

## THE INFERIORITY COMPLEX AND ITS PSYCHIATRIC SIGNIFICANCE

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*In some instances this complex is only the result of lack of proper vocational guidance and the adolescent or young adult becomes a misfit in the busy world, with consequent discouragement and failure. There must be many cases of this sort.*

*Illustrative case reports.*

*Neuropsychiatry has now reached a crossroads or turning point in its development. Its field of work, although broader now, is being encroached upon more and more by psychologists who have no medical education, some of whom are very superficially trained in their own line, some actually charlatans.*

*DISCUSSION of the type that brings out important phases of an important subject by Ross Moore, Los Angeles; Aaron J. Rosanoff, Los Angeles; Ray Lyman Wilbur, Stanford University; V. H. Podstata, Livermore; Christine M. Leonard, Los Angeles.*

SINCE the beginning of any social contact of human beings this complex has existed. It began as soon as man had the opportunity to compare himself or be compared with other men, as soon as the interests of one conflicted with those of another, as soon as one surpassed another in any way. Thus was fear and jealousy bred, fear of others and fear of self.

As time passed and human relationships, both in the family unit and in the larger unit of community life, became more difficult this complex became more subtle and refined into forms less obvious to the sufferer from it.

The survival of the fittest, in the physical sense, was secured, and the non-survival of the supposedly unfit was made sure by very primitive methods in the days of savagery and barbarism; but later on the unfit, in the physical sense of that term, have more and more been enabled to survive. The survival of the physically inferior now does not conflict greatly with the interests of the herd, for the complex modern world has a place for all of them in its industrial scheme, providing they are psychologically fit to cope with their environment. Consequently, it is no longer true that this complex is inevitably associated with physical inferiority; it now arises much more from post-natal psychological impressions.

This post-natal psychological causation can, and usually does, begin very early in life; in infancy or early childhood. If a child survives the periods of infancy, childhood, or adolescence, without becoming inoculated with the inferiority complex, what happens later has little chance of fixing such a complex to any serious degree. This complex must be considered as something inoculated into the child by parents, teachers or other adults, or by fellow-children. Because of the impressionability of a child, all later tendencies have their roots in the plastic years. This is but an obvious truism, though one which is

frequently forgotten in favor of laying the blame for everything on heredity.

Naturally, such complexes can be induced in a variety of ways which may be summed up in such descriptive terms as excessive "spoiling" with inculcation of dependency on father or mother, unwise and needless repressions of natural and innocent activities, nagging and scolding, physical cruelty and unfair punishments, ridicule and unfavorable comparisons with other children, marked social inequality of opportunity, high-handed moral attitudes on the part of adults toward faults or habits in the sexual sphere without calm explanation and frankly helpful advice, pessimism and irritability in the home atmosphere which reveals to the child parental inferiority and failure. All these influences tend to induce depression and loss of initiative with lack of fearless and confidential relations between the child and the adult world. In some instances this complex is only the result of lack of proper vocational guidance, and the adolescent or young adult becomes a misfit in the busy world, with consequent discouragement and failure. There must be many cases of this sort.

Undoubtedly, children react differently to such influences according as they are constitutionally vigorous or not, according as they are naturally inclined to be introverted or extroverted, aggressive or shrinking in nervous makeup, physiologically speaking. Consequently, in the aggressive type the psychoneurosis, which grows out of an induced inferiority complex, will differ in symptomatology from that which occurs from the same cause in the introverted type. And so we have later on the psychoneurosis with paranoid symptoms or with criminal behavior representing a defense against inferiority, and the psychoneurosis with depression, anxiety, diffidence and withdrawal from healthy social contacts; or the psychoneurosis with symptoms of a very complete withdrawal from the conflict and a satisfaction in solving the personal problem through hysteria. As any of these psychoneuroses progresses or as some other factor comes into play to break down the general nervous resistance (a toxic, exhaustive, or an organic factor), there may develop a psychosis of the paranoid type, the manic-depressive type, the schizophrenic precox type, or the hysterical type. Thus we may consider that psychoneuroses and psychoses are sometimes phases in the progress of the same fundamental complex—stages in a long-standing disorder of the personality.

### ILLUSTRATIVE CASE REPORTS

1. A male child of intelligent parents witnessed from infancy the frequent quarrels between his parents, the father being at times violently irritable, due to chronic physical ill health and financial strain. As the child grew older he was always aware of some impending disaster in the home, which usually had an atmosphere of gloom and anxiety. An example of fear, doubt and indecision over any new problem was set before him by the father, who also vented his irritability upon the child for any trivial thing, making him feel thereby that he did not amount to much, that he was stupid, etc. The boy grew to love solitude and to shrink from taking part

in social pleasures with other children because he felt depressed, and his ill-concealed depression was misunderstood by the other children who thought him unfriendly. As time went on he developed the habit in his turn of showing irritation at trifling events and of putting off decisions because of his lack of self-confidence. By the time manhood was reached he had no definite plans for his future career, was inclined to take the path of least resistance, often being moody and changeable in purpose. He felt that other people thought him queer, that others were unfriendly. Not being very robust in physical constitution, he became asocial rather than actively anti-social. Energies of a physical sort found no outlet in healthy sports, and being shy of women he had difficulty mastering the habit of masturbation, which began at adolescence. He was afraid to marry. So he drifted along in a routine occupation much beneath his natural intellectual ability and, of course, was not satisfied in his work. He was sensitive to the criticism of his fellow-workers and his superiors to an extreme degree, and also jealous of those who were more successful than he. Middle age arrived with a realization that he was still a failure, and by the time he was 48 he had a severe attack of depression resembling the involution type of melancholia.

2. A young woman gives the history of having been brought up to think that anything connected with the sexual instinct was most deplorable. In childhood her first questions about such matters were side-tracked and received by her mother with embarrassment and evasion, also rebuke. As she matured she became very shy of boys, but her curiosity and thoughts along sex lines continued quite active. She felt that her thoughts were very wicked and that she must be different from other girls, for they did not appear to be bothered by such matters and seemed quite at ease with boys. She grew more and more self-conscious and diffident in trying to express herself in the social world. Naturally, offers of marriage were slow in coming. However, after a time she became infatuated with an unscrupulous fellow who seduced her. This experience produced a profound depression with anxiety symptoms, followed after some weeks by an acute excitement in which she had delusions of persecution, spoke of herself as the Virgin Mary, showed flight of ideas with prolific talk, and had to be confined in a psychiatric hospital. There she ran the typical course of an acute mania and recovered with a residual state of emotional apathy and indifference toward her family, to whom she has not yet been able to adjust herself. There also ensued a certain lowering of her standard of morality.

Many more illustrations of this complex might be given if time permitted. We are all familiar with the fact that hauteur and reserve and also their opposites, undue familiarity and aggressiveness, may cover up a feeling of inferiority or inadequacy, and that supposed modesty and humility may at times be a cloak for "cold feet." The two cases reported serve to indicate that a psychoneurosis or a psychosis is a

condition of gradual onset and progress, and may arise from preventable psychological causes.

#### PREVENTIVE WORK IN NEUROPSYCHIATRY

It is quite apparent that these disorders are productive of much unhappiness, friction and failure, to say nothing of more serious consequences. They affect adversely the home life and industrial life and all with whom the individual comes in contact. We who work in the field of neuropsychiatry have some workable knowledge of the mechanism of these disorders. Indeed we have quite a store of theoretical knowledge, and we can have a much greater store of practical information which can be made available to parents and teachers for prophylactic purposes, provided we continue to get at the roots of these disorders in all patients that come to us.

Neuropsychiatry has now reached a cross-roads or turning point in its development. Its field of work, although broader now, is being encroached upon more and more by psychologists who have no medical education, some of whom are very superficially trained in their own line, some actually charlatans. The field is also invaded by all sorts of religious cults and narrow-minded philosophers. On the other hand, the citizens who are more discerning are looking to the medical profession for a solution of the problems of crime and juvenile delinquency, and many educational problems. They are ready and eager for our assistance, and often expect of us the impossible; and yet we have much to give them which we do not make clearly available.

We may well consider at this stage in the development of our specialty which, by the way, is so broad that it is inappropriately termed a "specialty," where to place the emphasis in medical education and research; whether to give less attention to refinements in the diagnosis and treatment of organic nervous disorders which we know have already wrought permanent pathological changes and more attention to the early detection of functional nervous disorders and the early treatment of them by sound methods; or to neglect the psychopathology of children and adults while worrying over tables of height and weight and nutrition or the chemistry of the cerebrospinal fluid.

We might consider also how we may formulate our growing knowledge of functional disorders of the nervous system so as to make it helpful to parents, teachers, and college students. To a slight extent this is being done here and there. It is not to be expected that many medical students can be made interested in neuropsychiatry if their vision of future work in this field is narrowed down to the palliative treatment or passive care of the end-results of chronic organic disease; but if their vision can be enlarged further by presenting to them the dynamic, social aspects of psychiatry in an attractive way, there should be no difficulty in providing this field with enough well-trained and enthusiastic laborers.

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#### DISCUSSION

ROSS MOORE, M. D. (520 West Seventh Street, Los Angeles)—It occurs to me to wonder whether the manifestations of the inferiority complex so clearly and broadly sketched by Wright are not after all really conservative.

I am not saying that they ought to be conservative. Theoretically they ought not to exist. In the future they will not exist practically because then there will be enough square pegs for all the square holes and square holes for the square pegs. Our growing knowledge will make this possible and our growing tax rate will make society demand it. For the present the psychopathically inferior will have to remain largely ignorant of his own inferiority and retire within his own psychosis.

Methods of training the handicapped child are fairly far advanced both in school and home. There is much enthusiasm in both places to help these unhappy ones. But there is no enthusiasm in the home when it comes to recognizing and admitting the poor material out of which the child is made. I believe this admission will be forthcoming only when we force its presentation and at the same time show more clearly the social means available for its proper handling.

Stressing heredity is still the important thing.

AARON J. ROSANOFF, M. D. (Westlake Professional Building, Los Angeles)—The inferiority complex probably plays a part in the mechanism of all mental disorders of a functional nature. It is strange that no one had chosen it as a topic for special emphasis and discussion, as Dr. Wright has now done.

It is always a difficult matter to distinguish clearly hereditary or inborn factors from acquired ones. Dr. Wright deserves credit for pointing out that one factor in the bewildering complexity of mental mechanisms, namely, the inferiority complex, is always an acquired one. The significance of this is obvious for the practice of mental hygiene.

Wright has said that the field of neuropsychiatry is being encroached upon by persons without medical training. He seems to regret this fact, and I am in sympathy with him as far as this encroachment is by incompetent or insincere persons, whether with or without medical training. But I rather welcome all possible participation by psychologists, criminologists, social workers, teachers, and others. In my opinion, without such participation the larger ends of mental hygiene can never be attained, as they are beyond the unaided powers of the mere handful of neuropsychiatrists; and this not only because they are a handful, but also because some phases of the work require training and specialization which is not a part of medical curricula or practice.

RAY LYMAN WILBUR, M. D. (Stanford University, California)—As a rule all of the children in a given family are exposed to practically the same conditions at home, on the street and in the school. It hardly seems complete to me to lay all of the stress upon certain happenings of childhood in the child that later on shows certain psychopathic peculiarities. *I have the feeling that the psychopathologists in working backward for explanations of their patients are apt to forget the ability of many individuals to throw off environmental effects that disturb those who are mentally tainted.* All young people have a difficult problem in getting on with the adults with whom they are associated. It takes a good deal of skill on the part of a child to understand just what the parents want, why they want it, and why they vary so in their demands. I cannot escape the feeling that while the inferiority complex is of great significance it is the individual rather than the experience that is the predominating factor in turning mental reactions in an abnormal direction.

Dr. Wright's paper strikes me as particularly interesting and of real significance in developing a proper approach to the problems of the neuropsychiatric individual.

V. H. PODSTATKA, M. D. (Livermore, California)—The paper of Dr. Wright leaves with me three impressions:

First—A keen appreciation of the endeavor of Dr. Wright to impress upon the medical profession the great influence of the early surroundings upon the moulding of the child's personality. Much has been written upon this topic, but the body of the medical profession has failed to be impressed by the facts. A small proportion of the physicians in general practice has been unduly influenced by the extremists in the psychoanalytic school; hence, embryonic and infantile sex conflicts and complexes. The larger number of physicians either cling to the ultra-

conservative views or are more or less bored with the entire topic of study of behavior. Wright's paper is practical and worthwhile to every physician seeking to be of service to humanity.

Second—The limits of the paper are undoubtedly responsible for his taking up the "inferiority complex" and not reaching out to cover the entire topic of the common prevailing depressive tendency. The "inferiority complex" is only one common expression of such depressive tendency. There are many fears, obsessions, doubts, worries, and anxieties growing from out of the soil of the fundamental depressive tendency which are not identical with the "inferiority complex." I trust that someone may concisely, yet effectively, present this "Multitude of the Unhappy."

Third—No physician will question that Wright did well in emphasizing environmental psychogenic factors. However, they are not alone in the capacity to produce a tone of depression or the actual feeling of personal inferiority. Also, among the psychic causes it need not necessarily be the early surroundings of the child. There are many unsolved problems carried by adult people like millstones about their necks, producing perceptible and prevailing mental depression, also a variety of feeling of inferiority. Some of these unsolved problems may have been repressed below the level of consciousness, but that is not necessary to make them effective. Among the physical causes, toxic influences and endocrine unbalance should be mentioned. In short, every case of "inferiority complex" is an individual case compelling careful study of both physical and mental etiology.

CHRISTINE M. LEONARD, M. D. (1401 South Grand Avenue, Los Angeles)—I was present at the time Dr. Wright presented his paper, and enjoyed it. We had found in our study of children at the Child Guidance Clinic that the feeling of inferiority is a large factor in behavior problems. We have noted inferiority complexes with physical, intellectual and social bases. The child frequently attempts to compensate, and failure in this often results in overcompensation and definite maladjustment. These children are often problems both in the home and in the school. Physically they feel inadequate and do not take part in play with their companions. Sometimes they will not fight, swim or enter into active games; they are unable to compete successfully with their classmates. Because of feelings of social inferiority, they often will not bring their friends to their homes to play.

In children who have inferiority complexes the sense of self-confidence and power is missing and we have developed then, either a quiet, depressed, perhaps sensitive and reticent child (introvert type), or an egocentric, overcompensated child who is perhaps the bully of the neighborhood (extrovert type). Are we not warranted, then, in uncovering this complex early and helping the child overcome what Dr. Wright so clearly shows in his paper to be a large factor in adult maladjustment?

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Witter Water—This is a product put out by Witter Medical Springs, San Francisco. It is advertised as a remedy for "high blood pressure." The public is warned of the tragic consequences of this condition and given the usual line of testimonials, telling how Mrs. A. with high blood pressure and one foot in the grave took Witter Water and recovered. Among other constituents, Witter Water is claimed to contain nitrites and it is stated that this "undoubtedly accounts for its direct action in the reduction of blood pressure." Witter Water is also claimed to contain sufficient iodide to produce beneficial action. According to an analysis, the amount of sodium nitrite present in Witter Water is one and one-half grains per gallon, and for \$30 the sufferer from high blood pressure would get approximately ten grains of sodium nitrite. According to the analysis there is seven one-hundredths of a grain of potassium iodide in each gallon of Witter Water. Thirty dollars' worth of Witter Water contains less than one-half grain of potassium iodide. Yet the exploiters seem to think that the sodium nitrite content and the potassium iodide content are something to talk about (Journal A. M. A., June 27, 1925).