Two "Psychosomatic" Case Histories*

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It may be of value to show how the Adlerian approach can help the non-medical psychologist to determine whether certain complaints or symptoms are truly psychogenic in nature, even though the case may have been diagnosed as "psychosomatic."

Adler developed an holoistic approach, weighing the organic, the sociologic and the psychologic components. No matter what the origin of a disturbance, all factors have to be considered.

The following points of the elaborate questionnaire used during each initial interview at the Counseling Center proved helpful for the psychologic interpretation of the two cases summarized below:

(1) Family constellation
(2) Attitude toward marriage, work, and interpersonal relationships
(3) The implicit purpose of the reported symptoms.

CASE 1

A twenty-nine-year-old engineer, a college graduate, reported at the initial interview the following: For the past five or six years he had been suffering from occasional "attacks" which he described as a sudden feeling of pressure in his chest, accompanied by terrific palpitation, headache, nausea, and slight dizziness. These attacks lasted only a few minutes and were followed by cold sweat. He never lost consciousness. The attacks came without any warning, at completely irregular intervals. They had increased in intensity and now occurred as often as five or six times a day.

The client was a veteran who had consulted a number of physicians prior to visiting the Center and had twice been hospitalized for

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observation. On these occasions he had undergone check-ups including ventriculogram and spinal tap, all with negative results. The final diagnosis was "anxiety neurosis" and he was referred to the Center for low-cost therapy.

The childhood history was uneventful. Both the patient and his wife reported that their marriage was happy. They had friends and he liked his home and his work.

The outstanding feature of the patient's report was the objectivity with which he gave his account. There was no undue anxiety, not the slightest endeavor to appear as martyr or hero. His only concern was that these attacks might eventually handicap him in his work since he saw himself unable to control them, and he thus would become a burden to his wife. That is why he was willing to undergo psychotherapy as a last resort.

Here was a man who was perfectly adjusted in the important spheres of life, who was even able to cope with his affliction until it began to interfere with his efficiency on the job. From an Adlerian viewpoint there was no evidence that this man's goal was to use his symptoms as an alibi or to attain any special privileges.

The counselor felt therefore that the organic factor should be reconsidered before going into any further psychologic investigation and the client was sent for consultation to a specialist in internal medicine. Following is the report of Dr. M. S.:

> The type and description of the attacks, the absence of any undue anxiety or other signs of anxiety neurosis, the definite increase in severity and frequency of the attacks suggested the possibility of a pheochromocytoma, a tumor of the adrenal gland which produces tremendous amounts of two substances: adrenalin and noradrenalin, which both increase the bloodpressure. This overproduction leads to so-called paroxysmal hypertension. The diagnosis can easily be confirmed by taking the blood pressure during an attack. The patient's blood pressure rose during an attack from 140/90 to 300/170.
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> The patient was therefore referred for hospitalization. The above diagnosis was confirmed by special tests and the patient was successfully operated upon and has been free of symptoms ever since.

The physician's report that "the patient was successfully operated upon and has been free of symptoms ever since" proves the assumption that the condition was of organic origin without neurotic components.

Case 2

Mrs. Q. came to the Center to consult about her nine-year old daughter S. who was emotionally disturbed and very unruly at home and in school, always whining and sulky.

In the first interview the following facts emerged: S. was the oldest of three children. She had a sister four years younger and a brother, three years old. The middle child was physically well-developed, and a pretty child; she was no problem at all. The youngest was "still" a baby. The oldest, however, presented great difficulties. She always had been a feeding problem; she was very restless, and constantly fighting with the two younger children who were in alliance against her.

The teacher complained about her short attention span, retardation in reading and lack of cooperation.

It appeared that the mother's description of the child's behavior difficulty was rather an understatement. S. was a thin, underdeveloped, erratic child. While talking, she kept jumping from one leg to the other, waving her hands and giving the impression that she could not control her movements. She was left-handed—though she used her right hand for writing—and was left-eyed. She also had a lisp and was wearing glasses to correct a strabismus.

According to the mother, S. had always been a hyperactive child; no specific incidents occurred in early childhood. The counselor's suggestion of a physical examination was not accepted because S. was under the regular care of a pediatrician who knew her from birth. Play and speech therapy, remedial reading for the child, and guidance for the mother were initiated. After a period of time the father was included in the counseling process and both parents gained insight enough to realize that they had favored the other siblings and had rejected S. Their attitude changed gradually. The remedial work plus the attention and encouragement S. received at the Center helped a great deal to improve the home situation, and her behavior in school, too, changed. She was cooperative and tried to be friendly.

Nevertheless the restlessness, the feeding difficulties and the moodiness continued. From the Adlerian viewpoint the child's "goals" seemed to have been achieved. She who had been the dethroned child felt accepted at home and gained attention in school by improved work rather than by misbehavior.

The situation did not any longer warrant the "emotional" disturbances.

At this point the counselor insisted that the possibility of an underlying organic deficiency should be investigated once more. With the consent of the pediatrician the mother took the child to a specialist. Dr. H.G.'s report follows:

> The patient reveals athetoid character of a mild degree affecting the large muscle groups of the upper and lower extremities. Increased deep reflexes, more marked on the right side. She is very restless. The Sulkowitch reagent calcemia test shows a definite diminution of calcium. The child had a "very mild birth injury" which showed a central nervous irritability during a period of rapid growth in early childhood. Also definite metabolic error. Muscle relaxation and passive resisting exercises (Dr. Phelps modalities) will help along with calcium therapy.

A few months later S. was no longer a feeding problem, had gained weight and had calmed down considerably. Neither psychotherapy nor physical treatment alone would have sufficed to bring about the reported changes. Though all the components fell in place for the psychological interpretation and gave the directives for the therapy applied, the final satisfactory results could only be achieved by taking into account simultaneously the underlying organic deficiencies.

"Although it will never be attained, one can imagine an ideal state in which man would be able to cope with every burden to which he might be subjected. . . . It should be possible to develop social feeling to a degree where it suffices the individual in withstanding trials of all sorts, not in order to suppress wishes but in order to turn them into the channels of general usefulness."

—Alfred Adler, *Intern. Journ. Ind. Psych.*, Vol. I, No. 3, pp. 3, 10 (1935).