worthlessness.

The two patients adopted the same type of life style. Both decided they would prove themselves to be adequate, competent males. Like so many paranoids, they cast their thinking in black and white terms: either I am a real cool guy and a success with the girls, or I am a failure; either I pay off my debts when they fall due, or I am worthless; either I make it big, or not at all. Adler called this the "all or nothing" formula, adding, "In these cases, when the hope of gaining *all* begins to fade, *nothing* is left" (1, p. 55).

We can appreciate how their life styles have been focused upon proving to themselves and others that they are not inferior. They drive themselves very hard in their work, trying to be excellent, which they must be in order to consider themselves adequate. Buster even compared himself to his father: "I haven't made much money, but my dad sure has. I wish I could be like him; dad is a real self-made man." Both patients have adopted what Riesman (13) would call an inner-directed approach to life, with emphasis upon hard work and living up to the parental image.

Harry was 26 years old and was a youngest child, with one brother two years older and another brother seven years older. His paranoia consisted of recurring jealousy, in which he felt certain his

wife was having sexual relations with others. Finally, when he began to have thoughts of possibly killing her or himself, he had himself committed to the state hospital. After initially giving him sympathy and support, the therapist was able to challenge the reality of Harry's suspicions. Harry also talked about his childhood feelings of inferiority and inadequacy. It was shown to him that he still felt inferior and unworthy of his wife's love, and for this reason believed that she surely must be seeking the company of more adequate males. His attitude in therapy changed drastically. At first he threatened to beat up the therapist if the latter ever crossed him. Later, he was able to accept the fact that he felt terribly inferior and unworthy, and had been jealous, and lived with a chip on his shoulder as a result.

Buster, 28 years old, had been an only child. He also tried to cover up his feelings of inferiority by appearing tough, confident, and mature. He had worked as an auto mechanic, and became convinced that his fellow workers were sabotaging his work and were in other ways keeping him from earning a decent living. This belief served as a marvelous alibi for any of his failures but did not give him a feeling of success. Thus he would argue with his wife over minor matters, and would cry and smash his fists into their refrigerator. After putting up with this for several months, she had Buster sent to the state mental hospital.

The concepts of inferiority feeling and life style proved useful in both cases because the patients found these to be topics which they could readily discuss. Buster had no trouble relating how he had always feared he would not be able to live up to his father. Also, he was happy to discuss his life style, which included being a big hit with the girls. After he had admitted to the group that he felt quite inferior, Buster was able also to admit that much of what he did in everyday life was aimed at allaying these inferiority feelings. He could admit that though he appeared quite comfortable around females he was really very scared he would not be successful with them, and therefore, in his thinking, be a total failure. His all-or-none philosophy, "I'm either a success or a failure; there's no in between," was attacked as being unrealistic, and an inept attempt to overcome feelings of inferiority. It was pointed out to him that his view of what constituted success was so exaggerated that he would always be struggling to get there, but could never possibly make it. "Buster, the grass will always be greener on the other side for you, won't it?" He finally saw that this was true, and that on account of intense inferiority feelings he tried to achieve unreasonable goals.

SUMMARY

The purpose of this paper has been to report a method which has proved useful to the author in working with paranoid schizophrenics in group therapy. The method consists in employing Adler's concepts of feelings of inferiority and style of life to understand the way in which paranoid patients react to life. The value of the method is that these concepts are so related to everyday life that the patient can, with the therapist's help, understand how he has reacted unrealistically to his problems, and can see better alternatives. Three cases are described.

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