BOOK REVIEWS

When Doctors Are Patients. Edited by Max Pinner, M.D. & Benjamin F. Miller, M.D. W. W. Norton & Company, Inc., New York, 1952, 364 pp.

Reviewed by Dr. Lydia Sicher

The personal experiences with illness and disabilities presented in these thirty-three case histories are a documentary of man's ability to rise above most difficult, even terrible obstacles. This makes the book valuable not only from a medical and psychological viewpoint, but first of all from a human standpoint.

There might be some danger in the authors' hope that benefit might accrue from the reading of the book by those whose relatives or friends are afflicted with such diseases, as Dr. Benjamin F. Miller states in his introduction, because deeds of some, even of many, cannot become generalized. Not everyone who climbed a mountain could be expected to emulate the ascent of Everest; not every sick person can or should be expected to live up to the example set by these heroic thirty-three. After all the doctor, too, is subject to human frailties and imperfections and might not always "get to work at his malady" or "make new adjustments that would not be possible for the average patient," although the doctor is "armed by his knowledge."

Perhaps one assumes wrongly that the doctor whose work brings him face to face with death should develop a philosophy for himself which makes death less formidable. Facing death certainly requires an heroic attitude toward the unavoidable end; but it seems to demand a specific courage to face life, as proved by the many breakdowns, neuroses, addictions and psychoses. A more developed courage is necessary to face life with lasting handicaps, such as blindness, deafness or loss of a balancing system, which do not shorten the life span but require continuous overcoming and the forming of a constructive and lasting psychological superstructure. Sometimes this is too difficult without some extenuating circumstances, mostly afforded to the desperately sick.

Some of the authors mention that being sick themselves made them better physicians. This would mean that except as an outcrop of one's own suffering, the well physician could not have the intuition, imagination or human interest that should be the basis of the profession. Little mention is made in any of these case histories of the person behind the illness, of

the premorbid personality. Dr. Roy Washington, in his contribution Chronic Alcoholism, gives a few flashbacks into his childhood and youth, but this is all. We do not learn much more than the fact that a man or a woman became a doctor and after some time fell sick or was disabled. Nothing is given to throw light on how they became the people they were when tragedy entered their lives. It almost seems as if the life before and during sickness had nothing in common, as if there were no continuity of personality. Only here and there one finds some allusion to the ideas of the doctor-patient about deeper conviction concerning oneness of the person in health and sickness; as when Dr. Jan Stevenson writes: "The shame which is so often felt by the patient arises from his uneasy sense of responsibility for his own illness," because "health is not thrust upon us but requires our active participation."

From the Adlerian standpoint we gratefully appreciate the psychological insight of Dr. Merritt B. Low, who was stricken with poliomyelitis and remained partially paralysed: "As in other diseases, the personality affects the disease more than the disease affects the personality. The disease may unmask a person, but I doubt if it really changes him . . . It is not the condition itself but the view one takes of it that is the real crux of the situation. The real personality comes into clearer focus, but there are no essential changes, at least in those older than a few years when they become sick. On the other hand personality modifies disease greatly even though the disease does not change personality . . ."

Inferiority Feelings in the Individual and the Group. By Oliver Brachfeld. Grune & Stratton, Inc., New York, 1951, 301 pp.

Reviewed by Dr. Lydia Sicher

This book is written in twenty-nine chapters, elaborating on the role inferiority feelings are playing in all phases of life. The author covers much territory in his book, branching out from the individual situation into the social, economic and political set-up in which individuals find themselves.

In his preface Brachfeld divides his study into three parts: the first to be purely historical, investigating the history of the term "inferiority complex" and its publicity; the second to give an account of ideas preceding and leading up to the notion embodied in the term; the third using the term as a network of research applying it "to the surface of the human soul, both individual and collective." From the very beginning of his study Brachfeld argues with the term itself, which he would prefer to be exchanged for "Gulliver-complex" to prove the relativity of superior-inferior

and the changeability according to the change of standpoint. One of the statements cannot be by-passed without correction. Brachfeld states, "Adler and his disciples looked upon the inferiority feelings or complexes as a great evil weighing upon humanity. It never occurred to them to try to tame or control these undesirable feelings. Instead they had a mystical faith in the possibility of doing away with these feelings by education, or rooting them out and eliminating them from human existence—a thankless and impossible task."

At another place in his book Brachfeld apparently forgot his first assumption of Adler's "oversight" and showed the role that Adler attributed to these feelings of inferiority in the personal and social development of the individual. Adler clearly pointed out that without this feeling of inferiority in childhood no one would be stimulated to progress and growth. What he pointed out as an evil was the accentuated feeling of inferiority or the inferiority complex, as they often closed the road to proper compensation because of too great discouragement and enticed its bearer from the useful side of life to the unconstructive one of fictitious strivings and, thus, asocial manifestations.

Perhaps it would be wiser instead of sifting the material, to put down the following abbreviated version of the points raised in the present volume, as laid down by the author himself, especially as they concern Individual Psychology:

1. The idea of feelings of inferiority was in the air at the beginning of this century. An important landmark was the publication in 1907 of Adler's study on organic inferiorities which aimed simply at completing on purely empirical lines, the study then in vogue of degeneracy in general.

2. Stendahl's use of the term *sentiment à inferiorité* and Janet's feeling of incompleteness prove that conditions were ripe for the reception of Adlerian ideas.

3. The feeling of inferiority has from the first been the most "neutral" of ideas, and the easiest to fit into any existing psychological, philosophical or religious system.

4. The term "feeling of inferiority" can be applied to the most varied phenomena, from simple inhibition to a sense of guilt, from the categorical veto (a term of Brachfeld's) to a feeling of social inferiority, from the sense of incompleteness to certain states of paranoia and schizophrenia.

A vicious circle exists between inferiority feeling and neurosis, "mutual induction" takes place. Study of such phenomena enlarges the knowledge of self-feeling and especially of auto-estimation. In this connection Brachfeld finds the term valence useful, the equivalent of *Geltung* and of self-importance. In the language of affects these terms can be coordinated with the notion of fear and anguish. Distinction is made between "feeling of

being" and "feeling of *having*." This opens up a vista of self-feelings of a negative character, ranging from a sense of frustration (the German *Beeinträchtigungsgefühle*) to the Christian's sense of inferiority towards God, from a sense of completeness to the Golden Complex.

5. Only by studying feelings of inferiority do "infantile regressions and regrets" become comprehensible.

6. The same notion, combined with that of compensation, renders more comprehensible what society regards as abnormal. The various components which make up human life, including the "obscure part of man's life—the realm of sex" can be penetrated more deeply.

7. No human being can live without a minimum of auto-estimation. The healthiest way of obtaining this minimum is for the subject to become harmoniously integrated into the structure of a community. An excessive plus in this auto-estimation is as hampering in life as a minus.

8. The way has been opened to a *new psychological theory* based on *auto-estimation. "The feeling of inferiority is an auto-estimative disturbance. It is a diminution of the ego and its activities, characterised by an affective state of the negative order*, of which the subject is not always conscious, although his conduct is profoundly influenced by it.

9. "Feelings of inferiority is a global idea . . . which includes the most diverse notions, as feelings of incompleteness, insecurity, etc. as well as those of guilt, shame, envy and fear."

10. "The analysis of inferiority feelings or complexes in the *individual* . . . can be regarded as having reached its final form. What remains to be done forthwith is to introduce such alterations as will be needed to keep up with the changing social and economic conditions, which are daily creating new moralities of inferiorisation."