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INFERIORITY FEELING AND COMMUNITY FEELING IN ADLER'S CONCEPT OF THE DUAL DYNAMIC

Gisela Eife

Inferiority feelings with a striving to overcome and community feeling are the main Adlerian concepts, both these emotional movements forming the dual dynamic of life. They are not separate elements; both traits work together in every psychological expression during a therapy session. It is not sufficient to interpret these elements to the client, rather inferiority and community feelings are to be experienced and verbalised in the here and now of a therapy session.

I shall present two case vignettes in order to exemplify this proposition. Since my approach may sound analytical to you, I shall first examine in depth the term "analytic" and then sketch the development of Adler's dual dynamic.

To analyse means to release and set free. The word goes back to the Greek nautical term "*lyein*", which means to untie a knot on a sailing boat and set sail. In a figurative sense, we may associate this meaning with a release of neurotic limitations or hindrances, a clearing of the way, a freeing from suppression, that is, an initiation. I assume that every one of us in our daily practice can accept this understanding of analysis when we try to help our clients to clear their way and be set free. The meaning of the term analysis in natural science, that is, to separate into its constituent parts, derives from the specific use of this term in the area of logic, where problems are analysed in a dialectical

manner as a syllogism. Orthodox Psychoanalysis follows this understanding of natural science; however, we, Adlerians, do not agree with this. In the first edition of *The Neurotic Character*, Adler (1912, as cited in Stein, 2002) was still using the term analysis. Later, he replaced it with the term, “The Individual Psychological Method”.

The Development of Adler’s Concept of the Dual Dynamic

Although Adler coined the expression “dual dynamic” as late as 1929 (as cited in Stein, 2004d, p. 94)), he was thinking in this way long before. In 1918, in the aftermath of the First World War, when interpreting the works of Dostoyevsky, he (Adler, 1918, as cited in Stein, 2003) described this dual relatedness as follows:

“Every Dostoyevsky hero moves with confidence in an area that, on the one hand, is limited by an isolated heroism within which the hero transforms himself into a wolf, and, on the other hand, the hero is contained behind a line drawn by Dostoyevsky where there is love of one’s fellow human beings. This dual relatedness of the personality gives strength and security to his characters, and anchors them firmly in our minds and feelings” (p. 121, edited translation).

Both relations are separated by a “border”, but an individual can go beyond this boundary. In 1926, Adler (as cited in Stein, 2004a), Adler formulated this dual relatedness again.

“All forms of psychological expression [...] contain individual nuances of this striving and the degree of community feeling that binds this individual to others” (p. 165, ed. transl.).

From 1926 to 1933, Adler deepened his understanding of community feeling and reflected on the concept of life as movement and development. These preliminary studies enabled him (Adler, 1929, as cited in Stein, 2004d) to coin the term “dual dynamic” in 1929 and to integrate both forms of movement in his view of the dual dynamic of human life.

“Consequently, in every psychological expression, we can find next to a degree of community feeling the striving for superiority; this is to be confirmed by other findings. We can be satisfied with our examination only when we have seen in the neurotic symptom this dual dynamic in exactly the same way as in any other human expressions” (p. 94, ed. transl.).

This means that the dual dynamic is present in each phenomenon. The essential element of Adler’s holistic view is that all human life is determined by this dual dynamic. This concept in my view is the core of Individual Psychology bringing together all other aspects of Adler’s theory.

Case vignette 1

My first example is a session in the final stage of therapy. It demonstrates how the dual dynamic is present in each situation and how either the Life Style striving or the community feeling can be in the foreground or background. Adler (1928, as cited in Stein, 2004b) defines community feeling as a “life form” that “cannot be conceived only from the exterior” (*ibid.*, p.64). This means that community feeling should not only be addressed from a distant reflexive position, but also be experienced by both client and therapist and then interpreted.

In the case of severe personality disorders, clients may have experienced familial togetherness to such a minor degree that their Life Styles seem to be entirely devoid of community feeling. In such extreme cases, our task is to look for tiny signs of community feeling and welcome any indication of it.

The client, Mrs. K, began the session with an emotional inner movement, manifested in her tone and gestures. She said: "I always want to come up to the expectations of other people and to fulfil their demands, this makes me happy. For example, today I filled in for my sick colleague with a group of children. The children played creatively and joyfully with me; I was so well received that two children even asked me if I would come again. In this way, I felt that I had a right to exist."

In this report, like in every other phenomenon, we intuitively see the dual dynamic of the client's life. According to Adler (1926, as cited in Eife, 2010a): "One first captures the whole and then discovers the entire line in the details" (p. 252).

Since the whole is a dual dynamic force, I shall now focus on the experience of the neurotic striving and community feeling in the client's report. What impressed me in the foreground? First, I noticed her emotional movement. She appeared full of warmth, moved by what she was going to tell me. Her emotion was free of goal-oriented striving, a state that is a precondition to the connectedness which is at the core of community feeling. But she ended her story with the remark that she felt she had gained a right to exist. This seems to indicate that she had been cut off from her experience of togetherness and had interpreted the event as the fulfilment of a goal-oriented striving to overcome her doubts.

Regarding the final goal of a client, Adler (1926, as cited in Eife, 2010a) suggests that the therapist should, “keep the whole in mind [...] pulling out the movement line” (p. 252) and go back to the beginning of this movement, which was the experience of an inferiority feeling. In 1931, Adler (as cited in Stein, 2005a) explained:

“If someone wants to accomplish something, [...], he [she] can make use of nothing else but what he [she] derives from his [her] (earlier) experience. It is impossible to proceed other than by applying earlier experience” (p. 16).

This remark shows how seriously Adler takes the role of early experience. The early experience of my client was as follows: she was an unwanted child. Her mother later accused her of having tried to murder her new-born sister when she was three years old. Later on, my client was misused as a scapegoat, treated like a “servant” in the household and a caregiver for her two younger sisters. The client attempted to turn to her father, a notary, but at night she had to listen to his lamentations about his marriage when he was intoxicated by alcohol and medication. The client tried to fulfil all the expectations of others. The parents’ neglect of her needs probably felt like a humiliation or even an annihilation of her existence. Her early experience resulted in a feeling of worthlessness and was the incentive for her striving to overcome this. She entered therapy with a history of attempted suicide, self-injuries and depression.

The neurotic character of her Life Style lies in the fact that she unconsciously and coercively demands from herself that she fulfil all expectations in order to deserve not only a right to exist, but also a feeling of being loved and appreciated. Only this

coerciveness, the idea that her own capability can accomplish something, which cannot be achieved by willpower, represents her mistaken striving. In her report, the children at the school where she replaced her sick colleague, did not expect anything; they just liked how she communicated and played with them. Her anxious coercive striving could even have prevented the children from liking her but at that moment she happened to be free and close to them. Also, her notion that she would need to gain a right to live is neurotically mistaken, because this is an inborn right that one does not earn, but receives as a given.

I shall mention here several of Adler's statements to show that he not only emphasised understanding, but also implicitly shared the client's experience.

In 1929, Adler again emphasised the experience in the here and now during a therapy session. "An appropriate genuine explanation must be so clear that the patient [client] recognises and feels in it his [her] own experience" (as cited in Stein, 2004, p. 49). Adler's (1926, as cited in Eife, 2010a) own attitude towards the neurotic striving is beautifully expressed in the following quotations:

"We will soon find the right context (of the lifestyle) if we are asking ourselves: Under which circumstances would I also have lied as a child? For instance, if I myself were confronted with a threatening situation which in my feeling I cannot measure up to, then, [...] I would also be compelled to reach for the safeguard of the lie" (p. 263).

And in 1933 (as cited in Eife, 2010b), he even states:

"Probably there is a breaking point for each one of us, a situation so difficult and intolerable that our capability for co-operation is flawed. Some people are so vulnerable that they are unable to fulfil their life tasks" (p. 568).

Not only Adler's community feeling made him make these remarks, but also his own experience and his knowledge of his own vulnerability.

According to her neurotic goal, the client misinterpreted the whole situation as a test of her skills. Caught in her opinion of life, she overlooked her own and the children's joy and affectionate behaviour. In her early childhood, my client had felt empathy and community feeling with her father. Later this helped her to develop and enhance her community feeling, which for a long time had been distorted and disguised as a striving to fulfil the expectations of others.

But in this session, the emerging community feeling of my client manifested itself in her words, tone and gestures. Her body expressed all signs of affection and joy, even though her thinking was fixed on the past. My mirroring these signs to her brought back these feelings, which were still present in the session. Now she opened herself up to this experience. Working with the children, she had enjoyed how they had been immersed in their games together. She presumably had felt a strong bond with the children in these moments, because she was moved, almost joyfully touched when she told me. Now, she understood how she had been fixated on her opinion of life. And her joy also affected me. It is exactly from such affection that we draw all the joy in our life and this helps us to tolerate the inevitable suffering of life.

My first case vignette has been an example of how community feeling emerges. What I want to emphasise here is the role of experience: firstly, the experience at the beginning of life, in initiating the formation of a Life Style that persists to the present day, and secondly, in the session described previously, the arising experience of connectedness as the basic aspect of an innate community feeling. Thus, the immediate experience is the link connecting both psychic movements in the dual dynamic of the client's life, namely the experience of inferiority feeling and community feeling.

The following case vignette interprets a case Adler documented in 1933. Thereby I want to elaborate on possible movements in the therapeutic encounter. In a therapy situation, two Life Styles are facing each other, the Life Style of the client and that of the therapist. Both Life Style movements can remain distant from each other, they can overlap or even lead to an intertwining process which is known as "enactment" and which has to be analysed later in the therapy process. Adler stated in 1933 (as cited in Stein, 2005c):

"The human mind is alas all too easily accustomed to translating everything that moves into form, to not observing the flow, but the frozen movement which has taken on solid form" (p. 96).

In Adler's following case report, the client's character is seen as a form that suddenly dissolves into movement in which community feeling arises in a moment of meeting.

Case vignette 2

Firstly, I shall reproduce Adler's (1933, as cited in Brunner & Wiegand, 2008; 1938) report and then, I shall examine it sentence by sentence.

"Once I was physically threatened by a weak man who suffered from dementia praecox. I did completely heal him although he had been declared incurable three years earlier. At that time, I already knew that he expected me with certainty to reject him and throw him out, something he had expected since childhood. In treatment, he remained silent for three months. This prompted me to give him explanations cautiously as far as I knew his life. I also interpreted his silence and similar behaviour as obstructive tendencies. I experienced the climax of his action when he lifted his hand in order to hit me. I spontaneously decided not to defend myself. There was another attack where a window was smashed. In a friendly manner, I bandaged the [client's] small bleeding wound. The [client] must be absolutely convinced that he [she] is totally free during the treatment. He [she] can do or not do whatever he [she] likes"(Adler, as cited in Brunner & Wiegand, 1933/2008, p. 168; Adler 1933/1938, pp. 290-291).

How can we interpret all the movements in this session?

According to Adler (1926, as cited in Stein, 2004a):

"We learned simultaneously in every psychological movement the individual's past, present, future and final goal, at the same time that we also were able to view the person's situation in early childhood as well as the creation of his [her] personality" (p. 164).

And furthermore: “In every psychological expression, we can find next to a degree of community feeling the individual striving for superiority” (Adler, 1929, as cited in Stein, 2004d, p. 94, ed. transl.). And then Adler (*ibid.*) repeats: “We have seen in the neurotic symptom this dual dynamic in exactly the same way as in any other human expressions” (*ibid.*, p. 94).

Adler’s statements wonderfully illustrate his view of the dual dynamic of life, which is present in every moment of a therapy session. But we should keep in mind that not every aspect lies open to recognition. One aspect of the dual dynamic may be unconscious or hidden in the background, while the other aspect lies in the foreground. Therefore, I shall now search for signs of the dual dynamic in Adler’s report and shall interpret each sentence so that my understanding of this case can be followed easily. This means that where Adler is mainly depicting the movements of therapist and patient, I shall try to analyse the underlying frozen Life Style traits. Let us begin with Adler’s first sentence.

“At that time, I already knew, that he expected me with certainty to reject and throw him out, something he had expected since childhood. In treatment he remained silent for three months.”

Adler assumes that the client brings his mistrustful expectation into the treatment, with the presumption that Adler will behave in the same manner as he had experienced in childhood. This is what we call transference. The result of this expectation made him silent for three months as a safeguard. We can conclude that his silence is like a numbness as if he were shocked.

In general, I use inferiority feeling as a term that includes everything that has hurt or even violated the infant and initiated his striving for “a specific, fixed point outside his own person” (Adler, 1912, as cited in Stein 2002, p. 41) to overcome all his shortcomings.

Through his silence, the client avoids contact and the risk of the therapist’s rejection. This strategy of avoidance can appear as a character trait. Adler states: “If we wish to understand the meaning of a trait, we must look at it as movement.” (Adler, 1932, as cited in Stein, 2005b, p. 54). The client’s silence contains a hidden movement. So, in his silence, we can perceive, how he implicitly withdraws from a projected attack and how at the same time, he uses his silence as a shield against the alleged aggressor.

“This prompted me to give him explanations cautiously in so far as I knew his life.”

Apparently, Adler could imagine what his client had experienced in his childhood, how he must have felt, and which inferiority feelings and safeguard mechanisms had been hidden beneath his overt behaviour. We do not know what explicit explanation Adler gave to this point.

The salient point is not the words Adler (1933) found but his intuitive understanding, because “man [woman] knows much more than he [she] understands” (as cited in Brunner & Wiegand, p. 7).

What research tells us about the capacities of infants is also true for the alert therapist in a therapeutic session. According to the relational analyst Slavin (2016), the human infant is a highly complex being, pre-adapted to read and respond to a wide range of variations in the subjectivities of adult figures, to the inherent enigma in parental character and to elements of hate in even the truest, healthiest parental love. The infant is pre-adapted by his “innate pre-conceptions about reality. Such pre-conceptions operate as a complex form of implicit relational knowing [...]” (p. 537).

Here, I want to emphasise the implicit relational knowing, because I believe that the therapist also does not only work with his or her conscious cognitive abilities, but also with a whole range of unconscious interactive patterns, which are his or her spontaneous attunement to the psychic state of the client.

“I also interpreted his silence and similar behaviour as obstructive tendencies. I experienced the climax of his action when he lifted his hand to hit me.”

To call the client’s silence and similar behaviour obstructive is not only an interpretation but also a confrontation. Adler (1933) presumably tried to break the silence to bring about some change. The client may have understood Adler’s interpretation as an accusation and felt insulted again as if he were a miserable failure. This awakened his “secret fear of being worthless” (as cited in Brunner & Wiegand, 2008, p. 165). These hurtful feelings had probably been outside of his awareness, deeply hidden but Adler’s confrontation had caused a re-traumatisation. The client reacted explosively, almost losing control of his aggressive impulse.

We do not know the inferiority feelings of Adler's client in detail. But from his powerful aggressive reaction, we may conclude that he had felt rejected, discouraged and humiliated as a child, resulting in severe self-doubts or even feelings of guilt. To counter the inferiority he felt, he had been striving to be a person who was appreciated and respected by everyone. His identification with the goal, that is, his self-concept, did not allow him to tolerate the tiniest signs of criticism and humiliation. What he perceived to be such a sign triggered an overwhelming aggression and provoked him to lift his hand.

We can be sure that Adler did not want to blame him. Adler probably tried to win his co-operation with his explanations. But he failed to make an emotional connection to him and to trigger a responsive attitude in him. This resulted in Adler's attempt to break up his rigid structure by confronting him. Hence the client's explosive outburst, and his defensive and aggressive stupor-like state dissolved in a destructive movement. Sometimes such re-traumatising cannot be avoided, sometimes enabling change and progress.

The will to power can be experienced as if the striving were driven by a deep force that floods the control of a person, like an archaic power. To be obsessed by or to control the striving seems to be a matter of life or death. This neurotic striving must fail in principle, not only because the fictional goal is an illusion, but also because respect, love and community feeling cannot be achieved through the will to power. They are primarily given to us without our actually having earned them.

"I spontaneously decided not to defend myself. There was another attack where a window was broken. In a friendly manner, I bandaged the patient [client]'s small bleeding wound."

The client raised his hand to hit him. We can assume that in this moment, Adler did not feel powerful, but scared; he is at the client's mercy and was probably glad that only a window was broken. Provoked by the client's aggression, Adler managed to enact his community feeling. He bandaged the client's wound with confidence, but without any certainty whether he would be able to touch him emotionally.

On the client's side, the attack against Adler resulting in a broken window pane, was his strategy for not being weak and helpless, but threatening and powerful. Adler appeared weak and empathetic; he did not even defend himself and remained friendly. The client was probably taken aback when Adler did not reject him in the face of his provocation.

In this shared moment of deep emotional upheaval, the client's entire safeguarding strategy broke down; thus, he could let his striving go and this could become the seed of a growing feeling of togetherness.

I imagine that both Adler and his client were shocked and deeply touched. Today we would call such an incident a "moment of meeting", a concept created by Daniel Stern (2004). This concept describes the moment in therapy when two human beings really meet, spontaneously, unpredictably, without any way of hiding themselves for protection. Clients with severe disorders uncannily tend to track down the vulnerability of the therapist, so that both patient and therapist are equally affected. An immediate experience needs a state of alertness. Therapist and

client together must be open and susceptible to the shared moment of meeting.

Not only does the client need to feel his traumatic experience but the therapist must also feel the client's experience by moving closer and experiencing togetherness. An analysis of the fictional goal will only be successful if an inter-subjective emotional understanding happens beforehand, maybe without words.

Summary

I am convinced that Individual Psychologists - sometimes without being aware of it - intuitively sense these affective elements of the dual dynamic while working in cognitive, short-term or analytic long-term therapies. Again, if therapy is effective, the intuitive attunement to the psychic state of a client is present. This means that cognitive and depth-oriented individual psychologists share a common experiential bridge. I am also certain that every one of us intuitively perceives the traumatic early experience of a patient, his or her opinion of life as well as his or her community feeling. In addition, I am satisfied that the experience of this dual dynamic is a common ground in our Adlerian community.

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