

Chapter 14 — The Feeling of Inadequacy

*of The Mind at Mischief:
Tricks and Deceptions of the Subconscious and How to Cope with Them*
(1929)

by
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Sources for Chapter 24, in the order in which they first appear

- (1) Bernard **Hart**, M.D., *The Psychology of Insanity* (Cambridge: at the University Press, 1912, 1916)
- (2) Edmund S. **Conklin**, *Principles of Abnormal Psychology* (New York: Henry Holt and Company, 1927)
- (3) William S. Sadler, M.D., F.A.C.S., ***The Truth About Mind Cure*** (Chicago: A. C. McClurg & Co., 1928)

Key

- (a) **Green** indicates where a source author (or a previous Sadler book) first appears, or where he/she reappears.
- (b) **Yellow** highlights most parallelisms.
- (c) **Tan** highlights parallelisms not occurring on the same row, or parallelisms separated by yellowed parallelisms.
- (d) An underlined word or words indicates where the source and Sadler pointedly differ from each other.
- (e) **Pink** indicates passages where Sadler specifically shares his own experiences, opinions, advice, etc.

- (f) **Light blue** indicates passages which strongly resemble something in the Urantia Book, or which allude to the Urantia phenomenon.
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XIV — THE FEELING OF INADEQUACY

14:0.1 HUMAN beings are born with a great many defects, slight variations from the average normal, which are bound to be apparent as they grow up. The vast majority of us learn to make such adjustments that these minor handicaps, these trifling departures from the normal, in either mental endowment or physical development, never cause us very much trouble. But in the case of certain highly sensitive individuals, or of those whose attention is unduly called to these defects, so that they become inordinately self-conscious, there comes to be developed a chronic *feeling of inadequacy*.

14:0.2 We see these people on every hand and in all levels of society. Some of them are regarded as being merely a “bit peculiar”; others are designated “odd geniuses.” They are always more or less sensitive, usually seclusive, and are poor mixers. They are often given over largely to day-dreaming and are regarded, on the whole, as a fairly decent sort, but as being impractical; unless afforded intelligent help, they are destined to prove at least partial failures in life.

[See 14:6.3, below.]

THE INADEQUACY COMPLEX

14:1.1 The ideal time to help this group of slight deficient to make adjustments to life is in their early years, and especially during the period of adolescence. A little effort spent on these individuals in the nursery years is highly productive of good results.

Following adolescence it becomes increasingly difficult to help them. Early in our effort to help them, we must accept the fact that the necessary adjustments to overcome this paralyzing feeling of inadequacy will not occur in and of themselves. It is a dangerous policy to expect a child to outgrow such a tendency. More often the trouble tends to become aggravated as the boy or girl grows up through the teens and gets into the early twenties. The fight is won only by means of careful planning, logical thinking, and persistent acting and reacting.

14:1.2 This feeling of inadequacy is especially prone to develop when the child goes to school and is forced into competition with his playmates. But competition is inescapable in modern life. We can't hope to avoid being compared with our fellow mortals; and it is this competition that causes our minor deficiencies, particularly weaknesses of either mind or body, to stand out prominently in our own consciousness. Some time in our lives we have all been made to feel that we are deficient, that we are not quite the equal of our competitors. Now, when this idea becomes isolated, when it has to do more particularly with one special difficulty or weakness, it may come in time to grow into a real inferiority complex.

[See Chap. 13.]

We have discussed that in a previous chapter, but it is the intention here to deal with this feeling of inadequacy as manifested in its simpler forms and on up to the time when it becomes a real inferiority complex—or a stage-fright complex or some other serious psychic affair.

14:1.3 I suppose that the feeling of inadequacy in the presence of certain situations or as the result of failure in some competitive trial is the most common form of psychic distress to which humanity is heir. We have all had it.

[See 12:13.2.]

We can't always be winners. We have to learn sometime in life to be good losers, and victims of this feeling of inadequacy as a rule are very poor losers.

14:1.4 If this feeling is not early recognized and properly handled by parents and teachers, it is liable to become chronic and make serious trouble in later years. When that happens, the victim is fortunate if he falls into the hands of some psychologist or physician who can teach him how to escape the clutches of this gradually forming inadequacy complex.

14:1.5 Such a complex inevitably leads us to view all social contacts, where our deficiencies would be on exhibition, with more or less fear. In fact, as we grow up and this inadequacy complex becomes more and more developed, it assumes the proportions of a stage-fright complex. We find ourselves the victims of rapid breathing, flushing of the face, cold perspiration, palpitation of the heart, weakness of the knees, and even dizziness and nausea. Many a stage-fright complex has been built up out of these minor feelings of inadequacy.

14:1.6 An individual thus afflicted will naturally seek some avenue of escape. When these fear complexes begin to develop we have to make up our minds to engage in either flight or fight. Fear sooner or later becomes our master unless we subdue it; unless we make an intelligent and successful fight upon it, in time, fear will induce flight. We will seek to avoid every situation in which our deficiencies or shortcomings may become manifest.

ORIGIN OF THE INADEQUACY COMPLEX

14:2.1 The methods whereby we seek to avoid the embarrassments and regrets connected with our inadequacy complex are termed *defense reactions*. The majority of those who suffer from this feeling of inadequacy spend much of their lives in commonplace vacillation between flight and fight. Sometimes they try to master this tendency; at other times they cravenly flee from the field of battle.

14:2.2 In the study of the inadequacy complex, we must remember that we are born into this world quite helpless. Things which adults do without thought, commonplace activities which have become purely reflex actions, are all tremendous undertakings to the young infant. Laboriously, through the early months of life, he must struggle on by means of the experimental trial and error method, getting instruction from his parents and imitating his elders until by and by he acquires the ability to do fairly well most of the things that a human being is supposed to do;

but every individual is doomed inevitably to be slightly deficient in some phase of thinking and acting as compared with the average human being, and this constitutes a perfectly natural and ever-present source of that state of self-consciousness which every developing human must needs pass through, and which, in certain sensitive and susceptible individuals, shows a tendency to evolve into an inadequacy complex.

[Source? Adler?]

14:2.3 There are many small but definite physical deficiencies and diseases which may prove to be the starting point of this feeling of inadequacy, such as chorea (St. Vitus' dance), heart disease in childhood from rheumatism, which prevents normal physical activity, or partial paralysis following infantile paralysis. No matter what it is, whether it be goiter, pimples or some other skin disorder, irregular teeth, an obese tendency or a tendency to emaciation—any simple physical condition may prove to be the starting point of this self-consciousness about being different from the average run of humanity.

14:2.4 One of the most unfortunate cases of this kind I ever saw started from having to wear glasses—on account of eye trouble following measles—when the boy was only eight years old. It so happened that no other boy or girl in his room at school wore glasses, and the teasing that resulted all but ruined his life.

Speech defects are still more commonly the starting point of this feeling of relative insufficiency. Stuttering or stammering, if not brought under control, is a very common cause of the early loss of self-confidence.

The social standing of one's parents may be a cause of this feeling of inadequacy, especially if one be trying to mingle with other children who belong to a group whose parents are socially and financially better situated. Race, nationality, and even the sound of one's name have to do with this matter, as well as the clothes children wear, more particularly if they are required to dress a little differently from the other children in their social group. Later on in life our own social and financial standing, as well as our education, has a great deal to do with aggravating or helping to overcome this feeling of inadequacy.

14:2.5 But I think, aside from all hereditary and environmental causes, that the unwise attitude of parents and possibly of teachers is especially to blame. Parents should be very careful how they over-criticize and ridicule sensitive children who are already entertaining the feeling that they are not quite as good as the average run of their associates. This feeling of inadequacy, as well as the inferiority complex, is greatly contributed to by harsh methods of family discipline and by overbearing and bulldozing attitudes on the part of the parents, which serve effectually to break the will, and later on lead to the disastrous practise of **oversuppression of the emotions.**

[See 14:6.4, below.]

SOURCE

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[See 12:0.3-5.]

14:2.6 As emphasized in the chapter on the inferiority complex, giving children tasks which they are unfitted successfully to execute is a very serious mistake. Parents and teachers are too often guilty of doing this. Give a child something to do which common sense should teach us he can't do, and failure is inevitable; each failure is another stone laid in the building of this prison-house of the inadequacy or inferiority complex.

14:2.7 All normal persons have this feeling of inadequacy—have periods of depression or what we might call the “blues” every now and then—but it is a transient affair. We quickly rise above it and go on about our normal way; but with certain types of diffident, reticent, and sensitive children, as the result of the gradual accumulation of self-consciousness on this point, or as the result of some spectacular situation, this state of mind comes to be a habit which settles down to torment them.

14:2.8 The inadequacy complex many times seems first to crystallize around some occasion of a social nature, such as when you were requested early in life to meet some very wealthy people or to pay a visit to the mansion of a prominent citizen; during this experience all the physical feelings of stage fright were developed and such a combination of psychic and physical reactions occurred as to make an indelible impression upon the mind and memory.

14:2.9 I recall the case of a man who struggled along with this feeling in his teens, but never became really panic-stricken until after he had finished high school and was in business. At a banquet one evening he was suddenly called upon to make a speech. The state of his mind was more than panicky; he was seized with terror. He mumbled through a few words, almost unintelligible and inaudible, and sat down, flushing excessively and drenched with perspiration. From that time on, for a period of almost ten years, his life was all but ruined. He was seized with the conviction that he was going to make a failure of his career; it was no use; he had struggled on through his early years, but now he knew he was a failure. It required a great deal of patient, painstaking teaching on the part of his medical advisers to save him from really throwing up the sponge and leaving his family. At times it seemed he was doomed to become nothing more nor less than an educated tramp, an intelligent ne'er-do-well; he did succeed in pulling himself together, and gradually he mastered his difficulty; but not long ago he told me that even now, when he goes to a banquet or sits down with anyone at the table except his own family, he is seized with the impulse to get up and flee. The memory of this experience still grips him.

DANGEROUS DEFENSE REACTIONS

[See 12:1.6.]

14:3.1 Now, what are we going to do about these cases? I have found it very helpful, especially in adolescence, after explaining the situation fully to such youths, to inquire carefully into their various activities and find some one thing they can do fairly well, and then encourage the development of this talent so that it will give them an opportunity to show off a bit. It gives us at least a talking point to convince them that they are not inferior in every respect. It is a good starting place in our effort to help them to a new or changed viewpoint.

[Source? Adler?]

14:3.2 Of course, there is a danger in this that as a defense reaction, and in their effort to overcome the tendency toward an inferiority complex, they may develop a superiority complex. Their heads may swell out with the feeling of superiority and they may develop such an exaltation of ego as to make themselves persona non grata with their associates. They may become “smart Alecks” and a nuisance even to their own families. And if the “smart Aleck” state of mind progresses too far we may develop a paranoidal state of mind.

[See Chap. 24.]

While a subsequent chapter is devoted to paranoia, it may be well here to explain that the paranoidal state is essentially a twin state of mind.

SOURCE

[Delusions may be of all kinds, but there are two groups which call for special mention on account of their great frequency, *grandiose* and *persecutory* (Hart 31).]

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Two ideas are reciprocal in its production, and they are: (1) the delusion of *grandeur*, the feeling of great superiority in some particular direction, and (2) the idea of *persecution*, the notion that other people are running us down, ridiculing us, even to the point of systematic persecution.

14:3.3 Thus certain types of egotistic individuals, when they have this feeling of inadequacy, instead of facing the facts and making adjustments thereto, prefer to go to the other extreme, developing a defense reaction of righteous indignation based on jealousy and hatred of their superiors; and this construction of a fictitious superiority complex by way of a defense reaction leads dangerously near to the borderline of the paranoid state. It may end up in the individual acquiring a real paranoia and the God-man or superman complex. Fortunately, some of these paranoid states are transitory and curable. It has been my observation that only those who have a very bad strain of heredity toward the insanities are ever seriously afflicted with true paranoia. In the case of the average individual whose family history is free from insanity, this tendency stays in the domain of the neuroses, tho it may continue to torture him as an inadequacy complex or even a full-fledged inferiority complex.

FLEEING FROM REALITY

14:4.1 Some sufferers from the inadequacy complex develop an anxiety neurosis or some other nervous ailment which will make semi-invalids of them, and thus they establish an alibi for staying away from all situations where there would be comparison between their physical or mental equipment and that of their supposedly more fortunate fellows.

[See 8:5.11 and Chap. 22.]

Of all the defense reactions belonging to this group, hysteria is the most satisfactory. Hysteria will enable them to escape from any social obligation by providing a suitable fit at the proper time, and there is no limit to the severity of these attacks. The utilization of hysteria as a defense reaction in dodging responsibility in the presence of inadequacy will be more fully understood after perusal of the chapter on hysteria.

14:4.2 Another very common method of trying to get away from this feeling of inadequacy has been termed by the psychologists “the flight from reality.”

[Some who are mentally diseased, notably the dementia præcox, ... live in a world of phantastic notions and are chronically like ourselves when we for a moment lapse into day dreams.... This turning inward from reality is sometimes called a “flight from reality,” they flee from the troubles of life into a world of dreams (Conklin 74).]

Persons afflicted with this feeling develop into the wish-fulfilling type of day-dreamer. They go back to the nursery, lead a life of fantasy, and simply refuse to think about the demands of competitive living. They indulge the mind in an attitude of entertaining and contemplating nothing more serious and practical than fairy stories, and allow it to engage in no task more difficult than air-castle building.

Just as certain predisposed types of these victims of the inadequacy complex drift into paranoia, another group indulge in this defense reaction of “flight from reality,”

SOURCE

[This living within themselves, in their own phantasy life, has led many to speak of [dementia præcox sufferers] as having a “shut-in” personality (Conklin 82).]

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and may become such confined and shut-in personalities as to drift to the borderline of the dementia præcox class.

Again I hasten to say that it has been my experience that these feelings of inadequacy do not lead beyond the so-called neuroses as a defense reaction except in those cases where there is a very serious nervous hereditary tendency.

14:4.3 It would appear that our social evolution is outrunning brain development and psychologic evolution. Our more recently attained social status and our more recently acquired standards of civilized living are certainly far in advance of the basic development of the average human being. The subconscious of the average individual seems to have evolved but little beyond the phase of primitive savagery.

[When we come to consider the value of work as a contribution to joy and happiness, we must remember that primitive man, while he was a fighting and playing animal, was hardly a working animal (*How You Can Keep Happy* [1926]) 13.]

As far as the subconscious is concerned, man is a playing animal and a fighting animal, but hardly a working animal.

The day-by-day application to work, the steady job, is something rather new to the human race. The subconscious is interested only in doing enough work to supply the necessary food for the individual's sustenance. The goad of ambition, the stimulus of conscience, and the lash of duty, drive the modern races on at a lively pace in their efforts to acquire the necessities and luxuries of present-day civilization; but the subconscious is more interested in comparative ease and exciting adventure—in that comparative inactivity which characterizes the dreamer, the hunter, and the explorer.

14:4.4 And so we find, as we face the realities of modern life in civilized lands, that the subconscious is always seeking for some excuse which will serve as an alibi for retiring gracefully from the scene of turmoil into the comparative ease of the sheltered life of the nervous semi-invalid. The subconscious is a chronic **shirker** when it comes to meeting the **responsibilities** of modern life; it seeks all the while, through nervous feelings and various physical symptoms of nervous origin, to afford us an excuse for fleeing from reality back to the life of fantasy, fairy-tales, and day-dreams. Thus, in the more serious groups, we often find that the inadequate individual simply throws up his hands, lies down on the job, calls himself a failure, and refuses to take any serious interest in life. This is the type that has a tendency, when the nervous heredity is very bad, to drift into melancholia or to become a life member of the ancient order of chronic and confirmed hypochondriacs.

ILLUSTRATIONS OF THE INADEQUACY COMPLEX

14:5.1 A married woman, forty-five years of age, is brought in by her husband, a professional man, who complains that she is “just simply no good,” that “she is always ailing,” that he “never can depend on her,” that if it isn’t one thing it is another. She can’t entertain socially; she can’t travel during a vacation; she has positively refused to bear children because she isn’t strong enough—she can’t bear the thought of the responsibility of raising children—and so on his bill of particulars runs. He turns the woman over to us. “For God’s sake, Doctor, do something for her. I can’t stand it much longer.”

14:5.2 Examination of this woman shows that she is physically in very good condition. Her history discloses that she doesn't indulge in hysterical outbreaks very often—only when she is pressed hard to do something she has absolutely made up her mind she can't or won't do. This is the picture we have—a woman who **shirks the least responsibility**, who dreads to undertake the smallest task; who simply lives, eats, drinks, sleeps, sometimes gets up in the morning, but half the time stays in bed until noon. When she loses a maid it is a tragedy, because if she has to choose between two or more she **can't make up her mind** which one to take.

[See 8:5.11.]

She feels utterly apprehensive about everything, but the condition is hardly serious enough to diagnose as an **anxiety neurosis**. She is depressed at times, but we hardly feel like calling her trouble **melancholia**. She indulges in emotional sprawls several times a year, but not often enough to be called **hysteria**. She has mild delusions about her husband and his neglect of her and his possible fondness for other women, but hardly enough to be called **paranoia**. She has a great deal of fatigue, but this symptom is not sufficiently marked to warrant a diagnosis of **psychasthenia** or **neurasthenia**. And so here we are—what shall we say is the matter with her? She craves a name for her trouble. Even her husband would like to know exactly what it is, and so we have to make a diagnosis. We call it **maladjustment**, or the inadequacy complex.

[See 8:5.11.]

14:5.3 In the citation of cases from chapter to chapter in this book, I am constantly telling about how people have succeeded in curing themselves of nervous disorders; how they have succeeded in escaping from the clutches of the subconscious; but in all fairness I should admit now and then that many of these nervous people do not get well—that is, not immediately. They are not disposed to follow instructions; they are not willing to pay the price; they are not inclined to make the effort and maintain that struggle which is essential to victory. I dislike to record the fact that only about one-half of these people, when they are studied and diagnosed, will cooperate sufficiently to get themselves out of their nervous bondage.

About one-half of these neurotic ailers are disinclined to make the effort. They sit back, as much as to say: "I am from Missouri. I don't think you can cure me, but if you can, go ahead. I am willing." Of course, the physician can do very little for such patients; they have to work out their own cure; and all we can do is to pass these people on to the next doctor, the osteopath, the chiropractor, the mental science cults, and so on. Yet these patients could get well just as surely as those that do work their way to victory.

14:5.4 I remember an actor who came to me several years ago. He gave a history of never having been well since he was fifteen years of age. He was more or less depressed, but not to the extent of melancholia. He had periods of fatigue, but it was hardly neurasthenia; he was almost hysterical at times, when he was seized with the fear of taking part in a stage performance—when he felt he was sick and should be at home in bed with a doctor and a trained nurse. Yet he had managed to make a living, down through the years, at his stage profession.

14:5.5 After two or three weeks of observation it was necessary to make a diagnosis of the feeling of inadequacy, or, as we sometimes put it for short, maladjustment, altho that term, in its strict meaning, is used to cover a little different group of cases. I am glad to record that this man, between thirty-five and forty at the time he came under observation, decided to take himself in hand, and master this mischief-making complex, and he has been more or less successful. That was ten years ago. I saw him only recently, and while he is far from being perfect—at least I would judge this from my conversation with his wife—nevertheless he has made great improvement. She no longer has to follow him to the theater each evening to make sure he goes on instead of calling a physician or rushing to the hospital. The improvement has been slow, but he has practically gained possession of himself.

He responded from the start to my program of explaining carefully and fully to him what the trouble was and how it originated, and of applying corrective treatment, point by point. He early grasped the idea that he had to cure himself; that all the help he could hope to get from me was guidance, direction, instruction, and inspiration.

14:5.6 The real trouble we have with so many of these cases is that they expect the doctor to cure them. Why not? Physicians cure other human ailments, or at least administer remedies and bring about such a change of conditions as results in recovery. But these people fail to recognize the fact that they are suffering from a *mental and nervous disorder* and not a disease. If they had a disease we might hope to find a remedy, but they merely have a distortion, a perversion, a tangling of their thoughts and emotional reactions. Our greatest difficulty with these nervous cases is to get them to the point where they realize that they, themselves, must work out the cure.

DODGING THE REALITIES OF LIFE

14:6.1 Just now I have a pathetic case on my hands—a woman who has reached the age of forty-three, a college graduate, who has been married seventeen years. She has two splendid children, a boy of about five and a girl of ten. She is passing through her seventh breakdown; that is, what she calls a breakdown; I would not regard her spells—if they have been like the present one—as nervous breakdowns;

they are merely periods of utter discouragement with considerable depression.

[See 8:5.11.]

They are defense reactions on her part in an effort utterly to escape the responsibilities of life, of running a home, of raising children, of meeting neighbors, of facing all the vicissitudes of living in this modern and strenuous age. True, she was run down a little physically from poor appetite and failure to take sufficient nourishment; but in three weeks this was corrected by putting her on a milk and orange-juice diet, so that her weight was brought up to normal. Then we told her that, being physically able to face the world, she must do it. For three weeks she contended strenuously with our diagnosis that her condition was an inadequacy complex and that she was indulging in these accentuated and exaggerated spells as a means of escaping the realities of living. Finally, one morning she threw up her hands and said: "Doctor, you are right. I am a coward. I am a quitter. You are perfectly right. I am raising all this rumpus in order to get away from the whole thing. I am trying to flee from reality, just as you have said. Now, I will 'fess up to the whole thing. What do you want me to do?"

14:6.2 Needless to say, she began to get results from that day forward. After another three weeks she was back on the job, attending to her children, and supervising her home; while not fully recovered or altogether happy, she was well on the road to self-mastery. We have some hope of giving this woman permanent help. She is not merely rested up from her troubles; she is not merely going back to the same experience in the same old way; she has a new viewpoint of herself and life and its responsibilities. She knows the truth about herself. With a little training and some constructive reading, we can hope to bring about a condition where this woman will never have another of these so-called breakdowns. I have had a few conferences with her husband, and we are going to see that certain things in life that are perhaps a little too much for her, in view of her constitutional deficiencies, are regulated so that we shall not be asking her to face the impossible.

14:6.3 One of the most interesting cases of inadequacy complex I ever met came along recently—a woman of twenty-four, who, altho more or less nervous in her teens, managed to get through high school and two years of college. Her grades were passable, but she found everything hard. She acquired the reputation of being a bit peculiar, somewhat nervous, but on the whole an average sort of young woman. She never confessed the many dreads she had, the phobias, the anxiety about everything she undertook. All these fears she kept entirely to herself. She fell in love with a young professional man and they seemed to be wrapped up in each other.

The marriage took place, and she went off to Michigan to join her life with that of her husband in the town where he was located in the practise of his profession. But the furnishing of a home which the husband had planned and built before their marriage proved to be a serious task for her. She became indecisive. It was hard for her to make up her mind. She began to shun social contacts. All the while, of course, she kept secret her lifelong fear to face reality, her dread of meeting actual conditions. And so, at the end of the first year of married life, she apparently collapsed; just blew up; went to bed, refused to lift her hands about the management of the home, and was taken to a sanatorium. More than a year at the sanatorium under the rest-cure treatment showed little progress. As far as I can judge, the diagnosis must have been old-fashioned neurasthenia, nervous exhaustion, brain fag, and she certainly did have all the earmarks of such a condition. Finally she grew tired of being in bed and implored her husband to take her home; it was at this stage that I first saw her. She was utterly dilapidated in general appearance, and seemed to have lost all interest in living. She was suffering from an exalted case of ennui, to say the least.

14:6.4 The study of this young woman's case showed that she, too, belonged to the inadequacy complex group. She was suffering from the accumulated outburst of years and years of continuous suppression of the feeling of inadequacy. True, at certain times she was more or less melancholic and depressed. At other times, especially after her "spells," she was more or less hysterical. She never had any delusions, altho on two or three occasions she attempted suicide; but she always attempted it by means of some simple procedure that would leave no disfiguring marks in case she failed, and she took pains to see that there were plenty of folks around to come to the rescue. She has confessed to me since that she doubts if she ever seriously attempted to commit suicide. While she said she longed to be out of the way, she had many opportunities to jump out of high buildings and to take poison, but she did neither.

14:6.4 Again we see what the subconscious will do. It will do anything in order to forward a conspiracy to escape from the realities of living, and get back into something that approaches the easy and inactive life of the fantasy days of the nursery.

14:6.5 This woman made rapid and complete recovery—one of the most remarkable I ever saw. Her parents, friends, and husband could hardly recognize her. She seemed to develop another personality and to grow into a different woman. She has a great hunger now for activity, she has an appetite for meeting real conditions and solving genuine problems. She is not afraid of difficulties. She tackles them sanely and sensibly and persistently.

I cannot help pausing to wonder how much the parents could have done to prevent this trouble had they maintained such relations with her as would have encouraged her telling her problems to them as she grew up; thus they would have been in a position to help her dissipate her misgivings instead of allowing them to accumulate until they reached the explosion point and produced so much sorrow.

[See 14:1.1, above.]

14:6.6 The real cure of all these nervous people is the prevention of the trouble by proper training in the nursery. The vast majority of neuroses could be “nipped in the bud” during cradle days. The other sufferers could be rendered all but immune to future attacks before they reached adolescence.

WHAT CAN WE DO ABOUT IT?

14:7.1 In bringing this chapter to a close, I can do no better than to quote a concise summary of the methods of management of this group of disorders recently suggested by **Dr. Meyer Solomon**, who says:

14:7.2 There is much to be learned from the study of the causes and results of the feeling of inadequacy.

[See third paragraph of Solomon’s “The Neurologist’s Introduction.”]

It should teach us the need of common sense and the practise of logical and critical thinking.

We must avoid states of self-consciousness in which we make ourselves the center of the universe and become overwatchful and oversuspicious of the meaning of the behavior and intentions of others, ever on the alert to bring remote and distant occurrences into their possible relation to our personal lives, interests, wishes and fears, with distortion and projection.

14:7.3 It should show us the harmfulness of worry concerning the non-essentials in life, such as unnecessary competition with our neighbors. We should see clearly the need of avoiding jealousy and envy.

14:7.4 Neither should we ask for the unreasonable and impossible. We must be willing to work and plan instead of merely wishing for improvement and success. "If wishes were horses, beggars would ride."

14:7.5 Persistent seclusion and isolation, not for the purpose of doing concentrated work, but in order to avoid possible undesirable situations and possible competition, are certainly unhealthy and harmful ways of meeting life.

14:7.6 Feelings of inadequacy, insufficiency, incompetency, inability, insecurity, uncertainty, failure, or inferiority should be overcome by well directed efforts to improve ourselves in our conditions as best we can under the circumstances. We must be willing to bring this about gradually by persistent thinking and acting, while prepared for possible failure or partial success.

14:7.7 None of us should demand of ourselves perfection. We should not be surprised at the discovery of errors, defects, or imperfections in ourselves, other persons, institutions, or things.

14:7.8 The need of hobbies, with broadening multiple interests and a wide variety of human contacts, is plain.

14:7.9 In overcoming defects or handicaps, we should avoid the extremism of overcompensation with excessive assertion of the personality, over-aggressiveness, cruelty, unscrupulousness, boastfulness, and their ilk.

14:7.10 A certain degree of the feeling of inadequacy and inferiority (in the sense of self-knowledge and self-realization of our limitations as well as our capabilities) is absolutely necessary and healthy. In fact, persons with a feeling of superiority, exaggerated ego and self-esteem, are indeed difficult to live, work, or play with. Great minds and big souls know their imperfections sufficiently, so that, despite the measure of recognition, wealth, or power attained or the praise or plaudits of the multitude and habitual hero-worshippers, they remain unspoiled, and withal know the stuff whereof they are really made. It is this feeling of relative incompetency and proper insight into one's abilities and strength which makes for efforts at ever more and more self-improvement.

[See 14:3.2, above.]

14:7.11 One thing is certain: change of climate, going away from home, quitting one's job, is not going to accomplish anything. There is no royal road or easy path of escape from this sort of harassment.

14:7.12 The basic reason for this feeling of inadequacy—aside from hereditary tendency and unwise early training—is a subconscious moral cowardice; and these folks must be helped to recognize that they have developed a neurosis merely as an alibi, as an excuse for getting out of doing something which they do not want to do, or which they fear to do, or which, because of their inadequacy complex, they are embarrassed in doing.

SOURCE

14: THE MIND AT MISCHIEF

[See 22:14.]

14:7.13 There is a secondary motive, of course, in some of these defense reactions, especially when they are allowed to progress to the point of hysteria; the patient indulges in all this furor in order to enlist sympathy, which, he feels, he would otherwise fail to receive. In other words, being self-conscious of the feeling of inadequacy, bordering even on the inferiority complex, and not choosing to admit the fact, and being unwilling to indulge in an exhibition that could be interpreted as running away from duty or falling down on the job, such patients sell the idea to themselves that it would be better to have some sort of a fit, to get sick, and thus, in a more or less honorable way, be excused from facing a disagreeable task, and at the same time receive the kind ministrations and sympathy they so much crave at the hands of their family and loved ones.