

## **Volume 8**

### **Lectures to Physicians & Medical Students: Medical Course at Urban Hospital; Post-graduate Lectures at Long Island College of Medicine**

**Editor's Note:** Volume eight consists of twenty-eight of Adler's unpublished lectures to medical students and physicians. In 1932, he gave a weekly series of seven postgraduate lectures in English at the Long Island College of Medicine in Brooklyn, New York (Chapters I-VII). He also gave a series of at least eighteen lectures at what was identified only as an "Urban Hospital" somewhere in Europe (Chapters VIII-XXII). Three of these lectures are missing and all the dates are unknown. Because all these manuscripts appear to have been either stenographic notes or transcriptions, they required extensive re-writing for readability. Six additional unpublished lectures with some post-lecture discussion are also included (Chapters XXII-XXVIII). Although it may not be mentioned in the summary, each chapter contains one or more detailed case studies illustrating Adler's concepts.

In **Ch I: Postgraduate Lecture No. 1**, Adler states his purpose in this series of lectures: to give his audience many ideas to use in their practice about how organic and mental neuroses influence the body. He then presents key concepts in his theory of personality and therapeutic treatment. Life is about movement, and movement can be understood only as connected with direction and goal. We can visualize this goal as a movement from a felt minus position (of inferiority and fear of failure) to a felt plus position (of superiority, completion, and security). "This goal may be made concrete in a high degree of cooperation to contribute and feel superior in a positive way, or to exploit and suppress others to feel superior in a negative way." All "failures in life" are essentially failures of cooperation, which requires interest in others. Someone who lacks this interest in others will face problems whenever he faces a task requiring social interest. "We need a medical psychology used by physicians, because in internal medicine we have to look for mental disturbance in fifty percent or more of the patients," especially in the fields of pediatrics and gynecology. This medical psychology is hard work; "you must train yourself." But once we have found an individual's goal, then we will understand how all his expressions move in the same

direction. Each individual is different; “we cannot use rules and formulas.” Why are children in the same family with entirely equal environmental influences often very different? Far more is at work here than the factor of birth order. The child uses his unique creative power to “digest and assimilate in his own way what he finds in regard to his body and environment,” and constructs an attitude toward life, a life-plan. If, as a result of training, environmental influences, and his creative power, he constructs a life plan with social feeling and the ability to cooperate, he will overcome all problems in life.

However, three obstacles may impair this positive development: imperfect organs, which may lead a child to become too preoccupied with himself; pampering, which trains a child to lean on and exploit others; and emotional neglect, found primarily among unwanted, illegitimate, or orphaned children. Any one of these obstacles constitute an “overburdening” factor for the child, leading him away from interest in others and toward an “egotistical view of life.” This egotism will then lead to problems when he confronts the main tasks of life, which fall into three categories: society (how we behave toward each other); occupation; and love. Any normal person can be irritated, afraid, sorry, or anxious; everybody has complications and challenges. Neurosis is different; an external factor triggers it. “At this point the person gives the impression of wanting to solve his problem, but insists that the irritation of the neurotic symptom hinders him. This means a promotion of the irritation and its results. This means, 'Yes, but ...' It means utilizing the irritation originating from the person not feeling strong enough to solve a problem. In this way he reaches the goal of superiority he has now established.” We must help him understand, very patiently, the coherence of his behavior and get rid of the mistaken ideas which lead him to have an incorrect goal, causing his difficulties. “In my practice the great majority of cases came to me because treatment for an organic illness had failed. Therefore, we cannot overlook the importance of the connection between mind and body any more.”

**In Ch II: Postgraduate Lecture No. 2,** Adler focuses on the unity of the personality in terms of the life style the patient has constructed in her early years, and on which she has built her entire life. In addition to the patient's style of life, we have to look for “the striving for completion, for superiority, which underlies her life style and builds it in a unique way. At each point of her development, we can find a minus situation and a stimulus for a plus situation.” The task is to look for this

movement from minus to plus, which establishes a “unifying line” in the personality. We must trace back to the patient's earliest childhood to find the point at which she “built up her prototype,” influenced by an exaggerated feeling of inferiority (the felt minus situation). In this prototype, we will find not only the degree of her ability to cooperate, but also the rhythm of her movements, how she plans to achieve superiority (her goal), and her unique scheme of apperception (private logic).

In **Ch III: Postgraduate Lecture No. 3**, Adler's purpose is “to explain the art of diagnosis and how to do it.” First, he connects neurotic symptoms with egocentricity by explaining that symptoms, which arouse negative emotions and physical irritations, occur when a patient faces a difficulty with one of the three problems of life: friendship, occupation, or love. His thinking, feeling, wants, and likes all form his attitude toward life, which we can understand as coherent movement in a particular direction: “Neurotics do not see the coherence; they do not look for the correct reasons they fear an effort and constantly look for a retreat.” But we can see the coherence in their style of life, which is always rooted in a lack of social interest. Illness and pain, as well as symptoms, can be used for a purpose. The best example is depressed people, who usually start as pampered children, trained to get everything by “presenting their suffering, crying, and exaggerating every pain.” This is one of the many tricks people use “to be above, to control others.” He also discusses the symptom of sleeplessness and how it can be used. Correctly understanding a person's earliest recollections and dreams will help us understand a life style, because these memories and dreams are “part of the whole coherence,” expressing the same movement as the life style. Adler concludes by trying to correct misconceptions about social interest, which “means an ideal of social living.” It does not mean attending parties; “it means making an active contribution to society.”

In **Ch IV: Postgraduate Lecture No. 4**, Adler uses case material to give an overview of his approach to the four most common symptoms confronted by physicians and pediatricians: “fussy eating, stuttering, bed-wetting, and crying out in the night.” His line-by-line interpretation of every detail in a case, which he will continue to demonstrate frequently in *CCWAA*, gives a good idea of what the therapeutic practice of IP looks like. (Editor's note: In Classical Adlerian Depth Psychotherapy, we retain Adler's thorough line-by-line speculation as

part of the diagnostic process, adding the strategies of qualitative analysis.)

In **Ch V: Postgraduate Lecture No. 5**, Adler addresses the symptom of stuttering because of its frequency, and “because it can give you a good picture of the structure of a neurosis.” To treat the patient, we must find out how this symptom fits the mistaken life style of her whole personality. We must explain to her on what point she built her mistake, that this mistake has a reason, and when an external factor appeared requiring cooperation and contribution, she could not provide them because she was not prepared. He then gives a short case summary of fifteen stutterers, all illustrating the potential advantages of stuttering.

In **Ch VI: Postgraduate Lecture No. 6**, Adler's purpose is “for physicians to understand the nervous disturbances of children, because the structure of mental disturbances in children is the same in adults.” The beginning of the disturbance depends on the degree of social interest and how a child deals with problems. He first comments on the less common symptom of crying spells where children become blue, lose their breath, and sometimes faint: “This can be found only among pampered children who are trained to get everything.” He then devotes the rest of the lecture to bed-wetting: “Pampered children make up the majority. When they discover what concerns the mother most, whether it is stuttering, wetting the bed, defecating, eating, or sleeping, they make trouble in this way so they can keep her occupied with them.” Adult neurotics use symptoms in the same way: for social effect.

In **Chapter VII: Postgraduate Lecture No. 7**, Adler describes several other neurotic conditions. With each of the following symptoms, we must first be certain that no organic difficulties are involved. He begins with fussy eaters who are often pampered children: “They are the center of the whole family's attention, and the mothers are especially frightened by this symptom.” A pampered child can control his mother by his refusal to eat, often forcing her to use tricks to try to make him eat. “But sometimes all tricks are useless, so we must try to make a child as independent as possible, to remove the pampering on the part of the mother, to remove her over-emphasis on eating. Pampered children have serious problems if the mother over-emphasizes anything, such as bowel movements, being clean, or masturbation. These children use her concerns to control her.” He briefly addresses the issue of adolescent girls who engage in a “hunger strike,” what we now call “anorexia

nervosa.” He then gives his interpretation of menstrual problems, and a variety of sexual disturbances: impotence, premature ejaculation, frigidity, vaginismus, and sexual aberrations. “Except where you find an illness or organic malfunction, all sexual disturbances are based on mental disturbances, expressing a mistaken style of life,” which moves in a particular direction toward a specific, fictional goal; and every case is different. He concludes the final lecture in this series with, “Now you can understand that a neurosis means the utilization of a symptom because it will persist as long as the person feels the external problem is a threat to his unconscious goal.”

**Chapter VIII: Medical Course at Urban Hospital - Lecture No. 1** is the first in a series of lectures Adler gave in Europe, in some urban hospital (not named more precisely). The series comprises 18 lectures, unpublished until now; three of them are missing. This first lecture is a general overview of IP. Adler begins by reminding physicians of the need for speculation: “not merely 'random guessing,' but speculating on the basis of particular assumptions. If we want to understand psychopathology more clearly, we must begin with a belief in the unity of the personality.” How an individual responds to the problems of life will form a “continuous uniform relationship to the outside world,” (her life style). But we must be careful to avoid typologies in case analysis and treatment planning. It is not enough for psychologists to understand IP scientifically; they must be able to apply the principles artistically, recognizing each person's uniqueness, “which cannot be grasped by rules.” He expands on the psychology of movement: “If we view the inner life as motion in time and space, then this motion must have a goal, since there is no motion without a goal. Our theory demands that we never stop observing the direction of movement. As a consequence, every movement will carry within it a part of the goal of that movement; whatever characterizes the goal flows through every part of the movement.” In general, an individual strives to achieve a particular goal which she believes “will establish her self-worth,” and which reflects her own perspective (private logic) about success and failure. Because “her perspective depends on her life plan, which she cannot judge objectively, she cannot provide us with any information about her unique life goal.”

To help us understand how to uncover this unique personality, life plan, and goal, we can look at the example of Bach's music. “Anyone familiar with Bach can recognize his melody from a few bars of music. Bach is not contained in single notes, but in the correlation of familiar notes to

each other. Just as the music of Bach represents an art that entails a unique relationship, every person constructing her life is an artist, regardless of whether or not her life plan is structured positively.”

**In Chapter IX: Medical Course at Urban Hospital - Lecture No. 2,** Adler invites a physician to present the medical history of a patient of his, a 23-year-old woman, whom Adler does not know. As the physician Zander relates each aspect of the case, Adler gives his interpretation, using the principles of IP. After hearing the many details of the woman's medical condition, Adler speculates first on possible neurotic symptoms and their implications, then comments on the significance of her family background, early memory, and school performance. He concludes by saying that this case will be examined further in the next lecture.

**Chapter X: Medical Course at Urban Hospital - Lecture No. 3** continues the discussion of the previous case, building a picture of the patient's life style. Adler points out that the client had her problems relatively late in life. “Recall the biographies of outstanding people. A large number of them overcame physical or psychological problems in earliest childhood. The earlier the child begins to overcome her problems, the more successful she will be in dealing with them.” He proceeds to relate her case to different aspects of his theory: private logic, dreams, purposive neurotic behavior, the significance of metaphors and images, the antithetical scheme of apperception, and the importance of a person's response to the problems of occupation and marriage. He ends with: “If we wish to penetrate any inner life, we must try to avoid the common mistakes of a therapist. We must not hurt the patient and must keep all personal issues out of the therapeutic relationship so as not to make it difficult for her or for us. At the same time, with patience and friendliness we must make it easier for the patient to proceed with us.”

**Chapter XI: Medical Course at Urban Hospital - Lecture No. 4** concludes the case study from Chapters IX and X. Adler begins by relating an expectation of pampering to the patient's life style in general, and to her depression and thoughts of suicide in particular. In regard to her suicidal tendencies, he emphasizes that this must be taken seriously; she needs special care and watching, perhaps by a relative. He then gives a demonstration of a first interview with this patient, asking her certain questions and ending on a note of encouragement: “Don't take it so hard. It will all come out all right.” Acknowledging that in front of so many

listeners, he could present merely a rough outline of a first interview, he invites one of the physicians present to continue meeting with her every few days, to help her slowly see her experiences in another light, so that she will eventually be able to let go of her symptoms.

**In Chapter XII: Medical Course at Urban Hospital – Lecture No. 6** (lecture No.5 is missing), Adler uses IP to illuminate the case of a 34-year-old woman with symptoms of goiter, dysmenorrhea, palpitations, sleeplessness, and flu. As he points out, “Our starting point is always the unity of the personality.” The demonstration with this patient is longer than in the previous chapter. When she enters, she is in apparent pain, “since her walk is labored and she groans when sitting down.” As Adler reads her medical history to her and asks pertinent questions, he suggests possible organic explanations of her symptoms, as well as possible connections between her family life, her social life, and her physical condition, all in a friendly, sympathetic way. She is very discouraged: “I no longer believe that I shall recover. I have had so many treatments.” Responding, Adler ends the session with: “But how can anyone lose courage? We want to see how we can help you. Until the next time, think about whether you had some kind of disappointment before your illness started.”

**In Chapter XIII: Medical Course at Urban Hospital - Lecture No. 7**, Adler presents the case of a 50-year-old man suffering from nervous exhaustion, impotence, headaches, poor digestion, and stomach discomforts. When the man tried to cut the arteries in his neck, he was hospitalized. Adler points out, “Suicide is an attempt at revenge or making complaints against others.” Noting that the patient also suffered from many anxiety attacks, Adler says, “Angry aggression is often associated with depression. . . .in such cases, great care must be exercised. We must always consider the possibility of suicide.” In his demonstration with the patient, Adler gives him hope: “We shall make you well very quickly. You will gain courage and then you can go home.” He ends the interview with, “I will give you the following assignment for the next few days: Do nothing that does not please you. You are now in a state of convalescence. In such a condition, one should not force oneself to do anything. That is very simple, yes? Now comes something difficult. Try during this time, in particular when you are irritable, to think how to give pleasure to others. You need not actually do it; you need merely to imagine it and speculate about how to give pleasure to others.”

In **Chapter XIV: Medical Course at Urban Hospital - Lecture No. 8**, Adler describes the case of a 34-year-old woman suffering from depression, weight loss, sleeplessness, and one suicide attempt. No matter what the presenting symptoms, Adler ignores typologies and focuses on the uniqueness of the individual: connecting her family background and current life situation with her life style, purposive behavior, and the overall direction of her movement. During the demonstration, he questions her about having girlfriends and whether they make her happy. (They do.) He concludes the interview with, “Well, it would be a good idea if you also tried to make them happy. Sometimes when you cannot sleep, try to think about that instead of some problems; it might help you.” Similar to the case in the previous session in Chapter XIII, the “way out” is through doing something for others, i.e. social interest.

In **Chapter XV: Medical Course at Urban Hospital - Lecture No. 9**, Adler first gives a case summary of a 34-year-old woman with three children who suffers from a hyperthyroid condition, dysmenorrhea, and possible epilepsy. In regard to epilepsy, he comments on the importance of when the symptoms begin, on the cause precipitating an attack: “I always look for a connection with such causes.” He then makes a brief detour to tell the story of a patient treated for epilepsy by Freud almost daily for three years. After having no success with the patient, and in fact making her worse, Freud asked Adler, “Free me at any cost from this girl.” When the girl came to him, Adler proceeded to investigate her life situation and the precipitating cause of her attacks. She improved, and they continue to maintain a friendly relationship. Then, Adler returns to the case at hand, demonstrating his treatment technique by asking the patient questions about her symptoms, her childhood, her dreams, and what happened before her attack. She can recall no early memories or dreams. Concluding the interview (to be continued at the next lecture session), Adler encourages the client to take some responsibility for helping herself by doing a little homework: “Perhaps by the next time, you will remember a dream or some small event from your childhood.”

**Chapter XVI: Medical Course at Urban Hospital - Lecture No. 10** continues the discussion of the previous case. Adler states, “Every episode of hysteria is psychologically induced because the patient is imagining an experience that does not exist. Experiencing is possible only by goal-setting. An individual needs a goal which conforms to her

entire pattern of behavior. The neurotic as a rule does not see the goal itself but some peripheral point, which is for her an automatic action connected with the goal.” During his second demonstration with the client and afterward, Adler gives interpretive comments. He describes how she creates her symptoms without knowing it: “She sees merely the results or emotions they engender.” However, Adler's final appraisal of the client is positive; if she can let go her mistaken beliefs, she would no longer need her symptoms. Unlike other psychologists, who “work with 'types' and 'entities of illnesses,' Individual Psychologists see “the totality, the unity of the personality, and value the individual links merely as parts.”

**In Chapter XVII: Medical Course at Urban Hospital - Lecture No. 11,** Adler presents the case of a 35-year-old woman suffering from an anxiety neurosis who was admitted to the hospital almost a year ago. Her diagnosis included gastroenteritis, neurasthenia, frequent vomiting, irregular bowel movements, and dizziness. She has been on a medical pension. After reviewing the events of her childhood, marital history, and an early memory, he speculates that “we are dealing with a pampered child.” During his demonstration with her, he asks the important question, “What do you wish to do when you are well?” He ends the interview with his typical encouragement: “Don't let this be so hard on you. You should not give in to such unnecessary fears. You will soon be well.” After she leaves, in his comments to the audience, he recommends some educational intervention that would encourage her, “stiffen her backbone,” and help her abandon her constant preoccupation with the idea of sickness.

**In Chapter XVIII: Medical Course at Urban Hospital - Lecture No. 12,** Adler summarizes and interprets the medical history of a 35-year-old woman with a neck spasm who for four years has been “feeling miserable, tired, and tense.” Although she tends to keep her head tilted to one side, medical examinations conducted by three different specialists found no organic problems. Concentrating on the psychological approach, Adler says, “IP often begins at the point where medicine stops. . . . the patient must be persuaded that despite her problems, she is capable of fulfilling her life tasks.” In concluding his demonstration with her, he emphasizes the value of courage: “To be a human being means to have courage. Whatever we do, we can never know how it will come out. However, if we dare with courage, we shall certainly attain more than if

we have no confidence from the outset. You will do well and don't forget: She who dares, wins!”

**In Chapter XIX: Medical Course at Urban Hospital - Lecture No. 15,** Adler first comments on the case of a young girl suffering from weight loss and sleeplessness, “known symptoms of depression.” After spending some time in a hospital for the insane, she attempted suicide twice. Adler elaborates on his observation that “behind every case of depression we should look for anger.” In discussing her childhood and life situation, he investigates the “precipitating causes” that led to her current condition. “We believe that the precipitating cause plays the role of a performance test, and that we can deduce from the test the degree to which performance is feasible, and from test failure, the cause of failure.” Even in this case, he tries to find something constructive that would help the patient: “I would try to find out what makes her happy to be alive. Perhaps we could find someone who would give her music lessons without charge.” He then turns to a report about a 41-year-old man from an aristocratic Russian family, who has symptoms of “perceived inhibitions, anxiety, problems walking, stuttering, and fainting spells.” The patient drinks and has attempted suicide. After describing the patient's family history, particularly his relationship with his mother, two wives, and a current fiancée, the report ends with, “He is exceptionally discouraged. He would prefer to stay in the hospital and do nothing. He fears partial paralysis and has dreams that express this fear.” Adler interprets, “His being engaged and his fear of women present him with a dilemma causing him to become ill. With his illness, he protects himself from actually having to overcome his fear of women. As long as God presents him with his illness, he can feel safe in the hospital. We can see that his discouragement, his lack of cooperativeness, and his being disconnected from the tasks of life leave him unprepared to face this recurring test; therefore, we can fully understand his symptoms.”

**Chapter XX: Medical Course at Urban Hospital - Lecture No. 16** continues the discussion of the previous case. Adler emphasizes that the fear of women controls the life of this client. His relationship with his mother was highly problematic; she made him fearful of syphilis, and “he is filled with rage when he speaks of her.” In one of the patient's early memories, while his father was beating him, “he often dreamed or daydreamed that afterward he no longer was able to walk or stand, but had to slide on his knees.” Adler makes the connection between this memory and the patient's current difficulties walking, as well as his

ongoing fear of “being crippled” with syphilis. Referring to “the rage of the depressive,” Adler points out that the man will harm himself or another person: “I am not certain whether he will commit murder or suicide. Obviously, it will take much time for him to go along with our treatment.” But when he does, “he will finally accept a different attitude, will see with different eyes the mistakes he has made in life, and will become a fellow man no longer filled with anger at those around him.”

**In Chapter XXI: Medical Course at Urban Hospital - Lecture No. 17,** Adler comments on the role neurosis might play in love, financial losses, and long illnesses. He begins by stating, “Every neurosis has the characteristics of a failure.” And problems of love “affect individuals more directly than any other. Problems involving someone's work allow for an escape; problems of love do not.” In fact, “Most suicides occur after disappointments in love.” Adler says that he counsels his patients that love is painful for all of us. If the patient suffers rejection in love, he points out “that this rejection is (merely) evidence he had not found the right partner, since only mutual feeling proves the choice was correct. Such conflict, of course, more severely affects the person who grew up as a pampered child.” In cases involving financial losses, “patients often emotionally exaggerate their situation.” Similar to cases of long illnesses, these patients often bring up the possibility of suicide. “It is difficult to prevent suicide in cases of long illnesses. Such cases depend on not allowing the patient to give up and constantly connecting him with life. Or I tell patients who insist on taking their lives, 'If you really want to take your life and you care so little about living, give me one year of your life and do what I tell you during that time. If you then still want to take your life, I shall raise no objection.' So far no one has given me a year, but neither has anyone taken his life.”

**Chapter XXII: Medical Course at Urban Hospital - Lecture No. 18** is the last lecture in this series. Adler presents, from memory, the case of a 50-year-old, highly educated, intelligent man with no friends, who still lived with his mother, could not sustain a relationship with a woman, and had lost all good chances of advancing professionally because of his unusual symptoms. At his first employment, he lost his position because of constant spitting. In a less desirable place of employment, he lost his job because of making faces. By this time, he “allowed himself to deteriorate in dress and deportment, that is, he became increasingly unsociable.” In his childhood, his father, who had died young, “pampered him very much, while he felt that his mother had not treated

him well.” An early recollection revealed that “. . .when he suffered from a sore throat, his mother mistakenly offered him carbonic acid to gargle instead of water. The connection between this childhood experience and his failure in life is apparent since spitting in his fifties is clearly associated symbolically with the carbonic acid he was given to gargle instead of water.” Nevertheless, Adler emphasizes that this one-time experience did not create the man's life style; the man chose to remember whatever spoke against his mother. The patient even demonstrated his “masterful capacity for making himself unpopular” by denigrating Adler personally, until Adler showed him “that this way of acting merely conformed to his general behavior.” He concludes by explaining how he sometimes advocates role-playing with patients such as the one he has just described: “At times, I suggest that a patient temporarily play the role of a true human being if he is unable to be one. When that suggestion is rejected, I say, 'What harm can it do? In time, you will actually become what at first you are merely pretending.’”

**Chapter XXIII: Differences in Psychic Compensation** (1931) was presented as a paper at a physician's conference. Adler states his purpose as providing a rough answer to the question of “how a child compensates for her feeling of inferiority,” (also discussed in Volume 2: Chapter XVII: Myelodysplasia (Organ Inferiority) (1909). The child's choice of compensation must give her the feeling of overcoming some demand in life in either a useful or useless way. This choice is unique with every individual, demonstrating the creative power in all of us. When the choice goes in a useless direction, leading to symptoms, the symptoms are “chosen in accordance with the psychological prototype,” which encompasses a coherent way of approaching the outside world, of making relationships with others and the tasks of life. This finished personality “undergoes daily tests” of functioning. If the individual is unable to deal with these tasks in a useful way, we call her abnormal. “While the problem child chooses her symptoms to show that she has standing in the eyes of adults, the neurotic adult chooses her symptoms so that she can influence others, placing them at her service.” The neurotic acknowledges social interest; she just relies on others to show it, and, while “proclaiming her good will,” says her symptoms exempt her from reciprocating. “The criminal is different; she acknowledges social interest in others, but rejects it for herself.” Problem children choose their symptoms according to what the parents value most. If parents do not emphasize how the child speaks, the child will not stutter; if parents do not show particular concern about what the child eats, the child will

not become a fussy eater. “All failures for the most part are basically the result of pampering.” If a person fails to meet one of life's tasks, she is “seized with insecurity,” which affects the entire body. People experience these effects in different ways, such as palpitations, breathing difficulties, sweating, bladder or bowel problems, or sexual dysfunction. “Everything relates to an adaptability that leads to action. But in the neurotic we see other manifestations. The psychological process has stopped and does not lead to action.” The neurotic “merely expresses an intent to act;” she may lead her whole life devoid of action, but instead expressing a “willingness to act,” as in the “Yes, but.” Adler concludes, “. . .the purpose of life is the act of contributing. The logic of human coexistence characterizes everything as wrong that is not an act of contributing.”

**Chapter XXIV: Discussion of Compulsion Neurosis** (undated) records Adler's contribution at a conference, where he presents his views during a case conference on compulsion neurosis: “Every compulsion neurosis is an assault on life.” For example, with the washing compulsion, although a patient is saying, “Everything is dirty, only I am clean,” he is at least involved in some activity. “The compulsion neurotic is more involved with life than other neurotics. He is often very good in his profession, married and much more involved than those afflicted with other forms of neurosis. However, he is opposed to the way life runs its course.” Adler then correlates level of activity with the degree of pathology: “If there is little activity, the failure concerns someone suffering from anxiety neurosis; if more activity is present, then the person is a compulsion neurotic. If the activity is great, the individual is no neurotic at all; his failing will be expressed in another way, such as in drunkenness, criminality, or suicide.” Although the compulsion neurotic is more ambitious and more active than other neurotics, he still suffers from a severe feeling of inferiority, terrified of being worthless. “We must convince him that the worthlessness he fears does not exist at all; that everyone is capable of everything. We must understand the activity level already present in childhood. This dynamic cannot be measured; understanding it is an art.”

**Chapter XXV: Freud's Psychoanalysis and the Unconscious** (undated) is an unpublished paper on the differences between psychoanalysis and IP. Adler credits psychoanalysis with being “an enormous step forward, as it led to the tremendous shakeup of old traditions, particularly in psychology and psychotherapy.” Then, he

addresses Freud's attempt "to establish that the unconscious is filled with suppressed sexual emotions." According to Freud, all drives and emotions are based on sex, and "some people gain sexual gratification from seeing, eating, urinating, and defecating." The task of psychoanalysis is to bring into consciousness "the driving forces found in the unconscious as erogenous, sexual components." With the "Oedipus Complex," if we assume that everything in the unconscious consists of sexual components, "then we are forced to interpret all expressions of the unconscious so they fit the sexual format, to avoid contradicting ourselves." In other words, "Freud's psychoanalysis must put all emotions arising from the unconscious into a sexual framework so that they can always find what they had put there earlier." Next, Adler addresses the idea of regression. He asks, "What else can a person do but relate to past experiences and bring them back to life? All human expressions thus have a regressive character as well as a progressive tendency, that is, they point to the future."

He proposes that various levels of consciousness exist: "Becoming conscious, thus, is a quality of psychic functioning that happens when appropriate for the situation." Some people need to "shut their eyes" to reality, when their personality would suffer from becoming conscious, or when they see a danger in becoming conscious. "All human relationships result from two currents. The first arises from innate social feeling, an unconscious force enabling the individual to establish contact with the community. The other stream, created and nourished primarily within the family, arises from the striving for superiority." Someone with well-developed social feeling, who does not need to feel superior over others, can be "fully objective and truthful about himself. Such a person will have much fewer unconscious thoughts and expressions." He then uses two cases to illustrate how "bringing things into consciousness can be advantageous, or an obstacle."

In **Chapter XXVI: The Etiology and Treatment of Neurosis** (undated), an unpublished manuscript, Adler reviews the core concepts of IP and how he arrived at them through his own clinical observations. His initial interest was in a combination of education and medicine. Finding the sexual basis of the Freudian approach too restricting, he looked for other ways to explain the behavior and symptoms of problem children, which led him to develop the landmark theory that ". . . every child experiences the condition of his organs, where he is weak and

insecure, and deduces from this a feeling of insecurity followed by the creation of his life plan.”

Adler rejects the Freudian idea of a sexual drive dictating the life plan; his observations led him to believe that this life plan (life style) shows a basic social striving. “How is it that children and adults behave so differently in response to the tasks of life: toward friendship, work, and the other sex?” After extensive clinical experience, he found “that during the first years of life the life style is determined by the extent of the feeling of inferiority.” We cannot measure this feeling mathematically and there is no direct cause. We must deduce how the child feels from his behavior and his response to a task. He also observed a child's creative power in setting a goal, which drives the life style forward: “All movements of the inner life must relate to a goal since the movement otherwise would be impossible. This is how the science that I named Individual Psychology attained teleological character. We could not begin to examine details without considering the striving for a goal.” The essence of this striving is motion: “(My) findings led me to regard the inner life as something in motion, not as the sum of parts, and certainly not as mysterious regions at rest.” The psychic movement, even of a child of four or five years old, is automatic: “This prototype is autonomous, accepting only whatever suits it; it considers all experiences in terms of their usefulness for its automatic ways.”

In addition to the influence of weak organs, two other factors can lead a child to an exaggerated feeling of inferiority: pampering, and abuse. Either one of these conditions can lead to an insufficient development of social feeling: “Most failures in life were originally pampered children. Here lies the inability to relate to other people and deal with life tasks; it is a lack of social feeling.” He then defines neurosis as “. . . an expression of a lack of preparation for solving a question of life,” Nevertheless, Adler's approach is optimistic: “Problems occur because people are not prepared,” something which therapy can help solve. But, he concludes with a word of caution: “Therapy is possible only when we have fully understood the connectedness. However, merely speaking about developing social interest and fostering encouragement is not thinking and acting in accordance with IP. Those principles are merely the piano keys. Playing the piano requires proper training.”

**Chapter XXVII: Crime and Neurosis** (undated) is an unpublished lecture given at the Association for IP in Berlin. Adler begins by

rejecting the idea of innate qualities: “The possibilities for development do not interest us, only what has been done with those possibilities. This approach requires considering two main points: 1) The creative activity arising from a person's character, and 2) The individual in relation to mankind as a whole.” He believes the structure of crime and neurosis is quite clear: “They are various forms of failure.” In neurosis, aggressive ideas are directed at others, but in a weak form, as in, for example, actively expressing anger, or passively exploiting the social interest of others. “We should not assume a neurotic intends to commit a crime. Somewhere hidden in her character is something that makes it impossible for her to solve the social problem. The force standing in the way of a solution is the complex of inferiority.”

The normal person has patience and accepts the “agreeable with the disagreeable” in life. The neurotic, on the other hand, “wants everything. This demand characterizes the person who wants everyone at her service: the typical picture of a spoiled child. Most criminals, of course, also were spoiled children.” But, “the neurotic recognizes the obligation to contribute to her fellow man; the criminal does not. Courage means to feel at home in this world. However, the neurotic as well as the criminal avoids the problems of life. While the neurotic despairs of her success, the criminal is active. She takes for herself whatever contributions others make.” Adler concludes by emphasizing that the IP approach does not “examine merely one aspect of a personality;” context is everything. And those who use IP can accomplish a great deal, especially if they have the opportunity to influence children in the formation of their life style.

**Chapter XXVIII: Medical Working Group: Case of a Man with Compulsion Neurosis** (1929), another unpublished manuscript, consists of a case report Adler gave for a group of physicians who were practicing Individual Psychologists. The patient is a 48-year-old male with a respected position at a university, who has a bored demeanor and a compulsion to spit. To begin, Adler re-frames the man's bored demeanor as a second compulsion: “He also feels compelled to look bored so others are repelled”; both the spitting and appearance of boredom are “ways of keeping others from coming close to him.” He cannot make friends or be sociable, and in his professional life, although his written work excels, he was so inhibited in the classroom and made such a poor impression on the children that he could not be given a teaching position. In the remaining area of life, love and the other sex, “Through psychoanalysis, he was able to establish a relationship with a

prostitute, the one 'love relationship' in which he was successful. To this day his primary sexual activity is masturbation.” In determining this patient's life style, Adler describes approaching every aspect of the case, looking for the unity of the personality, and what influenced the man's choice of direction.

Attempting to explain the IP technique, he says, “Imagine that every neurotic lives in his own small enclosure, similar to a barn animal's stall, an analogy I recommend you use; it makes a great impression on patients. These people created their own small world because they did not feel strong enough to get into the mainstream, and because they have a feeling of inferiority stemming from a depressed childhood. When they feel threatened, they retreat to their small world, continuing their familiar movements or even escalating them.” Our task as therapists is to “explain that situation, uncover their errors, and show them that their perception is wrong.” But for patients to accept our interpretation, we must offer it in a “kindly way,” as a fellow human being, with sincere concern for their welfare, thereby also modeling social interest. “The physician must win over the patient so that he believes the physician genuinely wants to help him out of his misery, not for financial gain or personal triumph.”