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PSYCHOTHERAPY

SCIENTIFIC AND RELIGIOUS

PSYCHOTHERAPY

SCIENTIFIC AND RELIGIOUS

BY

MARCUS GREGORY

B.Litt., D.Phil.

MACMILLAN AND CO., LIMITED

ST. MARTIN'S STREET, LONDON

1939

A TOKEN OF GRATITUDE

TO

MY FRIENDS

JOSEPH EDWARD FISON

AND

ALFRED BARCLAY BUXTON

INTRODUCTION

By WILLIAM BROWN, M.D., D.Sc., F.R.C.P.
Wilde Reader in Mental Philosophy and Director of the Institute of Experimental Psychology in the University of Oxford

THE study of the human mind on strictly scientific lines is of comparatively recent date, and psychology has been the last of the fundamental sciences to separate out from the matrix of natural philosophy. But its position now is sufficiently firm to justify practical conclusions from its facts and generalizations. One such body of practical doctrine is the science and art of psychotherapy, or of mental methods of healing, which, developing within the domain of medical practice, may be justifiably regarded as transcending narrower medical purposes and aiming at the highest good of humanity. Psychotherapy must be firmly based upon the findings of scientific psychology and of scientific medicine, but, by its very nature and purpose, it is destined to pass beyond these limits and make its contribution to the science of ethics and find its full illumination in the realms of philosophy and religion.

Dr. Marcus Gregory has written his book on the subject from this wider standpoint, and has done justice to every aspect of it. He has avoided any form of one-sidedness, and has produced a scholarly volume which is worthy of the high dignity which psychotherapy is destined to achieve in the domain of social and religious philosophy. I can cordially recommend it as a sound and reliable text-book on the subject.

February 10, 1939

FOREWORD

By L. W. GRENSTED, M.A., D.D.
Nolloth Professor of the Philosophy of the Christian Religion in the University of Oxford; Canon Theologian of Liverpool

THE whole subject of the relation between spiritual and mental healing is one of quite peculiar importance at the present time. The pressure and pace of modern civilization, not to speak of the recurrent threats to its stability, with the ever-increasing demands which they make upon the individual, have not only led to an enormous development in the methods and range of psychological treatment, but have also intensified an interest and a hope, perhaps as ancient as the first religious searchings of mankind, in the possibilities of healing by the still more fundamental way of faith. Not unnaturally, there has been a vast amount of what, from the scientific point of view, can only be called crude and ill-regulated experiment, and this is at least as true on the psychological as on the religious side. Quacks and charlatans, both spiritual and scientific, will doubtless ever be with us, yet even their work, uncertain as its value may be, is often of great interest for those who are not led away by glowing and uncritical claims, and who can appreciate the real significance of what is happening. There is very great need for the work of those who can bring a balanced judgment, a quality by no means incompatible with religious conviction, to bear upon the whole matter.

It is for reasons of this kind that I am glad to have this opportunity of welcoming and commending Dr. M. Gregory's full and careful study. I have had the

opportunity of seeing its development from the first beginnings of his interest in the subject, and of knowing how much detailed labour lies behind his pages. Dr. M. Gregory is undoubtedly an enthusiast, but his enthusiasm is the kind of enthusiasm that makes for good and careful scientific work, and not for hasty acceptance of evidence or for jumping at unfounded conclusions.

The whole subject is one which bristles with difficulties. There is the problem, an urgent one in practice, of the unqualified or semi-qualified practitioner. Many of the clergy to-day are necessarily being drawn into the field of a partly responsible psychotherapy by the daily exigencies of their pastoral work, and many doctors find themselves equally necessarily led beyond the strict limits of ordinary medical practice into regions that may properly be called spiritual. The question of possible co-operation is a pressing one. There is the very different but equally urgent problem of the interpretation of all the complex evidence of what is commonly (though improperly) called spiritual healing, from the miracles recorded in the New Testament to those of healing missions and movements to-day. But behind both these problems and others of the same kind there lies the deeper problem of the real relationship between the mental and the spiritual, and of the interaction of both with the physical body, whose importance is apt to intrude itself upon us with such insistence. I hope that readers of Dr. M. Gregory's book will keep this special problem in view throughout, for it is only by doing so that they will get the full value of the great amount of evidence that he has brought together and of the theories which he expounds.

AUTHOR'S PREFACE

THIS work attempts to present psychotherapy in its wholeness, but in order that the point of view from which it is written may be the more easily apprehended, the author, after some hesitation, has ventured to preface it with ' a bit of concrete autobiography '.

One evening in 1927 while preparing for matriculation at Kena in Upper Egypt, during a discussion with two fellow-students on their future careers, he intimated that he proposed to study medicine. But that night he had a vivid dream in which a white-robed figure appeared before him, telling him that he will be a spiritual doctor. He wrote home on the following morning and his father replied, ' God's will be done '. On consulting the parish priest of Kous, his native town, he was advised to take a theological training, and after a four years' course in Cairo he was appointed secretary to the Archbishop of Ethiopia and within a year was ordained to the priesthood as Chaplain to His Beatitude. In spite of all the claims upon his time and energies, the early dream continued to haunt him.

On September 13, 1932, Mr. Buxton and Mr. Fison, who were on a short stay at Addis Ababa, paid him a cordial visit, and a year later, on hearing that the latter had been appointed to the staff of Wycliffe Hall, Oxford, his old desire was stirred. On his own initiative he came to England in 1934 and subsequently was matriculated at Oxford University as an Advanced Student. Here, while engaged on ' A New Translation of the Book of Psalms from Hebrew into Amharic ' for his B.Litt. degree, he took a deep interest in the courses of Dr.

William Brown and Professor Grensted. This led him to write a dissertation on 'An Attempted Synthesis of Christian Spiritual Healing and Psychotherapy' for his D.Phil. degree.

At the outset a senior friend said that such an undertaking would require a philosopher, a psychologist and a theologian. While such a triune team could produce a work greater than the author's experience warranted him in attempting, he had in mind a saying attributed to St. Anthony that a pursuer of virtue is like a bee which from various flowers produces its honey, and in the spirit of this simile the book was written.

Besides the many members of the medical profession on whose works the author has freely drawn, he wishes to take this opportunity to express his extreme gratitude to Professor C. E. Guarino, of Naples, Dr. K. Hanner, of Sweden, and His Excellency Dr. Ibrahim Fahmy el-Minyawi Pasha, for their skilful personal attention, without which this book might not have been produced.

The author incurred a debt of gratitude to Professor Pierre Janet, Professor D. T. V. Moore, Professor C. G. Jung, and others whom he met at international conferences; and to Professor Sir S. Radhakrishnan, Professor J. E. Marcault and other fellow-members of the World Congress of Faiths. He is particularly indebted to several friends who have taken the trouble to read the present work in manuscript. The Rev. C. Rhodes offered untiring assistance in literary style and construction in the initial stages, and the Rev. J. E. Fison has given unstinting counsel and also helped in making the synopses of the chapters short. The book profited by the numerous acute and judicious observations of Mr. J. S. Barwell, and the compositors, printers' readers and publishers have made the final stages of the work a pleasure.

A special debt of gratitude is due to Dr. William

Brown and Professor Grensted, under whom the original version of this work was produced and who have honoured it with forewords — a debt which can never be adequately paid.

While the book represents conclusions reached by the author after much thought, he is fully conscious of the complicated nature of the problems discussed, and those to whom he owes acknowledgment are not responsible for the views expressed.

Though the author acquired much from books he owes more to experience gained from the necessity of dealing with personal and matrimonial problems in Ethiopia and from the privilege of working at the Whitfield and the City Temple Clinics, in London. He hopes that the book will be of positive value to the reader's concern with health and peace of mind, and thus a contribution to hygiene, mental and spiritual.

LONDON
February 1939

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CHAPTER I

HEALTH AND DISEASE

Synopsis of Chapter I

Health is perfect adaptation of an organism to its environment. Disease is a disruption of this harmony. Its causes may be internal or external. Toxic drugs have both temporary and permanent effects. Recent studies of the influences of heredity and environment—previously somewhat artificially separated—lead to increasingly constructive conclusions.

The glands influence bodily development and character through secretions of hormones, and maladjustment of these cause physical and psychical disorders.

While disease is still a problem, health is more real. Pain has a biological value in some cases. It helps in diagnosis and enforces rest but should be abolished when useless.

Christians have held different attitudes towards disease. The outlook that bodily suffering is good for the soul is superstitious, for Jesus' cry on the Cross suggests that He felt that, when His suffering became intense, God had in some way failed Him.

The fallacy that to suffer is a sign of God's graciousness cannot be substantiated. Does He hate the healthy? If God sends sickness how can His Kingdom stand? Will it not be divided against itself? For we are told that He desires that man should be whole. St. Paul's point that in Divine Providence evil will ultimately become good confirms this.

CHAPTER I

Health and Disease

A LIVING organism is said to be healthy when it is so adapted to its normal environment as to be able to react adequately to the demands made upon it without suffering injury. While there can be no exact criterion of health, an idea of the general meaning of ' healthiness ' is gained by observation of a large number of healthy individuals. What results from this is not a rigid standard, and it is only when an individual's reaction exceeds the normal range of variations that we speak of the presence of disease, which can be defined therefore as a failure, either temporarily or permanently, of normal reaction. Disease includes a variety of conditions leading to a disruption of this harmony between the organism and its environment ; but in common usage of the term congenital abnormalities and certain acquired deformities are excluded. It represents the sum of the causes — morphological and physiological — previously set up in the individual. The study of the causes, processes and effects of disease and its nature is the concern of pathology.

The aetiology of disease forms an important basis for all work in preventive, diagnostic and curative medicine. Causes may be classified in a variety of ways, according to whether their origin is within or outside the body, and whether the agent is physical, chemical, mechanical or bacterial. Most important of all is the division into predisposing and exciting causes. The former category includes all those possible variations in the environment, and especially in climatic conditions, such as alterations

in temperature and humidity, which have a deleterious effect on the body. A human being, for instance, may find that in a cold place his extremities become numb and even dead, while his subjection to extreme heat, especially if it is accompanied by humidity, often results in a decrease in the capacity for work, and sometimes in actual exhaustion.

That light has an important influence upon health is well known, though it is not clear how this effect is exercised. Diffused sunlight is one of the factors which maintain mass relationships of organs and functional activity. Progressive advances in the production of radiations since the discovery of X-rays, the isolation of various rays for study, the difficulty of establishing units of dosage, together with research in this and in the estimation of biological reactions have resulted in an accumulation of data which cannot be precisely evaluated. Noise is of importance in so far as it may lead to, or increase the intensity of, psycho-neurosis. In such occupations as boiler-making it is said to induce deafness by producing a chronic fibrosis of the tympanic membrane. As regards atmosphere, it is important that there should not be any serious alteration in pressure; changes may lead after a time to fatigue, while very rapid variations produce what is known as caisson disease.

Analysis of the geographic distribution of the influenza epidemics of 1918 points to the necessity of further study of how the human subject and invading organisms are influenced by the atmosphere. Apparently the weather was the main factor in causing variations in virulence of the epidemic in different localities. Water, apart from its effect on the atmosphere already referred to, is a potent carrier of the germs of certain diseases such as typhoid fever.

Mankind has long noticed both temporary and permanent effects that habit-forming drugs have on their lives. Alcoholic intoxication, for example, is a well-known temporary behaviour disorder. Some persons weep and are depressed; others become excited and aggressive. Alcohol releases inhibitions and lowers the individual's ability to judge, to discriminate, and to control his behaviour. Chronic alcoholism sometimes results in more permanent symptoms. These may include hallucinations, delusions, loss of memory and general mental deterioration. Other habit-forming drugs such as morphine, heroin and cocaine cause lethargy and a pleasantly dreamy state while their effects last. After the drug has worn off, severe restlessness, anxiety and inability to concentrate are experienced by the habitual user.

In many instances the habitual use of alcohol and even of more damaging drugs is the result rather than the cause of maladjustment. Because drugs offer an escape from the awareness of unpleasant situations, they are frequently utilized as defence mechanisms. Many habitual drunkards continue their use of alcohol because of a persistent need for relief from adjustive difficulties. This psychological factor is probably as important in the causation of chronic drug addiction as is the more usually emphasized one of physiological habit. Even when medical treatment has cured a drug habit, many addicts relapse after a short time because their emotional need for the drug has not been eliminated. Mental hygiene and adjustive treatment are necessary to remove the handicaps of personality that make the drug necessary as an escape mechanism.

Some internal toxic conditions, either general or localized, may influence traits of personality. Local infections such as those arising from infected teeth,

tonsils or sinuses have been known to predispose individuals to non-adjustive behaviour. Sometimes these conditions produce a lack of energy and ready fatigue which handicaps adjustive ability. In other cases infections seem to cause restlessness, irritability and 'nervousness'. Similar effects have been observed in persons whose toxic condition arises from intestinal disturbances. Any condition that generally weakens the body may have an influence on the quality of adjustment.

Infectious diseases that attack the nervous system directly have a most injurious effect on conduct and adjustment. Several severe disorders of this type may develop from syphilis. The most serious syphilitic infection of the nervous system is general paresis. The onset of this disorder is usually in the prime of life. Its early symptoms often include defective judgment and tendencies to excesses that are sometimes incorrectly ascribed to faults of character. Diagnosis of paresis is made by the discovery of the germ of syphilis in the cerebrospinal fluid. This is a serious disease and hospital care is required, but methods of treatment are fairly effective if begun in the early stages. Juvenile paresis is a different form of this infection, arising in childhood from congenital syphilis. It has many physical and mental symptoms, including mental deterioration with increasing dullness. It has been alleged that the first signs of juvenile paresis are often stealing, truancy and queer behaviour. Although only a small part of such conduct can be due to juvenile paresis, physiological tests, to determine if it is present, are advisable in incorrigible cases.

Considerable interest has been shown in the study of the after-effects of another infectious disease of the nervous system, *encephalitis lethargica*. commonly called

'sleepy sickness'. The onset of this disorder is an acute one of unmistakable severity. Beginning with headache and lassitude, lethargy soon develops. On recovery from this acute stage changes in character and temperament are often noted. Among the after-effects of encephalitis that have been observed are irritability, impulsiveness, stealing, running away, and in some cases retardation of mental development. Encephalitis definitely damages the brain tissues, but the exact relationship between the neural injury and the personality defects is not known. Further research on this problem may reveal some basic and much-needed facts concerning the correlation between brain structure and adjustive behaviour.

Some suggestions have been made concerning the relationship of ordinary infectious diseases to traits of personality. Stratton[218] found that among 900 students those who had suffered from infectious diseases tended to be more irascible and to show more anger responses than those whose lives had been free from disease. Some diseases seemed to affect personality traits more than others. It is well known that tuberculosis makes the patient more volatile, impulsive and in many cases more erotic, while kidney diseases and still more liver troubles cause listlessness and depression.

Other influences which concern us here are the effects of heredity and environment. The clear-cut division between these two is somewhat artificial as the greatest hereditary aptitudes cannot function without a suitable environment, while on the other hand you cannot make a silk purse out of a sow's ear. The great development of the interest in heredity and eugenics in the second half of last century was connected with the doctrine of evolution by natural selection. The great emphasis on heredity, however, was not unconnected with the

justification of the *laissez-faire* policy in economics and the imperialistic trend of the time.

To-day, with attempts at more thorough research and less generalization, no disproportionate claim is made for either heredity or environment to explain the development of personality.

In all primitive society there has existed knowledge of the possible influences of heredity. In pre-civilized days reproduction of the species was largely a result of gratifying an instinctive urge and there were only vague notions regarding the connection between sexual activities and reproduction. Though in many cases sexual intercourse was subject to complicated regulations of control, these were formulated for the stability of tribal organization rather than from any theory of eugenics. The unseen supernatural beings who were felt to be in control of the environment were responsible for all phenomena relating to both man and nature, and therefore were responsible for the conditions affecting birth as well as life and death. These forces could make human beings fertile or sterile, give them health or disease, make them strong or weak, visit them with characteristics familiar or strange, helpful or harmful. The parts played by the parents and the child alike were those in which, very literally, they had no control over circumstances.

It is of interest to contrast this naïve *laissez-faire* in respect to sex in primitive society, where the social code and the religious code are practically one, with the prohibitions existing among the religiously minded Hebrews under the Mosaic law. The Hebrew God was still a supernatural being, but if not less whimsical was at least more definite in expressing his will toward men. The commandments relating to sex were brief and negative, but they were as explicit as those relating to blasphemy or theft. It was forbidden to commit

adultery, even to covet the neighbour's wife, and to this prohibition was added the assurance of penalty, that the sins of the fathers would be visited upon the children even unto the third and fourth generation. Those who formulated the laws of Moses at least pointed out a connection between sexual conduct and its consequences, even though the consequences were to be imposed not by the laws of eugenics but by the dictates of theologians. It may have been that this clause was the outcome of close observation. This doctrine, however, did not receive general support from the prophets: Ezekiel refuted it with remarkable vigour. Thus it is plain that the doctrine of heredity was not an infallible dogma among the Jews. At the turn of the century Christian theologians were very pleased with the scientists for discovering the laws of heredity, since they thought that their whilom enemies had given their authority to one of their favourite doctrines—original sin. Consequently this hypothesis was popularized as much from the pulpit as from the laboratory, and it became a refuge for theology as much as it was a scapegoat for science. Yet it is important to note that the Christian minister who accepts the idea of heredity as such is at the same time pronouncing the death sentence on his own efforts at 'changing the world'. Certain it is that the doctrine of original sin with its implication of a particular law of heredity had no place in the thought or teaching of Christ.

The precepts of religion are regarded by theologians as the source of perfectibility in man. But scientists and philosophers commonly put their faith in reason instead and thus create their own illusion of perfectibility. In our own time scientists have attempted to apply the principle of reason to human conduct through the medium of eugenics, but a consideration of the

problem as a whole indicates that the conception of reason as the ultimate sanction in conduct is too idealistic. Rational eugenic programmes must suffer from the pessimism all of us feel when we reflect on the continued irrational behaviour of people.

Besides the efforts of the eugenists we have had the discoveries of the psychoanalysts who find the pattern of adult life has its origin in infancy and is already well established before puberty. Our habits of living, our ideals, even our affections are determined in their selection by early parental and fraternal relationships.

From the rediscovery of the Mendelian laws at the beginning of this century we have become better informed about heredity factors. For a short time the attempt was made to deal with personality traits from this angle, but it was soon realized that this aspect of human inheritance is infinitely more complex.

Even if our heritage was solely dependent upon the genes their number is so great that millions of combinations are possible. With a very few exceptions, therefore, the inherited characteristics are entirely unpredictable, and so many variables and unknown factors obtrude that the subject appears hopelessly involved.

The slow progress made in the study of heredity has had the effect not only of discouraging consistent effort in the field, but of giving the impression to those insufficiently informed that all such effort is futile. In spite of the prevailing emphasis on the influence of environment, a mass of evidence has accumulated which compels a closer evaluation of the influence of heredity.

The presence of musical talent in families is at least suggestive of influence of heredity.[181] Exceptional musical ability has been traced for three or more generations in a large number of families. In the Bach family it is to be observed in unbroken line through five generations. In

like manner the absence of musical ability in families has been cited as illustrative of hereditary influence. Some unusual combination of the genes may explain the early age at which musical talent appears. Beethoven gave his first concert at seven; Chopin composed for the piano at eight, and Haydn at six; Mendelssohn played with extraordinary ability in his eighth year; while Mozart, the classic example of the musical prodigy, wrote at the age of nine a symphony which has an unquestioned place in musical literature.

When evidence of hereditary influence is sought in such well-known studies as that of the Kallikak family,[81] almost insurmountable difficulties arise. Adequate information regarding several generations of a mentally defective family is probably not available. In any case, with such a high percentage of paupers, vagabonds and alcoholics in addition to feeble-minded, the early environmental influences in this family must have been important determinants of the family trend. Martin Kallikak, a soldier of the American Revolution, had an illegitimate son by a feeble-minded girl, from whom 480 descendants were traced. Of these 143 were described as feeble-minded, 292 of uncertain intelligence, 36 illegitimate, 33 prostitutes, 24 alcoholics, 3 epileptics and 3 criminals, while only 46 were known to be normal individuals. Later, Kallikak married a normal girl of good family, from which union 496 descendants have been traced, thereby offering something of a control. Of the second line of descent only 1 was feeble-minded, 1 sexually loose, 2 alcoholic and 1 had 'religious mania', the remaining 491 being normal, many of them successful business men and eminent members of the professions.

Studies of this type prove that almost any kind of defect may run in families, but why they were ever considered as evidence concerning heredity puzzles the

present-day observer. Researchers who put their faith in family histories seem to have utterly ignored the pertinent fact that children of the Kallikak family were also reared in Kallikak environments. The observed results may be as much due to the social surroundings and to the cultural handicaps as to defective genes.

Whether or not personality disorders can be inherited is still more problematical, despite a vast amount of data made available by research. Perhaps in time the study of identical twins may lead to more precise knowledge of hereditary factors, although it is evident that such twins are almost always exposed to the same environmental influences.[192] The psychoses of identical twins often have the same characteristics and are manifest at the same period in life, but this is by no means always true.[83]

Reinhardt [189] examines the evidence from twin studies for the inheritance of temperamental traits, with especial reference to the graphological analyses by Saudek and Seeman. Such studies have revealed marked similarities in personality traits among identical twins; but the author shows that these might be explained by the peculiar social relationship of the pairs to their environment. Indeed, the very traits which have been found common to a given pair are those that might have resulted from their close community of feeling, and their united reaction to environmental influences.

Statistical data have been the basis of various studies on the relation of heredity to personality disorders, but these data include official diagnosis made in different hospitals or communities and are therefore not strictly comparable. In arriving at these diagnoses the factor of environment has often been neglected and yet from them some valuable conclusions may be drawn. Rūdin,[198] for example, has found that, if one or both

parents are psychotic, the children are more likely to develop mental illness than if the parents are healthy. If both parents are schizophrenic, over half of the children are also schizophrenic and an additional 29 per cent. are psychopaths with schizophrenic tendencies. If both parents have affective psychoses, 62 per cent. of the children develop these illnesses and the remainder are otherwise abnormal. When only one of the parents is schizophrenic, 10 per cent. of the children are similarly affected and in addition about 35 per cent. are psychopaths with schizophrenic tendencies. If only one of the parents has an affective psychosis, over 30 per cent. of the children have the same disorder, and as many more show minor cyclic emotional deviations. In an average population it has been estimated that the expectancy of affective psychoses is about 4 per cent., while that of schizophrenia is 8·5 per cent. The influence of heredity factors is thus apparently quite marked, and if we are to draw conclusions from statistical data alone the outlook for the progeny of the mentally sick is rather gloomy. That is why Dr. Rūdin [199] and like-minded people are so enthusiastic about sterilization.

Studies of psychoneurotic disorders appear to be even more startling in that they disclose a history of these illnesses in over 80 per cent. of the families of the persons affected.[173] It would seem that with each general type of personality disorder a very high incidence of illness is found in the family. However, there are many sources of error in these studies, among them the failure to take into consideration the age of the individuals who compose the group. With increasing age the percentage of illness grows larger. Perhaps the most serious defect is the lack of accurate information regarding the incidence of personality disorders in the families of so-called normal individuals. If the truth were

known regarding these families the high percentages reported in these statistical studies might not be so imposing.

It has been stated that mental illness tends to disappear in three generations and that with each succeeding generation the illness appears earlier in life. This may be due to the earlier recognition and hospital treatment of the illness, and therefore to the lesser chance of reproduction, especially in the case of schizophrenic patients.

To revert to the influence of environment, let it be assumed that any part of the external world to which a human being is responsive may operate on his inherited aptitudes. Ordinary environment means the totality of external forces, infinitely variable and complex, which begin to act upon an individual even before birth. For scientific purposes such a conception is inadequate. Biological studies of the development of lower animals have extended the problem of heredity and environment to the time of conception. It has been found that the new organism is actually the result of the constant interaction of the genes and the surrounding cytoplasm. The action of any particular gene varies widely and is dependent upon the hormones in the surrounding medium. Moreover, some of the genes do not come into action until after the fundamental structures of organs have been developed. In the course of embryonic development each cell is constantly being modified by the needs of adjacent cells. Organs are likewise exerting an influence on each other's growth. In other words, each cell and each organ has its own environment which is constantly changing during the process of growth.

It appears, therefore, that the contributions of heredity are subject to change from the very beginning of life. We might wonder, then, to what extent the health and

habits of life of the mother determine the stability of the offspring. It is well known that certain diseases are transmitted from mother to child during intrauterine life and at birth, and it has been assumed that susceptibility to disease may likewise be acquired from the mother. After birth, at least after the child has been weaned, the influence of the mother is largely psychological. Contacts are such that ties are formed in early childhood which last throughout life. The emotional relationships with the mother as well as with other members of the family are extremely important determinants of personality characteristics. In fact the early emotional relationships seem to determine the general patterns of all subsequent behaviour. Physical illness contributes to the sense of insecurity and its compensatory strivings, and increases the susceptibility to habits of invalidism.

Some of the influences that appear to have become hereditary actually had their source in the physiographical environment. This fact is especially evident in a race that does not migrate and that retains distinguishing characteristics of appearance, behaviour and habits of thought. Even when it does migrate certain racial peculiarities persist against the modifying influences of the new environment. Nevertheless modifications do take place even within a single lifetime in modes of living, manner of speech and output of energy. If an inhabitant of the temperate zone moves to the tropics he will adopt many of the habits of his neighbours. However energetic he may have been he will become more leisurely, and his offspring in various respects will follow the pattern of life of the torrid zone.

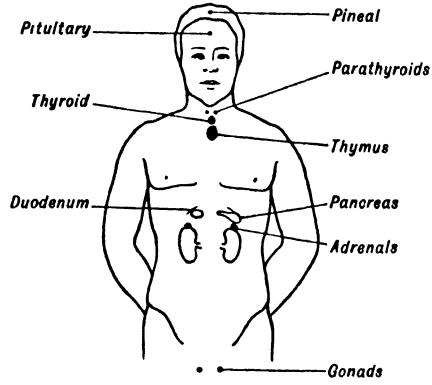
Another illustration of the influence of environment is the effect on young children of the crowded living conditions in cities. On the basis of a study of nearly

three thousand cases it was found that the child who is always surrounded by people fails to develop both the feeling of personal security and the capacity to use his own resources. Familiar contact with the more intimate aspects of adult life interferes with the formation of ideals and leads to premature cynicism. Sexual activities come to be regarded as purely physical relationships, lacking any romantic or idealistic components. The necessity of submerging self in daily associations leads to tension, restlessness and irritability.[178]

A few generations ago parents aimed at being models for their children and went to extremes in their insistence that parental standards be maintained. Later the tendency was for parents to be guided more by the wishes and impulses of the children. To-day neither parents nor offspring appear to be unduly concerned about each other. In a certain proportion of the general population immediate and unconventional gratification of desire has become the social code, with the result that the adolescent has become the adult without going through the intervening experiences that society formerly required. Too often, as Dr. Henry[94] (p. 10) observes, the life of a young person is little more than a search for some new and more potent stimulus to pleasure. In this state of up-to-date hedonism the incidence of mental illness is the highest in the history of mankind.

Turning from these general factors and their influence on health and disease, we now come to a consideration of those peculiar to the individual. The co-ordination of physiological and psychological processes is effected by two principal means, the first of which is the nervous system, whose operation is the basis of all learning, a fact which makes it fundamental to the processes of adjustment; and the second is the endocrine glands which supply the energy for the organism leading to

appropriate adaptation to its surroundings by the glands of the body. From the point of view of psychology, the most interesting glandular activities are those in which a secretion has a regulating effect on bodily processes such as metabolism and growth.



THE APPROXIMATE LOCATIONS OF THE PRINCIPAL ENDOCRINE GLANDS

It is uncertain whether the Pineal Body or Thymus are endocrine glands. The liver (perhaps a gland of internal secretion) and the stomach (which secretes gastrin into the blood) are not shown.

The glandular and nervous systems are, however, closely interrelated. Glands may be activated by a neural discharge through the proper channels. In some cases both chemical and neural connections control the same process, their effects being supplementary. On the other hand, some glandular secretions and other chemical substances in the body may have an important influence on the nervous system, either in regulating specific functions or in determining the general efficiency of neural action.

Most glands discharge their secretions into body cavities, where they perform a limited function. Another type of glandular action, often more general in its effects, occurs when a secretion is absorbed by the blood

and carried to all parts of the body. Glands that act in this way are termed *endocrine* glands. The name 'ductless glands' was formerly applied to them, since several of the more important endocrines have no outlets, discharging only into the blood, but it is now recognized that some glands with ducts have endocrine functions also. The glands definitely known to secrete *hormones* are the pituitary, the thyroid, the parathyroids, the adrenals, the pancreas and the gonads or sex glands. It is possible that the pineal and thymus bodies are also endocrines, and that the liver, the heart and the spleen also secrete hormones.

In earlier times many incorrect and often absurd conjectures were made as to their role in the body, the most frequent guess being that they were vestigial remnants of primitive organs, and no longer of any importance. The first experimental work with the endocrines was performed by Berthold in 1849 on the sex glands of chickens. Since then research has progressed rapidly, especially in the present century, but much is still undiscovered.

More is known about the functions and disorders of the *thyroid* gland than about the other endocrines. The thyroid consists of two lobes which straddle the trachea in the base of the neck. The thyroid hormone, thyroxin, has been isolated and even prepared synthetically. It is of very complex structure and contains about 60 per cent. of iodine. Disorders of the thyroid are especially prevalent in certain regions in which the natural waters are lacking in iodine content (such as the Great Lakes region of the United States, Tibet, and some parts of Switzerland). Secretions of endocrine glands are produced in minute amounts, and very small concentrations are effective in performing the necessary functions. The total amount of thyroxin present in the blood at any one

time in a normal person has been estimated as one-fourth of a grain.

The principal function of thyroxin is to regulate the body metabolism. It aids in controlling the combustion of oxygen in the bodily tissues. A deficiency of thyroxin causes a low rate of metabolism with consequent sluggishness and lack of endurance. Too great a secretion of this hormone causes too high a rate of oxygen consumption, accompanied by an excessive display of activity and emotionality on the part of the individual affected. In children, a lack of thyroxin also retards growth and sexual development. So definite is the effect of the thyroid on metabolism that the usual test for its malfunctioning is that of determining the rate of oxygen consumption while at rest, which is called the *basal metabolism.*

Extreme disorders of the thyroid gland have conspicuous and serious effects on the individual. A serious deficiency in thyroxin dating from birth or infancy gives rise to a condition known as *cretinism.* In cretins, growth is seriously retarded, especially in the skeletal structures. A typical facial and bodily appearance characterize this disorder, the face being flattened, puffy and wrinkled, the arms and legs short, and the abdomen protruding. The skin appears dry and hair is scanty. Mental retardation is equally marked, many cretins being feeble-minded. If discovered at an early age, this condition can be corrected by the administration of thyroxin, a deficiency of which in adults gives rise to the condition of *myxoedema.* Persons suffering from this disorder have a low metabolism, which often results in obesity through the accumulation of fat. The skin, as in the case of the cretin, is dry and bloated in appearance. The body temperature of myxoedemous persons is likely to be low and they complain of being cold.

Mental functions are usually retarded and there is sluggishness of thinking, and an inability to concentrate and lack of feeling. In a few cases, however, for reasons not well understood, the individual becomes irritable rather than phlegmatic. Myxoedema may be treated successfully with thyroid extracts.

Since thyroid deficiency may progress to any degree, there are undoubtedly many cases of relatively mild disorders of this class which go unrecognized. Probably some of the persons who suffer from 'general poor health' and 'neurasthenia' are really cases of thyroid trouble. Symptoms of sluggishness, apathy and weakness can arise from many causes, however, either physiological or psychological. Not every occurrence of these conditions is to be ascribed to glandular defects. When thyroid deficiency is suspected, the basal metabolism test offers a means of making a fairly sure diagnosis.

An excessive secretion of thyroxin causes an increased speeding up of bodily processes with restlessness, hyperactivity, and loss of weight, excitability, insomnia and a tendency to anxiety. Goitre is due to a gross enlargement of the thyroid gland, and the other symptoms of hyperthyroidism are often present in a marked degree. In severe cases, the most effective treatment is the surgical removal of a portion of the gland.

Imbedded in the thyroid gland are the four tiny *parathyroid* bodies, which are independent endocrine glands. Their secretion is known to regulate the calcium metabolism of the body, by controlling the calcium content of the blood. Removal or injury of the parathyroids results in convulsive seizures and usually in death. Some cases of epilepsy are probably due to parathyroid disturbance, as they have been treated successfully with extracts of the gland.

Lying in a small depression in the skull behind the

root of the nose at the base of the brain, and no bigger than a pea, is the *pituitary* body, the most complex and perhaps the most important of the endocrine glands. It may be conceived as the master gland having a controlling effect on other glands. The pituitary consists of two principal parts, the anterior and posterior lobes, which are connected with the brain by a slim stalk. The anterior lobe is readily seen under the microscope to be of glandular structure. The posterior lobe, which is derived from the brain in the course of the development of the embryo, is not so apparently glandular, but hormones have been extracted from it. Each of these parts secretes several hormones and the 'pars intermedia' between the two lobes has also an independent endocrine function.

The best known of the hormones of the anterior lobe of the pituitary is the *growth hormone.* A deficiency of this secretion is responsible for the production of midgets, who unlike ordinary dwarfs are symmetrical in build and, unlike cretins, are mentally mature. These midgets are sometimes seen in stage troups. An excessive secretion of the growth hormone has exactly the opposite result, the extreme growth of the long bones and of the hands and feet being most noticeable. Most circus giants are of the pituitary type, and cases in which a height of over nine feet has been attained have been authenticated. If the growth hormone becomes secreted in too great amounts after adult stature has once been reached, the disease of *acromegaly* results. Such bones of the body as remain soft, the nose, the chin, the hands and the feet, show an abnormal growth, often making the individual unrecognizable as his former self. Oversecretion of the pituitary is usually due to a tumorous enlargement of the gland.

The pituitary gland secretes several hormones that

exercise a controlling influence over other glands. One of these has been termed the *master sex hormone*. This secretion seems necessary for the adequate functioning of the gonads of both sexes. A lack of it delays or prevents sexual maturity, an excess often causes precocious puberty, an effect similar to that of the adrenal cortex, except that the pituitary hormone is stimulating to either sex. The pituitary sex hormone and its growth hormone seem to be antagonistic. In normal individuals a correct balance is maintained, but excessive growth from pituitary disorder is usually accompanied by sexual immaturity, while sexual precocity of the pituitary type often involves stunted growth. The *thyrotropic* hormone of the pituitary anterior controls the action of the thyroid gland. Recent studies seem to indicate that 'exophthalmic' goitre, in which the eyeballs protrude, is due primarily to this pituitary hormone, which causes the thyroid to swell and oversecrete, and has a direct effect on the eyes.

Other pituitary hormones control fat and carbohydrate metabolism, one regulates the rate of water exchange of the body, and others have effects still not discovered. The complexity of the problem presented by the pituitary gland is not to be underestimated. Its many hormones are intricately related both among themselves and with the other glands of the body. A further difficulty arises from this gland's close association with the hypothalamus, the lower brain centre which, among other duties, regulates several of the metabolic functions.

One further important disorder which is ascribed to a combination of pituitary deficiencies is *Frohlich's disease*. This occurs more commonly among boys, who show great obesity but small bone development, a lack of sexual maturity, and general lack of stamina. It has been treated with some success with pituitary extracts.

This condition is not uncommon, the ' fat boy ' familiar in every school presenting the typical picture. The fat is usually deposited around the hips and chest in a characteristic manner, giving some assistance to a physician in recognizing the disorder. Since youngsters suffering from this disease are fat, weak and ' sissy', they are often subjected to persecution from their fellows and develop secondary defence mechanisms.

There is some disagreement as to the direct effects on personality of abnormalities of the pituitary gland. Excessive sleepiness, occasionally amounting to stupor, has been reported as a result of pituitary deficiency. A marked tendency to behaviour problems of various sorts among children with pituitary disorders has been found. Of a group of 104 children presenting conduct problems, two-thirds showed evidence of endocrine disorders, the pituitary being blamed in a majority of cases.[197] On the other hand, many definite cases of glandular disorder show no specific difficulties of adjustment.

The adrenal glands are two small caps located on the tops of the kidneys. Each consists of two distinct parts, the *adrenal medulla* or centre layers of cells and the *adrenal cortex* which is the more superficial part. The two portions secrete distinct hormones. The secretion of the adrenal medulla has been known for a long time and is termed *adrenalin*. This is the substance secreted in states of fear, rage and intense pain. The adrenalin serves to reinforce the action of the sympathetic division of the autonomic nervous system, it increases the sugar supply in the blood, stops digestion and causes the blood to flow to the outer limbs, increases the heart beat and the rate of breathing. All this is useful as a preparation for attack or escape. Further, it leads to increased secretion of haemal, the substance which causes the blood to coagulate and so stop the bleeding of a wound,

and this is biologically useful for the organism in danger.[34]

It has recently been discovered that cortin, which is secreted from the outer portion of the adrenals, is essential to life, for a removal of the supply causes prompt death of animals under experiment. Serious deficiency in this secretion is now recognized as the cause of *Addison's disease*, a condition first described in 1855. Its symptoms are extremely low blood-pressure resulting eventually in death from circulatory failure. Victims of this disorder show the psychological symptoms of fatigue, exhaustion and depression. It can now be treated with glandular preparations. Cortin seems also related to sexual development, although the exact nature of its influence in this field is obscure. Over-activity of the adrenal cortex before birth results in abnormalities in the sex organ in girls, tending towards the male type.[172] Its occurrence in childhood may cause precocious puberty. In adult women an excess of cortin gives rise to *virilism*, in which the female sex functions are inhibited, the voice deepens and a beard appears on the face. The extent to which slight excesses of this gland may contribute to masculinity in women is not yet fully known.

The *gonads* (sex glands), in addition to their function of developing reproductive cells, secrete hormones which determine the secondary sexual characteristics of bodily form, voice and the growth of hair. The male sex hormone is secreted in the testes by the interstitial cells which lie in the tissue supporting the cells producing the reproductive spermatozoa. If this hormone is not secreted, because of injury or atrophy affecting the glands or because of the inhibiting influence of other glandular disorders, the secondary sex characteristics of the male do not appear. The shape of the body remains childish or tends to a distinct type of obesity, the voice is high-

pitched and the beard is scanty or absent. It has been alleged that castrated males tend to be weak, depressed, sluggish, unambitious and lacking in aggressiveness. However, many notable persons in history were eunuchs. Origen is a notable example. The probability is that if castration occurs after puberty these psychological traits are not apparent. Also the psychological effect of the mutilation must be very important and may outweigh the effects of glandular deficiency.

The sex hormones of the female, secreted in the ovaries, are more numerous and more complicated in their action. One hormone, contained in the liquid of each follicle, or unit of structure of the ovary, is *theelin*. This acts in a manner rather analogous to the gonadal hormone of the male. It stimulates the reproductive organs and the breasts and determines the secondary sex characteristics of the female. Theelin is secreted constantly throughout life until the menopause. Berman [17] (p. 67) describes the effect of the 'gonads' on the female as follows:

'A woman who has a delicate skin, lovely complexion, well-formed breasts and menstruates freely, will be found to have the typical feminine outlook on life, aspirations and reactions to stimuli, which, in spite of the protests of our feminists, do constitute the biological feminine mind. Large, vascular, balanced ovaries are the well-springs of her life and personality. On the other hand, the woman who menstruates poorly or not at all, is coarse-featured, flat-breasted, heavily built, angular in her outlines, will also be often aggressive, dominating, even enterprising and pioneering; in short, masculoid. She is what she is because she possesses small, shrivelled, poorly functioning ovaries.'

A hormone of different nature, termed *progestin*, is secreted periodically by the *corpus luteum* which consists

of cells formed in a follicle of the ovary after the discharge of an ovum. If pregnancy ensues, the corpus luteum continues active for several months, repressing menstruation. If this does not occur, it atrophies in about two weeks, paving the way for the next menstrual cycle. Ovarian deficiency causes a lack of both of these hormones. The effect of the loss is not as clearly known as is that of the corresponding state in males. It is reported that hypogonadal women tend to be egotistic, resentful and full of self-pity. This pattern looks very much like a defensive attitude formed as a reaction to the loss of an esteemed life function, and therefore only a secondary effect of the glandular disturbance.

The *pineal* gland is a tiny body located, like the pituitary, near the brain. It functions principally during childhood, becoming loaded with calcium concretions in adult years, and probably regressing in function.

The *thymus*, located in the chest, shows a similar tendency to be large until puberty, after which it shrinks to smaller size. Because of this connection with puberty two theories of the function of the pineal and the thymus have been proposed. One is that they hold back sexual development until the proper time. The other is that they exercise a general stimulating function on body tissues which is taken over by the gonads at sexual maturity. It is known that the pineal gland atrophies early in some cases of precocious puberty but the evidence is not clear. There is considerable doubt whether the thymus is an endocrine gland at all. It is closely related to the lymphatic system and its atrophy in adolescence may be only a part of the general lymphatic changes occurring at that time. If it becomes enlarged or does not decline in size with maturity the individual is very susceptible to the effects of any anaesthetic. Examples of collapse and death during an operation from this

cause are far from rare, as this state cannot be discovered before the anaesthetic is administered.

The endocrine function of the pancreas, or rather of the *islands of Langerhans* imbedded in it, has recently become well known in connection with *diabetes*. The pancreatic hormone, *insulin*, regulates the sugar metabolism, and its deficiency causes the formerly incurable disease. An extremely high sugar content in the blood has pronounced psychological symptoms, often starting with depression and continuing to confusion and disorientation. These facts emphasize the importance of precise chemical balance in the body for the proper functioning of the nervous system.

Glandular disfunction, especially of the thyroid, pituitary and sex glands, may cause a lowering of the energy available for adjustive attempts and hence lead to weak and non-adjustive attitudes and behaviour. Equally important are the secondary effects. However, we must be on our guard against explanations of personality traits in terms of glandular secretions. Popular psychologists with an inadequate knowledge of physiology, and physicians who lack a critical attitude, have contributed equally to this misunderstanding.

Among the normal variations of personality traits, the only one that seems to have a probable endocrine basis is that of energy or activity level. Several glandular abnormalities decrease the individual's supply of energy while others raise it unduly. Adjustive ability is affected at either extreme. However, purely psychological causes may have their effect. The apathy characteristic of an extreme withdrawing adjustment may closely resemble that due to the lack of some endocrine secretion. An emotional tension may produce effects that somewhat resemble hyperthyroidism. Endocrinology has made valuable contributions to the study of personality,

but it supplements the psychological conceptions and does not replace or refute them. Professor Spearman [211] (vol. 2, p. 1601) writes :

' Tremendous as may be, however, all such effects of glandular secretion upon mental experience, they remain none the less indirect. The secretion cannot be supposed to influence the mental processes immediately on its formation. Instead, it has to enter the blood and remain there till at last it initiates the almost unknown processes of the body which do directly subserve those of the psyche. Hardly dissimilar in principle from the preceding indirect influences of the sensory stimulation and of the glandular secretions are those of health. Indeed, there appears to be no sharp dividing line. What is known about the effect of glandular secretion on mental activity consists in little else than that any disturbance of the one produces some parallel disturbance of the other.'

Many must sympathize with Dr. William Brown's [31] (pp. 2, 3) statement that we should not be too ready to believe that modern medical science has the truth in general in regard to health and disease. No one has yet dealt with the question of health and disease from a philosophical standpoint. ' It is possible that health has to do with a right insight, so far as it goes, into the truth of existence, and a right appreciation of the values of existence, and that, instead of saying that truth depends upon health, philosophically we can say with equal *a priori* probability that health depends on a right outlook. As error is a falling away from truth, so disease is a falling away from health. Health is more *real* than disease in the same sense that truth is more real than error. Although much illness can be thought of in terms of bacterial infection, etc., yet the vital reaction of the organism and its powers of resistance are decisive factors in

recovery, and these probably have a nervous and mental aspect.' 'Health is a simple thing; it is disease that is complex. There is one way of hitting the mark but innumerable ways of missing it. Thus the Greek word for sin, *amartia*, which means the failure to hit the mark is well meant.' [29]

Equally we are without a true understanding of the meaning of pain. All we know is that there is a sensory reaction to a stimulus; and to know this is about as useful as knowing that when the button is pressed the bell will ring. That information does not show us how the bell rings. Freud[77] says: 'The only fact we are certain of is that pain occurs in the first instance and as a regular thing whenever a stimulus which impinges on the periphery breaks through the protective barrier and proceeds to act like a continuous instinctual stimulus'.

In the evolution of living organisms the capacity for pain, we are told, develops earlier than that for pleasure. Sherington[207] writes: 'Pain centres seem to lie lower (*sc.* in the brain structure) than pleasure centres. No region of the cortex cerebri has been assigned to pain. Such negative evidence gives perhaps extraneous interest to the ancient view . . . that pleasure is absence of pain.'

Pain appears to be primarily an adaptation for protection against injury. This is obvious in the case of those reflexes which are initiated by injurious stimuli, such as flexion of the limb when pain fibres are stimulated, and blinking of the eye when the cornea is touched. But, though normally associated with pain, these reflexes are not the result of it. They occur, even if no pain is experienced, in an anaesthetized man or animal. However, pain does afford an added protection. Because of it, we may decide to move away from the harmful agent, or learn to prevent a recurrence of the injury.

Of equal importance is the function of pain in inform-

ing us that something is amiss. It is one of the most important symptoms of disease, and the physician often gets much information from knowing what kind of pain his patient suffers and where it is.

Pain also stimulates the secretion of adrenalin, and this in turn causes the production of haemal which is necessary for the quick repair of damaged tissues. Rest is probably the best single aid to healing. Whether or not the physician uses drugs or serums or diet or other special treatment, he always prescribes rest as well. Pain enforces rest. If it is severe enough, it may impose absolute rest in bed. Or the pain may merely enforce rest of the injured part.

In a world in which danger of injury by accident and infection threatens on all sides, pain is therefore of considerable adaptive value, and the task of alleviating it is one of eliminating the causes of it rather than simply treating the symptom. Often, of course, the pain itself must be treated in the sick, but only incidentally, and after it has served the function of telling where the trouble is.

Frequently, however, pain teaches us nothing. The persistent torment of a wound or a bruise is without practical value. Indeed, it is a serious hindrance to healing. 'Healing is greatly aided', says Dr. Hadfield, 'by the abolition of pain, so that, if the mind can abolish pain, it will materially aid in curing organic disease'[220] (p. 51).

Compared with the importance of right belief about God and His relationship with the human race, what a Christian's attitude is to health and sickness may seem of small significance; yet wrong ideas on this subject may result in a warping of his whole personality. The same is true of the Church at large: serious error may follow from a misunderstanding of Christ's teaching

about the bodily condition. Any attempt to separate the material aspects of life from the spiritual will inevitably lead to religious degeneracy. Man cannot live by spirit alone any more than he can live by bread alone.

The great lesson which Jesus taught was that a man's moral condition depended upon his inward state, and in the same way, his physical health depends upon the wholesomeness of his general outlook on life and his reactions to his surroundings. Again, that mental wholeness without which the race cannot progress toward God also implies bodily health. The superstition that bodily suffering is good for the soul is a consequence of noting only the positive instances in which spiritual progress has followed illness, and of forgetting the negative instances; of the idea that goodness consists in abstention from indulgences which happen to be forbidden to the sick; and of the fact that sickness gives time for reflection upon things of eternity which is often grudged in time of health. The miseries of men are not the result of the cruelty of God but of the failure of men so to order their inner lives that they obtain the peace of God, with all its re-creating power. The prevalent belief that health cannot be imparted by spiritual means is due to the delusion that matter and spirit are the antithesis of one another, and that even if they are not opponents, they are at least divorced from each other and incapable of any interaction. From this there has followed a tendency to hold in contempt whatever could be described as 'merely spiritual', and the underlying assumptions of all living and thinking have become materialistic.

Modern prophets, in taking up this attitude, differ very significantly from their predecessors whose intuitions are preserved in the Old Testament. For them it was their grasp of spiritual values which gave them

faith in the future of the human race; not a hope that by manipulating their bodies and their environment they could increase the sum of happiness. Their insight went much deeper than that. God was good and therefore His purpose for humanity was good and must be fulfilled. The sin which was the basis of suffering would be cancelled, harmony between God and man would be restored, and an era of joy would be ushered in, when the earth should be 'filled with the knowledge of the Lord as the waters cover the sea' (Is. xi, 9). All this was a deduction from the conviction that the God Who created the world must be a God of love, and must therefore champion His own handiwork, bringing to pass by His own power a perfect salvation (wholeness) in which all nations should rejoice.

The Hebrews clung with unwearied grasp to both heaven and earth because they held with unrelaxed faith to their intuition that God was good, and in this environment Christ was born. Jesus, as far as He is known, built upon this faith of which He was the most perfect flower. This He did, not by taking over uncritically all the details with which the luxurious imaginations of His predecessors had clothed their beliefs, but by completely reconstructing faith and ethics upon the same argument, but with a loftier and clearer conception of its meaning. His conviction that God cared for body as well as for spirit, and that the two were very intimately bound up with each other is shown by His cry on the Cross, for when His physical powers were leaving Him He felt that in some way God had failed Him. It is thus plain that He did not, like the ascetics, hope to obtain spiritual salvation by the mortification of the body. Nor did He think that the torturing of His body would bring Him nearer to God; that cry could never have issued from the lips of

a confirmed ascetic.[140] Later, however, compromising with the world and allowing itself to be influenced by the nobility of those ascetics who either remained outside, or worked even more effectively inside, the Church soon came to make her venture primarily one for spiritual good. There followed, as the idea of evolution began to take possession of thought, a conception of a mechanical, physical salvation. Now, those who accepted this view have been somewhat disillusioned, while those who still accept the Christian conception of progress as being dependent upon faith in God are driven to believe that there must have been some wrong emphasis in their outlook, some neglect of vital factors.

Many of us believe that we must base our faith more firmly and simply upon the conviction of the love of the Creator for the creation. We must ask ourselves whether the power of the Spirit — if we acknowledged that power — could both build up for us a more perfect earthly life and a new civilization. Where this belief is strongly held a realization has been attained of the spiritual nature of human life which is absent where God is regarded as being over against nature. In the past it has often been taught that God's power was something which was exercised in anger and Whose purpose was destruction. But a child or a lunatic can destroy : creative power is that which informs the life of the individual and the structure of society, building them up from within and thus making them truly glorious in their own right. All this implies that those who have in charge the healing of the body, as well as sociologists and religious leaders, should keep always in the forefront of their minds the unshakable conviction that ultimate reality, that from which the universe has its existence and to which it is tending, is spiritual and is good, and that therefore, even in the healing of the body, the patient's spiritual needs

may be equally as important as his medical ones. There are some who reverse this order of thinking and, arguing from the verse, ' Whom the Lord loveth He chasteneth ', say that God inflicts suffering for a purpose, and that to suffer is therefore a sign of His graciousness. An answer to this proposition which should carry more weight than any learned theological discourse was given by Fikry, a six-year-old child who lived near my home in Upper Egypt, and both of whose legs were affected by infantile paralysis. On visiting him with the intention of reconciling him to his misfortune, a Christian minister said :

' Are you not happy that God loves you so ? '

' Why ? '

' Because He is allowing you to suffer.'

' Does God hate you ? '

' Why ? '

' Because He allows you to be healthy.'

We must agree with little Fikry's implication that suffering is not the will of God. Disease, whether physiological or psychological, is a disorder in the personality, and God is not the author of confusion but of peace. Whenever disease attacks the body the forces of life, the so-called *vis medicatrix naturae*, counter-attack with all their might in order to repel the invader. To adapt Jesus' own argument, we may ask how, if God sent sickness, His kingdom could stand, since it would be divided against itself. It must be assumed, therefore, that sickness is just as much contrary to the will of God as any other kind of evil. This does not mean, of course, that an individual's sickness is always the consequence of his own sin, though sometimes it undoubtedly is. Very frequently sickness is the result of others' sin, while it is obvious that if the community at large had a right attitude to God much of the sickness which now seems to be the result of forces

beyond the control of man, would be abolished. Where the whole personality is healthy, the chances of successful resistance to the catastrophic movements of nature are considerably heightened. Again, the point which St. Paul stresses in the Epistle to the Romans must be borne in mind, namely, that in the Divine Providence evil will become good ultimately. Nevertheless, however true this may be, it should not be used as an excuse for a supine policy. Jesus' life and practice showed us once and for all what our reactions should be. Before we consider His therapeutic activities it is useful to review the development of psychological healing in primitive and pre-Christian cultures.

CHAPTER II

MAGIC HEALING IN THE PRE-CHRISTIAN ERA

Synopsis of Chapter II

Mental healing has its origin in magical rites. The magician is distinct from the physician and surgeon and possesses a force unique of its kind, and around his personality has grown up an imposing mythology.

One such magician is Imhotep, of the third Egyptian Dynasty. He was fully apotheosized as the god of medicine in the Persian period. Other gods in Egypt were also celebrated for magical cures. The term denoting both magic and religion was hike, *a branch of academic study. Ministered by the priests for defensive and prophylactic purposes, it co-operated in the development of the science of medicine now thought to have originated in the Nile Valley. Despite traces of sound diagnosis and humane treatment, mental diseases were often attributed to the influence of evil spirits.*

This belief was also held by the Babylonians. The underlying principles of some of their rites of exorcism have been reproduced in our time, while others throw some light on the Gospel healing narratives.

The Babylonian magicians were also the great practitioners of astrology, the foundation of the history of modern psychotherapy according to Mesmer's now rejected main thesis.

The outstanding magic rite among the Greeks was incubation practised in the Asklepian temples, e.g. *at Epidaurus. The temple of Cos helped the famous medical school from which we have the Hippocratic Collection. In the treatise* On the Sacred Disease *the superstitious view of the nature of epilepsy is denied. Plato anticipated some aspects of modern psychotherapy.*

The Romans made no original contribution to the subject, which was the prerogative of aliens in Italy.

Among the Jews disease was predominantly believed to be connected with sin or was ascribed to the inscrutable Providence. Accordingly healing was conditioned by the patient's repentance or by his faithfulness to God, the healer. But belief in spirits was common and at the time of Christ many diseases were ascribed to demons ; the Talmud's attitude was exceptional.

Priests and prophets co-operated with physicians and their chief concern was prophylactic ; their magic was holy living.

CHAPTER II

Magic Healing in the Pre-Christian Era

TREATMENT by mental readjustment of ailments showing themselves in both physical and psychological symptoms is no novelty but is a technique which had its origin far back in the earliest stages of human development. It was not left to modern science to discover the interdependence of mind and body: anxiety and faith have been recognized throughout the ages as important factors in the cause and cure of disease. Indeed, when it is realized how powerful a driving force faith has been in the history of the race, the part it has played in the healing art fades into insignificance: yet there is no department of knowledge more favourable to an impartial study of its effects than that of medicine. Always, from the days of the medicine man who, although dominating primitive society, scarcely knew how his wonders were wrought, to the sophisticated denizen of Harley Street who consciously manipulates this strange capacity of man, faith's operation has always been regarded as something 'marvellous'. It is even believed that as far back as the Paleolithic Age pieces of the human skull were used as amulets. But while the factor itself has remained the same, the interpretation placed upon it has changed radically from time to time. Cause and effect have not always been seen in the same light. Thus what we regard as natural law, universal in its scope, our ancestors thought to be the capricious will of the supernatural: what is now systematized and methodical was then a magical rite. Modern psycho-

therapy need not be ashamed of its parentage, however. Is not chemistry the child of alchemy and astronomy of astrology? Sir James Frazer and others have appropriately called magic a pseudo-science, and in that sense it can safely be looked upon as the forerunner of the vast and complicated structure of knowledge which has sprung into being since the Renaissance.

What, then, is magic? As to its clear definition there is no general agreement, but etymologically the Greek *mageia* meant the science and religion of the magi, or priests of Zoroaster as known among the Greeks. In this sense it was opposed to *goëteia* (? necromancy) and to *pharmakeia* (the use of drugs). Although this distinction was not universally recognized, and *goëteia* was often used as a synonym of *mageia*, it will help us if we keep this distinction in mind. In the Persian, *Vendidad*, the magician, was distinct from both physician and surgeon, being regarded as 'the best of all healers, who deals with the holy word; and he is the best one to drive away sickness from the body of the faithful'. The trick-performing 'magic' of the conjurer is, of course, in a different category. In his great codex of primitive magic, Frazer [62] clearly shows that early man sought above all to control the course of nature for practical ends, and that he attempted this by direct means, by rite and spell compelling wind and weather, animals and crops, to obey his will. Only after many bitter experiences had taught him the limitations of his magic power did he in fear or hope, in supplication or defiance, appeal to higher beings, to demons, ancestor spirits, or gods. It is in this distinction between direct control and the propitiation of superior powers that Frazer sees the difference between magic and religion. The former, based on man's confidence that, if only he knows the magic laws which govern it, he can control

nature by direct means, is akin to science: the latter, the confession that in certain spheres man is impotent, lifts him above the level of magic, and later maintains its independence side by side with the science before which the last vestiges of magic disappear. Thus, as Dr. Marett puts it, priest and magician were originally united in one personality, but the former, learning humility before power greater than his own, discarded the spell for the prayer, and prostrated himself before the heavenly might. Perhaps the best differentiation between magic and religion is that drawn by Professor Alfred N. Whitehead. 'In religion', he says, 'we induce, in magic we compel.' Religion has sought to induce by spiritual means the prevention or conquest of evil; while magic, by methods of its own, has tried to compel its disappearance. The magician was never wholly impostor, however, and was often convinced of his own genuineness. Commenting upon research in this field, Dr. Bronislaw Malinowski [162] (p. 27) says: 'One achievement of modern anthropology we shall not question. The recognition that magic and religion are not merely a doctrine or a philosophy, not merely an intellectual body of opinion, but a special mode of behaviour, a pragmatic attitude built up of reason, feeling and will alike.' Magic never originated; it was never made or invented. From the first it was an essential adjunct of all such things and processes as vitally interested man and yet eluded his normal understanding. The spell, the rite and the thing governed by them are coeval.

Magic is akin to science in that it always has a definite aim intimately associated with human instincts, needs and pursuits. Like the other arts and crafts, it is also governed by a theory, by a system of principles which dictate the manner in which the act has to be

performed in order to be effective. There are a number of principles which govern magical spells, rites and substances. As with science, a special technique is developed. In magic as in other activities, man can undo what he has done ; in fact, the quantitative equivalents of black and white seem to be much more exact and the effects of witchcraft much more completely eradicated by counter-witchcraft than is possible in any practical art or craft.

Magic was man's earliest attempt to control nature on the belief that hope cannot fail nor desire deceive. Science, on the other hand, is based on the continuity of nature and on experimentally discovered laws of cause and effect.

Both magic and religion arise and function in situations of emotional stress ; and both exist in the atmosphere of the miraculous. Magic is the specific art for specific ends ; every one of its forms has come once only into the possession of man, and then had to be handed over in direct descent from generation to generation. Hence it remains from the earliest times in the hands of specialists, and the first profession of mankind is that of a wizard or witch.

Magic is the quality of the thing, or rather, of the relation between man and the thing, for though never man-made it is always capable of being influenced by man. In all tradition, in all mythology, magic is found only in the possession of man and through the knowledge of man or man-like being. It implies the performing magician quite as much as the thing to be charmed and the means of charming. It is directed as much to nature as to man's relation to nature and to the human activities which affect it. Moreover, the effects of magic are usually conceived not as a product of nature influenced by the charm, but as something specially magical,

which nature cannot produce, but only the power of magic. The graver forms of disease, love in its passionate phases, the desire for ceremonial exchange and other similar manifestations in the human organism and mind, are the direct product of the spell and rite. Magic is thus not derived from an observation of nature, and of knowledge of its laws, but is a primeval possession to be known only through tradition, affirming man's innate power of achieving desired ends.

The human body, being the receptacle of magic and the channel through which it flows, must be submitted to various conditions. Thus the magician has to keep all sorts of taboos, for fear the spell might be injurious, especially as in certain parts of the world—in Melanesia for instance—the spell resides in the magician's belly, which is the seat of memory as well as of food. When necessary it is summoned up to the larynx, which is the seat of intelligence, and thence sent forth by the voice, the main organ of the human mind. Among the Hebrews, prophets and seers had similar experiences. Thus, not only is magic an essentially human possession, it is literally and actually enshrined in man, and can only be preserved by being passed down from one practitioner to another according to strict rules of filiation, initiation and instruction. It is never conceived of as an independent force of nature, residing in material things, to be investigated by the ordinary methods of observation and research.

The real virtue of magic passes through the spell and its rite, a strictly defined procedure, and cannot be conveyed by any other means. It only operates in a manner laid down by tradition, never showing itself in physical force, while its influence upon man is strictly limited and defined. A sharp distinction is drawn between the traditional power of magic on the one hand and the normal

powers of man and nature on the other. From this it follows that magic is not the product of an abstract conception of universal law, applied to concrete cases. The truth is exactly the opposite of this: each type of magic arose as a means of meeting particular situations, was born of the emotional tensions set up, and indicates the flow of ideas from a spontaneous reaction. Such universal features of magic as there are, and such general conceptions as lie at its foundation, are due to the uniformity of the mental processes characteristic of man's reactions to his environment.

It is well known that, among unscientific people, the evidential value of a positive instance always outweighs that of a negative one; and as a result the examples which support the claims of magic always loom larger than those which tell against them. But there are other facts which lend support to the system. The credulous believe that the magic ritual must have originated in a supernatural revelation in a real experience and, though we cannot now share this conviction, it must be admitted that the men who gave to their people the nucleus of new magic performances, acting in perfect good faith in response to some overwhelming experience, were gifted with genius. At the same time, those who followed these innovators, no doubt under the impression that they were practising what had been handed on to them, but in reality reconstructing and developing the traditional, must always have been men of great intelligence, energy and enterprise. They would be the kind of men who always rise to emergencies. It is an observed fact that in all primitive societies outstanding personality and ability in magic go hand in hand and thus magic coincided with personal success, skill, courage and mental power. No wonder it is considered a source of success!

Primitive man is supplied by magic with a number

of ready-made ritual acts and beliefs, with a technique which serves as a bridge over the dangerous gaps in every important pursuit or critical situation. Consequently it enables him to perform with confidence his important tasks and to maintain his poise and mental integrity in anger-provoking difficulties, in the throes of hate, or unrequited love, of anxiety and despair. The function of magic is to ritualize man's optimism, to enhance his faith in the victory of hope over morbid fear. It stresses the greater value for man of confidence than doubt, of steadfastness than vacillation, of optimism than pessimism. Observing all this from the smug security of a scientific understanding of nature's laws, it is easy to detect its crudities and its irrelevance. But at least it was a starting point; it enabled early generations to master the practical difficulties before them and to advance to higher levels of culture. Hence the universality and power of magic in primitive societies. Dr. Malinowski [162] (p. 83) thinks that 'We must see in it the embodiment of the sublime folly of hope which has yet been the best school of man's character'.

Naturally enough, around the personality of every great magician there grew up an imposing mythology, composed of stories of his wonderful cures of disease, his annihilation of foes, his conquests in love. In every savage society such stories form the backbone of belief in magic; for, supported as they are by the emotional experiences common to all members of the tribe, they form a running chronicle of miracles which establishes the claims of magic beyond doubt or cavil.

Every eminent practitioner, besides his traditional claim, and the filiation with his predecessors, makes his personal warrant of wonder-working.

Thus myth is not a dead product of past ages, merely surviving as an idle narrative. It is a living force, con-

stantly producing new phenomena, constantly surrounding magic with new testimonies. Magic moves in the glory of past tradition, but it also creates its own atmosphere of ever-nascent myth. As there is the body of legends already fixed, standardized, and constituting the folk-lore of the tribe, so there is always a stream of narratives flowing freely from present-day occurrences, frequently similar in kind to those of the mythological period. Magic is the bridge between the golden age of primeval craft and the wonder-working power of to-day. Hence the formulas are full of mythical allusions, which, when uttered, unchain the powers of the past and cast them into the present.

With this we see also the role and meaning of mythology in a new light. Myth is not a savage speculation about origins of things born out of philosophic interest. Neither is it the result of the contemplation of nature—a sort of symbolical representation of its laws. It is the historical statement of one of those events which once for all vouch for the truth of a certain form of magic. Sometimes it is the actual record of a magical revelation coming directly from the first man to whom magic was revealed in some dramatic occurrence. More often it is obviously nothing but a statement of how magic came into the possession of a clan or a community or a tribe. In all cases it is warrant of its truth, a pedigree of its filiation, a charter of its claims to validity. And as we have seen, myth is the natural result of human faith, because every power must give signs of its efficiency, must act and be known to act, if people are to believe in its virtue. Every belief engenders its mythology, for there is no faith without miracles, and the main myth simply recounts the primeval miracle of the magic.

So we can see the deep connections between myth

and cult, on the one hand, and the pragmatic function of myth in enforcing belief.

The first magician of whom we have records is Imhotep, who was chief architect to King Zoser of the third Egyptian Dynasty (*c.* 2900 B.C.) and is supposed to have built the step pyramid of Saqqara. In later times he became renowned also as a physician, astrologer and author of wise sayings. By the time of the New Kingdom he became a kind of demi-god and seems to have lost his human character, while in the Persian period he was fully apotheosized, being said to have been the son of the divine Ptah of Memphis, born to him by one Khroti-onkh. He was the patron of the learned and all who were masters of the secret arts. The scribe would pour out a few drops as a libation to him before putting his pen in his water jar, the physician also venerated him as his own patron, and he was finally accepted by the people at large as the god of medicine. The Graeco-Egyptians knew him as Asklepios. His mother and his wife were also raised to divine rank and are often found in association with him. In the Graeco-Roman period his cult was known in Upper Egypt, in Thebes and Edfu as well as in Philae, where Ptolemy Epiphanes erected a small temple in his honour. Even after his apotheosis Imhotep frequently received, in addition to the epithet, Son of Ptah, indicative of his divine origin, his erstwhile human titles, reciting priest, expert in affairs, but only when the reference was to his achievements as a man in the remote past. For a long time, also, he bore signs of his human origin, being represented as clothed in the ancient garments of man, of antique fashion, without either crown or sceptre or the beard usually worn by deities. Moreover, his cult still retained the forms of the worship of the dead, as they were performed in the

tombs of people of rank. Imhotep must have been a successful practitioner of mental medicine as well as a dispenser of physical remedies. His name which signifies 'He who comes in peace' is a most appropriate one for a healer and one which must have brought solace and courage to many an anxious patient. Included in his titles were 'Master of secrets', 'Protector of physicians', 'Pursuer of virtue', and 'Protector of seafarers'. He was also called the 'Beneficent God' and 'The worshipful or holy God who gives a son to the one who has none'. He is said to have visited the suffering to give them 'peaceful sleep and heal their pains and diseases'. Sick people resorted to his temples where incubation was practised.

We can easily imagine how during the long silent night watches many suffering men and women, perhaps tossing from side to side in their pain, were worshipping the great Imhotep on whom all their hopes were centred and obeying the beautiful Egyptian maxim that has been preserved to us in the papyrus of Ani: 'When thou worshippest thy God, do it quietly and without ostentation in the sanctuary of God, to whom clamour is abhorrent. Pray to him with a longing heart, in which all thy words are hidden. So will he grant thy request, and hear that which thou sayst, and accept thy offering'.

Dr. Hurry [106] concludes his work on Imhotep with a plea to enthrone him as the tutelary deity of the healing art. Imhotep, or Dr. Imhotep as Sir W. Osler calls him, is interesting because he is the first figure to stand out clearly from the mists of antiquity. Many other gods were celebrated for their magical cures.

Most powerful of all magicians was Thoth. His skill as a magician is associated with his reputation as the inventor of hieroglyphs and the sciences of astronomy

and mathematics; in the myth of Osiris he played the part of 'physician of the eye of Horus'.

Another, Sekhmet, was from remotest days a patroness of medicine and the sender of healing herbs.

Isis enjoyed great fame as a sorceress, mainly on account of the charms which she devised to protect her infant son, Horus. She was called the 'Divine Mother'. Both Thoth and Isis retained their vogue right into the classical period. During the time of Ptolemies, Isis was associated with Serapis; and the Isis-Serapic cult was widely spread both in Egypt and abroad. In his sacred orations Aristides Aelius mentions forty-two sanctuaries to them in Greece alone. Other temples were consecrated to them in Italy and in Asia Minor.

Gardiner[79] (vol. i, p. 209) has defined Egyptian magical actions as 'those which men perform on their own behalf or on behalf of other living persons; and which involve as a necessary and inseparable element, a certain quantum of belief, though the attainment of their object is not thought to depend on any other will than that of the agent'. The only word used to denote this was *hike* (Coptic ϩIK), and this was the same term used for religion. The language possessed no means of differentiating between magic and religion, the priests of the Old Kingdom being spoken of as the ministers of *hike*. Both magic and religion were on the same footing, being products of the same *weltanschauung*, and having the same psychological bases and methods. In theory its domain was as wide as man's desires. Its purpose was defensive and prophylactic; there was a spell for the cure of scorpion sting, another to drive away the headache, and a book to dispel fear. Magic spells were often recommended on account of their proven efficacy: 'a true remedy on many occasions' is a formula found extremely frequently in magical

papyri, and this appeal to experience which indicates a desire to justify magic as science, points to the possibility of a real science arising out of it. Already a distinction was beginning to occur between medicine and magic. In the medical papyri a difference is made between 'remedies' (*phrt*), which are lists of drugs with directions for use, and 'incantations' (*sēnt*), of which the main feature is a mystical formula to be pronounced. This distinction is made very clear in the *Ebers Papyrus*, which gives a valuable insight into the origin and development of early medicine. Dr. Ebbell[51] in his new English version says, 'There is . . . every reason to believe that the science of medicine has its origin in the Nile Valley'. Indeed, the perfection of Egyptian embalming is still the mystery of the world. There cannot be the slightest doubt that Egyptian medicine was the offspring of magic and that it never became emancipated from its parent. The medical books are seldom free from incantations and the magical papyri are leavened with medical prescriptions. Nor must it be supposed that there was no great difference between the two. The medical prescriptions consisted mainly, if not wholly, of the enumeration of drugs and directions for their use. The diagnosis which is ushered in by the words, 'so shalt thou say', and which sometimes precedes the list of drugs, may owe its origin to oral rites of magic. In the medical papyri a difference is made between an incantation and a remedy, the latter being the list of drugs. Accordingly, there was a corresponding difference between magician and physician; the latter might be a layman, but the former had to be a priest. Remedies were used for the simpler maladies; incantations were reserved for the more dangerous ones. In the latter cases the intervention of faith was a necessity; something marvellous was wanted

and expected of the physician, who consequently used magical means. The doctor who prescribed remedies, however, was regarded merely as a clever practitioner. Gradually, then, medicine was liberating itself from the thraldom of magic, but even in the remedies, magic was latent. This is evident from the strange nature of some of the ingredients; for example, the milk of a woman who has borne a male child. It can be shown that magical properties were associated with many simpler foodstuffs, such as honey and onions, but in many cases the well attested wholesomeness of these was at least a contributory cause of their use. In remedies the magical element has receded into the background, while in many predominantly magical rites the gradual intrusion of scientific ideas can be traced. Thus the borders of magic and medicine overlapped. Medicine was at its best in diagnosis and physiological speculations: its materia medica, however, was permanently influenced by magic.

The ritual of Egyptian magic included a spoken formula, which in order to be efficacious must be recited exactly as prescribed, and an act of gesture, often to be performed at a particular time and under special conditions of place and position. In one of the myths about her, Isis is said to have healed her son by laying on her hands, and it is likely that this was a common practice in healing. Davis[45] (p. 21) says that the ancient Egyptians healed by the art of making passes and the laying on of hands. The choice of word and act was based on the doctrines of sympathy and homeopathy; the belief that two things which have once been connected may continue to react upon each other even after separation, and the belief that like has power to affect like. In accordance with these principles a burn might be cured by the recitation of the words

used by Isis over her son, Horus, when he was once burnt. Pain could be caused to an enemy by the maltreatment of a waxen image of him. Indeed, the mere knowledge of the sun-god's name was sufficient to give Isis magical power over an enemy. From these and similar ideas grew the belief in protective amulets, which assumed such tremendous importance both for the living and the dead. Purity was requisite in him who would be benefited by magic. Among the purposes to which magic was put were the avoidance of death, the protection of mothers and their children ; the laying of spells on people who were feared ; the giving of assistance to women in travail ; the curing of pains in the head, snake-bite and scorpion stings ; the ridding of houses of snakes ; preservation from hunger and thirst, the risks of the law courts, the attacks of evil persons, and plague. There was no explicit classification of magic into Black and White, but it was an offence against the law to use magic of any kind for evil purposes.

The difference between the physician and the practitioner of magic was exactly defined by a Greek treatise on Alchemy. The physician exercises his craft ' mechanically and by books ', while the latter is a priest ' acting through his own religious feeling '.

There appears to be no special word for ' magician ', and magicians certainly formed no separate caste. It is in harmony with the homogeneity of religion and magic, that the priests should have been the chief repositories of magical knowledge. The ritualist was specially named as empowered to perform cures, as having discovered incantations, and as being endowed with the gift of prophecy. He was the ' chief kherheb ' and knew the sacred writings from beginning to end. Priests, doctors and sacred scribes alike received the final touches to their education at colleges called *per-*

onkh, 'the house of life'. One of these schools was at Memphis, originally the principal temple of Imhotep, others existed at Thebes, Sais and On (Heliopolis). The head priest of Sais bore the title 'Greatest of all the physicians'. Of these we know but little, but it seems that magic could be taught there, and the belief in magic was thus a tribute to knowledge. The magician's power might in some cases be due to special gifts. The instructions appended to magical incantations usually presupposed that private individuals could use them for their own profit if only they observed the right precautions. Thus the magician's presence was not essential, and his authority lay solely in the fact that he was the possessor of magical knowledge: the epithet 'knower of things' was commonly applied to him.

In practice, the magician often spoke of himself in the first person, but sometimes he identified himself with a particular god whose assistance he desired. At other times he merely claimed to be 'the servant of Horus', or some other deity.

As early as *c.* 1500 B.C., Prince Ptah Hotep, in describing senility, wrote, 'The heart grows heavy and remembers not yesterday'. This statement may have had a basis, even at that time, in anatomical as well as in psychological observations.[93] The Egyptians thought themselves to be possessed of several different selves, and a careful perusal of their teachings clearly indicates that such beliefs were a very definite anticipation of the modern doctrine of the subconscious mind.[201] In the *Ebers Papyrus* (*c.* 1550 B.C.), mental disease is mentioned, but is attributed to 'possession', or the action of evil spirits. At a somewhat later date the temples of Saturn were remarkably fine asylums where every advantage which an experienced priesthood could invent

or command was at the disposal of those in pain, suffering from morbidity, or derangement of the bodily functions.[177] The patients enjoyed healthy and entertaining exercise such as walks in the temple gardens, rowing on the Nile, excursions, dances and concerts. All kinds of games and recreations were organized, while voluptuous paintings and images were everywhere exposed to view. Enchanting songs and sonnets 'took prisoner the captive senses'. Every moment was devoted to some pleasurable occupation, enhanced and sanctified by religious belief.

In the words of Foucart, 'The Egyptian science of healing constituted from the beginning a system several thousand years in advance of the rest of human society'. The superiority of prophylaxis as compared with therapeutics was evidently appreciated. 'The whole manner of life', says Diodorus Siculus (i, c. 70), 'was so evenly ordered that it would appear as though it had been arranged according to the rules of health by a learned physician, rather than by a lawgiver.' Even in those far-off days experience had taught the lesson that *ὑγιαίνειν ἄριστόν ἐστιν*.

We shall now consider Babylonian magic, our knowledge of which is derived entirely from the cuneiform tablets, but it seems that it hardly extends beyond the rite of exorcism. All sickness and disease were attributed by the Babylonians to the depredations of evil spirits, under whose influence the sufferer had fallen either as a result of his own actions or of the machinations of hostile sorcerers. Such powers of evil were innumerable and they were forever seeking opportunities of inflicting bodily harm on men. They might be ghosts of the departed; gruesome spirits, half human and half demon; or fiends and devils of a nature corresponding to, but lower than, that of the gods. The object of

magical texts was to enable the priests to control and exorcise these demons, or in some way to break the malign influence they exerted over their victims. For this purpose it was of the first importance that the spirit or evil influence should be addressed by name and, as a consequence, the magician would recite long lists of ghosts and devils, any one of which might be the cause of the difficulty. How like Dr. Jung's scientific word-association test! After that he could invoke the help of the great gods and so gain control over the demon or hostile sorcerer himself.

One interesting class of rites is that in which, after the magician had gained control of the demon by the use of the appropriate formula, he transferred it to some object which could be destroyed or rendered harmless. This object might be a jar of water which would afterwards be broken and the water spilt; it might be a clay image which would be fastened to the patient's body and later removed; or the body of a pig might be laid upon the man and afterwards thrown out of the house. In these cases we have a physical transference of the hostile power from the sick man to the object employed. It is not without interest to recall here how a variation of this system has come to be used even in this scientific age in Luys' clinic in Paris. The subject to which the illness is now transferred is not a pig but a person. The patient is directed to sit down and grasp the hands of a profoundly hypnotized subject. The hypnotizer then passes a heavy magnetized bar of steel up and down both sitters' bodies, especially pressing on the cardiac and epigastric areas. A shiver passes through the hypnotized subject's frame, and he begins to complain of suffering from the same symptoms as the patient has experienced. The doctor questions him about the symptoms, and then assures the patient that he will be

cured. In the meantime the patient looks on and sees the transferee writhing in his pains and imitating his voice, gait, gestures and demeanour. When the doctor thinks enough has been done he wakens the subject and tells him to feel no more pain (in fact, the hypnotized subject has usually no recollection of what has happened in his somnambulant state, and goes away rejoicing in the fee which the hypnotist or the patient has given him for the sitting).

Luys believed that the sitter not only took on the disease, but also the personality of the patient, imitating a female by her exact female voice, and a male by his male voice, etc. Cannon [33] (pp. 23-4), to whom I owe the reference, while recognizing its antiquity, suggests that from an experimental point of view it has many lessons to teach those who are willing to study these phenomena.

Another rite involved a knotted cord. To cure a patient whose tongue had been bound, or whose intestines had been tied into knots, the magician would take a knotted rope and, as he untied each knot, would recite a counter-spell. Not so very different from Coué's knotted string for reciting 'Ça passé!'

The large class of so-called medical prescriptions were, no doubt, essentially magical, and although in some instances the substances ordered may actually have had curative value, the associations which led to their employment by the Babylonians are still obscure.

Demons were believed to specialize in particular diseases. Idpa attacked the throat; Uttuq the neck; while other demons and deities were interested in other organs.[46] From the Book of Daniel we see how official recognition was accorded to astrologers and sorcerers. Diseases were addressed as if they were living beings; for instance: 'Wicked consumption, villainous con-

sumption, consumption which never leaves man, consumption which cannot be induced to leave, bad consumption, in the name of heaven be placated. In the name of earth I conjure thee'[32] (p. 13). Jesus Himself is represented as having practised this method. He is reported to have rebuked a fever (Luke iv, 39) and to have rebuked the winds of the sea (Matt. viii, 26; Mark iv, 39).

Many Babylonian incantations have been discovered. The formulae usually consist of a description of the disease and its symptoms, an expression of desire for deliverance from it, and an order for it to depart. The following is an example of an incantation for driving away the toothache: 'Ritual for this; thou shalt mix usa-beer, barley meal and oil together, repeat the incantation over it three times, put it against his teeth. Charm; after Anu made the heavens, the heavens made the earth, the earth made the rivers, the rivers made the canals, the canals made the marsh, the marsh made the worm. The worm came weeping unto Somoas; came unto Ea, her tears flowing; "What wilt thou give me for my food, what wilt thou give me to destroy?" "I will give thee dried figs and apricots." "Forsooth, what are these dried figs to me, or apricots? Set me amid the teeth and let me dwell in the gums, that I may destroy the blood of the teeth and of the gums chew their marrow. So shall I hold the latch of the door." "Since thou hast said this, O worm, may Ea smite thee with his mighty fist!"'[226] Among ancient peoples, toothache was commonly supposed to be caused by a worm in the tooth, and this explanation is still accepted in some places. In Arabic the cause of toothache colloquially is 'susah' (worm). As in Egypt, so in Babylonia too, exorcism was effected by laying the hand on the head of the sick person.

There is another aspect of Babylonian magic which is worth discussing. The Chaldeans taught that the cosmos is eternal, that it had no beginning and will have no end. It is an orderly whole under the control of divine providence. No event in the heaven happens by chance, but all are accomplished in accordance with a definite and established decision of the gods. Having observed the stars for a long time and learned the motions and the powers of each, the Chaldeans could foretell much of the future of man. Special attention was due to the five planets which are called Interpreters, because by their varying paths among the fixed stars they reveal the minds of the gods to men. Under their sway are thirty stars called Counsellor gods, with duties of supervision over heaven and earth. Of these gods twelve have special authority, and to each of them is assigned one of the months and one of the signs of the zodiac. The motions of the sun, moon and planets have decisive influence for good or evil on men at their birth. There are also twenty-four stars called Judges, who judge the living and the dead. From this, the ideas of astrology were developed. A sympathy was thought to exist between the parts of the human body and the signs of the zodiac, and the human body was accordingly divided into twelve parts, each of which was related to a zodiacal sign. Influence was supposed to be exerted on a man by the planets, the moon and the sun, according to the sign in which they stood at his birth.

The Babylonian magicians were the great practitioners of astrology in antiquity, and many of their practices came to be condemned as superstition; but from their age-long observation of the skies sprang the true science of astronomy which, independently of its later Greek developments, is of the greatest importance in the story of man's intellectual conquest of his world.

Apart from this, these astrological ideas lie at the foundation of modern psychotherapy. Mesmer's main thesis was a discussion of the influence of the stars upon the human body. Nor was Mesmer original in this. Paracelsus (1493–1541) before him had definitely stated that 'a doctor without the knowledge of stars can neither understand the cause or cure of any disease, either of this (?) or goute, no, not so much as a toothache' (*Lib. de podagra*). He declared that all life emanated from the stars and that 'the sun governed the head; the moon governed the brain; Jupiter governed the liver; Saturn governed the lungs; Mars governed the bile; Venus governed the loins'. He also attributed occult and miraculous powers to the magnet in the treatment of disease. During the early centuries of the Christian era the majority of physicians were believers in astrology and were inclined to seek the cause and determine the treatment and prognosis of any given case by observation of the position of the planets in the sky, rather than by examining the conditions of the patient's bodily organs.

It would be a mistake to imagine that these ideas are dead and are not held by educated people in our own generation. The bearings of astrology on disease and health have recently been defended by Cyril Scott,[204] who states that 'there is in truth but one disease, having as its dual cause self-poisoning and deficiency'. Its manifestations, as he admits, may of course be different, such as 'rheumatism in one individual, as diabetes in another, as consumption in a third, as cancer in a fourth'. And 'in order to understand the various manifestations of disease we must turn to the study of astrology'. Mr. Scott, who evidently does not share St. Augustine's views on astrologers, states that 'the type of body of each individual is governed by

the position of the planets at the moment of birth; the position of the planets also governs the types of diseases from which he is liable to suffer'. The typical Leo native, for instance, is 'broad-shouldered and exceedingly robust in all respects'. But, as Leo governs the heart and back, he is liable—Mr. Scott's own father, he tells us, was an example—to lumbago and heart disease.

Pisces, on the other hand, governs the feet; and it is 'a noteworthy fact', Scott says, 'that people with the sign of Pisces are particularly liable to catch colds as the result of wet feet, whereas others may get their feet wet without any appreciable harm resulting'.

It is obvious that to have established such a fact as this must have meant an extremely exact and patient study of an enormous number of human life-histories, and their comparison with an equally large number of similarly observed control-groups of persons not bearing the signs of Pisces. But there is no reference to such researches in Mr. Scott's book.

When we speak of a man as having a jovial or mercurial temperament, describe him as having a saturnine disposition, or call him a lunatic, we are still speaking the language of the early astrologers who devised the so-called trigons of the four elements, air, water, earth and fire. The trigon of the air as it appears in a horoscope consists of the three "aerial" signs of the zodiac, *Aquarius*, *Gemini* and *Libra*; the trigon of fire is made up of *Aries*, *Leo* and *Sagittarius*. Whoever is born in these trigons shares in their aerial or fiery nature and reveals a corresponding disposition and destiny. From this evolved the physiological type-theory of antiquity, according to which the four dispositions—the phlegmatic, sanguine, choleric and melancholic—correspond to the four humours of the body. This classification lasted nearly seventeen centuries.

The indebtedness of Greece both to Egyptian and Babylonian ideas has been increasingly recognized by recent scholars.[56] Among them, as elsewhere, magic was practised by the common people ; while in literature the theoretical description of magic begins with Homer and continues with increasing volume and particularity until the very latest times. But the most characteristic feature of Greek magic was the prevalence of the indirect method and its influence on the development of the art. Belief in demons was universal, even Plato following the general current of opinion in this respect.[180] Diseases were caused each by its special demon, while panic was the work of Pan. The purpose of magic was to act upon or use supernatural powers either as energizing spirits or as auxiliaries.

The magician had to observe certain rules which, to a large extent, were suggested by the nature of the powers with which he had to deal. He, or the person in whose interest the charm was being performed, or both, must be in such a condition that contact with the spirits evoked would be without danger. Regulations varied, but among them the most common, some of which persisted into the Christian era, were *Hageia* (purity), ablutions at stated intervals, anointing with oil, avoidance of certain foods (especially fish), fasting and temporary chastity. More rigorous and more numerous were the conditions attending the performance of the rite itself, and most important was the observance of nudity or its ceremonial equivalent. The costume must be flowing, *i.e.* without knots or fastenings of any kind, or it must be coarse, or of linen, and in the last case either white or white with purple streamers. (Colours had ceremonial significance.) Having gone through the preliminary purifications and donned the appropriate raiment, the operator must then consider what attitude

he must assume. This was vital. In most cases there were gestures which could not be omitted. Equally important was the magician's own state of mind. He must have faith, he must put all his soul into the accomplishment of the rite. The time at which the rite should be performed was also important and was largely determined by the habits and associations of the god to be addressed, being an immediate deduction from the law of sympathy. For magic in general, but especially for that connected with Selene-Hecate, the goddess *par excellence*, sunset and the few minutes just before sunrise were very favourable; so, too, was any phase of the moon; but, above all, the new and full moon. The stars and planets assumed importance only after astrology had given greater precision to ideas about the kind of influence they wielded. As a matter of course, night was a better time than day. To use an analogy from electrical engineering, the magician must construct the proper machinery and establish the proper connection; then, before turning on the power, he must see to it that the power is really there. To facilitate the action of magic power a certain number of instruments were used: the magic wand, the divining rod, keys in their symbolic use, cymbals, threads of different colours, and various other apparatus.

Sometimes the ceremonial proper needed the assistance of some rite whose object was to put the person interested in a condition to receive the benefit of the action desired. A case in point is the ceremony of incubation. This had its origin in the belief that demons endeavoured to have intercourse with human beings, a belief which is held even to-day in 'spiritualistic circles'. The purpose of incubation was to place the person in surroundings favourable to the desired vision. This rite became very popular in the Asklepian

temples, chief of which was that in Epidaurus. Here the sufferers came in crowds from the most distant parts after long and arduous travel. On arrival, hoping to predispose the god in their favour, they laid valuable offerings at the entrance to the temple and plunged into the cleansing waters of the fountain. After these preliminaries they were admitted to the porch and had to pass one or more nights there. Not until after this period of probation, spent in public prayers and in listening to eloquent exhortations, was the sick man at length allowed access to the interior of the temple. Passing inside he would see two large stelæ, upon which were inscribed records of various cures, set up in the porticoes. There he would also see the magnificent statue of Asklepios made of ivory and gold. The god was represented as sitting, holding a staff in one hand, while the other hand rested on a serpent's head — emblem of sagacity and longevity — and a dog crouched at his feet. Here the sufferer would offer his prayers, beseeching the Saviour God to heal him. He would take part, too, in public praise and worship until, finally, in a state of excitation and expectation, he would go to sleep on the skin of an animal he had sacrificed, or on a skin with which he had been provided for the purpose. Then would the son of Apollo appear to him in a vision, attending to his particular ailment, and would either demand further sacrifices or effect a cure.

No doubt a dream suggesting a cure would be effective in bringing one about. Similarly, suggestion by the priest while the suppliant was in a relaxed condition would be very beneficial. Such psychological factors, which are now recognized and consciously manipulated, would then have been equally as valuable, though not so scientifically applied. 'We have proof', says the sober critic Galen, 'at the temple of Asklepios

that many serious illnesses can be cured solely by the shock administered to the mind.' [115] (p. 49).

The two stelae mentioned above have been published in translations. The first contains accounts of twenty cures and the second of twenty-four. Some of the stories are absurd, while others could easily be explained to-day. Examples of the first type are 'a restoration of an atrophied eyeball; or of a lost head of hair; or the cure of dropsy by cutting off the head, holding up the patient by the heels that the fluid might run out, and the fixing of the head again!' Space will not permit to relate many stories of the other type and two will suffice: one is of a dumb boy. 'When he had performed the preliminary sacrifices and fulfilled the usual rites, the temple priest who bore the sacrificial fire turned to the boy's father and said, "Do you promise to pay within a year the fees for the cure, if you obtain that for which you have come?" Suddenly the boy answered, "I do". His father was greatly astonished at this, and told his son to speak again. The boy repeated the words, and so was cured. The other story is that of a lame man who came to Epidaurus on a litter. In his sleep he saw a vision of the god ordering him to climb a ladder up to the roof of the temple. At day-break he departed healed.

Shrines of Asklepios were numbered by the hundred in the time of Alexander the Great. His worship was introduced to Rome in 293 B.C. and he was endowed with a temple on the bank of the Tiber. Temples similar to the one at Epidaurus existed at several other places, including Athens and Cos. That at Cos was rich in votive offerings, which generally represented the parts of the body healed, and an account of the method of cure adopted. From this sacerdotal source a rich accumulation of experience must have reached the early

doctors of the medical school of Cos, who were themselves priests of Asklepios but appear to have broken down the barriers of secrecy and exclusiveness that hemmed in the older temple. This school is famous in history as being the first scientific institution from which complete treatises have come down to us. From it we have a collection put together at a later date into a corpus known as the Hippocratic Collection, but certainly consisting mainly of the work of members of the school. The school was founded about 600 B.C., and the earliest extant work was composed about 500 B.C.

The great man, Hippocrates, after whom the school came to be called, was born about 470 B.C. and lived to a great age, dying perhaps as late as 370 B.C. Three or four treatises were possibly the work of Hippocrates himself; all were contemporary with him and embody his teaching. They are of supreme importance in the history of scientific thought.

With the Hippocratic school of medicine we enter the domain of science in the fullest sense. Of positive science we must not indeed expect very much. It is recognized that the fund of medical knowledge can only grow slowly with the passage of the generations, and a tradition is established of teaching the results of experience.

Among the most notable treatises one is called *On the Sacred Disease.* Here we find a formal and explicit denial of the supernatural view of the nature of disease. The sacred disease was epilepsy, then generally regarded as a divine visitation. 'It seems to me', says the writer, 'that the disease is no more divine than any other. It has a natural cause, just as other diseases have. Men think it divine only because they do not understand it. But if they called everything divine which they do not understand, why there would be no end of divine things.'

Thus by a combination of gentle irony and sound argument is superstition banished from the realm of medicine. Diseases are the result not of one or two but of a large variety of causes, and 'we must surely consider the cause of each complaint to be those things the presence of which necessarily produce a complaint of a specific kind, and in the absence of which it ceases to exist'.

We find this growing body of knowledge defended both against superstition and against the encroachments of the philosophers who come with their ready-made views of the nature of man derived from cosmological speculation and attempt to base the practice of medicine upon them. Thus medicine became distinctly observational and experimental. It should also be noted that the Hippocratic doctors held an exalted ethical ideal of their profession as a disinterested service of humanity. These various ideas found expression in aphorisms current in their school. Emphasizing the truth that science is a slow growth demanding the co-operation of successive generations, they said, 'Art is long, life is short'. And feeling the sacredness of the office they were called upon to fulfil they said: 'Where the love of mankind is, there is the love of the art'.[97]

About 380 B.C. Plato, in the *Republic*, besides anticipating the psychoanalytical discussion of dreams, advocated the segregation and more common-sense treatment of the insane. He also understood the influence of the mind and emotions upon physical health. This is clearly shown by his narrative of Socrates' dissertation on the cure of headache. In the course of this recital Plato says:

'Charmides had been complaining of a headache, and Critias had asked Socrates to make believe that he could cure him of it. Socrates said that he had a charm which he had learnt when serving with the army, of one

of the physicians of the Thracian king, Zamolxis. This physician had told Socrates that the cure of a part should not be attempted without the treatment of the whole, and also that no attempt should be made to cure the body without the soul, and therefore, if the head and body are to be well, you must begin by curing the mind: that is the first thing. And he who taught me the cure and the charm added a special direction: "Let no one persuade you to cure the head until he has given you his soul to be cured. For this", he added, "is the great error of our day in the treatment of the human body, that physicians separate the soul from the body." '[179]

Indeed, Plato anticipated modern psychotherapy with 'I apprehend that if the Greek physicians can cure the body, they do it through the mind', and 'The office of the physician extends equally to the purification of mind and body: to neglect the one is to expose the other to evident peril. It is not only the body that by its sound constitution strengthens the soul, but the well-regulated soul by its authoritative power maintains the body in perfect health.'

The Romans shared the beliefs held by other parts of the ancient world, but their own contribution was small. Various healing cults were imported into Italy, including those of Isis-Serapis, of Asklepios and the Alexandrian Serapium. Incubation was practised in a temple on Tibur Island, which is shaped like a fish. It is now the site of a Christian Church under the patronage of San Bartolomeo. The site was supposed to have been chosen by the god himself. Exorcism remained the prerogative of orientals, and in Josephus[127] we have an account of a performance by a Jew named Eleasar in the presence of the Emperor Vespasian. Chaldean astrologers, magicians from Egypt, begging priests of Isis, all jostled each other in the struggle for existence

in the metropolis. For sprains and dislocation of the joints the magic of the jingle, 'Huat, hanat, ista pista domiabo, damnaustra', was the accepted cure. There were temples to Dea Febris and Dea Salus which were the scenes of frantic activity in time of plague. They developed a sound system of jurisprudence but their doctors were usually despised Greek slaves, and when Cicero fell sick of the colic no man could cure him.

When we come to the Jewish outlook we find it somewhat different from the Greek. There was little learning, and nothing similar to the Greek impulse to scientific investigation. Their distinctive heritage was a keen psycho-religious awareness which, at its best, broke down the tendency to superstition. Their practical application of the Egyptian conception of monotheism is very remarkable. . . . Yahweh was their only god, and he was omnipotent. Life and death were in his hands. Sickness also was due to his will. Although it was not his nature to inflict suffering, yet he was like a 'father who chasteneth his children' for their disobedience. He would smite him who violated his commands (Deut. xxviii, 28), with madness, and blindness (*i.e.* not having the faculty of discernment) and astonishment of heart (*i.e.* that state of the soul in which all its motions are suspended with some degree of horror — that is to say, with mania, dementia and stupor). The same phrasing is made use of in Zech. vii, 4. This relation between sin and suffering, as a predominant belief, can be traced from early times down through the later literature (*e.g.* Exod. xv, 16; Ps. vi, 32, 38; Eccles. xxxviii, etc.). The same belief is also found in the literature of Rabbinic Judaism. Thus R. Jonathan said: 'Disease [*nagim*] came for seven sins: for slander, shedding blood, false oaths, unchastity, arrogance, robbery and envy'.

When sin was recognized as the root of suffering there was no need for complaints. The need was to find out the specific sin, change the attitude, confess to Yahweh and ask for His forgiveness. When this was granted, there followed the cure. This was also required from the community when there was pestilence or plague, since the calamity was due to the sin of the community. On the other hand, there are some indications in the Old Testament that this belief was not universally accepted. In the Book of Job, for example, the contrary is emphasized. Disease is ascribed to an inscrutable reason in God's providence. So also we find this view echoed in the Rabbinical writings. So great an authority as R. Meir disputed the theory of the connection between sin and suffering and held that Yahweh's dealing with men was believed to be unfathomable mystery.

When this is the case the patient's faithfulness to Yahweh may ensure a cure.

Whether the blindness mentioned above is intended metaphorically or literally is of slight importance. Madness, blindness and ' astonishment of heart ' from which patients are suffering as a consequence of indulgence in certain sins are familiar symptoms in mental hospitals to-day, and that warnings of them are given to the Hebrews is a sign of long and practical observation of the facts. That such difficulties are the direct result of moral attitudes has also been scientifically proved. It was a remarkable achievement when they ceased to be regarded as the results of devil possession. Satan became an article of religious belief among the Jews in the Persian period (538 to 333 B.C.), which dates from the ascendancy of Cyrus. His earliest appearance in the Old Testament, not as the principle of evil, but as a personal spiritual being with a proper title, is in the

Prologue to the Book of Job, written possibly in the fifth century before Christ. There, Satan appears as one of the sons of God (Elohim) — a disconcerting son, it is true, but nevertheless loyal.

Satan's next appearance is in the Book of Chronicles (written in the post-Exilic period probably in the fourth century B.C.). The Chronicler writes:

'And Satan stood up against Israel, and moved David to number Israel' (I Chron. xxi, 1). For this incident of the numbering of Israel by David the Chronicler is indebted to the Book of Samuel, written several centuries earlier. The parallel passage in 2 Sam. xxiv, 1, runs as follows: 'And again the anger of the Lord was kindled against Israel, and he moved David against them, saying, Go, number Israel and Judah'. It will be observed that in this older narrative Jehovah Himself is the tempter of David, just as He was of Abraham. And this was the primitive belief of Israel; but in the interval between the writing of Samuel and the writing of Chronicles a new belief had sprung up, that Satan, not Yahweh, was the tempter, at first, as in Job, in subordination to Divine permission, but later as an independent agent.

It seems probable that the Jews derived this belief from the dualism of Persian religion. Zoroaster had taught the existence of two principles, good and evil, or light and darkness, embodied in two personal beings, Ormuzd and Ahriman. Ahriman, the God of Evil and Darkness in eternal conflict with the God of Light and Goodness, became the figure of Satan in later Judaism.

Belief in spirits was common enough among the Jews, but they were not invoked for purposes of healing. Witches and wizards were consulted in connection with necromancy and, in opposition to this practice, warnings were frequently given by the *nabiim* and *kahinim*

(prophets and priests). Saul, the first king, found it advisable to issue a decree expelling witches and wizards from the country, but unfortunately he himself became one of the most flagrant law breakers. Under disguise he consulted a witch at En Dor. Later, the belief in spirits became more prevalent, largely, no doubt, because of the influence of Apocalyptic literature (cf. Enoch xv). At the time of Christianity's advent the belief in demons was fairly widely spread and, according to Josephus, to their machinations were ascribed leprosy, rabies, asthma, cardiac diseases and, what were a particular speciality of demons, nervous diseases, of which epilepsy was the favourite. But it is a most striking and important fact that the Talmud seems to diverge from this conception. Nor is there any suggestion of disease being due to 'possession by devils', and to this mental disorders are no exception. Whenever insanity or epilepsy are mentioned they are spoken of as ordinary diseases, no different in kind from any other, from which, under correct treatment, recovery is possible. In fact, epilepsy is referred to as an hereditary disease, and marriage into an epileptic family was discouraged. Epileptic dementia is recognized under the name *Sheteh*, and those suffering from it were classed with mental defectives, and were therefore regarded as not being legally responsible for their actions, and not liable to punishment for law-breaking.[209]

The only kind of magic healing which is traceable was the whispering of a verse as a charm to heal wounds. An example of this is the following: 'If thou wilt diligently hearken to the voice of the Lord thy God, and wilt do that which is right in His eyes, and wilt give ear to His commandments and keep His statutes, I will put none of the diseases upon thee which I have

put upon the Egyptians, for I am the Lord that healeth thee' (Exod. xv, 20). Whispering soothes the patient, induces relaxation, and thus puts him into a suggestible condition. Although the priests had to include among their other duties those of health officer, there was a special class of physicians. The famous panegyric upon them in Ecclesiasticus (xxxviii, 1-15) is very remarkable. It is an injunction to honour the physician not only because of his utilitarian value, but because he was made by God, and with him the drugs he used. Healing came from God and therefore the skill of the doctor was His gift. In time of sickness the patient was told to pray to Yahweh and call in the physician. The last verse, 'He that sinneth before his Maker, let him fall into the hands of the physician', is usually interpreted as a satire; it is typically Greek and is the work of the Greek translator. In the Hebrew the thought is entirely in harmony with the rest of the passage. It might well be translated, 'He that sinneth against God will be rude to his physician'.

In addition to their special insight, the prophets had the gift of healing. Isaiah, for instance, ordered a remedy for King Hezekiah when he was suffering from a boil. A plaster of figs was to be applied to the place (Isa. xxxviii, 21). Again, Elisha cured Naaman of leprosy by telling him to wash seven times in the River Jordan (2 Kings v, 1-27). It is interesting to note that the water of the Jordan was not supposed to contain any healing value.

The Hebrew term for magic is *kishef* which, like many ancient technical expressions, is of obscure origin, and though many attempts have been made to elucidate its primitive meaning, not one has proved satisfactory. Cognate languages provided us with a clue, however. In Arabic, *Keshef* may mean divination and the

Babylonian *Reshef* may denote the incantation of an enchantment.

Among the Jews, the chief concern in dealing with disease was to prevent a recurrence of the trouble. So, when anyone was sick they asked about the sin which was the cause of the illness. Their medicine was mainly prophylactic ; their magic was holy living.

CHAPTER III

CHRISTOTHERAPY

Synopsis of Chapter III

PART 1. *The tradition that Jesus was a healer who did not use medicine or drugs is represented in the authentic healing stories in the Gospels. The simple use of the term miracle has been misunderstood. It has only a subordinate place in Jesus' Messianic Mission.*

The healing narratives are of two kinds: general and particular. The latter, studied critically and in the light of modern psychotherapy, give an insight into Jesus' therapeutic activities. His method was precise and direct, owing to His power of discrimination and He did not regard disease as necessarily the result of sin, but He relieved the patient of the sense of sin, e.g. *the paralytic. Probably He did not share the common belief about demon possession. He was sure of His treatment. Faith was essential although He never mentioned the word until the cure was completed. He also resolved the 'transference' between Himself and the patient, encouraging self-dependence.*

PART 2. *A synoptic view of the life of Jesus is inevitable. He was essentially interested in the relationship between God and man. In His treatment of sin He was both tolerant and stern: never morbid. To Him man's wholeness rather than his illness reveals the glory of God and diseases are cast out by the 'Finger of God', an Egyptian symbolic expression.*

Jesus' unique personality is considered by projection into a contemporary's point of view and as estimated by modern thinkers as well as by Himself. A conception which commends itself as well to emancipated psychologists as to liberal theologians is Cyril of Alexandria's henosis *doctrine — a true Gestalt!*

Theologians conceive of Jesus as the revealer of God. He Himself revealed to the world what man in the fulness of his power can become.

CHAPTER III

Christotherapy

PART I

How strongly entrenched in early times was the belief in Jesus as a healer can be seen in a letter said to have been written by Abgarus, King of Edessa, about the middle of the third century, in which these words appear : ' I have heard of Thee and of Thy healings, which Thou performest without medicine or drugs. For, as is reported, Thou makest the blind to see, the lame to walk, and the lepers to be clean ; Thou drivest out unclean spirits and demons, and healest those who were tormented by long-standing sicknesses, and Thou awakenest the dead.' [111] This witness rests on the same foundations as do the healing stories in the four Gospels — the firmly established tradition of the healing activity of Jesus. Yet, in their present form, the Gospels seem a strange medley of fact and fiction, of harmony and contradiction, of eternal truth and contemporary Jewish mythology and superstition. But to admit the presence of myth and legend, of error and exaggeration, in a body of ancient literature, is not to deprive them of historical value and reliability. The tendency of the ignorant and impatient, as of clever but ill-balanced people, is to rush to extremes. After spending infinite labour in scrutinizing and analysing these documents, modern critics have revealed certain facts which have utterly discredited the views of extremist interpreters ; and it is in the light of these discoveries that we shall pursue our studies here.

There is now general agreement that practically all those parts of the Gospels which immediately affect our knowledge of Jesus were written within the period when His life and words were a living memory. A valuable estimate of the value of the Gospels is given by Dr. Major,[144] who says: 'It must not be understood . . . that every portion of the Gospels is historical; that there are no mythical accretions; that there are no misrepresentations or misunderstandings or even exaggerations and inventions on the part of the Evangelists. What we desire to suggest is, that although in large measure dependent upon oral traditions, and although directed to an apologetic end, yet the Gospels are seen, as the result of critical study, to contain large historical elements.' They are undoubtedly superior to the documents from which we gain our knowledge of Buddha, for example.

We may well believe that the writers of the Gospels were honest and truth-loving men, but they were not scientific historians, nor did they make any pretension to be such. Whether any of them were eye-witnesses of what they describe is doubtful; but they very obviously tell the same story; each in accordance with his particular point of view and each adopting the approach dictated by his own training and mentality. Thus, although we do not possess a systematic, detailed biography of Jesus, we have a peculiarly vivid record of the response His life evoked in the minds of His early followers after some years of reflection upon their experience of Him.

The Fourth Gospel is unique and the problems connected with it are still far from solution. The growing consensus of critical opinion is that it contains sound historical traditions and, in some respects, even corrects the other three Gospels but that, taken as a whole, it is

to be viewed not as history but as an interpretation of history. 'Having observed', says Clement of Alexandria, 'that the bodily things had been exhibited in the other Gospels, John, inspired by the Spirit, produced a spiritual Gospel.' This indicates what is now generally admitted, that the Fourth Gospel was written later than the other three and that the author was probably acquainted with them. 'The bodily things' are the historical facts recorded by the first three Evangelists; the fourth draws from these their divine and eternal significance.

As it is with the facts that we are primarily concerned we ourselves must turn to the Synoptics. Of these it is generally agreed that Mark is the earliest. Both Matthew and Luke are believed to have made use of Mark's Gospel and to have included in their work almost the whole of his material. They follow his outline, and when they desert the order of his narrative they disagree with each other.

Matthew and Luke also make use of another literary source consisting mainly, if not entirely, of collections of the sayings ascribed to Jesus. This document has been named '*Quelle*', the German word meaning 'source' or 'spring', and is usually referred to as 'Q'. It is independent of Mark but was composed about the same time. With this and other sources, however, we shall not be concerned.

In spite of the apologetic tendencies traceable in the selection of material and in certain instances of interpretation, Mark's Gospel will be found on examination to provide generally reliable guide to an understanding of the life of Jesus, and especially of His therapeutic activities. It will be noticed that a large portion of this Gospel consists of small paragraphs (most of which were later incorporated into Matthew and Luke) relating to

actions and words of Jesus. These are the beads; the thread upon which they are strung is the chronological sequence of the incidents. Each saying or event is placed in its geographical context and the narrative is enriched by descriptive phrases such as: 'on the road'; 'in the boat'; 'in the house'; 'on the beach'; 'in the synagogue'.

The Source Critics regard the Marcan narrative as of supreme value for determining order of events and the development of methods used in the ministry of Jesus. This does not mean that Mark's Gospel, although according to a universal primitive Christian tradition it contains the memoirs of Peter taken down by Mark, is perfectly accurate. It may in many places be affected by lapses of Peter's memory; Mark's misunderstandings; bad reporting; and omissions and additions. It is fairly certain, however, that Mark's Gospel does contain a body of Petrine reminiscences, and the defects in the work as a whole which have just been mentioned can be seen in their right perspective when it is pointed out that, with the possible exception of two passages, it is a literary unity, distinguished throughout by characteristic features. The constant recurrence of such phrases as 'again', and 'and immediately'; the use of the imperfect tense to express repeated and continuous action; and the use of the present tense to describe past events, besides giving dramatic effect and movement to the narrative, prove the Gospel to be a straightforward piece of work by one man. Another point to be noted is that it seems to cover only one year of the life of Jesus.

In the Gospel records of healing the word 'miracle' is often used in connection with occurrences contrary to the known laws of nature, but it would be a mistake to confuse its meaning for the Evangelists, writing in a

pre-scientific age, with the connotation it has been given in more recent times. These events are spoken of in the Gospels as 'powers' (*dynameis*), 'wonders' (*terata*), 'mighty works' (*dynata erga*), and 'signs' (*semeia*). The term is also used to denote what are known as the Nature miracles, *e.g.* the stilling of the tempest, which do not enter into our discussion. They aroused wonder in those who witnessed them; they appeared to be special manifestations of the Divine action and presence; they were cited by primitive Christians as testimonies to the Messiahship of Jesus; men came to believe in Jesus on account of them. Conceived as of breaches of natural law, the miracles have been deprecated by some modern writers, obliged to recognize that they absorbed a large part of Jesus' time and energies. They would have us suppose that He was concerned only with man's moral, and not with his bodily decrepitude. Middleton Murry [161] says that Jesus healed diseases, but against His will. The cures were extorted from him by a sadness impossible to be borne. Warschauer [236] in a work which proposes to be a 'scientific' biography, denies any outstanding religious significance to Christ's healing ministry. 'For any true estimate of His personality,' he writes, 'His acts of healing, however tenderly inspired, are of secondary importance.' Renan [190] thinks that Christ's healing ministry was forced upon Him by His materialistic and miracle-loving contemporaries against His better judgment and would not have Him judged too harshly.

To one brought up in a different religious *milieu* it is disappointing to notice that this is the generally adopted attitude of the Western, and especially of the Protestant, Churches. In my own Church, the Coptic, for instance, there is quite a different emphasis. About three Sundays in the month the lesson consists of

passages from the Gospels which deal with miracles. The rationalistic attempt to explain away the miracles is unnecessary and even unjust. A better method of approach is that of sympathetic investigation. Dr. Inge [107] in his *Confessio Fidei* says: 'The question of miracles seems to be a part of the question as to the power of mind over matter, on which the last word has certainly not been said. It is a scientific and not a religious question, and it has no bearing on the Divinity of Christ.' While it is true that the miraculous element in the ministry of Jesus has no significance for Christology as such, and that the fundamental question involved is that of the body-mind relationship, it must not be forgotten that Jesus is the ever-living eye-opener to the true religion which does not seclude itself from any branch of genuine culture.

The attitude of Jesus Himself was different from that of His contemporaries. In our Gospel sources He condemns the kind of faith in Him which rests on His performance of miracles. He declares that it is an evil and adulterous generation which seeks after a sign; that it is, in fact, only a generation unfaithful to God which demands signs and wonders as the basis of its religious faith. He pointed to the Ninevites who were won to God, not by the miracles of Jonah, for he wrought none, but by his prophetic preaching. He held up as an example the Queen of Sheba who was not converted by the '*dynamis*' of Solomon but by his wisdom. Then, bringing His discourse to its climax, He declared that in Him His generation possessed One Who was greater than either Solomon or Jonah, and drove home his attack on the miracle-mongers with the statement that if mankind would not hear Moses and the prophets they would not be persuaded even if one rose from the dead. It is true that in the Fourth Gospel and in the longer

reading of Mark (xvi, 9 to end) Jesus is made to claim that miracles are signs of His Messianic authority; but this reflects the beliefs of the primitive Christian Church, not of the Miracle-Worker Himself. Actually, Jesus stood far above His contemporaries in this matter; and, indeed, above His disciples in every succeeding age, even including many twentieth-century Christians. He did not regard faith in miracles as constituting an essential basis for the moral and religious life.

Many of the acts of healing related in the Gospels are undoubtedly historical. Although the Messianic mission of Jesus consisted primarily in the proclamation of His Gospel of the Kingdom, the ministry of healing did secure a subordinate place in it; subordinate, that is, in the mind and will of Jesus, but very often supreme in the estimation of the multitudes of sick and diseased who flocked to Him. These miracles were said to be achieved by faith and to-day we are able to regard this explanation as credible.

The healing narratives are of two kinds. Sometimes it is merely stated in general terms that Jesus healed all the sick that were brought to Him from a whole region; that He healed 'all manner of sickness and all manner of disease among the people'; or 'all sick persons that were taken with divers diseases and torments'; or that 'great multitudes followed Him and He healed them there'. Such statements show both the strength of the tradition that Jesus was a great and popular healer and also the Evangelists' lack of detailed knowledge. But nothing can be inferred about the methods used by Jesus or the nature of the diseases He treated from such vague statements. In the second class, however, the circumstances are described with greater precision. True, there are no detailed clinical records with diagnosis and subsequent history; but the accounts which are given

bear the marks of being something more than fiction. Moreover, textual criticism has shown that the Gospels are drawn from a large number of different oral and literary sources which vary greatly in historical value, and it is therefore possible to reject as imaginary all the miracle stories belonging to one source without impugning the accuracy of those taken from the others. Generally speaking, the earlier the source the more reliable it is likely to be; but this is not invariably so, for other factors have to be taken into consideration. The kind of questions which immediately spring to the mind are whether the observers and narrators were intelligent and unprejudiced; whether they were primarily concerned with the reporting of history or with the advocacy of a cause; and whether, if this were so, the truthfulness of the story would be adversely affected. Such problems can only be solved as we discuss the individual narratives.

It is worth while observing at this point that Mark's Gospel contains more healing stories in proportion to its size than any other, there being thirteen in the first ten chapters. There are twice as many as this in the four Gospels together but of these twelve lack the authority of Mark and Q and these we shall ignore. The few which occur in John's Gospel are generally taken to be allegorical. When the first and third Evangelists omit stories found in Mark they do not agree in omitting the same ones, the result being that almost all the stories found in Mark occur also in one or other of the remaining Synoptics. Matthew and Luke do not, except in one or two instances, unite in differing from the Marcan order; and when the three are not in harmony with each other we find the same sequence in Matthew and Mark or in Luke and Mark. Further, there is usually a close resemblance in style, form and

phraseology between Mark and each of the other two Synoptics while sometimes the accounts are almost identical. It seems, then, that either all three Synoptists made use of the same strands of oral tradition or that Matthew and Luke copied from Mark. The latter is the more likely hypothesis and, if it does not lend support to the belief that Mark was written at Peter's dictation, it at least shows beyond any doubt that Mark's Gospel was accepted as true by the first generation of Christians, and it is safe to conclude that everything of historical value is to be found in it.

Scholars are fairly unanimous in their acceptance of the views outlined above, but Crum [42] thinks that our analysis of the Synoptic problem can be carried one stage further. He says: 'As the recognition of the priority of St. Mark has made it possible to measure the change of thought which has taken place between the writing of St. Mark's Gospel and the copying of it by St. Matthew and St. Luke, so it is possible to distinguish in St. Mark itself two "strata", between the formation of which there has taken place a change in the Church's mind and language.' The phenomena to be accounted for are the existence, side by side, of incompatible elements. Cheek by jowl are to be found two stories, of which one is about incidents and sayings such as Simon Peter might tell in Rome and Mark record — homely, vivid, frank, giving such reminiscences as would convey an impression of what Jesus of Nazareth had said and been to His first disciples: while the other is in a different vocabulary, implies a different Christology, is metaphorical or allegorical, setting out the mystical implications and divine significance of the bare facts of the Lord's personality and activities. Crum believes that the two strata can be distinguished and that the places where one work interrupts the other can,

within limits, be determined; and that the reader has before him what he calls a Mark II, who tells, in a spirit of mysticism, a Gospel story current in the Roman Church of the time of Nero, within and behind which and separable from it a Mark I, going back to the scenes at the Capernaum, the Galilee and the Jerusalem of thirty-five years before. Crum invites his fellow-servants in the House of Truth to make open-minded trial of his conjecture and it will, indeed, have to be submitted to a multitude of trials and tests before they will accord it the respect due to an overlord. Actually it differs little from its forerunner the Ur-Marcus theory which was treated to so drastic a criticism by the late Streeter. Crum's version of Mark I is so short and sketchy that it would almost seem that there could have been no need to write it at that time. As it stands, St. Mark's Gospel does undoubtedly include unoriginal material and it is also certain that it contains interpretations and additions: but it hardly seems necessary to attribute these to a Mark II though the conception will prove useful at a later stage. Moreover, there are incidents and sayings in Crum's Mark II which could easily be attributed to Mark I. It must be recognized, however, that the controversies between Biblical critics about the words and deeds of Jesus have not yet been finally settled; and we shall meet with some of these as we proceed in our studies. We shall therefore deal with the miracle stories in the context in which they are placed by Mark and in the order he has assigned to them, judging each on its own merit, always bearing in mind that they had been preserved in oral tradition for a quarter of a century before they were put into final written form.

An Epileptic in the Synagogue (Mark i, 23-28).—Jesus was in Capernaum and on the Sabbath day he

taught in the synagogue, the people marvelling at the impression of authority he gave. Among those present was an epileptic man who exhibited the excitement characteristic of his complaint, and this was accompanied by a religious hallucination often found in a certain type of epileptic. This hallucination is represented in the narrative as declaring in words the divinity of Christ, a statement which, as it is so obviously of later date, is assigned by Crum to Mark II. Possibly in order to avoid disturbance among the congregation Jesus rebuked the man by bidding him to ' be muzzled ', and to this Mark adds a saying, ' and come out of him '. It may be hazarded that the atmosphere was deficient in oxygen as this circumstance is often responsible for seizures of this kind. The man passed through a convulsion, cried with a loud voice and then became normal, a process which is interpreted as being brought about by the departure of the evil spirit. (Luke, the physician, adds in his account, ' having done him no harm ', iv, 35.) The people, who had just been impressed by Jesus' air of authority, were even more affected by what had happened and exclaimed: ' What is this! A new teaching! With *exousia* he commands even the unclean spirits! ' Exousia is at times translated by ' full authority '. But that is too limited a meaning. Exousìa is a late Greek word, which Delitzsch reproduces by *geburah*, mighty power. Thus preaching and power over the demons are regarded here as on the same level of supernatural charismatic power. (Cf. also *Whence the wisdom and the dynamis?* Matt. xiii, 54.) The affair was talked about all over the district.

This story does not appear in the Gospel according to Matthew. If it were included in Matthew's copy of Mark's Gospel, he may have discarded it because of the difficulty of making a selection from the mass of

material before him and because of the necessity of compressing it into a small enough space to be written on one papyrus roll; or it may have been that he had a similar story elsewhere. On the other hand, he may have wished to avoid the demoniac's testimony to the Messiahship of Jesus. The writer of the first Gospel, a serious student of Judaism and the Talmud, as mentioned in the previous chapter states quite definitely that epilepsy is not due to 'demon possession'. Matthew was well aware of this and in xvii, 14-20, where he recapitulates the Marcan story of the lad who was 'possessed by a dumb spirit', he quite clearly speaks of the boy as an epileptic. The author of the Fourth Gospel also refrains from mentioning this incident. Thought by some critics to have been a Palestinian Jew, he shows in his Gospel a profound knowledge of Hebrew literature, and does not appear to share the belief in 'demon possession', never referring to any such case. Mark was obviously no scholar; he even stumbles in his Old Testament quotations. Moreover, he wrote what Peter told him and Peter was neither scholar nor critic; but would almost certainly have accepted the popular ideas of his time. On the other hand, he may not have dictated this passage to Mark as it is clear from the narrative that he was not with Jesus in the synagogue, a fact which lends support to Crum's theory. Luke, being a physician, would be expected to have given a more accurate interpretation, but it is evident that he did not belong to the Hippocratic school. It is traditional that Luke was of Gentile birth and this, if true, would account for his ignorance of the Talmudic teaching.

There is another feature of this case which is of importance. After the coma the epileptic usually complains of fatigue but his psychic state seems to be better

than it was before ; he is much less morose and irritable and is often surprisingly affable and cheerful. As a rule the attacks are isolated and between times the patient is able to live a fairly normal life. Many epileptics exhibit no signs of abnormality between seizures. If, then, what happened in the synagogue is to be regarded as a cure, the question inevitably arises whether it was a permanent one. This is not answered in the narrative. Ten years ago I saw a young man in an epileptic fit in a church in Upper Egypt during the long Good Friday service. For about five minutes he was convulsed and kept on yelling but then regained normality and remained in attendance until the end of the service. The fit recurred periodically for many years afterwards. In this instance, of course, there was no question of healing.

Hitherto we have only been dealing with the manifest content of the story and this may seem to lead to the conclusion reached by Crum ; that this and similar cases such as the Gerasene maniac and the epileptic lad which will be discussed later, had an apologetic purpose, namely, to demonstrate that Jesus was the Son of God by showing that the very fiends themselves recognized Him as such. Another problem is raised by the difficulty of curing epilepsy even with the resources of modern scientific medicine. As regards Crum's argument, it may be pointed out that the very fact that the miracle was recorded at all so many years after it is alleged to have occurred is an indication that there was a cure and that it was known to have been a permanent one. This consideration partially outweighs the absence of a clinical record of the case's subsequent history ; and our contention is strengthened by the following case described by Pierre Janet.[114]

Achille is a French peasant of bad family history, his mother, in particular, and her family having been

given to drunkenness. He himself in his youth was feeble, delicate and timid, but not markedly abnormal. He married at twenty-two, and all went well until one day in his thirty-third year, after returning home from a short absence, he became extremely taciturn and later completely dumb. He was examined by various physicians, who successively diagnosed his ailment, one as diabetes, another as angina pectoris. Achille's voice now returned, he manifested symptoms appropriate in turn to either malady, and incessantly bewailed his sufferings. In the final stage, he fell into a complete lethargy, and remained motionless for two days. At the end of that period he awoke and burst into a fit of Satanic laughter, which presently changed into frightful shrieks and complaints that he was tortured by demons. This state lasted for many weeks. He would pour forth blasphemies and obscenities; and immediately afterwards lament and shudder at the terrible words which the demon had uttered through his mouth. He drank laudanum and other poisons, but did not die; he even tied his feet together, and threw himself into the water, ultimately coming safe to land. In each case he ascribed his deliverance to the fact that his body was doomed to be for ever the abode of the damned. He would describe the evil spirits which tormented him, their diabolic grimaces, and the horns which adorned their heads. Ultimately he came under Professor Janet's charge, and the latter satisfied himself that the unhappy man had all the signs of genuine possession as described by mediaeval chroniclers; that his blasphemies were involuntary, and many of his actions unconsciously performed. Janet even made the devil write at his bidding—in French not too correctly spelt—poor Achille the while knowing nothing of the matter; and further established the fact that during the convulsive move-

ments of the upper part of his body Achille's arms were insensible to pricking and pinching — an old-time proof of demoniacal possession. In the end this modern exorcist persuaded the devil, as a proof of his power over the unhappy man, to send Achille to sleep ; and in that suggested sleep Janet interrogated the demoniac, and learnt the secret of his malady. He had been acting out for all these months the course of a most unhappy dream. During the short absence which preceded his attack he had been unfaithful to his wife. Possessed with a morbid terror of betraying his fault, he had become dumb. The physicians who had been called in had unwittingly suggested, by their questions, the symptoms of one or two fatal maladies, and his morbid dream-self had promptly seized upon the hints and realized them with surprising fidelity. In the slow development of his uneasy dream the time came for the man to die ; and after death there remained for such a sinner as he nothing but damnation. The lesser devils stuck nails into the flesh, and Satan himself, squeezing through the holes so made, entered on an ambiguous co-tenancy of the returned body.

It is pleasant to record that Janet was able to dispel the evil dream and restore the sufferer to his right mind. He quotes this case of dissociation to illustrate what he called the ' subconscious system '.

The symptoms of the two cases are obviously alike. We are not told in how many sittings Janet's cure was effected but it would seem that once the correct diagnosis had been made it was rapid. We must not ignore the possibility that the case mentioned by Mark was hystero-epilepsy rather than organic in origin. There is sufficient evidence to show that the treatment adopted by Jesus was more direct and penetrating. At the time of Jesus' ministry there was believed among healers to be a special

charismatic gift of distinguishing between spirits—known as the *diakrisis pneumaton* or the *discriminatio spirituum* —which had its origin in second sight or necromancy and was closely connected with exorcism. It enabled the possessor to distinguish between good and evil spirits and to know which of the two was in charge of a person. It became also the power of being able to penetrate into a man's inner state. In Arabic it is called *firasah*, from *farasa*, to distinguish. It is especially characteristic of the walis and sufis of Islam and it was also known among the charismatic circles of early Christian monasticism, where it was given the name *charisma dioratikon*, the power of penetrating vision. As such it is analogous to gifts possessed by clairvoyants and so-called 'mediums' of the present day, which are now receiving serious scientific investigation. Here it may be appropriate to quote the late Professor McDougall's statement that 'There is nothing more obstructive to the advance of knowledge than a certain unformulated dogma implicitly accepted by many men of science, namely, the dogma that what we cannot fully understand cannot happen. We cannot too strongly insist that the bounds of the possible do not coincide with and are not set by the limits of our present powers of comprehension.'

The Healing of Peter's Mother-in-law (Mark i, 29-31).—On leaving the synagogue Jesus went into Peter's house, where He was told that His disciple's mother-in-law was suffering from a fever. Even to-day in the East any patient with a high temperature is believed by the common people to have 'a fever', and we have thus no satisfactory diagnosis of this case. Some suggest that the disease was dysentery; others malaria: [146] but neither theory can be substantiated. Nor do we know how long the affliction had lasted. Micklem [158] suggests that the Marcan narrative hints that the woman had

been taken ill while the others were in the synagogue, but it can be argued against this that, as Peter himself does not appear to have been in the synagogue, he may have been at home attending to her. Luke describes the complaint as ' a great fever '. Jesus took the woman by her hand and raised her.

Suggestion is effective in checking diarrhoea and also in putting an end to constipation and both of these can raise the temperature. Fever is also the outcome of disturbances in the arterial system and the blood supply can be regulated by suggestion. Hadfield [91] has succeeded in altering the temperature — as measured by the thermometer — of the hand of a patient by 26° (from 68° F. to 94° F.). This he did in the course of twenty minutes by means of suggestion in a waking condition. It is not improbable that Peter's mother-in-law had been told of Jesus' healing power and the previous story, granted its reliability, may have been used as a vivid illustration. The treatment is interestingly narrated by the Evangelists. Luke seems to have been acquainted with popular magic since he says that Jesus ' rebuked the fever ' ; though he may, of course, have wanted to indicate the power of Jesus over all diseases alike, as he describes similar treatment both in this case and the previous one.

The Cleansing of the Leper (Mark i, 40-48).— A very notable cure, presumably the first of its kind, took place at Capernaum. A leper came to Jesus and besought Him to heal him. Leprosy is called *saraat* in Aramaic. There are two kinds, ordinary saraat and vaga saraat. It is not lepra but a sickness now known as vitiligo. There is a nervously occasioned form of the same disease and it is characteristic of this that the skin appears snow-white at a certain stage. Some take this leprosy for what is now known as psoriasis, but

the symptoms of this complaint do not tally with the symptoms described in the Bible, where a leper is almost always spoken of as being 'as white as snow'. This does coincide with the symptoms of vitiligo. The man said to Jesus, 'If you wish you are able to cleanse me'. Jesus, filled with pity, touched the leper and, using the man's own words, said to him, 'I do wish it: be cleansed'; and he was immediately cleansed. Then Jesus sternly sent him away, saying, 'Take care not to say anything to anyone, but be off, show yourself to the priest, and offer for your cleansing what Moses commanded for a testimony'. The man went away but, disregarding the injunction laid upon him, spread the story everywhere.

Mark's account is extraordinarily vivid. Pity and the courage of certainty mark the action of Jesus. The patient was regarded as a leper and as such it was unlawful to touch him; when Jesus did so He took decisive action and this must have fully convinced the man that he was cured. Jesus also showed His certainty of the success of His cure by telling the man to do what Moses commanded in such cases; for until he had done that he could not return to his home and to his friends. Nineteen hundred years after this demonstration the truth underlying it is just being realized; and the psychogenic factor in some skin diseases is scientifically being proved.[18a] M. Coué asserts that he has known of a case of rodent ulcer being cured by faith methods and suggestion is now used in the treatment of eczema [14] (p. 234). A Swiss friend of mine told me that he was cured of eczema by Dr. Jung within a few sittings.

The Healing of the Paralytic (Mark ii, 3-12).—Jesus was in Capernaum once again. It is said that He was 'at home' and this probably means that he was in Peter's house. Like most houses in the East which

belong to poor people it would be one storey high with three or four rooms built round a courtyard. Possibly it was summer time and the courtyard had been temporarily roofed over with something like planks and straw matting. By now Jesus was well known in this part of the country as a teacher and healer and, as a consequence, so great was the crowd which assembled that it was impossible to reach even the door of the house where he was; but while He was preaching four men brought a youth suffering from paralysis, carrying him on a stretcher or sleeping rug. Unable to make their way through the crowd they went upstairs and, after removing part of the roof, they lowered the paralytic into the presence of Jesus—a truly remarkable scene!

The sick man thought his condition was the result of his sin, disease being generally believed by the Jews at this time to be God's retribution. In the Fourth Gospel they are reported to ask concerning a blind man, 'Did this man sin or his parents that he was born blind?' and Jesus replies, 'Neither did this man sin nor his parents'. Although Jesus never discussed the aetiology of disease He does not appear to have accepted the prevailing view; for Him disease was not necessarily the result of sin. In this particular instance, however, He said to the young man in a tone of kindness and conviction, 'Child, thy sins are forgiven thee'. This declaration was intended to awaken in the invalid a spirit of faith and hope which had previously been crushed by the sense of unforgiven sin. If the sins themselves had been forgiven, why should not the paralysis which was their immediate consequence be also removed? Some of the Scribes present resented Jesus' calm assumption of the power of forgiveness which they regarded as a peculiarly divine attribute.

They did not voice their feeling, but Jesus, as sensitive psychically to opposition and criticism as He was to trust and loyalty, challenged their covert hostility with the words, ' Is it easier to say, " Thy sins are forgiven thee ", or to say, " Arise and walk ? " ' Then, turning to the paralytic, he said, ' Arise, take up thy bed and be off to thy home ', and the paralytic immediately rose in the presence of the whole crowd, took up his bed and went out. Naturally, the people were astonished. It should be noted that Jesus did not here profess to forgive sins; He did not employ the mediaeval form of absolution, ' I absolve thee '. All He did was to declare forgiveness of them—' Thy sins are forgiven thee '. How similar is this to the process of relieving the patient from the sense of guilt used by modern psychotherapists? This is the only instance in which Jesus declared forgiveness to a patient in this way. It should be remembered, however, that the sense of guilt is not the same as guilt itself [249] (pp. 50-51). It is generally noticed that people most prone to a sense of guilt often have not very much real guilt on their conscience. The last war produced many cases of paralysis which responded to psychotherapy.

The Healing of a Man with a Cataleptic Hand (Mark iii, 2-5).—This miracle also occurred while Jesus was in the synagogue at Capernaum on the Sabbath day. Mark's diagnosis that the hand (according to Luke, the right hand) was withered, can very well be replaced by the modern term ' cataleptic arm '. The limb was in the state known as *flexibilitas cerea* and would thus remain indefinitely fixed in any position in which it might be placed; there would be practically no capacity for feeling, except carnal, and the reflexes would not operate. Mark recounts how Jesus was being narrowly watched on behalf of the ecclesiastical author-

ities on this occasion but He, being aware of this, was inspired with righteous indignation, and with grief at the ' hardness of their hearts ' (the heart being regarded not as the seat of the emotions but of the conscience). Jesus commanded the patient to stand in the middle of the crowd and then challenged His adversaries with the question, ' Is it lawful on the Sabbath to act kindly or maliciously, to save a man's life or to kill him ? ' Some commentators interpret this question as an attempt to outmanœuvre the plotters who designed to have Jesus put to death as a Sabbath-breaker; but it can also be regarded as a particular statement of a very important general principle and can be paraphrased, ' To refrain from good is to do evil '. Refusal to save life is tantamount to deliberate killing. According to Mark this reply silenced the opposition but Luke describes them as being ' filled with madness '. It is evident that here, too, Jesus was fully assured that the treatment would be successful. He told the patient to stretch out his hand and it was immediately restored. Faithful treatment accomplishes wonderful results, but half-hearted treatment is of little avail.

The Gerasene Maniac (Mark v, 2-20).—The many critical problems raised by this story have not yet been solved by scholars and a comparison of the three Synoptic records gives a clear idea of what those difficulties are. Even the Marcan account stands by itself as regards its setting, its phraseology and its content. Crum thinks it is of later date and should be assigned to his Mark II. The texts give Gergesa as the scene of the event and this has rightly been identified with the modern village of Khersa on the eastern shore of Galilee. Jesus and His disciples had crossed the lake in a boat and on disembarking at this point were met by a man who spent his life among the

near-by caves which were used as sepulchres; and who was subject to what is recognizable as some form of chronic mania or of hysterical depression.

The superstitions about the insane which were prevalent among the ancients drew upon them the most cruel treatment. That certain types of maniac tended, as was noted even by Galen, to haunt cemeteries, is a standing testimony against the callous attitude adopted towards them, for it was only as a means of escaping from the living that they chose their strange dwelling-place among the dead. It was not at all unnatural that the maniac should run to Jesus as soon as he saw Him and beseech Him to leave him alone. Mark says that Jesus asked the maniac his name and received the reply, 'My name is Legion'. In the Marcan account the explanatory words 'for we are many' are added, but Luke takes this to be a piece of interpretation and substitutes the clause, 'for many devils were entered into him'. Matthew, on the other hand, says that there were two maniacs and thus explains why the reply was in the plural. At the same time he does not say that Jesus asked the name and accordingly omits also the reply that it was Legion. Assuming, however, that Jesus did ask, 'Who are you?' and obtained the reply, 'My name is Legion', it may be doubted whether this must necessarily be interpreted quantitatively. It might be taken qualitatively. There is agreement among the three evangelists that the man was exceedingly fierce and of such unusual strength that 'no man could any more bind him'; he had broken the chains and fetters which had been put upon him and his cries could be heard, day and night, as he rushed about the hills, cutting himself on the sharp stones. Merely to possess such strength was to be regarded by the ancients as being under the influence

of the supernatural. The story of Samson in the Book of Judges is the classic illustration of this and the idea has persisted right up to the present day in Eastern folk-lore. When anyone loses his temper he is excused on the ground that he has fallen under the power of an evil spirit (his djin). If he is extraordinarily strong, he is said to have been touched by the devil; and if he wants to warn another person by frightening him he says, 'Take heed, I have sixty devils'. He may go further and say he has a thousand, or even sixty thousand, devils. In a village near my own home a man who can carry twice as many sacks of wheat as anyone else is known only by his nickname, 'the possessed'. Ultimately the possessing devil is given a name and it then becomes easier to call the man by the name of the devil which is supposed to have gained command over him than, for instance, 'The possessed by So-and-so', and, finally, in accordance with the law of suggestion, the poor fellow develops a real abnormality. Sometimes, as a result of shock or some other psychological process, a person forgets his own name, language or relatives; while other mental patients have sometimes become obsessed by a fixed idea. One of these latter, a paranoiac who now inhabits a certain mental hospital, was obliged to make that place his residence only because of an irremovable conviction that he is H.M. the King of the Country. He plays his permanent drama without ever making a mistake and those around him who are like-minded are invariably known as Their Excellencies his Ministers; when he addresses anyone he never forgets to use the royal formula, 'We . . . the King of . . . have declared, thought, or whatever else it may be'. So, too, the Gerasene maniac may have been the victim of the fixed idea that he was a legion of devils. Just as it might be said of any abnormally strong person that he is as strong

as a lion, so he was as strong as a legion; and, indeed, a lion could easily disperse a disarmed legion. Jesus, then, would appear to have put the question, 'Who are you?' as a means of establishing personal contact with him by inviting him to speak of himself. This is an example of Jesus' discrimination or the *diakrisis pneumaton* mentioned above. Coupled with some sympathetic gesture, the adoption of this attitude would draw the man nearer to Him. It seems that Jesus and the disciples had crossed the lake for recreation, and presumably they would have food with them. Possibly they asked the maniac to join them in their picnic and treated him as one of themselves. By this kindness Jesus would be able to calm him. It is fairly certain that this took place in a Gentile environment; the region was known by the Greek name Decapolis and was under Greek influence; a herd of swine would have been an abomination to the Jews. The number of the swine, as given by Mark (2000), where it is placed rather awkwardly in the context, is not given in the narratives of Matthew and Luke, dependent though they are upon Mark, and is therefore unlikely to have formed part of the original account, having been added later as a marginal gloss. All three Evangelists make the devils request Jesus to send them into the herd of swine, while Luke adds a further request, namely, that before being despatched to the 'abyss'—the term for a cleft in the darkest and hottest portion of Gehenna especially reserved for the entertainment of devils—they should be allowed a respite in the bodies of the swine.

It is doubtful whether any New Testament scholar of standing would now maintain that the Gerasene maniac was actually possessed by a legion of devils and that these were transferred to a herd of swine; while modern psychiatry, on the other hand, can find

no parallel to the demons' request to be sent into the swine. Howbeit, we cannot dismiss the herd of swine as non-existent. It may have been a fact that there was a herd of swine near by which, by a curious coincidence, rushed over a cliff and were drowned, but this is rather a far-fetched interpretation. In the previous chapter we saw how the Babylonians had a magic rite by which a demon was transferred to some group of objects among which was a pig and this may have become familiar to the Jews. At any rate, as they regarded pigs as being by nature unclean, they would consider them to be suitable receptacles for superannuated demons. In the account as it stands these particular demons seem to have shown a wholly admirable discipline: without any fuss they marched by threes, each rank into its respective pig. Jesus is then reported to have told the maniac to go home and 'tell what great things God has done for thee', and commentators are divided about the meaning of the word 'God' here, some taking it to denote Jesus Himself and others, Jahweh. Mark supports the former by saying that the man went his way and began to publish in Decapolis how great things 'Jesus' had done for him. It is questionable whether Jesus, being a Jew, would use the divine name in this haphazard way. 'Lord', which is taken to mean 'God', is, in fact, Luke's favourite title for Jesus.

Jairus' Daughter and the Woman with the Issue of Blood (Mark v, 22-43).—When Jesus returned from Khersa to the western shore of Galilee He found a large crowd awaiting Him and among them was a ruler of the synagogue named Jairus who prostrated himself at His feet. With fervour he besought Jesus to visit his twelve-year-old daughter who was at the point of death (there is no evidence for Otto's statement [171] that the girl's condition was one of severe catalepsy), and to lay

His hands upon her so that she should recover and live. So Jesus went away with him, the crowd following and pressing upon Him.

There was also among the crowd a woman who had been suffering for twelve years from an issue of blood. Twelve years is the period given by Mark, though an early scribe may have confused these years with the age of Jairus' daughter. Probably the disease was either uterine fibroid or menorrhagia. In the eyes of the ritual law the woman was unclean (cf. Lev. xv, 28), but, in spite of all that she endured from physicians and of spending all her money in her search for a cure, her condition seemed in no way to improve but only to deteriorate. Matthew omits this sardonic comment on medical skill, while Luke, with becoming restraint, merely states that no one had been able to heal her. She herself, however, was convinced that if only she could touch Jesus' garment she would be healed and apparently she intended to do so without His being aware of it, in order, perhaps, to save Him from ritual defilement (cf. Lev. xv, 27). With this object she made her way through the crowd and touched Jesus' robe; but He, conscious of her action, turned round and said, 'Who touched my garments?' At first sight this question would seem to have so little importance that it was scarcely worth reporting, yet the Evangelists lay considerable stress upon it. No doubt, it is strange that when the crowd were thronging around Him, jostling and pushing as is the way of all crowds and especially Eastern ones, Jesus should notice particularly the light touch of a diffident woman. We have here another instance of the *diakrisis pneumaton* which was spoken of above. The disciples thought the question absurd, but Jesus took no notice of them, scrutinizing the crowd to find the culprit. Feeling that she had been healed,

the woman came forward with fear and trembling and told the truth. Jesus said to her, ' Daughter, thy faith hath healed thee ' ; and then, to remove her morbid fears, He added, ' Go in peace and be free from your complaint '.

Coué had some success in dealing with this kind of trouble as has August Forel [61] who writes: ' The most extraordinary phenomena of suggestion are found in the vasomotor, secretory and exudative actions. One can produce menstruation in women by simply prophesying during hypnosis, or can cause it to stop. One can regulate its intensity and duration.'

It is interesting to note the different interpretations put upon this event by Jesus and His disciples. Mark says, ' Jesus knew that He had been touched because He felt power go forth from Him ' ; in Luke's narrative this idea is further developed for there Jesus says to Peter, ' Someone did touch me, for I am conscious that power went forth from me '. Such, it seems, was the popular belief in the healer for Matthew tells the story very simply. On the other hand, some faith healers, notably Mr. Hickson, have stated very definitely that they have felt an effluence of spiritual power during the laying on of hands. Whether this feeling would be experienced when there was no consciousness that the healing was taking place is another matter. In Jesus we are dealing with a person Who has always been acknowledged to be very highly sensitive and One Who was ready to give Himself to the uttermost all the time ; it was not in His nature to hold Himself back. As soon as the woman approached, therefore, He would know of it and would intuitively understand her state of mind. If, then, He did in actual fact feel power go out from Him as the Evangelists say, it was not because He was a mere magnet, but because He possessed in high degree

what is now known as extra sensory perception. It must be recognized that in telling the woman that it was by her faith that she had been healed, Jesus was deliberately emphasizing the part that the recipient had played in the cure.

While Jesus was still speaking to this woman, people came from the house of Jairus and said to him: 'Thy daughter is dead; why worry the teacher any further?' Matthew, who states from the beginning that the child is dead, omits this incident; and it is scarcely likely that anyone would dare disturb the ruler of the synagogue with news of this kind. It may be that it was being discussed in the crowd, for anyone passing the house would have heard the sounds of mourning. But, in the Near East, mourning is by no means a certain indication that death has taken place; usually it begins while the patient is still dying and his last hours are not allowed to pass peacefully. Wailing takes place immediately coma occurs. David's lamentation before the death of his son is a classical example of this custom (2 Sam. xii, 15-23). It is not unreasonable to conjecture that Jesus asked Jairus about his daughter's state of health. In the East etiquette demands that even laymen should ask about sick people when they meet their relatives, this being the usual means of showing sympathy. It is also possible that in this instance Jesus was using his gift of *diakrisis* of which we have numerous other examples. When Nathaniel came to Jesus He said to him without having made any previous enquiry: 'Behold an Israelite indeed, in whom there is no guile! Before Philip called thee, when thou wast under the fig tree, I saw thee.' We read in another place how He was able to describe to a Samaritan woman all the important events of her past life, so that she was astonished and went to tell her friends, saying, 'Come, see a man, Who

told me everything that I ever did'. The Evangelists do not tell us whether Jesus knew anything of the girl's condition; but, however that may be, when He overheard what was being said by people in the crowd, He said to Jairus, 'Do not be afraid; only have faith'. Then, allowing only Peter, James and John to accompany Him—perhaps in order to avoid disturbing the father's conscience further—He entered the house and found the mourners already weeping and wailing as was their wont. Jesus asked: 'Why do you weep and make all this fuss? The little child is not dead but sleeps.' At this they all laughed, but Jesus sent them away and, taking with Him the parents and the three disciples, He went into the room where the girl was lying, grasped her hand and said in her native Aramaic, '*Talitha qumi*' (dear girlie, or little maid, get up). Finally, showing great tenderness and appreciation of human need, He directed that she should be given something to eat. The mourners were lost in amazement when they saw the child alive and well, but Jesus, possibly because of His humility, charged them to let no one know what He had done.

The Deaf Man with the Impediment in his Speech (Mark vii, 31-36).—Once more Jesus was in the Decapolis district and, this time, a deaf man who stammered was brought to Him with the request that He would lay His hands on him. Jesus took the patient aside, put His fingers into his ears, touched his tongue with saliva and, looking up to heaven with a sigh, He said to him, '*Ephphatha*' (be opened). At once he was able to hear and speak normally. G. G. Dawson says that the Jews prohibited the use of saliva in connection with incantations and spells as being pagan; but, as we have already noted, the Decapolis *was* pagan, and as there was a popular belief that saliva had therapeutic

value, the action of Jesus would suggest to the man that he was being cured. Actually there is no element of magic in the scene. Micklem (*ibid.* pp. 110-120) cites numerous modern parallels of deaf mutes being healed by psychotherapy, unconscious wish-fulfilment being a frequent cause of the condition. This story and that of the blind man at Bethsaida are omitted by both Matthew and Luke and, as the method of healing was unusual for Jesus, it is possible that they viewed the account with suspicion. Professor Percy Gardiner has said that 'Luke dearly loves a good miracle', and it may be because these two were not 'good miracles' that they were not related by him.

The Blind Man at Bethsaida (Mark viii, 22-26).—The healing of the blind man at Bethsaida is another instance of the use of saliva in bringing about a cure. The man was brought to Jesus after He had arrived in the village. That the man had always been blind is unlikely, because when he began to recover he knew what the things were that he dimly saw. He said, 'I see men, for I behold them as trees, walking'. It is not easy to specify from the narrative what the symptoms were; whether the disease was psychogenic or organic, but modern science has thrown light on both types. It has been found that the eye is so subject to disturbances of a psychic nature that it is possible, by means of mental or hysterical processes, to produce actual, functional blindness. As in the last case, Jesus took the man apart, this time right outside the village, but He did not make any magic show, treating him, rather, individually and sympathetically. The man had been brought with the request that Jesus would lay His hands upon him; but, before doing this, He applied spittle to the eyes according to the medical usage of the time. Thus He first used the usual remedy and then gratified the patient's wish

by laying His hands upon him. At first the recovery of sight was gradual; the man was able to make out the shapes of men, which he thought were like trees. At this Jesus once again laid His hands upon him (there is no mention of any further use of saliva) and clear and distinct vision was at once fully restored. This aspect of the case would, incidentally, be congenial to Mark, for his emphasis at this point was the gradualness of the revelation which endowed Simon Peter with spiritual sight. Actually the language used is not unlike our modern scientific jargon: in a similar case we should say that the man was cured 'in two sittings'. Afterwards Jesus sent the man home, forbidding him even to go into the village. Some early authorities report Jesus as saying, 'Do not tell it even in the village'.

Josephus gives two interesting examples of cures wrought by Vespasian (Ant. vii, ii, 5). Once, in Alexandria, he was moved under the auspices of Serapis, to cure a man by anointing him with spittle; and he also cured a paralytic by allowing him to touch his foot and his garment. Both incidents occurred in the presence of a large number of people, all of whom testified to them—especially afterwards, when there was no need to tell lies about the matter, adds Tacitus cynically (Hist. iv, 81). Suetonius says that the sufferers experienced visions which aided the cure.

An Epileptic Boy (Mark ix, 17-29).—This is another case of epilepsy, or perhaps hystero-epilepsy, of a boy who was brought to Jesus by his father. This, too, is placed by Crum in Mark II. At this time, however, Jesus was at the top of a hill with Peter, James and John, passing through the experience of the Transfiguration; so the other disciples tried, without any success, to deal with the case. When Jesus returned, the boy was in the throes of an attack and Jesus asked the father, 'How

long has he been like this?' This enquiry is interesting from two points of view: first, it shows that Jesus, like any other physician, wanted to know something of the previous history of the case; and second, it suggests that Jesus did not attribute the trouble to 'possession' as was commonly done. The father replied: 'From childhood it has thrown him into fire and water to destroy him. If you can do anything to help us, do have pity on us.' It is worth noting that Matthew, who describes the patient as moonstruck in accordance with some Talmudic teaching, puts it, 'He often falls into the fire and often into the water' (xvii, 15), thus harmonizing the spirit of the answer with that of the question. Jesus challengingly and promptly answered the man: 'If you can! Anything can be done for one who believes.' At once, the father cried, 'I do believe: help Thou my unbelief'. The narrative adds that Jesus checked the 'unclean spirit' and forbade it to return. Here there seems to be an inconsistency, since Jesus had not before spoken of the case in terms of demon possession; and we are thus driven back upon the explanation advanced in the first story. Yet, again, there is no following up of the case, once Jesus had taken the boy by the hand and raised him up.

This story illustrates, better than any other, why, in this discussion, so much importance has been attached to Jesus' certainty and assurance. When an attempt to work a cure by methods of suggestion or faith-healing results in failure it is often the patient who is blamed. In this case the disciples quite naturally asked why they were unable to heal the boy and Jesus imputed the lack of faith to them. Faith, assurance or certainty is as necessary to the practitioner as it is to the patient. In fact, it is the practitioner's faith which inspires in the patient a spirit of confidence and expectation. Jesus

says that this power can only be gained by prayer (the words ' and fasting ' having probably been added by a later hand). Faith, however, must be based on some system of knowledge or belief.

Bartimaeus, the Blind Man at Jericho (Mark x, 46-52).—The story of Blind Bartimaeus is the last narrative of healing in Mark and the only one in which the name of the patient is given. As Jesus was leaving Jericho, a crowd following Him, He passed Bartimaeus who was sitting by the roadside, begging. He, having enquired why there was such a throng of people and having been told that Jesus of Nazareth was near, started shouting to Jesus to have mercy upon him. Some of those round him tried to check him and told him to be quiet; but this only spurred him to greater efforts. Then Jesus stopped and sent for him; but as soon as he heard of this Bartimaeus jumped up and, throwing off his cloak, ran to Jesus unaided. It would seem that if he could distinguish Jesus in a crowd he cannot have been totally blind; and Luke indicates that the complaint was not lifelong, making Bartimaeus use the words, ' regain my sight ' (xviii, 41-42). Jesus said to him, ' Go, your faith has made you well ', and he immediately recovered his sight and followed Jesus along the road. As in the story of the Gerasene maniac, Matthew doubles the number of blind men and adds that Jesus touched their eyes.

There is no lack of evidence that psychotherapy has been effective in curing organic diseases of the eye. (See the detailed and illustrated accounts of the two cures of corneal ulcer by Dr. Bonjour[21] of Lausanne (p. 31 ff.)).

The Centurion's Servant (Matt. viii, 5-13; Luke vii, 1-10).—It is in Q that this story has its literary source and it is the only healing narrative which that source contains. Several features of it are common also to the

story of the nobleman's son in John (iv, 46-53) and that of the Syro-Phoenician woman (Mark vii, 24-30). In all three the petitioner was a Gentile and the healing is said to have been performed in the absence of the patient. There are only two cases of this kind in the Synoptics, and, curiously enough, while they differ considerably in the narrative portions they are in close agreement as regards the dialogue.

A similar story is related of R. Hanina ben Dosa (*c.* A.D. 70). Rabban Gamaliel's son was ill and the Rabban sent two scholars to Hanina to request his prayers. Seeing them approach, Hanina went up on to the roof of his house and prayed. When he came down he said to the messengers, 'Go, for the fever has left him'. They took careful note of the time and, on returning, found that the fever actually had left the patient at that moment (b. Berack, 34b: also cf. Matt. viii, 13, 'in that hour', and John iv, 50-53).

While scientists are open-minded with regard to telepathy, the theory of telepathic cure has not yet found acceptance with psychotherapists. The religious 'distant cures' have not yet been systematically investigated.

PART II

Having discussed the healing miracles in detail, we are now in a position to arrive at general conclusions about them. We have already seen how the Evangelists, coming as they did from different environments and each one writing with a special purpose, are not always in agreement. No first hand knowledge of Jesus is available as He Himself left no written documents for our guidance. What we do know is the impression He made upon men who are typical of every race and every age,

and if we want to see Jesus for ourselves we can only do so by first entering into the experience of Him through which these men passed. To do this it is necessary for us to immerse ourselves in the Gospels. Now what has been of primary importance in world history, and especially for the Christian religion, is not any isolated action or saying of Jesus, but the totality of His life, death and resurrection. While it can be said with confidence that He was in no sense an innovator, it is the majestic ' whole ' which is significant ; the fact that here moral dicta were something more than barren formulae worked out in the classroom or study ; that they were expressions of aspects of His life which could be experienced day after day by those with whom He came into contact and that they were the interpretation in language of His own inner state and of His dealings with men. The impression made by the totality of the Christ life upon a professedly unreligious man, the nineteenth-century agnostic, John Stuart Mill, is clearly shown by the following quotation : ' Not even now would it be easy for an unbeliever to find a better translation of the rule of virtue from the abstract to the concrete than to endeavour so to live that Jesus Christ would approve his life ! ' The idea was put more trenchantly by Irenaeus, a second-century theologian, who, replying to the question asked by the Marcionites and by Jewish scholars ever since, ' What new thing did Jesus bring ? ' answered, ' He brought everything new by bringing Himself '.

Evidently, then, there must inevitably be a feeling of artificiality about any study which attempts to treat of one aspect of Jesus' ministry, in the present instance the healing work, in separation from the rest ; they are inextricably bound up with each other — the healing has its *raison d'être* in the teaching and character, while

the teaching is the interpretation of a life which found its highest good in conduct of which the compassionate healing is representative. Nevertheless, if we are to penetrate at all into the consciousness of Jesus, if we are to have any understanding of Him other than that of the mystic, it is necessary to approach this most remarkable of all personalities by means of well-defined channels, and one of these is His therapeutic activities. Harnack has said that 'What is most remarkable about the religion of Jesus is not what He includes in it but what He excludes from it'. There is much truth in this statement, but in this work we are regarding the life of Jesus from a slightly different angle: it is our endeavour to find out in what consisted the uniqueness of one branch of His activities—the healing—and out of what kind of mentality it was from which these activities sprang.

Primarily Jesus was interested in the relationship between God and men; and through all His teaching there ran the idea that what mattered was that a man's inner state should be such as would keep him in harmony with God. Beside this, all upon which His contemporaries laid stress — law, ritual, convention — sank into insignificance. Right conduct would inevitably flow from a healthy soul. He claimed to override the traditions of the Elders and to extend, deepen and spiritualize the Law of Moses. At the root of His teaching lay what has been called a transvaluation of all values in the light of our divine sonship, our human brotherhood and our heavenly citizenship. For the sake of true religion it might be necessary that the Temple itself should be destroyed; in the interests of righteousness it might be necessary to treat the law arbitrarily, because there was something which transcended a legal system which in the last resort was only regulative and

not absolute. Where no principle was involved He advocated the observance of the law, ' Go, show yourself to the priest and offer for thy cleansing ', He told the leper who had been healed. But whenever it seemed that law or the commentary thereon would supersede the demands of humanity, He brushed them aside with such revolutionary dicta as, ' The Sabbath was made for man, not man for the Sabbath '. To the unnecessary things of life He attached small importance. The avaricious man made no profit if he gained the whole world but lost his own soul in the process. Jesus was no respecter of persons ; He swept away all artificial barriers between man and man, regarding all as being equally the children of God, a fact which love is bound to acknowledge.

It is a natural consequence of the true inwardness of His Gospel that Jesus was tolerant of the merely disreputable sins, and He looked beneath the surface to diagnose the diseases of which vice and blameworthy conduct were the symptoms. His sternest censure and reproof were reserved for pretence, which implies any kind of double dealing and deliberate concealment of motive ; for hard-heartedness and want of love ; and for calculating worldliness. Usually He spoke of sin in connection with repentance, and His outlook was far from being morbid or self-tormenting. In this respect mediaeval piety was harsh and untrue to Him ; it often turned humility into self-abhorrence — a very different feeling. Strongly critical of tradition, Jesus sought always to adopt a positive attitude to life. This is especially conspicuous in His treatment of physical suffering. When the Jews would have sat down to discuss whether it was the sick man or his ancestors who had sinned, Jesus set about to heal the sickness. In this connection He taught a doctrine very different from that which was current among His contemporaries.

It was not to the Glory of God that men should be ill, but that they should be well. It was not good that they should suffer, but that they should be saved from suffering. To this end Jesus Himself suffered: but His was a higher suffering. When He saw that at the root of suffering there was a sense of guilt, He relieved it by forgiveness: for anxiety He substituted peace.

Associated with His attitude to physical and mental suffering was one point which gave rise to impassioned criticism and greatly exercised the minds of His followers. Read without any critical insight, the Gospels as they stand suggest that He regarded mental patients as being devil-possessed. But is this true? Of the fourteen cases we have discussed there are three which were undoubtedly mental: the epileptic in the synagogue at Capernaum, the Gerasene maniac, and the epileptic boy. As has already been remarked, any Jewish student would have classified epilepsy as a disease quite outside the domain of the devil; he would be far more likely to have attributed it to an affection by the moon, and as such it is spoken of in Matt. xvii, 15. Jesus must have read the best available books and have obtained from them all that they had to give. He knew what it meant to be a learned scholar bringing out of His treasury 'things new and old'. The narratives suggest that He knew the two cases of epilepsy to be of a kind which were not susceptible of treatment by the exorcism of which the Evangelists speak. What might conceivably be thought to indicate a belief that there was devil-possession is the injunction to the epileptic in the synagogue to 'keep silence', but that was during the hallucination preceding the fit. The question to the father, 'How long has he been like this?' is a clear indication that Jesus did not attribute the complaint to devil-possession.

Jesus, as He is represented in the Gospels, never refused His healing offices; but equally He never asserted Himself, without being first requested on behalf of the patient or by the patient himself. The story of the Gerasene maniac is an exception to this rule. Here the Evangelists describe Him as making approaches to the patient and attacking the demons. If this were so, it may well be asked why the maniac ever came nearer to Jesus? The story is untrue to the character of Jesus as represented elsewhere and the suggestions advanced in our discussion of it point to a different interpretation. In this my intention is not apologetic, but an attempt to penetrate to the truth about Jesus, and I am not convinced that there is sufficient evidence that Jesus did believe in devil-possession. If He did, what are we to say of His attitude to Peter? When Jesus boldly foretold His rejection and death, Peter began to rebuke Him; but He turned on Peter, saying, 'Get thee behind me, Satan' (Mark viii, 33). Undoubtedly, this is the most authentic saying preserved in the Gospels. Peter could never have forgotten that, and he would scarcely have passed it on to Mark if it had not been said; but if there is anything clear about the story at all it is that the word 'Satan' was applied to Peter. To the Gerasene patient Jesus is reported to have merely put the question, 'Who are you?'

In the previous chapter we saw how the belief in the influence of Satan was developed in the post-Exilic period. Mental diseases were then attributed to devil-possession, but — and this is a point of importance — it was never thought that the evil spirits entered into possession of a man at will; they were only able to do so by the permission of Jahweh, who used this as a method of punishing sin. Obviously, a conception of

God which attributed to Him a petty spitefulness of this kind was quite alien to the thought of Jesus, Who taught that the nature of God is entirely good, and that His will is that people should be happy and well. Indeed, if Jesus had conceived of God in those terms would He, regarding Himself as the Divine Emissary, have acted clean contrary to the will of His Father by expelling devils who were in occupation by Divine permission? Had Jesus dealt with these mental cases as He is reported in the Gospels to have done, His action can best be explained by the suggestion that He concurred in the fixed ideas of His patients for therapeutic reasons. There are, I am told, certain Rabbis who still do the same to-day. This, however, raises the moral problem of why, if this were Jesus' attitude, He did not afterwards proclaim the fact?

When John the Baptist sent two of his disciples to Jesus to ascertain whether He was the Coming One Who was to execute judgment, Jesus, though falsifying John's expectations in some respects, expounded the purpose of His ministry. John looked for the destruction of the morally corrupt: Jesus affirmed that His business was not the extermination of such people, but the restoration of their moral integrity. In effect, He answered John by saying that His mission was not the kind that was anticipated, 'They that are whole need not the physician, but they that are sick'. Replying in poetic language, Jesus expressed Himself in terms reminiscent of the great promises of Isaiah. He said to the messengers, 'Go and tell John the things which you do hear and see: the blind receive their sight, the lame walk, the lepers are cleansed, and the deaf hear, and the dead are raised' (the original word can equally as well be translated, 'the dying'), 'and the poor have the good tidings preached to them' (Matt. xi, 4-5; Luke

vii, 22. The passage is from source Q.) Exorcism of the possessed is not mentioned at all. Luke, who inserts in the previous verse a series of miracles performed by Jesus at the same time — which, incidentally, is the kind of thing He is reported elsewhere to have refused to do — adds to his list, 'He cured many of diseases . . . and of evil spirits'. It is fairly certain, however, that the whole passage is an editorial insertion and that it is not historically accurate.

Science has not yet arrived at any satisfactory conclusions about the aetiology of mental disease. Among those who have devoted themselves to psychic research, however, some mental derangements are attributed to possession by evil spirits; but this is supposed to be extremely rare, and obsession, a less complete form of spirit possession, is believed to be more frequent. This interpretation would not be accepted by scientists, who hold that obsession, where it is obvious, is not by evil spirits but by fixed ideas. The following quotation is from an American investigator of psychic phenomena, Wickland [246] (pp. 90-91), a member of the Chicago Medical Society: 'The organism of every human being generates a nervous force and magnetism which surrounds him with an atmosphere of vital emanations and psychic light known as the Magnetic Aura. This aura is visible as light to earth-bound spirits in their condition of darkness, and they may become attracted to persons peculiarly susceptible to their encroachment. Such spirits are often unable to leave this psychic atmosphere and in the resulting state of confusion — ("confusional psychosis"?) — although struggling for freedom, they find themselves living the life of the psychic with them, resenting his presence and bewildered by a sense of dual personality.' And again (p. 95): 'Obsessing spirits may purposely torment helpless sensitives, sometimes

for revenge, but more often with a desire to punish the latter who, they declare, are interfering with them. These tormenting spirits frequently cause their victims to commit deeds of violence upon themselves and do not seem to suffer from pain which they inflict upon the physical body of the sensitive, yet, contrary as it may seem, many labour under the delusion that the body of the mortal is their own.' Christian missionaries who have worked among primitive peoples have often become convinced that some of those with whom they have come into contact have been under the influence of evil spirits. Without depreciating the missionaries who tell these stories, it may be suggested that their heathen environment has worked upon their minds which, even before they left the home country, were prejudiced in favour of the control of human activities by supernatural agencies. Among primitives, too, it is not improbable that madness would take more disgusting forms than it does in the West and that it would be less concealed; and, as a result, unscientific onlookers might conclude that nothing so bestial could possibly develop out of the human mind as they have known it in more civilized parts of the world. That devil-possession is unknown in Europe they explain as being due to the fact that the devils cannot be happy in a place where symbols of Christianity abound and where the Gospel of Christ is being preached. Unfortunately, the asylums of Europe and America are crowded with people who are suffering from the most repulsive forms of mental derangement. Among primitive peoples everything unusual or difficult to understand is attributed to the agency of demons. In Abyssinia, for instance, the cinema is known as the *Saytan Beit* (Satan's house), while the motor-cycle is called *Saytan's Faras* (Satan's horse).

Pliny the Elder (xix, 5-6) speaks with awe of the

temerity of man in adding entire trees (*i.e.* masts) and sails to ships and in collecting winds and squalls with sails. In Victor Hugo's *The Toilers of the Seas*, the Channel Islanders regarded the steamboat as the 'devil boat'. A local preacher delivered a discourse on the subject, 'Whether man had the right to make fire and water work together when God has divided them'. When the winnowing machine was introduced to Scotland to replace the more primitive flail a similar opposition was encountered. The introduction of chloroform as an anaesthetic by Sir James Y. Simpson met with violent opposition as contrary to God's plan. To this he replied by quoting Gen. ii, 21. Dr. Grenfell found a similar opposition to anaesthetics in Labrador, and it took him years to wear it down. As one old woman expressed it, 'If the blessed Lord sends pain, us has got to bear it'.[148]

Doubtless, popular superstition in the time of Jesus took devil-possession seriously, but there is insufficient evidence to show that Jesus Himself was in agreement with it. His answer to John is a clear indication that He was not, and that He did not teach it. And how appropriate to us is the answer He gave to John, 'Blessed is he, whosoever shall find none occasion of stumbling in Me'.

Before a final judgment on this point is arrived at it is worth while considering whether Jesus believed in the existence of Satan or any power corresponding to popular ideas about him. The answer which used to be given to this question is that Jesus did think that the forces of evil were personified in Satan and that we must accept His view as authoritative: a more usual answer nowadays is that Jesus accepted the prevalent metaphysical ideas of His age but that we need not follow Him in this. This solution of the problem, how-

ever, is not wholly satisfactory. In the previous chapter we saw how the existence of Satan became an article of religious belief among the Jews in the Persian period (538–333 B.C.) and that it remained as such until the Christian era is certain. Undoubtedly some of Jesus' contemporaries did believe in Satan but the belief was not universal. The Jews were divided into two sections whose ideas about life and death were in direct contradiction to each other, namely, the Pharisees and Sadducees. Of the latter comparatively little is known but much can be learned by reading between the lines. Drawn chiefly from the priestly clan, they were the most conservative of theological schools of thought, refusing to believe either in a future life or in the existence of angels. It is not unlikely that scholars in such a frame of mind would also reject the belief in the existence of devils. Their rivals, the Pharisees, held the doctrine of the resurrection from the dead, and with it the belief in angels and evil spirits. From the Gospels it is evident that Jesus was well acquainted with the theology of both schools and some of the incidents described show that He was approached by individuals of both parties who brought perplexing questions to Him. The way in which He answered shows deep knowledge of the controversies and that He was trying to reconcile the opposing factions. (*E.g.* His answer to the question about the resurrection, Mark xii, 18-27.) Yet His criticism of Phariseeism is much more prominent in the Gospels than that of His attitude to the Sadducees. There is not a single authenticated reference to any severity He manifested towards them, nor any sign of disapproval of their teaching on the subject of good and evil spirits. Equally, there is no commendation of it.

The temptation narrative cannot be accepted as literally true. It may be a pictorial representation of

a psychological experience of Jesus, natural enough at the opening of His career as the Messiah. Klausner[128] has shown how such stories were commonly told about great Rabbis.

When the Scribes attributed Jesus' success in dealing with mental cases to a league with Beelzebub, or Beelzebul, the Prince of the demons, He deeply resented the charge and dismissed it as illogical. By the use of a simile He explained that if Satan were casting out His own minions he would be hastening his own destruction. (For a discussion of the complicated passage following this, see Manson.[144]) Jesus added that those who were accusing Him of collaboration with the Evil One would be in difficulties themselves when they tried to explain their own exorcisms. His own success He regarded, according to the records, as an indication of the approach of the Kingdom of God, and used, in this connection, the phrase, 'the finger of God' (Luke xi, 20. This is the true Q text, Matthew altering it to 'Spirit of God'), this being symbolic of the might of the Kingdom of God. Flinders Petrie gives an interesting illustration of this passage and also of Exodus viii, 9, upon which it may have depended. He describes 'a wood carving of a finger, springing from a falcon's head. The head was the emblem of Ra and of Horus . . . such a symbol as a finger for divine action was familiar in Egypt. . . . No doubt the wooden finger . . . was used in ceremonial and magical acts by the priests.' Here Jesus regards Himself as the medium through which the power of God becomes operative. The contrast thus drawn between the action of Jesus and that of contemporary exorcists gave rise to many speculations both at that time and since. Celsus, a second-century philosopher who bitterly attacked the Christian religion, stated that Jesus worked as a labourer in Egypt and there learned

magic, which, when He returned to Palestine, He used to support His claims to divinity. This charge is not regarded as original but is thought to have been derived from earlier Jewish accusations which are reflected in the Talmud. Some modern students, of whom Dr. Major is representative, think that it may have been with the object of meeting these accusations that Matthew recorded the flight into Egypt. Levertoff and Goudge, writing in the *New Commentary*, accept the flight into Egypt as an historical fact and, to the present day, there is in Egypt itself a tradition that Jesus did visit that country. Three places have been associated with this visit from very early times — the church of St. Sergius in old Cairo, the Virgin Tree in Matariah and the Monastery of Qusquam in Upper Egypt.

In exorcising demons it was generally supposed to be necessary to adjure them in the name of one greater than themselves, but it is of interest to observe that Jesus never appears to have employed the name of any spiritual agency in this way. He was no ordinary exorcist, trusting in the quality of His incantations and the devices of art to effect a cure; His method was simple and direct.

So far the question whether Jesus believed in the existence of Satan or not, has not been definitely answered and it is, perhaps, impossible ever to find a true answer. But as regards the subsidiary question, whether Jesus conceived of mental disorders as due to devil-possession, our answer depends on the interpretation of the individual cases. The accounts of the three definitely mental cases are undoubtedly original in form if not in substance. If they were altogether unauthentic the question would, of course, not arise at all; but if they are true in substance it is quite possible that Jesus did not share the view of the narrators. It is seldom

safe to assume that men of genius hold the same ideas as their contemporaries in every detail. To a certain extent they must do so for they cannot entirely transcend their environment; but they wear their rue with a difference. The Hippocratic School had denied the supposed interference of devils in mental disorders hundreds of years before and, as we have seen, this denial is repeated in the Talmud, especially with regard to epilepsy. Thus if Jesus did hold that mental disorders were not due to demoniacal influence He was by no means original. Those who, on the authority of Jesus, have accepted the idea of demon-possession, may be disappointed at our having reached this conclusion. To such are applicable the words which Jesus used in answer to John the Baptist, ' Do not be distressed if things are not turning out in accordance with your plan '.

Is there any convincing reason, in the light of modern experience, for believing in the existence of such a being as Satan? There does not appear to be. The activities assigned by Jewish and Christian writers to Satan are accounted for in other ways by our scientists. Various forms of physical evil and moral and mental obliquity, which used to be attributed to the instigation and activity of Satan, are now ascribed to other causes which account for them in a more adequate manner. As a consequence, there being nothing left for Satan to do, he ceases to exist as a working hypothesis which is no longer needed.

Jesus seems to have held that in the healing of both mental and physical cases the effective factor is faith; and herein lies His great originality. While in the New Testament the miracles are ascribed to the *dynamis*, Jesus would have said that faith is the dynamic which ousts diseases. It is abundantly clear that although

Jesus was regarded as a healer Who possessed divine power, again and again He told those who had been healed that it was their faith which was responsible. There is no more striking evidence of the way in which Jesus transcended the outlook of His contemporaries, including His own followers, than His insight into the potency of the inward attitude to healing and reform. When those around Him believed that healing power lay in the magician or the prophet, He, while not denying the importance of the healer's personality, realized what science has only now laboriously learned, that God works by a psychological rejuvenation which arises within the needy soul. To those who brought to Him the mentally afflicted He said that the conviction that the cure would be wrought was necessary in order to accomplish it in the patient. In Nazareth, where the people did not believe, He was unable to do any of His 'mighty works' (Mark viii, 58). To the father of the boy who was subject to convulsions He said, 'If you can! Anything can be done for one who believes' (Mark ix, 23). Anyone who has tended the mentally disordered knows how deeply they are affected by the attitude of those around them. To the poor woman who touched His garment in the expectation of a magical cure He said, 'Daughter, your faith has healed you' (Mark v, 34). To the blind man He said, 'What do you want Me to do? Go, your faith has made you whole' (Mark x, 52). To the converted courtesan He explained that the chain of evil habit had been broken, 'Your faith has saved you; go in peace' (Luke vii, 50).

What is this faith? Many connotations have been given to it but none could be substantiated. It is not a belief in dogma, nor in a person, nor is it a trust in an outside object. It is the desire to be whole. A person invalided for thirty-eight years lay beside the pool Beth-

Esda expecting an angel from heaven to descend and disturb the water. He also expected someone to come and dip him in the water as soon as it was disturbed. When Jesus saw him in this state He said to Him, ' Do you want your health restored ? ' (John v, 6). Can any psychotherapist dealing with patients who fondly cling to their symptoms fail to see the searching light that His question throws on the meaning He gave to faith ? And would any believer in the unconscious avoid acclaiming Him as a great expert of the 'psychology of the depths'? Again, if Jesus regarded healing as dependent on the patient's own will, where then is the power of the invading malignant spirit?

Jesus' emphasis on the faith factor should not be taken merely as a bold and original explanation. It also implies the resolution of the ' transference situation ' while encouraging self-dependence.

It is noticeable that Jesus never allowed His patients to remain with Him after their cure. Typical examples of this principle are His treatment of the Gerasene maniac, the blind man and the converted courtesan. He dwells on the necessity of a single, dominant aim, ' If thine eye be single, thy whole body shall be full of light '.

The ecclesiastical mind is constantly seeking the Lord in the dim recesses of Church history and dogma, and the practising Christian, too, often thinks of Him as a misty phantom in the past. But He is not to be found there. His spirit lives on in more senses than that which orthodox theology recognizes. Time and again the reformer has glimpsed Him in the farthest vista of his own advancing path ; and we, entering an era of psychological discovery, find Him in front, awaiting us at the gate. The following quotation from the monumental work of an experienced psychiatrist, Sadler, is

an illustration: 'The sincere acceptance of the principles and teachings of Christ with respect to the life of mental peace and joy, the life of unselfish thought and clean living, would at once wipe out more than one-half the difficulties, diseases and sorrows of the human race' (*ibid.* p. 1073). Highly valued though such an estimate must be, however, the Christian Gospel makes greater claims than this; it is the solvent not of half but of all the troubles of mankind; it claims universality.

When all that can be said about the healing deeds of Jesus has been said they still retain their miraculous aspect. They are, in fact, not only miracles from the religious point of view; they are also the ideal of science, whose aim is to produce instantaneous and perfect cures. It has taken the world 1900 years to learn the truth that the underlying factor in this is the FAITH of the patient. How long will it take man to reach the position which Jesus attained? That is a question which man will be able to answer when he is like-minded with the Son of Man. Jesus was not a modern man although the spirit and principles which proceed from Him are ever new in their creative and transforming power.

What, then, was the character of this Jesus? What kind of person is it from Whom so rich and persuasive a teaching proceeds? To understand this it is necessary to become, in sympathy and in spirit, a contemporary of Jesus, seeking to see Him in the fullness of His humanity and in the context within which He moved. For this purpose we must take what Plato called a 'synoptic view'—to grasp the whole, regardless of how many minute and superficially conflicting elements that whole may consist. Detaching ourselves therefore, so far as is practicable, from the traditions and presuppositions which thrust themselves between the Gospels and their readers; setting ourselves in imagination, if we may, on

a hillside in Galilee, or in a street of Jerusalem, in the days of Jesus, what, we ask ourselves, is the impression we receive from this new Master Who arrests our attention and compels our obedience?

It would be of extraordinary interest if we might, in the first place, picture to ourselves the external appearance and physical traits of Jesus. Search has been made honestly, and imposture has striven to satisfy the desire to procure some portraits of Him, but nothing exists that can be accepted, notwithstanding the fables of King Abgarus of Edessa or of St. Luke or of St. Veronica's napkin. The simple record, however, offers practically no material for the reproduction of His face or form. It is indeed reported, not without great suggestiveness, that the first impression of His teaching was for the moment created not so much by its contents, striking as these were, as by the demeanour and personality of the Teacher. 'He taught as One having authority' (*exousia*), is the first comment of the narrator. Authority and affection, playfulness and gravity, the light of love and the shadow of rebuke, must have touched in quick succession the face of Jesus. The more we know Him with all His winsomeness the more we are drawn to Him and our love flows to meet His. No man ever detested Jesus, though many have been indifferent. Although he knew in his heart that Jesus was well aware of his purpose in greeting Him, Judas was none the less able to move towards Him and betray Him with a kiss; even in that bitter moment Jesus' spirit of comradeship was not extinguished.

It is striking to notice how often the word 'power' is applied in the New Testament to the influence of Jesus. 'His word was with power', says Luke. When He announced the principles of His teaching, He did not prove or argue or threaten like the scribes; He

swayed the multitude by personal power. Solemn exaltations of mood, experiences of prolonged temptations, moments of mystic rapture, occur indeed in His career; but when we consider what a part these emotional agitations have played in the history of religion, one is profoundly impressed by the sanity, reserve, composure and steadiness of the character of Jesus.

On the other hand is the intellectual aspect of the same quality of power — a strength of reasoning, a sagacity, insight and alertness of mind — which give Him authority over the mind no less than the will.

On almost every page of the Gospels there are indications that the new Master was neither unlettered nor untrained; but equipped with intellectual as well as spiritual authority. An interesting witness of this untaught wisdom may be found in the attitude of Jesus to nature which in every phase and form is His instructor, His companion, His consolation, and each incident of nature is observed by Him with sympathetic insight and keen delight. He is a poet rather than a naturalist; but with Him as with all great interpreters of nature, poetic insight gives significance to the simplest facts. The hen and her chickens, the gnat in the cup, the camel in the narrow street, the fig-tree and its fruit, the fishermen sorting their catch — all these and many other little incidents which met His observant eye become eloquent with the great message of the Kingdom.

A further and still more striking evidence of His intellectual mastery was a certain lightness of touch which Jesus often employed in controversy, and which sometimes approaches the play of humour, and sometimes the thrust of irony. His enemies attack Him with bludgeons, and He defends Himself with a rapier. 'Truth was His sword and love His shield.' No test of mastery is more complete than His capacity to make of

playfulness a weapon of reasoning. The method of Jesus pierces through the subtlety and obscurity of His opponents with such refinement and dexterity that the assailant sometimes hardly knows that he is hit. Instead of a direct reply being given, the immediate question is parried and turned aside, and the motive which lies behind it is laid bare.

Two more ways in which the conduct of Jesus discloses a character Whose dominant note is strength, and both of these increase His pathos and impressiveness. The first is the prodigality of His sympathy ; the second is His solitude of soul. He is equally at home with the most varied types. He moves with the same sense of familiarity among rich and poor, learned and ignorant, the happy and the sad. The sympathy of Jesus is the channel through which His power flows, and the abundance of the stream testifies to the reserve of power at the source.

The second mark of the conduct of Jesus is His spiritual solitude. Give Himself as He may to others in lavish word and deed, there remains within the circle of these relationships a sphere of isolation and reserve. Eager as He is to communicate His message, there are aspects of it which He is forced to see are uncommunicable, so that His language has at times a note of helplessness. Men see, but they do not perceive ; they hear, but they do not understand. ' No man knoweth the Son but the Father ; neither knoweth any man the Father save the Son.'

Here indeed is the pathos of the character of Jesus ; yet here also we approach the source of His strength. The tide of the Spirit ebbs from Him in the throng, and when He goes apart He is least alone, because the Father is with Him. Thus from utterance to silence, from giving to receiving, from society to solitude, the

rhythm of His nature moves, and the power which is spent in service is renewed in isolation. He is able to bear the crosses of others because He bears His own.

A person came, and lived and loved, and did and taught, so unspeakably rich and yet so simple, so sublime and yet so homely, so divinely above us precisely in being so divinely near that His character and teaching require the study of all the individual and corporate, the simultaneous and successive experiences of the human race. And in this we find an insight so unique, a personality so strong and supreme, as to teach us, once for all, the true attitude towards suffering. Not one of the philosophies or systems before Jesus had effectually escaped falling either into pessimism, seeing the end of life as trouble and weariness, and seeking to escape from it into some aloofness or some Nirvana; or into optimism, ignoring or explaining away that suffering and trial which, as our first experience and as our last, surrounded us on every side. But with Him there is union of sense of all the mysteries of human sadness, suffering and sin; and in spite of this and through this, a note of conquest and triumphant joy. There is no Teacher before Him or since who does not require that some allowance should be made for his character and doctrine, for certain inevitable reactions, and consequent narrownesses and contrarinesses. Especially is this true of religious teachers and reformers, and generally in exact proportion to the intensity of their fervour. But in Him there is no reaction, no negation, no fierceness, of a kind to deflect His teaching from its immanent, self-consistent trend. His very apostles can ask Him to call down fire from Heaven upon the unbelieving Samaritans; they can use the sword against one of those come out to apprehend Him; and they can attempt to keep the little ones from Him. But He rebukes them; He

orders Peter to put back the sword into its scabbard; and He bids the little ones to come unto Him, since of such is the Kingdom of Heaven. Indeed, Mark's Gospel tells us how the disciples begged Him to forbid a man who did not follow them from casting out devils in His name; and how He refused to do so, and laid down the great universal rule of all-embracing generosity, 'He that is not against us is with us'.

Passing from our projection of ourselves into Christ's own age, we come now to ask how modern thinkers, looking back from the standpoint of the scientific era, have conceived of Him. Many different answers are given to the famous question which Christ asked of Peter and a number of these are to be found in a compendium chosen by Osborne.[168] Here we have the views of leading scholars of different Christian sects, different religions, different branches of thought and different philosophical systems, including J. J. Rousseau's 'So impossible of imitation are the characteristics of the Gospels that the man who invented them must needs be greater than his hero' (*Émile*). This is particularly true of Luke, the physician, who portrayed Jesus as the 'good physician' and yet again as the Saviour of men. Had Luke himself been the creator of the personality he depicts we should expect, in accordance with Rousseau, that he would have shown himself to have possessed some of His most estimable traits; but as he says in the foreword to his Gospel, 'It seemed good to me also, having traced the course of things accurately from the first, to write'.

Jesus, as a healer, was indeed a genius. It was John Stuart Mill who said, 'There is about the life of Jesus a stamp of personal originality, combined with profundity of insight . . . which must place the prophet of Nazareth in the very first rank of men of sublime genius of whom

our species can boast'. Genius is more prone to create than to borrow, to strike out new paths for itself rather than to follow pedestrians on the highway; and Jesus has claims, although there are many who would deprive Him of every element of originality, to be regarded as a supreme moral and spiritual genius. Jesus, in Matthew Arnold's phrase, is not only above the heads of His reporters, but is also above the heads of His modern critics.

Genius, according to Schopenhauer, is 'the completest objectivity', and there is something in Jesus which throws light on this high conception. 'Every genius', says Nietzsche, 'wears a mask.' In the Roman theatre the mask worn by the players was known as the 'persona' and it is from this word that the English 'personality' is derived. And it is precisely about the personality of Jesus, the mask He wore, that controversy has raged most. In Luke iv we read how one day Jesus read the Scriptures in the synagogue at Nazareth, choosing the following passage: 'The Spirit of the Lord is upon me, because He appointed me to preach good tidings to the poor: He hath sent me to proclaim release to the captives, and recovering of sight to the blind, to set at liberty them that are bruised, to proclaim the acceptable year of the Lord'. Closing the book, Jesus said, 'Today hath this scripture been fulfilled in your ears'. This, then, was how Jesus thought of Himself. Otto [171] takes this to be a genuine estimate of Jesus, Whom he considers to be primarily charismatic, having the gift of *besorah* to preach authoritatively the final dawning of the hoped-for time of salvation, having the gift of exorcism to proclaim release to the captives, and also that of healing generally. This, he says, is the only way in which the historical consequence of Jesus' life, the production of a spirit-led and enthusiastic church, can be explained.

It was as the consequence of a dispute about the personality of Jesus that the Church was divided by fifth-century theologians, an action which was clean contrary to the spirit of Jesus. As Dr. Grensted[87] puts it, 'Even those . . . who accept the decisions of Chalcedon must admit that they resulted from discussions which at the best were little more than a philosophical debate, and which at the worst touched the lowest depths of ecclesiastical and political jealousy, hatred and trickery'. Even here, however, we can apply Samson's conundrum, 'Out of the eater came forth meat, And out of the strong came forth sweetness'. Out of the Christological controversy was born a conception which commends itself as well to emancipated psychologists as to liberal theologians, Cyril of Alexandria's classic simile of the nature of Jesus as the iron in the fire; for the onlooker it is impossible to distinguish between the iron and the fire, both are seen as one. Thus Cyril considered His personality as a true Gestalt! Regarding Jesus in this way we shall fulfil the Platonic condition of taking a synoptic view, grasping truth as a whole and not as an agglomeration of scarcely related parts.

Theologians conceive of Jesus as the revealer of God. But Jesus also, perceiving the depths of man's nature, revealed to the world what man, in the fullness of his powers, can become. The Fourth Gospel presents Jesus as 'the way to the true life' (John xiv, 6, according to an Ethiopian rendering). In this place theology and psychology meet. The religion of Jesus is — we may say obviously — the religion of the greater prophets; but more intimately realized, and consistently lived out in the story of His human life and death. In both cases, the message authenticates itself, not because it comes to us through some miraculous channel, but by its own content — 'by the wisdom of its doctrine'.[212a] It

'finds' us by its appeal to all that is best in us. 'We needs must love the highest when we see it!' And its origin was not 'miraculous' in the specific traditional sense of that word; it was, as Pringle-Pattison says, 'none the less the work of God in a human soul'. 'Christ', said Spinoza [212b] (ch. iv), 'was not so much a prophet as the mouth-piece of God.... Christ was sent to teach, not only the Jews, but the whole human race; and therefore it was not enough that his mind should be accommodated to the opinions of the Jews alone, but also to the opinion and fundamental teaching common to the whole human race — in other words, to ideas universal and true.' In that sense Paul's statement that 'God was in Christ, reconciling the world unto Himself', is appropriate.

As we end our study we take the liberty to borrow Schweitzer's conclusion [203]: 'He comes to us as One unknown, without a name, as of old by the lake-side He came to those men who knew Him not. He speaks to us the same word, "Follow thou Me!" and sets us to the tasks which He has to fulfil for our time. He commands. And to those who obey Him, whether they be wise or simple, He will reveal Himself in toils, and conflicts, the sufferings which they shall pass through in His fellowship, and, as an ineffable mystery, they shall learn in their own experience Who He is.'

CHAPTER IV

THE ECCLESIA AND PNEUMATIC THERAPY

Synopsis of Chapter IV

The early Church, despite Paul's systematization of the charismatic gifts, failed to follow the therapeutic methods of Jesus. The formula, 'in the Name of Jesus', led to the institution of exorcism. This, at its best, retarded development. Vincent de Paul's attitude is remarkable, but belief in demon possession still persists, e.g. *in Abyssinia.*

James' injunction to anoint the sick with oil forms the basis of the sacrament of Unction which, at its worst, gave a hearty invitation to death against which it was originally intended. Cures have been attributed to saints both living and dead. The value of Lourdes is evident, though Bernadette's vision may not have been of the Virgin Mary.

Christian Science claims that Mrs. Eddy discovered the true principles of Jesus' healing. Even though she may have owed more to Quimby than is acknowledged, her Church has put the love of God in the forefront of its teaching and in this is true to the mind of Christ. But in her denial of the existence of matter, Mrs. Eddy was speaking an apocalyptic language which, though addressed to human beings, concerns the world of spirits.

Besides the short-lived Emmanuel Movement the Guild of Health and various individuals are still witnessing to-day to the healing ministry of the Church. But there is no distinct conception of spiritual healing based on the charisma.

CHAPTER IV

The Ecclesia and Pneumatic Therapy

CONTEMPORARY Galileans regarded Jesus as a prophet and described Him as such. His earliest disciples, on the other hand, thought Him to be a Rabbi of extraordinary wisdom, originality and insight. That Jesus Himself was conscious of being the Messiah is one of the best-attested facts of the Gospels. Throughout His life He persisted in this claim and He had the supreme satisfaction of dying for His conviction. According to Streeter [222] (p. 197), 'He stirred up a hornet's nest and the hornet stung', and it was in the working out of His Messianic purpose that He stirred the hornet's nest. It was on this claim that the Church was founded in Jerusalem after His death, and it was the thin red line of the Messiah's blood which separated that Church from Judaism. To preach the Gospel was the charge that Jesus is reputed to have given His followers; but tradition has it that this was accompanied by an injunction to heal the sick. This is evident in the Gospels though not in its *ipsissima verba*. (Cf. Mark vi, 3-13; Matt. iv, 23; ix, 35; x, 1-15; Luke ix, 1-6.) The commission was, of course, reported in such a way as to correspond with the aim of the Evangelists whose words represent their own understanding of it. It was based on definite and systematic training. When He sent out the Twelve He told them to 'Preach the Kingdom of God and to heal the sick' (Luke ix, 2). The Seventy, when they returned from their mission, reported the healing of disease. Peter, James and John

were taken into Jairus' house much as advanced medical students might be shown an interesting case by their teacher. Discipleship, according to the Aramaic original (from *lamad*), conveys the idea of training in theory and practice. Thus the disciples become apostles (from *apostolos*, one sent forth) when, towards the end of His earthly career, Jesus sent them into active work, their course having been completed. Yet no exclusiveness was claimed for this mission; work was to be judged by its fruits and those who were not against Jesus were with Him. If they worked in His spirit their efforts were to be welcomed, even if they had not been personally trained by Him.

Evidence is not lacking that the disciples acted accordingly. When Peter and John went up to the Temple and saw a lame man begging they did not hesitate to act as the Master had done. The man had been lame from birth and was daily carried by his friends to the Beautiful Gate of the Temple where he asked alms of those who were entering. He begged of the apostles as he would have done of anyone else, but then, the narrative continues: 'Peter looked at him steadily, as did John, and said, "Look at us". The man attended, expecting to get something from them.' But Peter told the man that he had no money but would give what he had, and then said, 'In the Name of Jesus Christ the Nazarene, get up and walk!' Peter then raised the man by his right hand and 'instantly his feet and ankles grew strong; he leapt to his feet, started to walk, and accompanied them into the Temple, walking and leaping and praising God'. The people were awestruck at what had happened (Acts iii, 1 f.). The psychological influence in the process of healing is here very obvious. Fixing the eyes was an undeveloped form of hypnotism and the command to rise and walk is very strong suggestion.

But Peter introduced two innovations into the methods of Jesus: he did not wait for the patient to ask for healing, but imposed suggestibility, a typical Petrine self-assertion; and he used the phrase 'in the Name of Jesus'. Among the Jews, as in all the ancient world, the name of a person was more than a mere label but was believed to convey something of the personality. In magic, to know the name of a spirit was to have the power of compelling its obedience. In this passage, 'in the Name of Jesus' means by the authority of Jesus. Another illustration of healing effected by Peter according to the same principles is that of Aeneas at Lydda. This man had been for eight years bedridden with paralysis. Peter, when he found him, said to him, 'Aeneas, Jesus the Christ cures you! Get up and make your bed!' Aeneas immediately got up (Acts ix, 33-34). To what extent Peter was regarded as a healer is shown by the way people even tried to place themselves where his shadow would pass over them, thinking they would be helped by this (Acts v, 15). Obviously this reputation for healing would contribute to the success of the apostles' preaching work. In fact there is evidence that sometimes, as in the mission-field to-day, medical work opened the door for evangelism. For instance, tradition says that Mark's first convert in Alexandria was one Annianus, who welcomed him to his house and heard his message after he had healed him of a supposedly incurable disease. Afterwards Annianus became the first Egyptian bishop.

In the account of Paul's conversion, given in three different passages of the Book of Acts (ix, 1-19; xxii, 4-16; and xxvi, 9-20), Paul is reported to have become blind and to have been healed by the laying on of hands by Ananias. This is not the place to enter into a lengthy discussion of Paul's conversion; but it is obvious that

the blindness that was the outcome of the vision was 'hysterical' (employing the term in its technical sense without any disparaging connotation); that is to say, that no organic change in the mechanism of Paul's eyes took place as the result of an objective light of excessive vividness affecting the retina, but that the blindness was brought about by purely mental processes. It should be noted that, even if it is maintained that the blindness was due in the first instance to an objective light (cf. Acts xxii, 9, with which contrast Acts ix, 7), it does not follow that the prolongation of the inability to see until the visit of Ananias was not the result of autosuggestion. There is plenty of evidence that blindness (and, indeed, most other disabilities) initiated by physical causes may be continued unduly, and perhaps indefinitely, by autosuggestion or heterosuggestion, thus becoming 'hysterical'. This has frequently been noticed in the Great War where men have temporarily lost their sight from the effect of poison gas, and the state has continued unnecessarily owing to the belief that they would never see again.

On the other hand, Dr. Jung [120] (p. 21), described a case of the girl, 'S. W.', who was 'hysterically blind' for half an hour after one of the ecstasies into which she frequently went.

At Lystra, Paul himself is reported to have healed a man who was lame from birth (Acts iv, 8 ff.). The case is strikingly similar to that of the lame man at the Beautiful Gate who was healed by Peter. The man is described as suffering from a severe organic affliction; he was 'powerless in his feet, a lame man unable to walk ever since he was born'. Like Peter, Paul looked 'fixedly' at the patient and, in a manner reminiscent of the Gospel records, waited to see whether he had faith. Then he said in a loud voice, 'Stand erect on your feet'.

The result was immediate; at once the man jumped up and began to walk. Psychotherapists have proved that patients who believe that they have suffered from some physical disability from birth are often found to have been in their third or fourth year when the malady first attacked them. Often when the physical element has disappeared the symptoms continue 'hysterically'; the patient, thinking from past experience that he never will be able to walk properly, does not try. The cases reported in Acts may be explicable on these grounds.

Paul practised healing only when circumstances obliged him to do so. A good example of this is that of the young man who fell from a third storey window while he was preaching at Troas. When the youth was picked up people thought he was dead, but Paul threw himself upon him and embraced him, saying, 'Do not lament, the life is still in him'. After the meeting he was taken away alive (Acts xx, 9, 10, 11). There is a strong resemblance here between the technique of Paul and the methods of Elijah in bringing back to life the widow's 'dead' son (1 Kings xvii, 17 f.). Elijah laid the boy on a bed and, after prayer, stretched himself upon him three times. The child then revived. Among the Indian fakirs there are some who induce hypnotism in the same manner. Sitting by the patient the fakir places his face close to that of the patient and one hand on his stomach. Then he breathes on to the patient's eyes and into his mouth, making passes with the other hand over the features.

Paul himself regards the ability to heal as a charismatic gift. In 1 Cor. xii, 4 ff., he mentions a whole catalogue of such gifts. The gifts of grace are synonymous with ministrations and mighty works (*charismata*, *diakonia*, *energemata*) and with these he classifies the words of wisdom (*logos sophias*) and of knowledge

(*gnoseos*): *pistis* (faith) was mightily working, mountain-removing faith; healing; *energemata dynameon*, that is miraculous mighty works of a kind closely determined; prophecy; *glossolalia*, ecstatic speech; and the strange *diakrisis pneumaton* or distinguishing of spirits. In addition, chapter xiii describes the more specifically religious gifts such as charismatic love, and also faith and hope. We also find mentioned by Paul, *horasis*, the gift of seeing in dreams and visions; experiences of rapture such as his own transport into the third heaven; and the gift of exorcism, which Paul himself also exercises. Not every possible charismatic gift is included, however. Rather, he prefers to restrict them to a definitely limited group of heightened psychic powers similar in character and flowing from a single *pneuma*. Nor is their working unlimited: the gift of prophecy does not imply omniscience; nor that of healing, omnipotence, for not every sick person is healed; the *exousia* of proclamation does not convey infallibility. The charismatic himself is not a unique being, possessing something peculiar to himself, but has gifts which can be developed in all believers who have received the spirit. On the whole, however, charismatics form a definite spiritual type, recognizable as a unity. Speaking generally it may be said that these gifts are mysterious heightenings of talents and capacities which, if they are not identical with those found in normal people, at least have their analogues there. They are not supernatural invasions into the life of nature. No nature miracles such as the alleged standing still of the sun nor the collapse of the walls of Jericho (*hortentia*, *miracula*, *prodigia*) emerge from them. The charismatic is also different from the conjurer who works for the sake of display. Paul is an example of this principle. Although he knew the powers of the spirit to be operative in himself he

censured the Jews for demanding miracles (1 Cor. i, 22), 'The Jews require miracles; the Greeks ask for wisdom; but we preach Christ, the crucified'. Instead of adducing worldly wisdom and working miracles, he appealed to the preaching, which was sufficient witness to itself. Like Jesus, he rejected recourse to miracles as a means of sustaining a theological thesis. The same principle held good among the later charismatics of Islam. Here the charismatic gifts are called *Karamat*: but these *karamat* are distinguished from real miracles. The miracle is called *mu'ǧizah*, the obvious miracle, which is always differentiated from *karamah*. Indeed, this distinction is fundamental to the charismatic. It is only felt and asserted the more for the fact that it is unexpressed. A truer definition of charisma would be to describe them as capacities for psychic experiences of distinctive kinds; or heightened talents such as *kubernesis* (guidance) or *diakrisis* (discernment). They express themselves by means of operations of the soul upon other souls which far surpass the limits of normal psychic influences; but they are nevertheless rooted in the general mystery of the psychic process of the will. This exposition is made from the point of view of spiritual concepts but the phenomena might well be interpreted in terms of everyday talents. When we speak of a gifted musician, for example, we speak of a person who has a great aptitude for music. Unless he trains himself, the mere possession of the talent will never make him proficient; and in the same way the possessor of a healing gift can never touch his highest potentialities without knowledge and practice.

Returning to Jerusalem, we find James laying down the future policy of the Church with regard to sickness and spiritual healing, emphasizing the necessity of calling the presbyters together, of prayer, of confession and of

anointing. 'Is anyone ill? Let him summon the presbyters of the church and let them pray over him, anointing him with oil in the Name of the Lord; the prayer of faith will restore the sick man, and the Lord will raise him up; even the sins he has committed will be forgiven him. So confess your sins to one another, that you may be healed; the prayers of the righteous have a powerful effect' (James v, 13-16). The whole of this passage is based on Jewish practice. Among the Jews the sick were advised to make their confession to the Rabbis, to whom the 'elders' mentioned by James corresponded. Oil was supposed to possess strong remedial properties, while it was used by the Greeks in magical rites and was also known to the Jews in this connection (*Tract. Sabb.* xiv, 3). In the passage before us the reference to oil may be the result of influence from either of these sources.

Looking back upon what we now know of the healing methods used by the apostles after Pentecost, we see that they introduced two innovations which are not found in the records of Jesus' work. First, they anointed the patient with oil; and second, they spoke in the Name of Jesus. The formula which Peter introduced formed the background of all future healing activities associated with exorcism within the Church, while James' injunction to anoint was the basis upon which was built the sacramental use of oil in holy unction. Before attempting to trace these developments, however, it will be as well to consider their relationship with Christotherapy as investigated in the previous chapter.

Only one reference by Jesus to the use of oil has been preserved in the Gospels, and that was in His ingenious parable of the Good Samaritan (Luke x, 29-37). In rendering first aid to the victim the Good Samaritan used oil and wine, as was natural, seeing that both in

Palestine and in Greece they were supposed to have curative value. Wine was thought to have antiseptic properties, while oil was soothing and softening to the skin. The story shows that Jesus was acquainted with the medical methods of His time and that He approved of their employment when necessary. Apart from this, Jesus Himself is nowhere reported to have used oil in His treatment and there is no evidence that He instituted the sacrament of Holy Unction.

The other reference to the use of oil is in Mark vi, 13, where it is reported that the apostles ' anointed with oil many that were sick and healed them '. Perhaps that was done when oil was needed as a drug ; but, on the other hand, this sentence may be a marginal gloss or adaptation of the original narrative, since it does not appear in either of the other Synoptic Gospels. If that were so it would not be the only addition of its kind. For instance, the clause, ' And fasting ', in Mark ix, 17, is omitted in the best MSS., and so also is its parallel in Matthew xvii, 21 ; and it is plain that the addition was made in the second century, being regarded as an essential condition of effective exorcism in the Eastern Church. The sacramental use of oil has its root in the passage from the Epistle of James already quoted.

Jesus, in His traditional charge to the disciples, is not reported to have instructed His disciples to use the phrases ' in My Name ' or ' in My Hand ' ; nor did He tell them to anoint with oil. His invitation to ' learn of Me ' (Mark xi, 29), however, is one to which those who wish to become His disciples should pay due heed. The phrase, ' in My Name ', which is found in Mark ix, 38-40, is not so easy of acceptance. It appears elsewhere in Mark three times, but always in passages which are almost certainly interpolations. Two are in chapter viii and the third is in xvi, 17, the former

of which is an eschatological portion which it may be taken for granted was inserted later; while the latter is from what has been called the appendix, which was a second-century attempt to complete the Gospel.

Jesus based all His activities on a knowledge of human nature and did all for the uplifting of mankind. No one was ever known to depart from Him in a worse condition than when he came, and His purpose was to 'make all things new'. Sometimes, however, His followers were mistaken in the use to which they thought their powers should be put. On the few occasions on which they did act — with or without using this formula — they brought about something which would not have been pleasing to their Master. By the strength of his will, for example, Peter compassed the death of Ananias and Sapphira for withholding part of their offering to the Church (Acts v, 1-11); and Paul, by his curse (using the phrase, 'the Hand of the Lord'), took away the sight of Elymas the sorcerer (Acts xiii, 6-12). When the disciples asked Jesus to permit them to perform a similar miracle, to bring down fire from heaven to consume the Samaritans, He had checked them (Luke ix, 54-56). It might almost be said, to use mediaeval phraseology, that Jesus always employed 'white magic', but when the disciples misunderstood its correct application it became 'black magic'.

Developments in the Christological controversy which led to an increased emphasis on the divinity of Jesus almost to the exclusion of His humanity encouraged the practice of exorcism and at the same time strengthened the belief in the power of His name over demons. During the first three centuries of the Christian era a wide latitude of opinion was observable as regards the cosmological status of the Logos (the Third Person of the Trinity Who was supposed to have become incarnate in

Jesus), and the metaphysical relationship between the Logos and the supreme God (the Father Almighty). The Logos was generally thought to be in some way subordinate to the Father, but none the less the Incarnate Logos, Christ, was worshipped as God and almost took the place of God. In a letter to the Emperor Trajan, written from Bithynia in A.D. 111, Pliny describes the Christians as singing hymns to Christ as God. Thus did the path of history lead, little by little, away from the conception of Jesus as man and of His Gospel as a human thing to the cult of Jesus the Lord; and this was especially so in Alexandria, removed as it was from the actual scenes of the earthly ministry, and influenced by the ancient decaying mythologies which Christianity was destined to supersede. Harnack has characterized Athanasius as the man who, early in the fourth century, removed from the Christian faith the last vestiges of the Jesus of history, and this notwithstanding the latter's remarkable dictum, 'God became man in order that man might become God'. The name of Jesus became so exalted that no Christian could ever give it to one of his children. The name, Jesus, was far more effective than those of the pagan gods who came to be regarded as demons themselves. Peter used the name as that of the holy Servant of the Lord (cf. Acts iv, 30): his successors used it as that of the very God. There even came to be a distinction between the name and God Himself, as the following quotation from the *Second Apology* of Justin Martyr (vol. I, chap. vi) clearly shows: 'But to the Father of all, Who is unbegotten, there is given a name . . . as also the appellation "God" is not a name, but an opinion implanted in the nature of men of a thing that can hardly be explained. But "Jesus", His Name as man and Saviour, has also significance. For He was made man also, as we before

said, having been conceived according to the will of God, the Father, for the sake of believing men, and for the destruction of the demons. And now you can learn this from what is under your own observation. For numberless demoniacs throughout the whole world, and in your city, many of our Christian men exorcising them in the Name of Jesus Christ, Who was crucified under Pontius Pilate, have healed and do heal, rendering helpless and driving out of the men the possessing devils, though they could not be cured by all the other exorcists, and those who used incantations and drugs.'

Not only was Jesus supposed to be the agency through which the exorcism was done, but the gift of exorcism itself, that which Paul had believed to have come from the spirit, was regarded as emanating from Him, though He Himself had spoken as if He were the anointed of God. Eusebius[55] (v, 7), quoting Irenaeus who wrote about the year A.D. 180, says: 'His true disciples, receiving grace from Him (Christ), perform such works in His Name for the benefit of other men, as each has received the gift from Him. For some of them drive out demons effectually and truly, so that those who have been cleansed from evil spirits frequently believe and unite with the Church. . . . Still others heal the sick by the laying on of hands and restore them to health.' From this we see that the Name of Christ came to be used in the treatment of those mental disorders which were regarded as devil-possession, while Peter used it in dealing with a lame man. The whole question of the aetiology of disease was at this time debated by scientists and theologians, especially in Alexandria; but opinions were divided about it, as this extract from the works of Clement of Alexandria shows:

'For the soul being turned by faith, as it were, into the nature of water, quenches the demon as a spark of

fire. The labour, therefore, of every one is to be solicitous about the putting to flight of his own demon. . . . Whence many, not knowing how they are influenced, consent to the evil thoughts suggested by the demons as if they were the reasoning of their own souls. . . . Therefore the demons who lurk in their souls induce them to think that it is not a demon that is distressing them, but a bodily disease, such as some acrid matter, or pile, or phlegm, or excess of blood, or inflammation of a membrane, or something else. But even if this were so, the case would not be altered of its being some kind of a demon.' [195]

Origen (*b.* A.D. 185), the disciple and successor of Clement, definitely asserted that ' The force of exorcism lies in the Name of Jesus '. After speaking of the power of the deities of the Hebrews, Persians and Greeks, he says, ' And a similar philosophy of names applies also to our Jesus, Whose Name has already been seen in an unmistakable manner, to have expelled myriads of evil spirits from the souls and bodies of men, so great was the power it exerted upon those from whom the spirits were driven out . . .' [167] (I, 24, 25). This, Origen believed to be the will of the Logos. Tertullian [225] said, ' The wicked spirit, bidden to speak by a follower of Christ, will as readily make the truthful confession that he is a demon, as elsewhere he has falsely asserted that he is a god ' (*Apol.* ch. 23). Writing in the fourth century, Eusebius says, ' Who is he who knows not how delightful it is to us that through the Name of our Saviour coupled with prayers that are pure, we cast out every demon '.

The prominence of exorcism in the early ages of the Christian Church appears from such statements and many others in the writings of the fathers, and by the third century there was an order of exorcists. The

earliest record of the special ordination of exorcists is the seventh canon of the Council of Carthage (A.D. 256). 'When they are ordained', it runs, 'they receive from the hand of the bishop a little book in which the exorcisms are written, receiving power to lay hands on the energumeni, whether baptized or catechumens.'

Exorcist was the third grade in the minor orders of the clergy, coming between those of acolyte and reader in the Catholic Church. The ancient rite of exorcism in connection with baptism is still retained in the Roman ritual, as is also a form of service for the exorcising of possessed persons. The exorcist makes the sign of the Cross on the possessed person, desires him to kneel, and sprinkles him with holy water; after which the exorcist asks the devil his name, and adjures him by the holy mysteries of the Christian religion not to afflict the person possessed any more. Then, laying his right hand on the demoniac's head, he repeats the form of exorcism as follows, 'I exorcise thee, unclean spirit, in the Name of Jesus Christ; tremble, O Satan, thou enemy of the faith, thou foe of mankind, who hast brought death into the world, who hast deprived men of life, and hast rebelled against justice, thou seducer of mankind, thou root of evil, thou source of avarice, discord and envy'. Exorcists had to be careful when evil spirits were being cast out to keep their mouths closed, for fear the imps should jump into them from the mouths of the patients. Devils took possession of their victims either by means of food or while the mouth was opened for breathing. Even so well-educated a man as Pope Gregory the Great (540–604) solemnly related that a nun swallowed a devil with some lettuce which she had eaten without first having made the sign of the Cross, and that when it was commanded by a holy man to come forth it replied, 'How

am I to blame? I was sitting on a lettuce, and this woman, not having made the sign of the Cross, ate me along with it.' [43] This is only one example of the many strange ideas concerning the habits of devils.

Whatever its present position, the office of exorcist was, until comparatively recent times, by no means considered a sinecure. 'The exorcist a terror to demons' (Paulinus, *Epist.* 24) survived the Reformation among Protestants, with the belief, expressed by Firmilionus in his epistle to St. Cyprian, that 'through the exorcists, by the voice of man and the power of God, the devil may be whipped, and burnt and tortured'. In every ancient Church the Bishop himself, by virtue of his Consecration and not of any personal 'charisma of healing' which he might have previously possessed, acted as the chief exorcist and healer. On the other hand, it was recognized that the possession by a layman of such a personal 'charisma' was a recommendation.

Exorcism outlasted the Reformation and continued to be freely practised by the pastors of both the Lutheran and 'Reformed' (Calvinistic) Churches of Europe and by the Puritan ministers of North America.

'How often', said Luther, 'has it happened, and still does, that devils have been driven out in the name of Christ.'

In Luther's opinion, 'The greatest punishment God can inflict on the wicked . . . is to deliver them over to Satan; who with God's permission kills them or makes them undergo calamities. Many devils are in woods, waters, wilderness, etc., ready to hurt and prejudice people. When these things happen, then the philosophers and physicians say, it is natural, ascribing it to the planets. Cases of melancholy . . . he concluded to be merely the work of the devil. Men were possessed by the devil in two ways; corporally or spiritually.

Those whom he possessed corporally, as mad people, he has permission from God to vex and agitate; but he had no power over their souls' [245] (p. 141 ff.).

During the long interval between St. Peter and Martin Luther the great work of Hippocrates and his successors of the Alexandrine and Graeco-Roman schools seemed almost to pass into oblivion and there was a retrogression into the primitive stage. The majority of mental disorders had ceased to be regarded as suitable subjects for clinical treatment and research, but were believed to be afflictions of divine or demoniacal origin, susceptible of treatment by incantations, superstitions, amulets and astrological complexities. The methods used were, in fact, nothing but the debased progeny of human pathology. This obscurantism first began to lose its hold towards the end of the sixteenth century, when it was attacked by a number of men who were far in advance of their age. From the religious side it was challenged by the great Vincent de Paul; from the point of view of physical science by Galileo and Copernicus; from that of medicine by Agrippa and Wierus. It was vigorously criticized by laymen such as Reginald Scot and Henry Harvard; but, more important still, by the scientific medical men, Michael Servetus and by Vesalius of Brussels, who finally brought to a close the period of stagnation in the study of anatomy, during which medicine had been unable to make any progress. It is to these men and their supporters that the modern world owes one of its greatest debts; it was they and their like who prepared the ground for the renaissance of medicine and surgery and, later on, for psychiatry, though this was still in the remote distance. The opinion began to prevail in scientific circles that mental disorders were due entirely to natural causes and the gradual adoption of this view both by the Roman and the

Reformation churches led first to the restriction of the use of exorcism and ultimately to its almost complete cessation. Perhaps the finest pronouncement on the subject was that made by the wise and far-seeing Vincent de Paul (1576–1660), who, surrounded as he was by bitter opposition, did not hesitate to declare that 'Mental disease is no different from bodily disease and Christianity demands of the humane and powerful that they should protect, and of the skilful that they should relieve, the one as well as the other'.

There are still some sections of the Church, even to-day, however, where the old ideas of possession prevail. I myself have come into close contact with them in Abyssinia. In Shoa insanity, epilepsy, delirium and hysteria are all attributed to the machinations of devils and exorcism is still practised. Charms and amulets are used both for protection and cure. As Examining Chaplain to the Archbishop of Ethiopia at Addis Ababa, I used to collect charms written on parchment from the necks of the young men who came to be ordained for the deaconry and priesthood. These I cut to pieces, and burnt with their leather cases. The owners, viewing the scene, almost trembling with fear and gazing at me with wide-open mouths, would expect the spirits to take their revenge by striking me with horrible diseases. Although this little drama used to be enacted frequently I enjoyed the very best of health during the whole of the three years I spent in Abyssinia!

In the West, too, the practice of exorcism has not entirely disappeared, and many 'spiritual healers' are convinced of its value, in spite of the fact that the Church at large does not regard such people with favour. They claim for themselves the distinction that they are the mediums of beings in the spirit world who were physicians during their earthly life and are still interested in their

former profession. Christian spiritual healers, in the literal sense of the term, claim to be the instruments of the spirit of Jesus Christ, the Great Physician. They teach that when they lay their hands upon a sick person it is Jesus Whose hands are really laid, or that the power of healing which flows from their hands emanates from Him.[213]

James's injunction to use unction gave rise to important developments, and just as the Petrine introduction of exorcism in the Name of Jesus proved to be a stumbling-block in the way of the progress of mental healing, so this was one of the many great hindrances to the scientific treatment. Whatever the disease from which he was suffering may have been, if a sick person was anointed on the eyes, ears, nostrils, mouth, hands, feet and reins, it was believed that he could be cured. Rufinus, in his *Ecclesiastical History*, tells of a supernatural cure worked by five disciples of St. Anthony, in Egypt, in the latter part of the fourth century. 'There was brought to them a man withered in both hands and also in his feet. But when he had been anointed with oil all over by them, in the Name of the Lord, immediately the soles of his feet were strengthened, and when they said to him, "In the Name of the Lord Jesus Christ . . . arise and stand on thy feet and return to thy house", at once, arising and leaping, he blessed God.' Another supernatural cure, this time said to have been worked by St. Macarius who died in 395, is related by Palladius, a friend of St. Chrysostom. A noble and wealthy virgin from Thessalonica, who had suffered for many years from paralysis, was anointed by the saint daily for twenty days, praying fervently for her all the time, and then sent her back, cured, to her own city.

St. Martin of Tours, who lived about the end of the fourth century, is reported to have cured a paralytic girl

and also a girl of twelve who had been dumb from birth, by pouring oil into their mouths. During the episcopate of St. German, Bishop of Auxerre in the earlier part of the fifth century, a terrible epidemic broke out in a place where he was staying. Most of the victims died within three days. The principal symptom was an internal swelling of the jaws. When St. German anointed their swollen jaws with oil which had been blessed, the swelling subsided and they were able to take food.

Numerous similar stories could be cited, dating at least up to the seventh century, the records of which seem (as in the cases quoted) to be almost contemporary. Such narrations would weary the reader, and it is clearly impossible to treat the stories in a scientific manner ; but it seems that from the ninth century onward this rite ceased to have any value as suggestion. Because unction has been generally used in the Roman Catholic Church in extreme cases, it has thus come to be regarded as a preparation for death, instead of a healing factor as in the Eastern Church. The opinion was widely held in mediaeval times that, once anointed, a person ought to die. If he recovered, he had to behave as if he were dead to the world — walk barefoot, eat no meat, refuse to enjoy the rights of marriage. If he had made a will, it was regarded as valid. In the eleventh century or earlier, public service books in France and Italy directed that after unction the patient should be laid on the floor to await death. In fact, unction had the same effect as black magic. A more encouraging attitude was taken by some leading schoolmen who taught that unction properly received gave the soul immediate entrance into heaven, temporal punishment in Purgatory being remitted. Dr. C. Harris points out in *Liturgy and Worship* that this doctrine has been revived by a Roman Catholic writer, Kerin, in this century, and that he has received a

considerable measure of support. Having been anointed, the patient assumes that he is about to die.

The development of unction in the Eastern Churches has been on different lines. There the rite consists of seven parts and the service is conducted in the Greek Church, for instance, by seven priests and at least one deacon; and one priest and seven deacons in the Coptic Church. The sick person has to be anointed for seven successive days including the day of the service when he is anointed by the priest; the following six days the priest is not necessary and the patient may anoint himself with the consecrated oil. Thus the service does not suggest instantaneous cure. On the other hand, a custom has arisen in many places of administering unction to those in good health after Confession and Absolution. The unction is thought to impart fuller cleansing from sin with a view to good Communion.

Throughout the mediaeval period there were saints who were believed to possess the gift of healing, but among the innumerable records of miracles it is impossible to distinguish truth from falsehood. Few of the accounts are supported by substantial contemporary evidence, while many are silly, unspiritual, or even immoral. Some were so obviously derived from Scriptural or Apocryphal records that their authenticity can scarcely be upheld. Some of the saints were, it is true, responsible for marvellous cures, but generally unintentionally. In fact, there were some who virtually tried to avoid conferring health on others. Nearly all the great religious leaders of history have, by virtue of their personalities, so stimulated the faith of sick people that they have recovered — Paul, Augustine, Francis of Assisi, Luther, Swedenborg, Fox, John Wesley, for example. Christian kings in England and France were able to heal by their touch, and there was even con-

troversy as to which king had the greater powers. Even after their death, cures were wrought by the invocation of such saints or worthies.

Relics of saints and martyrs, pieces of 'the true Cross', and stones which sweated blood or healing oil were used as a means of firing the imagination and thus overcoming disease. Mackay tells how pilgrims to the Holy Land sold thousands of relics on their return. If placed together, the splinters of the true Cross, which abounded in every country, would have been sufficient for many crosses. Tears of Jesus and of the Virgin and of St. Peter were hawked around, while toe-nails of the last named 'sufficient to have filled a sack' were for sale. The blood of Jesus and of the martyrs commanded extravagant prices [155] (ii, 303 f.). These were used as charms and amulets, the Church encouraging the practice. Many of the saints had wells and fountains dedicated to them, and rites were performed there at Easter and on other feast days, when offerings were made to the patrons. In Egypt, Asia Minor, Europe and Britain, churches were built at such places and incubation practised in them. The churches of Sts. Cosmos and Damian at Constantinople were famous centres. The shrine of St. Takla Haymanot at Debra Lebanos in Abyssinia, with its holy water called *Tabal*, is still a national resort for those seeking health.

All over the world the name of Lourdes is a household word as a centre of spiritual healing. Its fame is entirely associated with the grotto where, in 1858, a fourteen-year-old Roman Catholic peasant girl named Bernadette Soubirous experienced repeated ecstatic vision of a Lady. The first experience took place on the Thursday before Ash Wednesday at about half-past twelve, February 11, 1858. Bernadette and her younger sister were sent, with a friend named Jeanne Abadie, to gather wood.

They first of all took the road which leads to the cemetery, by the side of which wood was unloaded and where shavings could sometimes be found. That day they found nothing there. They came down by the side which leads near the 'Gave' and, having arrived at Pont Vieux, took the forest road and arrived at Merlasse. When they were nearly opposite the grotto of Massabieille the canal of a mill they had just passed was in their way. The current was not strong, for, perhaps because it was lunch-time, the mill was not working. The water was too cold for Bernadette to cross, as she was very delicate, but her sister and Jeanne Abadie took their sabots in their hands and crossed the stream. When they reached the other side, however, they called out that it was cold and bent down to rub their feet and warm them. All this increased Bernadette's fear, and she thought that if she went into the water she would get an attack of asthma. So she asked Jeanne Abadie, who was bigger and stronger than herself, to take her on her shoulders.

'I should think not,' answered Jeanne; 'you're a mollycoddle; if you won't come, stay where you are.'

After the others had picked up some pieces of wood under the grotto they disappeared along the 'Gave'. Now quite alone, Bernadette threw some stones into the bed of the river to give her a foothold, but it was of no use; so she had to make up her mind to take off her sabots and cross the canal as Jeanne and her sister had done. We can imagine what would be her emotional state!

Recording what happened then after a lapse of time Bernadette said:

'I had just begun to take off my first stocking when suddenly I heard a great noise like the sound of a storm. I looked to the right, to the left, and under the trees of the river, but nothing moved; I thought I was mistaken.

I went on taking off my shoes and stockings, when I heard a fresh noise like the first. Then I was frightened and stood straight up. I lost all power of speech and thought when, turning my head towards the grotto, I saw at one of the openings of the rock a bush, one only, moving as if it were very windy. Almost at the same time there came out of the interior of the grotto a golden-coloured cloud, and soon after a lady, young and beautiful, exceedingly beautiful, the like of whom I had never seen, came and placed herself at the entrance of the opening above the bush. She looked at me immediately, smiled at me and signed to me to advance, as if she had been my mother. All fear had left me but I seemed to know no longer where I was. I rubbed my eyes, I shut them, I opened them ; but the lady was still there continuing to smile at me and making me understand that I was not mistaken. Without thinking of what I was doing I took my rosary in my hands and went on my knees. The Lady made a sign of approval with her head and she herself took into her hands a rosary which hung on her right arm. When I attempted to begin the rosary and tried to lift my hand to my forehead my arm remained paralysed, and it was only after the Lady had signed herself that I could do the same. The Lady left me to pray alone ; she passed the beads of her rosary between her fingers but she said nothing ; only at the end of each decade did she say the " Gloria " with me. When the recitation of the rosary was finished the Lady returned to the interior of the rock and the golden cloud disappeared with her.'

Bernadette was still on her knees when Jeanne and her sister returned to the grotto and found her there. They laughed at her and called her imbecile and bigot, asking her whether she was going back with them or not. She had no difficulty now in going into the stream

and she felt the 'water as warm as the water for washing plates and dishes'. While drying her feet she told them 'The water of the canal is not so cold as you seemed to make believe!'

'You are very fortunate not to find it so; we found it very cold,' was their reply.

On the way back before they got to the house, Bernadette told her sister about the 'extraordinary things' that happened to her at the grotto, asking her to keep it secret.

Throughout the whole day the image of the Lady remained in her mind. In the evening at the family prayer she was troubled and began to cry.

The mother asked what was the matter? Her sister hastened to answer for her and Bernadette was obliged to give an account of the 'wonder' which had come to her that day.

'These are illusions,' answered the mother; 'you must drive these ideas out of your head, and especially not go back again to Massabieille.'

She went to bed but could not sleep. The face of the Lady returned incessantly to her memory, and it was useless to recall what her mother had said to her. 'I could not believe that I had been deceived,' she said.

Thus we have a very interesting psychic case.

If the sound did occur, was it of a storm? Was it of the mill which might have restarted after the lunch hour? Did seeing the bush while taking off the shoes suggest the story of the burning bush of Moses which Bernadette might have known?

These are perhaps secondary points; but we are obliged to ask who the Lady really was.

When Bernadette was asked to give a detailed description of the Lady, this is what she replied:

'She has the appearance of a young girl of sixteen or seventeen. She is dressed in a white robe, girdled at the waist with a blue ribbon which flows down all along her robe. She wears upon her head a veil which is also white; this veil gives just a glimpse of her hair and then falls down at the back below her waist. Her feet are bare but covered by the last folds of her robe except at the point where a yellow rose shines upon each of them. She holds on her right arm a rosary of white beads with a chain of gold shining like the two roses on her feet.'

Some months before, the Guild of the *Enfants de Marie* at Lourdes had lost its good and well-beloved president, Mademoiselle Elisa Latapie, and the Guild was mourning her then and for a long time afterwards. Although young, Mademoiselle Latapie had obtained the confidence and respect of all. Her good character drew all hearts spontaneously to her, 'and to the young Guild members she was a friend, an adviser, a second mother'. When she went along the streets every one saluted her with respect and veneration. There was universal mourning for her death. On the day of her funeral the whole town of Lourdes accompanied the coffin, and the tears of the poor, more eloquently even than their words, told how great had been her kindliness. Now among the *Enfants de Marie* most closely attached to Mademoiselle Latapie, Antoinette Peyret had occupied the first place. She was struck by the likeness between the description of the dress of the Lady of the rock and that of the dress worn by the *Enfants de Marie* on the days of their religious ceremonies. Instantly her thoughts flew to Mademoiselle Latapie, and she wondered with emotion whether the Lady who was showing herself at Massabieille was not their former president who had come to ask for their prayers. Antoinette Peyret and a

woman friend of hers accompanied Bernadette to Massabieille, when she had her third experience. While Bernadette was in ecstasy, Antoinette Peyret, still absorbed in the thought of her dead friend, the president of the Guild, said to her, giving her the pen and paper she had brought, 'Please ask the Lady if she has anything to tell us and in that case if she would be so good as to write it'.

Bernadette took three or four steps towards the rock, then realizing even without turning round that the two women were following her, she signalled to them with her hand to remain behind. When she had reached the bush, Bernadette stood on tiptoe and presented the pen and paper to the Vision. She remained for some moments in this attitude, looking towards the opening, and seemed to listen to words which came from the top of the recess. She then lowered her arms, made a profound inclination, and returned to her original place. 'As one might expect, the paper remained blank.' Bernadette said to Antoinette Peyret that the Lady's answer was:

'There is no need for me to write down what I have to say to you.'

Then she added that the Lady asked her to come here for fifteen days.

'Since the Lady consents to speak to you,' said the women, 'why do you not ask her name?'

'I have done so.'

'Well, who is she?'

'I do not know; she lowered her head with a smile, but she did not answer.'

And so Antoinette Peyret did not get a direct answer to her anxious question, 'Who is the Lady?' At a subsequent interview, however, the Lady is said to have replied to a request for her name, 'Immaculate Con-

ception '. The movement which followed was authorized by the Pope as the ' Cult of Our Lady of Lourdes '.

But in view of the psychological data we now possess, it is impossible to discard Antoinette Peyret's theory altogether. Bernadette had probably been one of the very people who had mourned Mademoiselle Latapie's death. If this person were buried in the cemetery she would have passed her grave on the way to the grotto before her first experience; and it is not impossible that even the stockings she pulled off reminded her of her dead friend. As she was poor, they might well have been a gift from her. It may be that Bernadette desired her resurrection and that her experience was a gratification of this wish. It is not without significance that she said she had seen ' a lady coming out of the grotto '. On the other hand, we are not justified either scientifically or theologically in altogether excluding the possibility of an objective apparition. Such phenomena are now considered a subject of serious research. At present there is a statue of the Virgin standing on a rock which projects above the grotto, the walls of which are covered with crutches and votive offerings.

It was during Bernadette's ninth ecstatic experience that she discovered the ' miraculous spring '. Estrade,[54] who was present in person on this occasion, gives a detailed account of what happened. On February 25 the girl went to the place where she usually prayed and, after some moments of meditation, rose from her knees and advanced towards the grotto. In passing, she pushed aside the branches of a wild rose tree and went to kiss the ground under the rock beyond the bush. Then she returned down the slope and once more fell into ecstasy. Again standing up she turned hesitantly towards the ' Gave ', moved in that direction, and then abruptly stopped and looked behind her as if in answer

to a call from the side of the rocks. She made a sign of assent and began to walk once more, but this time towards the grotto, not towards the 'Gave', to the left corner of the excavations. After going about three-quarters of the way she stopped and cast a troubled look around, raised her head as if to question the Lady, and then bent down and began to scratch the earth. The cavity which she hollowed out became full of water, and she drank of it and washed her face in it. When the bystanders saw her come away with muddied features they immediately concluded that she was out of her mind. That afternoon, however, people who revisited the spot noticed what they had not seen before, a little stream of water, flowing down the hillside and increasing in volume every moment. This is the fountain which flows there to this day.

Lourdes is situated in a country where springs abound. The soil in the grotto of Massabieille had always been damp and plants which require a great deal of moisture grew there. In the lower part of the sandy floor, which was higher at the back of the grotto than at the entrance, there had always been a pool plainly to be seen. In 1879 Abbé Richard, a famous hydrographist, who spent a week at Lourdes examining the springs of the district, said that if he had seen the Massabieille rock and the little hill above it he would have expected to have found water there; and even if he had never heard of the 'Appearances' or of the spring, and had come by the railway which passes the grotto a few hundred metres away, he would have said that there was a spring of water there. The spring was a typical phenomenon of the district and, as a consequence, Abbé Richard came to the conclusion that the miracle lay in its discovery by Bernadette. This term is only justified, however, if it be realized that what is meant

is that it was very remarkable that the spring should have been discovered by one who was in no sense an expert; in a way which seems to be more than mere coincidence; and in circumstances which cannot easily be explained; or, on the other hand, the term may be applied in the same sense as in cases of water-divining by people without scientific training. It must be remembered, too, that the word 'miracle' would, in this instance, imply no contravention of the laws of nature.

At the present the spring runs through taps from which pilgrims drink, and flows into Piscina where patients are immersed. The cures are not effected by any distinctive natural element which the water contains and the water is not in any way conditioned beforehand. In fact, the cures which have been effected do not conform to any general rule. Some even take place on the way to Lourdes, others in the Basilica, during or after the services which begin early in the morning and end at midnight. The last service is of a very suggestive kind and is held at an hour when people are in an easily suggestible frame of mind. Some patients are cured during or after their bathing in the Piscina, which they do in the morning, while others are healed when the truly impressive processions, which go forward to the accompaniment of the most pathetic wailings and prayers for salvation and healing, are in progress. The following is a description of the Procession of the Blessed Sacrament, which I myself witnessed.

In the middle of the great Place, two priests lead the people in short sentences of prayer, invoking God's help and blessing on the act of devotion and faith and hope in which they are engaged. Their words are repeated by the multitude with a soul-stirring fervency which, as John Oxenham [172] says, sends a thrill down one's spine.

Many of those present are relatives or friends of that

great circle of the sick, lying there before their eyes in hopes of healing. They have come with them hundreds of weary miles in that great hope. They have watched their sufferings on the road. They have comforted and sustained them with hopeful words. And now the crucial moment is at hand — the moment that has been so wistfully looked forward to for weeks and months, through days and nights of weariness and pain.

The Lord's Prayer is repeated after the priest. Then he cries aloud, like one of the prophets of old, and each invocation is repeated three times by priest and people, and each time with increasing force and fervour:

'Lord, have mercy on us!'

'Our Lord, Jesus Christ, we believe in Thee.'

'Our Lord, Jesus Christ, we hope in Thee.'

'Our Lord, Jesus Christ, we love Thee.'

'Lord, we believe in Thee, but increase our faith.'

'Lord, give us peace!'

'Lamb of God, that takest away the sins of the world, have mercy upon us!'

'Lord, he whom Thou lovest is sick.'

'Lord, speak but one word, and we shall be healed!'

'Lord, make me to see!'

'Lord, make me to hear!'

'Lord, make me to walk!'

Many more are addressed to Our Lady of Lourdes, begging her to add her petitions to theirs.

But some especially, the 'Lord, make me to see . . . to hear . . . to walk!' still ring in one's ear. There is a fierce, hungry craving in the short, terse sentences, '*Faites que je vois!*' . . . '*Faites que j'entends!*' . . . '*Faites que je marche!*' which rattle out like the fire of machine-guns.

And every one of the sick knows that it is all for them. The concentrated thought and prayers of all

those thousands is all for them. At times the priest out there in the middle of the Place falls on his knees, with his arms spread wide in that attitude of intense supplication which impresses one so deeply. And all who can — men, women and children — do the same.

At intervals the second priest starts them singing the ' Gloria ', beating time with his *béret*, and there goes up into the sunny sky a mighty volume of sound that is like the sound of many waters.

All this is being done while the procession is being gracefully marshalled before the approach to the steps of the Basilica.

The baldachin has entered the Place with its escort of white-and-gold-robed priests, and slowly they travel round the circle of the sick ; the arch-priest for the day, who may be a Cardinal, or a Bishop, or a simple pilgrimage priest, bearing the golden sun-rayed Monstrance which contains the Host, and with it making the sign of the Cross over each anxious sufferer. His face is full of loving sympathy.

As the Host is elevated before them, the sick gaze at it with full hearts, their hopes shining through their worn faces, then drop their heads in prayer and cross themselves, while all behind them fall on their knees. And so slowly and impressively they pass all round the great Place, the invocations and chanting led by the two priests increasing, if possible, in passionate fervour, every moment.

During a four-days' stay which I made at Lourdes (July 1937) the number of pilgrims averaged around ten thousand a day, of whom only a few hundreds were sick. No cures were effected during my visit, and when I asked the priests for an explanation of this fact the usual reply was that many had been spiritually or morally healed. But what of those who are healed of

their physical ailments? Every book about Lourdes records many such cases. There can also be seen photographs of typical cures exhibited in the Bureau de Constatations. Only cures of what are known as organic diseases are represented here, the authorities making the usual distinction between functional and organic disorders. However, the dividing line between these two types is becoming more and more blurred every day. Some have been cured of cancer, others of tuberculosis, others of venereal disease, for example. Medical men are invited to discuss these cases with the medical officer at the Bureau de Constatations. When the Bureau is satisfied as to the genuineness of any cure — and no final opinion is given until a year has elapsed — it declares it to have been brought about by means unknown to present-day medicine. Cures of the so-called functional disorders are never included in this category and the word 'miracle' is rightly avoided, even where there is apparently the most justification for using it. It is the world at large which is most interested in this ambiguous term and the explanation in vogue needs further interpretation.

Father Revenot [191] maintains that 'the apparent miracle would have to depend on the truth of what is believed at Lourdes, and that belief is that God works miracles there at the intercession of the Blessed Virgin, and not by the ordinary forces of nature, psychic or other — not to mention the rest of the interlocking beliefs of the Catholic Faith'. Perhaps he explains the last phrase by an earlier sentence when he says, 'There is one thing certain about Lourdes, it is that the pilgrims who go there, and especially the sick, are moved to do so by their faith, not the faith that they are healed, or that they are to be healed — or whatever it is that underlies "faith healing" — but their Catholic Faith. . . .'

But let us consider the patients who have been cured, to see how far such an explanation can be applied. It is certain that among those who are healed some are not Catholic, and some are even without any definite religious convictions. In these cases it is hardly possible to apply Father Revenot's explanation though it may be applied to those who are 'declared' spiritually or morally healed. On the other hand, the explanation which can generally be applied is the one he excludes. The miracles of Lourdes are but an illustration of what faith, pure and simple, can do. We are here dealing with faith-healing, which is carried out in accordance with natural psychic laws; and to say this is not in any way to degrade or minimize the power of God. There is degradation only when the person who takes up the Christian cause casts his reason to the flames of Moluk instead of purifying it by the spirit of Christ. It is not in any mood of captious criticism that we suggest that the essential factor in the healings of Lourdes is the same which effected cures at Epidaurus during an earlier age. What matters is the mental attitude of the patient, his faith state, or, to express it more accurately, his autosuggestibility. This generalization may be challenged on the grounds that many who have been healed have made no pretence whatever to faith in Roman Catholicism. That such things have happened is undoubtedly true, but it is difficult to imagine that a patient who had no wish to be healed could derive benefit from Lourdes. He may not express his desire, or his belief in the powers of the place, but the inner condition may exist none the less. The mere fact of submitting to travel that long and arduous journey — and often it is undertaken as nothing but a last resort — should be sufficient indication of the wish to be healed, and of the conviction of the possibility

of cure. It is essential to recognize that here faith is unlimited by creed or dogma.

If it be granted that the cures of Lourdes are results of suggestion, working under the particularly favourable conditions of a simple religious trust, making the requisite abandonment of effort reasonable and easy, it by no means follows that the scientifically self-conscious use of suggestion would produce the same effect. Suggestibility is highly intensified in that Lourdes is world famous, reputed to be under supernatural favour, and consequently the cumulative effect is such as cannot be reproduced by mere mundane methods of suggestion. This may be one of the unavoidable losses which accompany intellectual enlightenment. On the other hand, it may be possible for the modern man, with full acceptance of the point of view of modern science, to find a reasonable ground for approaching religious healing with just the same simplicity of faith as the pilgrim at Lourdes. Then, and only then, will the miracles of Lourdes be possible for him.

Up to this point we have been dealing with the healing ministry in the orthodox Christian Churches which, at its best, is based on Apostolic teaching and practice; there is nowhere any trace of an attempt to adopt the attitude of Jesus Himself. Christian Science, however, claims not only to do this but actually to go a step further. The founder, Mrs. Mary Baker Eddy,[52] says: 'Our Master healed the sick, practised Christian healing and taught the generalities of its divine principle to His students; but He left no definite rule for demonstrating His principle of healing and preventing disease. This remained to be discovered by Christian Science. A pure affection takes form in goodness, but science alone reveals its principle and demonstrates its rules.'

Before discussing the work of Mrs. Eddy herself it

is advisable to say something of the teaching of her forerunner, Quimby. Born in 1802, Phineas Parkhurst Quimby earned his living as a watchmaker in New Hampshire. At the age of 36 he came into contact with Charles Payen, a French mesmerist, who was demonstrating his skill throughout New England and was soon able to achieve a local reputation by his own efforts in this direction. The *Belfast* (New Hampshire) *Journal* pronounced him ' A man well proportioned, with a well-balanced, phrenological head, who could give concentrated attention beyond anything that has ever been seen '. His piercing black eyes ' possessed the power of looking at an object even without winking for a length of time '. Gradually his earnestness created a reputation which commanded respect, and in 1843 we find a Dr. Wheelock writing to a prominent physician of his success in operating upon a woman whom Quimby had magnetized, for a nasal polyp. ' I operated for four or five minutes ', wrote the physician. '. . . The patient did not show the slightest pain. . . . Mr. Quimby is an intelligent man and worthy of the utmost confidence.'

About this time he met Lucius Burkmar, who after being mesmerized by John Dods, his employer, would examine the patient, diagnose, and suggest a remedy. Relying on Burkmar's diagnosis, Quimby gave simple, homely medicines, instead of Dods' more expensive ones, and found that they were of equal efficacy. It is said that Quimby used actually to attract the pains of his patients to himself and was obliged to take exercise to rid himself of them. He was convinced that his therapeutic power lay in his ability to demagnetize his subjects and to withdraw their troubles in the process. One day he discovered that, contrary to the prevailing beliefs about mesmerism, a violent electrical storm while the patient was mesmerized had

no deleterious effect. He was thus forced to the conclusion that his success was due to the influence of one mind over another, rather than to some mysterious magnetic power. Consequently he dispensed with his medium and used more direct methods. He now employed the technique of sitting opposite his subject in close bodily contact and gazing straight into his eyes until he fell into mesmeric somnolence. Later he stroked the patient's head, sometimes dipping his hands in water beforehand. He reasoned them out of their troubles, using as his text the healing power of Jesus, which he said he had somehow received for himself. One of his patients has left the following description of a sitting:

'Quimby said, "See if I can tell your feelings". He sat down and held my hand. Then he passed his hand on one vertebra. "You feel sharp pain here?" "Yes." Then on my left temple, "You have a very bad pain here and it affects the sight of your left eye?" "Yes." . . . "Now I will explain how I cure. Will you admit Jesus took upon Himself our infirmities?" "Yes." "Have I not taken your pain in the spine, also in the temples and eyes? My theory is that disease is the invention of man . . . that man has been deceived and led away, is unable to get back to health and happiness, that Jesus' mission was to break the bands that bound the sick and restore them to health. . . ." I said, "You seem to talk a great deal about the Bible. I came here to be cured, not to have my religion destroyed. . . ." "You admit I took your feelings?" "Yes." "I want to give you to understand that when I take your feelings I am with you not myself as a man, but this great truth which I call Christ or God. . . . I want to explain that this is P. P. Quimby's trinity, not that P. P. Quimby is in the Trinity, but that P. P. Quimby believes it. He

believes in one living truism called God . . . and the Holy Ghost is a science which will lead you to truth." '

As time passed, Quimby began to feel that he was on the way to a true understanding of Christ's healing power and he was so full of the assurance that he was on the track of the secret of success in faith healing that he wrote ten volumes in long-hand, the now famous Quimby MSS.,[186] expounding his discoveries, calling his technique the *Science of Health*. He maintained that disease was a deranged state of mind, that it was imparted to patients by doctors through words that assumed tangible pathological form. When this was known disease could be banished by the rejection of belief in it. In spite of his philosophical mystifications, Quimby was becoming practical. To one of his patients in a distant city, he wrote: 'If I (as a typical doctor) tell you that you have congestion of the lungs, I impart my belief to you by a deposit of matter in the form of words. . . . If you eat my belief it goes to form a disease. . . . Like its author, my belief grows, comes forth and at last takes the form of pressure across the chest. . . . All this is very simple when you know what caused it.'

For several years his rooms in Portland, Maine, were crowded with patients from all parts of New England. Some he treated through letters, but most through his head-stroking and his Socratic dialogue.

In 1861, Mrs. Mary Baker Glover Patterson, overcoming obstacles and objections, dragged herself into his consulting rooms. The story of this first meeting is told in different ways. According to more or less neutral accounts, Quimby in his usual way began to treat his patient by sitting down, and after a few preliminary magnetic passes of his hands, proceeded to talk over her problems along lines of his religious-healing principles.

He was undoubtedly surprised to see her prompt improvement. When she came day after day to his home, glowing, radiant, enthusiastic, drinking in his wisdom and hailing his discoveries, he was flattered. For three weeks while she was in Portland, Mrs. Glover was at his side, constantly questioning, listening, discussing the 'truth which he opposes to the error of giving intelligence to matter', likening, in her joy, the 'master-hand' of Quimby to the power of Christ's hands to heal the halt and blind. In spite of varying views of their relationship, no one can question that Mrs. Glover brought a tremendous faith and enthusiasm to Quimby and received great benefit in turn.

The official biographer of Mary Baker Eddy, intent apparently on freeing Quimby from any claim of originality to the system of Christian Science healing, calls him a 'blundering and stumbling reasoner . . . an unconscious hypnotizer'. According to this version, after the first treatment, which, it is said, consisted of stroking her head, shoulders and back, Mary Glover said to Quimby: 'It isn't magnetism that does this work. You have no need to touch me or disorder my hair with your mesmeric passes.' 'What, then, does the healing?' he asked. 'Your knowledge of God's law, your understanding of the truth which Christ brought into the world and which has been lost for ages.' What healed, she told him, was the 'God in you', that worked through man.

There were some who considered Quimby a quack, but few could deny his sincerity of purpose and his partial success. Some hailed him with such fervour that Quimby at one time published an essay called *A Defence Against Making Myself Equal with Christ.* As he grew older, Quimby, imbued with the idea that he had rediscovered the universal technique for healing

disease, desired to have disciples who could carry on his investigations. His son George and A. G. Dresser carried on his treatments and tried to spread his doctrines, but overshadowing these was the vigour of Mrs. Glover, whose life has often been subjected to unfriendly scrutiny; unsympathetic critics have probed deeply into the facts with cold objectivity.[44, 59]

Her history is important because in it we can trace the origin and development of the cult she founded. She was by no means an ordinary woman. Mark Twain [233] called her 'the most interesting person on the planet . . . easily the most extraordinary woman ever born upon it'. Perhaps her most important characteristic was her single-mindedness.

So often has the story been told, and so familiar has it become to all interested in the subject of spiritual or faith healing, that there is no need to do more than present its barest outlines here. Mrs. Eddy was born in 1821 in Bow, New Hampshire, of hardy New England stock, but her mother died under the strain of child-birth and the unremitting care of the farm from which the family derived its livelihood. Her father was an intensely religious Calvinist who exercised his somewhat gloomy theology and strict morality upon all under his care. Biographers call Mary poetical and moody and cite stories of how she astounded the church elders by her understanding of Christ and by her piety. She seems to have been a precocious and sickly child. Dr. Ladd, the family physician, described her symptoms as those of hysteria 'mingled with bad temper' and shrewdly recommended that she be taken for treatment to one of the itinerant mesmerists then amusing the countryside.

Her girlhood was spent in the small towns of New Hampshire, studying her brother's Latin books, reading

the Bible, and writing poems. Life for a young woman in those times was a humdrum affair, with few outlets for an imaginative nature. The thought she carried in the recesses of her mind was that she was intended for a better fate, predestined to a nobler mission. Early in her twenties she married Washington Glover, whose untimely death threw her into widowhood. Her next few years were difficult. Soon the wave of interest in occult phenomena that swept the United States caught her attention. The affair of the 'Rochester rappings' stimulated her to interest herself in spiritualism. During this period (1853) she entered into a second marriage with Dr. Patterson, an itinerant dentist. He is described as a bluff, handsome man, who hoped to infuse vitality into the ethereal but withal charming creature whom he took to wife. But neither the robust energy of the dentist nor the treatments he prescribed did much for the patient. For some years their life was uneventful. Mrs. Patterson settled down to a life of invalidism and authorship while her husband began to look for practice in the neighbouring towns. Mrs. Patterson's attacks of spinal pain, headache and weakness continued until, at the age of 40, she met Quimby.

By 1870 she had written a pamphlet called *The Science of Man, by which the Sick are Healed, Embracing Questions and Answers in Moral Science, Arranged for the Learner by Mrs. Mary Baker Glover.*

Without income, often in actual need, driven on by a compelling idea, she moved literally from door to door, preaching this new gospel of health and science. Her opponents regard this period of her life as merely the restless wanderings of a difficult and ageing woman. Her followers felt that she was finding herself in her hour of trial, suffering and strengthening her faith as did Jesus in the wilderness. During this period her

manuscripts were passing through many laborious rewritings, which ultimately became *Christian Science Mind Healing*.

At about this time she established an office in Lynn, Massachusetts, for the treatment of disease through her newly discovered science and for teaching the metaphysical background of her Moral Science. For a few years she continued teaching and healing, constantly busy with her manuscript, which she now called *Science and Health, with Key to the Scriptures*. The first edition was published in 1875. As successive editions were released, the public became curious about her healing philosophy. Mrs. Glover evolved the simple, uncompromising idealism, summarized in three fundamental axioms :

> God is all in all.
> God is good, good is mind.
> God spirit being all, nothing is matter.

Spirit is everything, matter is nothing. ' Spirit never requires matter to aid it, or through which to act.' Sin, death, disease, pain, are the illusions of mortal mind. Contrary to universal belief, they have no real existence.

The negation of the physical extended to every healing system that preceded hers. Medical men worked with delusions, since their ideas were based on the thoughts of ' mortal mind '. Everything taught until then, even by Quimby, was born of ' Malicious Animal Magnetism '. With this stroke she estranged herself forever from psychologists who might have found something of value in her healing practices. In future, only faithful followers could co-operate with her.

In 1881 she moved to Boston and established the Massachusetts Metaphysical College, in which she was to teach ' pathology, ontology, therapeutics, moral

science, metaphysics, in their application to the treatment of diseases'. Students, intoxicated with her doctrines, came there for instruction in metaphysical 'obstetrics' and moral science. Her success grew, and her students propagated her methods throughout the country. Some reported astonishing cures. Nor was she, herself, without practical success. For example: 'An escaped madman rushed wildly into the room, threatening to kill Mrs. Glover; she said nothing, gazing calmly at him; and soon he dropped the chair he was holding. Pointing upwards he asked her, "Are you from there?" A new light came into his eyes; the wildness of insanity was gone.' [25]

In Boston she married her devoted fellow-worker, Gilbert A. Eddy. With him at her side, and after his death, Mrs. Eddy bent all her energies toward developing the organization of the Church. She established journals and monthly publications, wrote pamphlets, books, and rules for the Church services, and re-edited her textbook. Her ability as an organizer was not far from genius. By 1890 students were carrying on her work all over the new and old world. Mrs. Eddy's real success came through her students who, journeying to the Mother Church, downhearted and lacking unity in their lives, returned inspired and uplifted. Students of the Science of Christ looked at Mrs. Eddy and saw a saviour. 'Mother' Eddy, they called her. She was convinced of her divine origin; she thought it was her destiny to be the 'woman of the Apocalypse', of the Shaker faith. Adherents of Christian Science could not restrain their joy at their evangelistic success. Prestige, power and wealth came to Mrs. Eddy. As Dakin points out, at an age when most women are looking toward the grave, Mrs. Eddy was developing a religion and a healing movement that influenced the lives and thoughts of millions.

The climax of her temporal career came in Chicago where she had gone to address a group of Christian Scientists from neighbouring States. She arrived to find crowds of adherents and a curious public thronging to see her. Her behaviour during this triumph bore the signs of dramatic genius. Dakin reconstructs the scene; thus: 'As it happened, Mrs. Eddy was in a period of very good form on this particular day. As the pastor insisted, she felt surging over her that first wave of ecstasy which was always a signal of her inspiration. She walked to the front of the stage, stood there a moment, gazing out over the throng in front of her. Some mysterious, vital force seemed to flow out of her into the vast audience. Suddenly the whole assembly rose as if by one accord to greet her. Slowly, serenely, as a hush fell upon them, she recited the first verse of the Ninety-first Psalm, "He that dwelleth in the secret place of the Most High shall abide under the shadow of the Almighty. . . ." It was an unprepared speech, delivered without notes, and poured out upon the audience like a stream of molten gold. She thrilled her hearers in words that have been described as "pentecostal". It was said later, in explanation of the inadequate newspaper résumés of the talk, that even the reporters were so spellbound they forgot to take notes.'

The period from 1890 to 1910 witnessed the growth of the Christian Science Church politically and economically. Followers increased by the thousands. It overshadowed everything in popular interest for years. The Christian Science 'Trust' was assailed on all sides. Orthodox religious leaders, medical pundits, public leaders, became alarmed at the spread of the cult and its monetary power. Psychologists and physicians studied her cases and theories. Eloquence, derision and scorn were hurled at her, but she went her serene

way, ensconced in the 'ivory tower' at Concord, New Hampshire, whence she issued missives of inspiration to her followers. The bogey of 'malicious animal magnetism' was re-invoked to account for the workings of mortal mind in their rantings against Christian Science. Her disciples took up the refrain: 'Mary Baker Eddy, our revered Leader, the Discoverer and Founder of Christian Science, did not hesitate to attack sin's stronghold — hypnosis, mesmerism, occultism, witchcraft, and all that worketh and maketh a lie'.

There are two obvious reasons for the success of Mrs. Eddy's system, as Bromberg [25] has emphasized. One has to do with the psychology of the American public, who were prepared by a half-century of Transcendentalism for the Christian Science denial of matter. The second reason was the strong personality of Mrs. Eddy, its memory softened by the passage of time. Modern psychiatry, taking note of the hysterical convulsions and moody spells of her early life, sees them as a conversion of the psychic energy which, for one reason or another, deviated from its normal channels. It is not difficult to interpret now the way in which she held her spiritual family together. Here was a matriarchal cult. It is not strange that Mrs. Eddy, in the full flower of her theory, identified herself with Christ. She saw herself clothed with the sun, the moon under her feet, 'the spiritual ideal and type of God's motherhood'.

It must be admitted that her system has not been without practical success. To those who are able to attune themselves to Mrs. Eddy's cosmic order, there comes a feeling of calm that protects against the stress of human relationships. The purpose of Christian Science therapy is little different from that of other types of psychotherapy wherein one attitude is substituted for another. The attitude it strives to develop

is one of superiority to human emotions and foibles. The idea implied here, one which medicine itself appreciates, is that in every disease an emotional factor is consciously or unconsciously expressed. Mrs. Eddy recognized this point. Though this notion is couched in fantastic language, the kernel of this portion of her doctrine seems to be sound. As a psychotherapeutic method, Christian Science is too universal in its application. There is no attempt made to meet individual problems. Instead, there is proffered a blanket euphonia that is intended to cover physical and mental illnesses without discrimination. Every kind of human ill, whether it be due to emotional tensions, to dietary deficiencies, to infections, mechanical injuries or any of a thousand other causes, is assailed with 'the conquering efficiency of courage, hope and trust'. Where this formula meets with success in the field of mental diseases, it is because it deflects people's attention away from their bodies and its functions. Instinctively Mrs. Eddy sought to shunt off self-interest by turning the gaze of her followers heavenwards. 'The sick', she wrote, 'are terrified by their sick beliefs'; and counselled calm in the presence of sin and disease. The mental relief which comes from the reassurance of a physician or from renewed interest of relatives in a patient serves to allay this inner panic that the precious body may suffer irreparable harm. The general tenor of Christian Science teaching tends to minimize the narcissistic investment which we place in our bodies and its diseases. In this respect the therapy has a value.

With all its simple-minded credulity, its mass-suggestion, and its shirking of criticism, Christian Science has at any rate placed the love of God in the forefront of its teaching. 'And therein', as Dr. Grensted[86] says, 'it has been true to the mind of Christ, and some

at least of its work fully deserves to stand side by side with His.' Close to the remarkable words attributed to Jesus, 'I came that ye might have life and that ye might have it abundantly', there stands on the east wall of the Christian Science Church in St. Giles, Oxford, a notable saying of Mary Baker Eddy, 'Divine love has met and always will meet human need'. But the negation of the body and the physical world which Mrs. Eddy taught is but the substitution of an illusion for reality.

The terms of Mrs. Eddy's denial of the existence of matter and the way in which she explains away the diseases of the body as the conceptions of the mortal mind suggest the visionary whose natural home is in the spirit world and who, returning from her Seventh Heaven without having seen body and matter there, tells us that these things are therefore unreal. It would all be strongly reminiscent of the Book of Revelation, were it not that St. John makes a clear distinction between the place in which there are no tears and no weeping, to which we hope to attain in the life to come, and the vale of woes in which we spend our time. Would the same distinction be adopted in a revised version of *Science and Health*?

It may have been as a counterblast to Christian Science that there arose in America in 1905 what has become known as the Emmanuel Movement, a sort of alliance between the medical and clerical bodies which rather surprised some people who unkindly explained it as a defensive alliance against the common foe. Its purpose was to obtain collaboration between doctors and clergymen in the healing of the sick. The idea was that the medical men should diagnose the cases and prescribe for the physical needs, and then hand them over to the clergy who would take care of the ethical and religious side. This movement is now dissolved, however, the

last systematic exposition of its point of view having been published in 1931.[248]

A similar attitude is taken by Drs. Cowles and Guthrie of the Church of St. Mark's-on-the-Bouverie, New York; by the well-known Rev. Leslie Weatherhead at his City Temple Psychological Clinic; by the London Clinic for Religious Psychology, and the Whitefield Clinic of Pastoral Psychology, on staffs of which are clergy of different denominations as well as medical men; and by many other individuals. The work of the Rev. J. Maillard, both with individuals and in his sanatorium at Milton Abbey, is a manifestation of great moral courage and a recognition of the important part which healing should play in the Church's mission to the world. The 'Healing Chapel' at Ealing, under the superintendence of Miss Dorothy Kerin, is but another illustration of the growing realization of the value of this side of the Christian ministry. Miss Kerin herself, who has been healed from various ailments in ways not understood by medical science, is a witness to the possibilities of spiritual healing.

One modern school of spiritual healing is that represented by the Guild of Health in England, the views of which have been expounded by the late Percy Dearmer[47] and Canon Anson.[8] It is a Christian Society engaged in seeking to recapture and proclaim the secret of abundant physical, mental and spiritual life, such as was demonstrated in the ministry of Jesus Christ and His Apostles. The Guild believes the Christian Faith to be a religion 'of power, of love, and of a sound mind', which comes to sick people with the healing touch of 'strength and truth and love'. They seek to proclaim the power of this truth to transform the lives of all who yield to it — 'alike in body, mind and spirit'.

'The Guild unites Christians of all denominations because it believes that each Christian communion has its own special treasure of spiritual insight and experience, and that the guidance of the Spirit is fullest where the greatest possible wealth of Christian experience is combined in a true spiritual unity.'

The Guild comprises members of many different professions and occupations and thereby seeks to secure the special contribution which each group can give from experience in all the varied ministries of 'bodily, mental and spiritual health'.

There is no particular body of Guild Doctrine or particular type of Guild method to which speakers and writers and helpers of the sick are tied.

The objects of the Guild are expressed in four sentences, given here, accompanied by an explanatory paragraph incorporating fresh points which have recently come into prominence in the Guild's thought.

1. The study of the influence of spiritual upon physical well-being. By this they mean a practical as well as a theoretical study of the power of the awakened spirit over body and mind. The word 'study' is used to indicate system and thoroughness in the work, but the study is animated by a strong, practical faith based on experience. They paraphrase this object as the fuller understanding and realization of the power of the spirit over body and mind. The counterpart of this is, of course, the power of the body over the spirit which is not quickened.

2. The exercise of healing by spiritual means, in complete loyalty to scientific principles and methods. It is their belief that whilst the spirit in harmony with God can promote the health of mind and body, every element in personality — body, mind and spirit — has its own importance and obeys its own laws, so that it is

right to seek fulness of personal health by the means appropriate to each, and dangerous to defy the laws of bodily and mental health. They, therefore, work in happy co-operation with doctors.

3. United prayer for the inspiration of the Holy Spirit in all efforts to heal the sick. This must be taken to imply far more than they 'can express in a brief form of words about the source to which' they 'look for the gift of personal spiritual vitality'. Their 'reliance for health and healing is focussed in Christ. Fitness of life is in the Son of God.' It is especially by yielding in prayer to the incoming of His Spirit that they seek health for themselves and others.

4. The cultivation, through spiritual means, of both individual and corporate health. Their desire is to call attention to two things, of which the first is the fact that they seek not only recovery from illness, but positive and radiant health. Secondly, they declare that they are seeking the health of the society of which they form part. Those who seek health of God must seek it not only for themselves, but for the whole community of men and nations whose well-being is the care of the same God. The mind in harmony with God is a creative power, alike in its own physical body and in the body politic.

Although the threefold division of the human personality into body, mind and spirit is frequently referred to, there is no attempt to distinguish between mind and spirit on the one hand, or to give a clear definition of 'spiritual healing' on the other. Indeed, there is no satisfactory definition given even by the 1930 Lambeth Conference on the Ministry of the Church.

A more recent attempt to form a liaison between the medical profession and the clergy is the Archbishop of

York's Committee of Doctors and Clergy, whose psychologist and lecturer, Miss G. A. Graham Ikin, has written interestingly on the subject.[108, 109]

A promising movement is that of the Guild of Pastoral Psychology, 'having for its purposes the encouragement of psychological study, and the provision of adequate training for those whose work requires them to minister to personalities in disorder and distress of mind', whose Chairman was the Rev. F. E. England.

It is beyond doubt that the Church in its preventive measures is practising spiritual hygiene. Important as this is, the value of spiritual healing cannot be overlooked. All these movements have studied the subject from different aspects, but they have ignored the charisma of healing. They do not investigate it objectively, scientifically, and yet we have seen its importance in the personality of Jesus and in the Primitive Church. It is not without significance that Rudolph Otto [171] concludes his last important pronouncement to the Church before his death with the living words, which should give new direction to Christian thought and practice: 'For the theologian the charisma, together with the pneuma, as an anticipation of the eschatological order is an essential element of a community which is intended to be a church of the Nazarene. That this church has lost its charisma, that men look back to it as to a thing of past times, that men make it and the inbreaking kingdom belonging to it trivial by allegories, does not show that this church is now on a higher level, but is a sign of its decay.'

CHAPTER V

THE EVOLUTION OF PSYCHOTHERAPY

Synopsis of Chapter V

The story of modern psychotherapy commences with Mesmer. Following up Father Hell's experiments he attempted without success at Vienna and in France to influence scientific circles in magnet therapy. 'Animal magnetism' still held the field despite Abbé Faria's suggestion of subjectivism.

Braid approached 'hypnotism' from the physiological standpoint insisting that it induced a peculiar state of the nervous system.

Charcot's experiments forced the acceptance of hypnotism as a branch of legitimate medical therapy; Liébeault and Bernheim emphasized suggestibility as its basis. From them Du Bois developed his 'rational therapeutic' and Coué with outstanding success his autosuggestion.

Freud's psychoanalysis marks the most important stage in the evolution of psychotherapy. Convinced of the relation of dissociated memories, recalled under hypnosis, to hysterical symptoms and applying 'mental catharsis' he found that the repressed emotions underlying a neurotic symptom were specifically sexual.

Among those diverging from Freud, Adler founded his Individual Psychology emphasizing the life-plan and Jung his Analytical Psychology urging the need of satisfying the soul of man through 'psychosynthesis', a term expanded by Dr. Assagioli into 'personal' and 'spiritual psychosynthesis'. Religious experience as higher than the value experience of the Good, the Beautiful and the True forms part of Dr. W. Brown's system, formerly synthetic and now an organic whole.

CHAPTER V

The Evolution of Psychotherapy

HOWEVER much admiration may be lavished upon the imposing body of psychological knowledge which exists to-day, based as it is upon observation, experiment and clinical study, it must not be forgotten that it had its roots in the much less academically respectable faith-healing, whose history has just been outlined. Mystic and scientist, king and rogue, saint and sinner, physician and quack, have all contributed to its development; and whether they wooed science or sought gold, whether they made discoveries of lasting value or lost themselves in mystical speculations, their efforts were not vain, for the knowledge and technique of our own times were built on the failures of former days. At this point begins the story of psychotherapy as a conscious technique and systematic body of knowledge, an infant science to which the medical world has only recently and grudgingly thrown open its portals. This brief history commences with the derided, defamed founder of 'animal magnetism', Franz Anton Mesmer.[82, 253]

Tradition has either treated Mesmer as a deluded fool or condemned him as a charlatan. He belonged to an age which was troubled by the stirring of great new movements, but his own inspiration came from the past. His tragedy lay in his loyalty to convictions which had departed for ever from the learned society of Europe. Born in 1734 in a small town on the shores of Lake Constance in the Duchy of Swabia, Mesmer was studious during his youth, and diligently pursued

the curriculum marked out for him at the university. After having found divinity unsatisfactory as a life-work, he turned to philosophy, subsequently abandoning that for law and finally taking his degree in medicine. His thesis presented at the time of his graduation from the Medical Faculty of Vienna in 1765 bore the title 'De Influxu Planetarum in Corpus Humanum'[157a] ('The Influence of the Planets on the Human Body'). In it he tried to show that the celestial bodies acted upon human beings through a subtle magnetic fluid which he called 'animal magnetism'. This magnetism, he speculated, could be harboured in the human body and made to act directly on the unhealthy tissues. For three years afterwards Dr. Mesmer, a serious but not too busy practitioner, retained his early interest in music and continued his abstruse studies in physics. His marriage to a wealthy widow, Frau Marie Anna von Posch, brought him leisure and the opportunity to take a dilettante interest in music. The drawing-rooms of rich citizens and the nobility fostered the arts in those days and Mesmer became friendly with Glück and the young prodigy, Mozart, who was creating a stir in Vienna.

In 1773 Mesmer became interested in Father Maximillian Hell, one of the Empress Theresa's court astronomers who was stimulating comment by his magnet cures. Father Hell cured patients; he had no theories concerning his success beyond a belief in the efficiency of his magnets. The physicians of Vienna paid little attention to magnet therapy, but Mesmer, intrigued, studied Father Hell's cases carefully. At length he had an opportunity of operating on Fräulein Osterlin, whose hysterical fevers, convulsions, attacks of vomiting, earache, mad hallucinations, swooning, breathlessness, attacks of paralysis and 'other terrible symp-

toms ' had resisted treatment for a long time. He had already observed the symptoms came and went according to a kind of rhythm, the patient had convulsions and remissions — flux and reflux. Mesmer had always believed that the stars acted on the earth in the same manner, by ' flux and reflux ', so here was a golden opportunity to study the matter. With the magnet he could prove his theories! Borrowing the magnets from the good Father, Mesmer applied two to Fräulein Osterlin's feet and hung a heart-shaped one around her neck. Immediately intense spasms of pain shot up her legs to the hips and agonizing pains flowed around the breasts, where the heart-shaped magnet hung. After anxious minutes the spasms moved through her body and out of her lower extremities. For six hours Fräulein Osterlin was free from symptoms. Dr. Mesmer was delighted and tried the magnet again the following day with the same success. ' My observations ', he wrote in his Memoirs, ' . . . opened up a new horizon, confirming my former ideas . . . it taught me that another principle acted on the magnet, itself incapable of this action on the nerves.' Mesmer jumped to the conclusion that the magnetic fluid, passing through the metal, had revitalized her nervous tissues. He believed he had stumbled upon the ' magnetic energy ' through which man obeyed the heavenly bodies. The magnetic energy diffused itself through all life and matter. The gap between the speculation of the ancients and modern science had been bridged by his discovery. Having erected a theory he never questioned his basic premise. He was as certain of its truth as was Paracelsus, who brought the magnet into mediaeval medicine.

From the point of view of later developments, Mesmer had made a fatal scientific error : he had constructed a hypothesis on an inadequate basis and he

spent the rest of his life trying to fit the facts within the limits of his theory. He magnetized everything about him to see how he could handle his heaven-sent fluidum. He made his patients drink magnetized water, eat from magnetized plates and even magnetized the clothes they wore. His patients lived in a 'magnetic atmosphere'. His technique at that time was to have a patient hold a rope, one end of which was submerged in a bowl of magnetized water. Later he used an iron rod. He transmitted this magnetic property to as many objects as he could. To his surprise, everything worked. A magnetized tree cured as easily as the original magnets did. One of his spectacular pieces of equipment was the *baquet*, a large wooden tub filled with bottles in and around which was magnetized water. Patients sat around it while Mesmer gravely touched each with his previously magnetized iron wand. Soon signs of restlessness appeared; the patients would twitch and tremble violently while convulsive movements of the hands and body muscles increased in tempo, until, palpitating and convulsed, they achieved the grand crisis, which represented the passage of magnetism through the body. When the patient's nervous system had been brought into the state of crisis, he felt the treatment was successful. Without a crisis there could be no cure. These séances became tremendously popular, while the group *baquet* treatments, carried out in the doctor's lovely Viennese garden, were successful beyond his dreams.

To understand 'animal magnetism' and the generation of Mesmer, it is important to recognize something about the state of science at the time. Hartmann, born in 1489, had discovered that the magnetic needle always moved to the north. Sir William Gilbert, in 1600, found that the earth itself was a magnet with a north

and south pole. He also discovered that when he rubbed a polished surface like glass, electric sparks were induced, and Gray in 1729 was able to conduct this spark away from where it was produced through a damp 'conductor'. A few years later a Frenchman, Du Fay, came upon the fact that electricity was of two kinds, positive and negative; and Benjamin Franklin, in his historic experiment with a kite, showed that lightning itself was a gigantic electric spark discharging itself against the earth. All these discoveries were of a theoretical nature, but they paved the way for advances in practical science. Thus Galvani, the professor of anatomy at Bologna, and Volta, late in the eighteenth century, developed the rudimentary storage battery; while the ingenious Leyden jar, an electrical condenser devised by Musschenbraek of Leyden (1746), attracted great interest in the wonders of electricity among the public.

Although the public showed appreciation of Mesmer's new methods, however, medical Vienna was displeased. As his success continued, their displeasure that a well-trained physician should believe seriously in magnetism turned to indignation. The Faculty of Medicine of Vienna appointed a commission to investigate his experiments, but their minds were made up beforehand. They examined his patients, and concluded that his cures were based on imagination. He was expelled from the Medical Faculty of Vienna. He turned to France, the land of enlightenment. There, surely, he would be free to pursue his experiments.

Louis XV, hearing of him, called him to Paris. The atmosphere there was heartening; everyone was interested. After a short time the work of Mesmer and his *baquet* was invested with some of the circus spirit. Time and again Mesmer, who was in deadly

earnest, tried to interest the French Academicians and the French scientists in his discovery, but without success. His public was convinced, however, that he had come upon a therapeutic agent of incalculable importance. Mesmer's treatment rooms became crowded. He made friends and enemies quickly; he also made money. He was held in high esteem by both nobility and rabble; he became a household saint, a hero, a god, a myth. To the common people his 'animal magnetism' was a sure cure which satisfied them, no matter how the scientists fumed. As money poured in the séances attained finesse: Mesmer refined his technique. Entering his dimly-lighted and richly appointed salon, he donned a lilac silk robe, and strode about, carrying an elegant iron wand, with which he touched the sides of the patients, and especially those parts which were diseased. According to an eye-witness, 'often, laying aside the wand, he magnetized them with his eyes, fixing his gaze on theirs, or applying his hands to the hypochondriac region and to the lower part of the abdomen'.

In order to impress the Academy, he prepared a paper expounding the theory which lay behind his treatments. Summed up in twenty-seven propositions, his theories were based on false assumptions and unproven claims and it was small wonder that the Academicians dismissed him as a charlatan. Besides, he spoke in terms of the mind, and French physicians, as proud of their science as were their Viennese colleagues, did not recognize the part played by mental forces in medicine. The times called for physiology and chemistry, not psychology.

By this time Mesmer, noting the different susceptibility of patients, was puzzled as to the reason. He considered that he himself was the possessor of 'animal

magnetism'. By 1778 he had discarded the *baquet* and used his finger tips on the patient. Often, as our eye-witness tells us, he merely looked into his patient's eyes with the same magnetic effect. Perhaps there was something special about the relationship between magnetizer and subject. Mesmer perceived dimly that the essential thing seemed to be the rapport that passed between him and the patient. Chained to his theory, he regarded this as due to magnetic fluidum. He was on the threshold of a tremendous discovery — that his cures were due to the power of mental suggestion which he exerted over his patients. Even his enemies of the Academy could not deny his personal power. 'It is impossible not to admit', they wrote, 'that some great force acts upon and masters the patients and that this force appears to reside in the magnetiser.' But he never understood it. All through his life he was close to this discovery but always his mystical bias drew him away.

In 1814 the Abbé Faria, a Portuguese monk, came from India to Paris, where he practised hypnotism with his famous command 'Dormez'. He suggested that the phenomena were subjective in origin, but his views made little impression and were soon forgotten. On the other hand, the influence of Mesmer continued to be widely felt, numerous observers in different countries produced phenomena resembling those he had shown, and explained them in much the same way.

About the year 1841, a development occurred in England that rekindled interest in magnetism. James Braid, a medical practitioner of Manchester, like many of his professional brethren, maintained a sceptical attitude towards mesmerism. But on visiting a séance, he was immediately struck by the fact that the subject was unable to lift his eyelids while he was in the mesmeric state. Even when the subject used intense effort, he

could not open his eyes. Here was something, thought Braid, that was physiological. Paralysis of the muscles of the eyelids was not imaginary, nor was it somnambulism, magnetism or magic. It represented a weakened function of certain muscles, perhaps due to excessive fatigue. Braid reasoned that if an individual gazes at something with great intensity until the eye-muscles tire, a state of pathologic fatigue will be induced. He proceeded to test out his theory on a young friend, Mr. Walker, and upon Mrs. Braid. To his amazement, when Walker looked fixedly at a bright object — Braid used his metallic lancet case — he almost immediately fell into a trance-like state. Braid had proved his point. 'Animal magnetism' was not essential to induce the mesmeric state of stupor. All that was required was that the subject should fix his gaze on a bright object for a short time, induce pathological fatigue of the eye-muscles, and forthwith he would pass into a stupor. To designate the process Braid coined the term 'hypnosis' (from Greek *Hypnos*, sleep).

Within a few days Braid announced his findings, and within the next six months he had written a paper for the British Medical Association's annual congress in 1841, entitled 'Practical Essay on the Curative Agency of Neuro-Hypnotism'. He had by this time amassed a large series of case records where striking improvements through hypnotism were shown to have been accomplished in rheumatism, paralysis, pharyngitis, spasmodic torticollis (wry neck), migraine, spinal irritation, epilepsy, valvular heart disease, frontal bone abscess, deafness, near-sightedness and strabismus. Braid wanted to spread his findings in the profession. The programme committee of the Medical Association was not impressed, however. Caustically they replied to his offer that they were 'pleased to decline entertaining the subject'.

Repulsed, Braid continued with his experiments. His technique was to have the patient look fixedly at some bright object. After a period of three minutes the patient slipped into a hypnotic state. Apparently he became cataleptic, a state in which the extremities are involuntarily held rigid, and on awakening had no memory of what happened. The effects of the hypnosis itself were sufficient to cause improvement in the patient's symptoms. These treatments were carried out as many as five or six times. Dr. Braid stressed the importance of relaxation, 'absolute repose of body, fixed attention and suppressed respiration'. He insisted that the passes of the operator of the action of magnetic fluid, or any other mystical element, were not necessary for the hypnosis. Braid proclaimed his discovery, claiming that the hypnotic reactions he observed were more complete than those attending the work of mesmerists.[23]

Although he was on the verge of discovering the secret of hypnosis, Braid freely confessed that he did not understand the reason for the overpowering reaction occurring in his patients; nor was he willing to ascribe hypnosis to any personal power or to any vital force or substance. Braid's chief contribution was his insistence that he knew nothing beyond the fact that neurohypnosis induced a peculiar state of the nervous system. And thus he laid the foundation for a clearer conception of mesmerism.

It did not escape Braid's notice that the desire to co-operate with the hypnotizer was obviously a wish to submit. He was on the track of the correct explanation of the hypnotic mechanism; he expressed the idea that hypnosis depended on the suggestive influence of one person on another. Of all the magnetizers since the days of Mesmer, Braid came closest to the essence of mesmerism, namely, the principle of suggestion. 'It is

well known, however, that so long ago as December 1841, I particularly pointed out the remarkable docility of patients during hypnotism, which made them most anxious to comply with every proper request or supposed wish of others.'

It is for this reason that history may well accord him the partial honour of bringing hypnosis out of occultism into the realm of psychology. The ageing Braid lived to see a renaissance of interest in his hypnotism, now renamed Braidism. His works were presented to the French Academy by Professor Velopeau, and through the period 1860 to 1880 stimulated neurologists on the continent to embark on a searching investigation of the psychology and mechanics of hypnosis.

The pivotal figure around which experimental hypnosis moved was that of Jean Martin Charcot. As an undergraduate interne he had entered the Salpêtrière, outside Paris, which since 1656 has been an asylum for prostitutes and insane women. Thrown among the motley group of syphilitics, chronic invalids, epileptics and paralytics that thronged the wards of the Salpêtrière, Charcot, with enormous energy, proceeded virtually to construct a science of clinical neurology. His reputation as the father of modern neurology rests on his work in the then relatively uncharted field. He studied diseases of the spine, classifying them into different groups; understood locomotor ataxia, infantile paralysis, and described migraine, chorea and the effects of syphilis on the nervous system. 'His lectures were a revelation in clinical demonstration. Charcot's genius lay in observation and systematization. His fascination lay in his personality.' [25]

Soon Charcot became interested in hypnosis, and hoped to establish a real factual body of knowledge about it by means of experimental methods. So solidly did he

build that in the end, as a result of his experiments, hypnosis became a respectable part of psychoneurology. In doing this he brought hypnosis once again before the Academy of Medicine, in 1880, forcing its acceptance as a part of legitimate medical therapy. For a decade or two Charcot's ideas were accepted and it seemed as if hypnotism would advance to an assured position in the scientific world under his aegis. Physicians flocked to his clinic from all parts of Europe and America.

Charcot gave his famous clinics on Tuesday mornings. On a stage equipped with footlights, the Master, in a frock coat and flowing tie, his long hair uncut, demonstrated and lectured in a low, fluent voice. Students, physicians and the *literati* of Paris who filled the amphitheatre sat entranced while Charcot, with word or gesture, put his women patients into catalepsy, through bizarre postures or into the grotesque *arc de cercle*, where the patient was so rigid as to form an arc with her body resting at both ends on head and heels. The medical world applauded, and the public marvelled.

It was not long, however, before physicians resented the theatricality of his display. The report circulated that the cases which he presented publicly had been carefully rehearsed through repeated hypnotization by his clinical assistants. Charcot's associates came to his defence. 'What if they were?' Pitres asked. The findings in his extreme cases did not negate the general principles. Moreover, who else could be hypnotized except a hysterical individual and where else could these extraordinary seizures and paralyses be seen except in *la grande hystérique*? But the rumour that Charcot trained his patients for display persisted. It had been observed, for example, that as he passed through a female ward the patients, one after another, fell into hypnotic trance. But if Charcot's patients were trained

it was done unconsciously. After a time the suggestion was reluctantly advanced that in the Salpêtrière of pre-Charcot days epileptic and hysterical patients had learned by imitation to reproduce these symptoms and it was within the bounds of possibility that Charcot's hysterical patients were influenced by the master's suggestion when they went into *la grande hystérie* at his clinic. At the time, however, no one pressed these heretical views for the authority at the Salpêtrière could not be gainsaid.

Charcot's experiments led him to describe three states as characteristic of hypnosis — lethargy, catalepsy, and somnambulism. The description of these states stood for many years as the scientific basis of hypnotic phenomena. The experimental work at that time aimed at the understanding of the electrical excitability of nerves. The minutest details concerning the response of muscles to electrical stimulation, to pressure, heat, cold, and friction, which caused catalepsy, were studied as having a bearing on hypnosis. Experimental work gave valuable information on the subjects of neurology and physiology, but did not lead to a discovery of the secret of hypnosis. Apparently the investigators had still to take into account the more specifically psychological aspect. Now it had been known for some time that hypnosis had a clarifying effect on the memory, and strange phenomena had been noticed in this connection. For instance, one subject sang an aria of the opera *L'Africaine* while under hypnosis, though she could not remember a note of it when in a normal condition. Two facts emerged from this: first that forgetfulness was not a unitary mental function; second, that in a waking condition there seemed to be an element of active suppression of memory. Some subjects could not restrain themselves from passing into the rigid, cata-

leptic state. As a consequence, the French investigators concluded, not unnaturally, that some subjects were 'selectively responsive' to certain hypnotists. Then, too, some individuals reacted to hypnotism in a more complicated way, half the body becoming as if anaesthetized while the other half was in a state of stupor, for example. Charcot concluded that hypnosis only occurred in hysterical individuals, whose nervous sensibility predisposed them to it. He contended that there is a regular sequence in these three stages and that, according to the will of the operator, one or the other can be produced. He obtained a state of lethargy by fixing the patient's eyes on a given point, or by gentle pressure on the eyeballs. This state resembles natural profound sleep, but is distinguished from it, and from all other conditions, by a characteristic feature — neuro-muscular hyperexcitability; *i.e.* if a nerve is pressed the muscles supplied by that nerve will be put into action, and if a muscle is stroked or pressed, it will contract. Thus, pressure on the ulnar nerve will, in Charcot's subjects, produce flexion of the third and fourth fingers, abduction of the thumb, extension and separation of the first and second fingers. It passes into the second stage when the eyelids are opened; cataleptic rigidity may now be produced in a limb, and it may be bent or placed in any position. Moreover, emotions corresponding with the position are evoked. If the subject is put into a pugilistic attitude, his expression will become fierce and determined; if into one of prayer, he will wear the aspect of devotion. Moreover, if only one eye be opened, one-sided catalepsy is produced, and the other remains lethargic. A bright light or sudden noise will also produce this condition, and in closing the eyes the subject falls into lethargy. The third stage is produced from the first or second by gently rubbing the top of

the head, when the cataleptic condition will vanish, and other characteristics will appear, chief among which are abnormal acuteness of the senses, and obedience to suggestion. Most observers, however, have completely failed to find these three stages in any somnambulant subject.

About the time of Braid's death Dr. Liébeault began to study mesmerism and in 1864 he started a clinic at Nancy where he practised with admirable results for twenty years. In a rather abstruse work [138a] he attempted to show that all the changes occurring during hypnosis were due to a diversion of attention. 'The concentration of attention', he said, 'causes the isolation of the senses, the cessation of muscular movement and the rapport between the somnambulist and the hypnotizer.' This side-tracking of the attention opened up the subject to the suggestions of the operator. Liébeault's theories received scant acknowledgment, though in making suggestibility the basis of hypnosis, he struck at the root of the matter.

In the meanwhile a young man named Hippolite Bernheim returned to Nancy after studying at the Salpêtrière and began to practise as a psychotherapist. In 1882 a sciatic patient whom he had treated unsuccessfully was cured by Liébeault. He came to observe the latter's method and learned from him that at least one-fifth or one-sixth of all subjects could be hypnotized to the point of somnambulance. Bernheim went further and maintained that almost everyone could be hypnotized into a state of somnambulance. His technique was very similar to that used nowadays. The patient lay quietly gazing upward with his eyes fixed on a glittering object while Bernheim suggested several times in a soothing voice, 'You are sleeping; your breathing is slow and deep; you are becoming calm and

relaxed; your body is warm'. Following this preparatory period of relaxation, the hypnotist would say in a sharp voice, 'Go to sleep!' Sleep is itself a suggestion, said Bernheim, and is allied to hypnosis. How could hypnotic sleep be pathological? 'Non,' said Bernheim, 'Il n'y a pas d'hypnotisme; toute est dans la suggestion' ('There is no hypnotism; it is all suggestion'). It was only necessary to suggest the idea of sleep, and the patient went into somnambulance. Bernheim increased his activities and he was amazed to find he could put 90 per cent. of his subjects to sleep. This was an astonishing discovery, and calculated to upset the contentions of the Salpêtrière school. Not everyone could be hysterical; but everyone could be, and was, suggestible.

Liébeault, Bernheim and others of the Nancy school asserted that their experience in treating hypnotically a vast number of patients led them to the conclusion that nothing resembling Charcot's three stages had been or could be evoked spontaneously. They considered, in fact, that Charcot introduced a new hysterical condition into the Salpêtrière; and that this became, as it were, an institution of the place with which every new-comer hastened to comply. They supported this assertion by showing that when they in their Nancy practice explained to hysterical patients the effects produced by Charcot, the three stages, never before manifested, were forthcoming. Bernheim has well said, 'Méfiez-vous de la suggestion'; and an English physician has given an equally sage warning, 'Take care, or you will find what you are looking for'.

Bernheim popularized the discoveries of the Nancy School. The doubts of earlier observers with regard to Charcot's hypnosis of hysterics were recalled. Richet, a man of gifted insight, had already found that

catalepsy, lethargy, etc., could be produced in a normal, non-hysteric person. Bernheim's chief interest seemed to lie in demolishing the already tottering school of Salpêtrière experimentalists. He reproached the Salpêtrière group for narrowing the field of hypnosis to hysteria. They reproached Bernheim for using normal subjects. The scientific controversy between the Nancy School and the Salpêtrière group raged for almost twenty years.

Bernheim extended his interest beyond the experimental field, describing suggestive hypnosis as a remedy for diseases remote from the nervous system. Suggestion, to Bernheim, was a force that might be used widely in treating all forms of human ailments. If suggestion were so powerful, why not autosuggestion. After all, hypnotism was only the suggestion to relax and to sleep. Why could one not suggest repose and calmness to oneself, why not overcome fears by mastery over oneself, or cure disease by one's autosuggestion? These possibilities Bernheim held as belonging to the not distant future.

In applying suggestion for cure, Bernheim would say: 'You will get well, your state will improve, you will become calm at first, less frightened, then stronger. Your aches will grow less; the pains will grow less. Gradually the muscles will loosen up, your joints will be less stiff, your limbs will become stronger and stronger.' These suggestions were repeated for several days in the same manner. There was nothing forceful about the manner of treatment. The suggestions were given in a tone which implied certainty. Patients coming to Nancy breathed an air of hopefulness and success. Although suggestive therapy was astonishingly successful, it met with opposition from medical men. Bernheim had to plead that there was a mental life, forming a vital part

of the total human being. 'Mind is not negligible!' he cried. The mental life to which the laboratory-trained physician disdained to give their attentions was always working in their patients, he urged.

Suggestion was a force, said Bernheim,[18] which impregnated daily life. It was used by the mother on her child, by the teacher on his pupil, by the state on its citizens. It provided the encouragement which made people control the old or try the new. This was the force Bernheim and the Nancy School wished to harness for their patients.

Concerned about the large number of patients who did not respond to medical treatment, a Swiss physician, Du Bois, paid a visit to Nancy. He became convinced that the cure of the myriad patients without recognized physical disease resided in mental treatments of some kind. Following Bernheim, he was successful. Yet somehow he was not satisfied. In suggestion the patient accepted the wish of the doctor too blindly. The results in suggestion therapy, Du Bois thought, were obtained in a 'surreptitious manner'.[50]

Thinking in this vein, he was led to search for a healing system which looked beyond suggestion. He saw the need for dealing with the whole individual, and that unless the patient was regarded as endowed with emotions and ideas, there was little hope that scientific medicine could help the nervous patients whose symptoms taxed alike the neophyte and the sage in medicine. Like Bernheim, he pleaded that medical students be given courses in psychology and that a 'heart to heart' talk with patients was worth considerably more than the baths, douches and bromides. This chain of reasoning led to his system of 'rational therapeutics' or re-education. Discussing with the patient the meaning of his symptoms, he sought to

impart an explanation of how they fitted into his life, and why he should accept the suggestion of the doctor. 'I use moral orthopedics,' said Du Bois. 'I am not at all anxious to juggle with the patients' symptoms. . . . I wish on the contrary to study my patient, to discover by what circuitous route he arrived at the pains in his head.' Du Bois treated his patients in a sanatorium, when for the first few days they were put to bed on a milk diet, but this was secondary to the daily conversations with the doctor. Here the chief psychotherapy was done, as gradually he went over the habits of a lifetime, correcting, advising and rehabilitating. The regulation of everyday life, the *how* of living, was what Du Bois aimed at. He would take symptoms like palpitations of the heart, or constipation, and persuade the patient that these things were due to years of accumulated emotion. For instance, he addressed himself as follows to a tubercular patient who suffered from loss of appetite, 'You cannot put on weight unless you take your food properly. . . . A consumptive who is losing weight is on the downward path; but it is a happy augury when such a patient puts on flesh. . . .' The patient answers, 'I'll try to eat, doctor'. 'Try! What's the use of that? The word "try" conveys a doubt of the result, and the doubt will not fail to reduce your impetus. What you must say to yourself is, "I am going to eat".'

Du Bois argued with his patients, showing up their false reasoning. 'Do not be sick', he said. 'Do not pay attention to annoying symptoms. Do not be distressed with every little change that occurs in your body. Do not feel that every new sensation has meaning. You are merely allowing foolish thoughts to develop in your mind, and silly autosuggestion to increase these fears and be translated into physical symptoms.'

For many neurologists Du Bois' method of medical moralization smacked too much of the metaphysical notion of sublime thought replacing disease. Pierre Janet, found fault with the method of persuasion because it bordered on the mystical. Janet discerned something of the metaphysics of Mary Baker Eddy about it. Du Bois' hearty insistence that his patients should think less of their bodies sounded to Janet like a retrogression to religious healing. He felt that the whole idea of the 'educative personality' and 'personal force' was an unscientific derivative of American psychology and the aggressive American spirit.

While psychologists in academic circles and neurologists in the clinic were struggling to evaluate and develop hypnosis, suggestion and persuasion as methods of treatment, other mental healers were continuing at their tasks. Of these, one whose efforts were modest, more ephemeral, yet, for a time, immensely popular, was Émile Coué. His autosuggestion followed the developments that have just been traced.

In common with many laymen throughout the world, Coué, an apothecary of Nancy, was intrigued with the idea of healing by means of suggestion for many years before he brought his interest to the outside world. As an amateur he could not devote as much time to healing as did his professional colleagues, but he worked on alone, developing the theories of the Nancy School. After some twenty years of experiment, it dawned on him that the power of suggestive therapy consisted in the stimulation of autosuggestion in the patient himself. Most of his therapy was done in his own home, his garden being used as a waiting room, and his parlour as his consulting-room. A simple man, he seemed genuinely interested in helping people. As his fame grew he saw more and more patients, until at

the height of his career at least one hundred a day from all over the world thronged his rambling house seeking relief which generally he gave gratuitously.

Coué's quiet personality, his kindliness, his simplicity, his forceful, dignified but untheatrical manner, contributed to the success of his method. He did not indulge in theoretical explanations to his patients. His eye was fixed on the strengthening of a system, of a treatment that would work. Only occasionally did he present the result of his work to a psychological congress. In the main, he worked on, day after day, in his little garden and home, developing his method and his personality to a point of quiet efficiency. He himself was a reflection of his whole method. Light, humorous, 'sometimes firm, sometimes gently bantering', varying his tone to suit the temperament of his patient, he taught his autosuggestive therapy.

The first exercise was a demonstration of the power of implanted ideas over the will. This was done by a simple experiment. The patient, his hands clasped together, was instructed to think 'I cannot open them'; he was then ordered to open them, and although he would try hard to do so he would be powerless. The subject was then ordered to think, 'I can open them', and immediately the cramped hands were loosed. When a subject failed, Coué explained that he had not embedded the idea deeply or strongly in his mind. So with the various diseases and nervous states that were presented to him. With kindly persistence, and vigorous suggestion, he insisted that these patients 'will' to move a stiff joint, or exercise palsied legs. The reason for their success was, Coué explained, that the will to have healthy limbs supplanted the notion of disease already present. So he would insist that his patients should carry away with them the idea that day by day they

were able to overcome this notion of disease by the notion of willing their body to be healthy and straight. Go home and will, ' tous les jours, à tous points de vue, je vais mieux en mieux ' (' day by day, in every way, I am getting better and better '), he suggested. The virtue of this formula is its rhythm, its ease, its universal applicability. The youngest child can say it. Coué cautioned against intellectualizing. The greater the ease of expression of the formula, the quicker would it suffuse the unconscious and bring about the desired result. The technique could be carried out by the individual himself. The subject was to lie in bed, in a relaxed position, and then repeat the formula a specified number of times, perhaps with the aid of a knotted cord. When he woke in the morning, the formula was repeated precisely the same number of times. This repetition was of extreme importance. Later he had to vary the cadences, stressing the phrase ' in every way '. Coué insisted that it should be said in an effortless, infantile way with a feeling of complete faith.[38] Coué never mentioned the disorder, but merely the contrary state of health. He did not have the patient say, ' My asthma is getting better ', but ' I am breathing better '. In the case of pain it is considered distinctly harmful to say, ' Every day in every way my pain is getting better and better ', because the introduction of the word ' pain ' makes for its retention in the mind. It is impossible to get rid of the word ' pain ' by saying, ' There is no pain ', hence his practice was just to say, ' Ça passe ' (' It passes '), saying it first slowly and audibly, then quickly and less audibly, until finally it issued out in a whirring stream of sound.

Not content with limiting autosuggestion to health, Coué applied it as an uplifting principle in life. The universality of his doctrine carried him on. The virus

of metaphysics touched him and his doctrines. As a general mental stimulant, Coué taught his patients to say: '. . . From to-day onwards I shall become more and more conscious of all that is happy, positive and cheerful. The thoughts which interest my mind will be strong and healthy ones. I shall gain daily in self-confidence, shall believe in my own powers which, indeed, at the same time will manifest themselves in greater strength. My life is growing smoother, easier, brighter. These changes become from day to day more profound; in a short space of time I shall have risen to a new plane of life, and all the troubles which used to perplex me will have vanished and will never return. . . .'

News of the success of this simple technique of auto-suggestion spread rapidly, and the Nancy apothecary was besieged by people who became his pupils and carried his doctrines into the farthest corners of the earth. Schools of Couéism came into being and the master himself made a lecture tour of the world in the 1920's which, at any rate in England and America, met with enormous popular success and attracted enthusiastic audiences, who after hearing the exposition, thronged the consulting-room. The wave of interest lasted for several years and then the whole subject slipped into the background.

Coué emphasized to his patients that they were merely suggesting to themselves their wish to be healthy and for this reason he used the term autosuggestion. Unwittingly he taught his patients to modify their inner body-ideal, utilizing the narcissism already in them to fight the disease. In other words, he pandered to their pride, telling them, 'Of course, a person like you can heal yourself'. This method released within the patient a flood of suggestive power.

Coué's triumph was due, in the last resort, to the

deeply paternalistic qualities of the man. One commentator, who was himself a witness of M. Coué's work, wrote as follows: 'Indeed M. Coué himself, though keeping his religious views very much in the background, lived a life in which the practical virtues of Christianity were clearly manifest'[26] (p. 20). 'He is a power of goodness', said Mme. Émile Léon, one of his nearest associates, 'indefatigably painstaking, active and smiling, ready to help everyone.' While MacNaghten[157] (p. 47) wrote as follows: 'M. Coué seems to have divined from the first that loving is its own reward. Rich and poor, bad and good, to him they are all men and women, and if they need his help he gives it to them, without distinction, in his all-embracing charity.'

Perhaps the most significant development in psychotherapy is that for which Freud is responsible. For about two decades psychoanalysis was almost solely the product of his indomitable efforts. For four decades it has been his passion and his life. The story of psychoanalysis is the story of Freud.

Sigmund Freud, born in 1856 in Freiburg, of a Jewish middle-class family, showed early in his career a predilection for science, but it was not at first his intention to study medicine.[76] For about six years he worked in the neuro-physiological laboratory of the famous Brücke in Vienna, and in 1882 Freud entered the hospital for training as a junior physician. Under the direction of the great Meynert he gave promise of becoming a gifted worker in the Institute for Cerebral Anatomy in Vienna. By this time Freud had been given the post of lecturer in neuro-pathology at the University of Vienna.

Despite his neurological training Freud, in company with his associate, realized the inadequacy of all prevailing treatment of nervous conditions.

A travelling fellowship led Freud in 1885 to France, where he attended Charcot's clinic. He pondered on the extraordinary things he saw and soon afterwards translated Charcot's lectures into German, becoming one of the inner circle of the clinic.

For the next few years, after his return to Vienna, he worked with the neurotic patients who were turned away from the impatient practitioners of Vienna, utilizing the hypnotic methods he learned in the Salpêtrière, and collaborating with Dr. Josef Breuer, a well-established Viennese practitioner, who had maintained a desultory interest in cases of hysteria. Both had been encouraged to work with hypnosis by the discoveries concerning hysteria which had been made in France. About the year 1889 Freud went to Bernheim, and became more convinced than ever that suggestion operated on mental processes which necessarily remained hidden from the eyes of physicians. He returned to Vienna full of new hope, to continue his treatments with hypnosis. His contacts with Dr. Breuer continued. One case particularly impressed them as illustrating the new theories of the French schools. Breuer had found on hypnotizing a girl of 21 years, with hysterical paralysis, that under hypnosis she mentioned a particularly unpleasant experience which had apparently been forgotten. As these memories came to light, the patient showed signs of undergoing emotional excitement. This girl remembered nursing her father, years before, through an illness in which he was bedridden. Under hypnosis, the emotional reaction to what she had been forced to do was revived as she recollected her experiences. By bringing these emotionally charged memories to the surface under hypnosis she 'talked out' the effect of the original emotional trauma.

The new theory of the emotional causation of

hysterical symptoms was published in 1893 in a paper by Breuer and Freud. In the now famous work, *Studies in Hysteria*, they proposed the radically new idea that unpleasant memories, when repressed, reappeared as hysterical symptoms. In every case of hysteria they found that memories injurious to the patient's ego, so-called traumatic memories, were the cause of every hysterical symptom. In other words, some emotional experience, although repressed and forgotten, was converted into a symptom, a transformation which Freud described as 'conversion'. This notion was a corner-stone in the Freudian philosophy. It provided a reason for the bizarre, inexplicable, hysterical symptoms that every physician encountered, and thus always had to do with the emotions. Breuer, in allowing the patient to recall these irritating memories, had provided an outlet for the repressed emotion. The treatment acted as a mental purge and the term 'mental catharsis' was applied to it.

On the whole, these new ideas were received unsympathetically and leading medical men considered them so much metaphysical nonsense. Breuer became discouraged, and dropped out of the work, but Freud, more sure of himself, continued. Soon he made newer discoveries. It was not, he found, any emotional excitation which when repressed caused a neurotic symptom; but was one connected with the sexual function. Freud therefore began to investigate the sexual life of his patients. In neurotic patients he almost invariably found sexual difficulty — masturbation, sexual frigidity, abstinence over long periods, suppression of sexual desire. By probing into a patient's life and searching for sexual or emotional maladjustment, Freud found he was able to obtain as much illuminating material as hypnosis had revealed. The older method had been of

immense assistance in bringing into the foreground of consciousness memories and knowledge which would otherwise have remained below the surface. But if these memories were accessible under hypnosis it should also be possible to bring them to light during the waking state. Thus, Freud found that if he made his patient lie on a couch in a relaxed condition and talk freely of his life and experiences, led on from one thing to another by the free association of ideas, these repressed or forgotten memories would emerge in a natural way. Consequently he discarded hypnosis and adopted this method as being more revealing. New difficulties appeared, however. Some of the experiences of which the patients spoke were disagreeable and it seemed as if there were some force holding them back. Courage and mental effort on the part of the patient were required to break down this resistance, which was evidently linked with the pleasurable or painful quality of the experiences concerned. Consequently the physician had to seek out these resisting forces and to find out why the patient disliked recalling certain experiences. Here, indeed, was a new and revolutionary discovery; painful ideas were repressed by some dynamic force. The theory of repression became, in Freud's own words, 'the foundation-stone of our understanding of the neurosis'. His aim was no longer simply to release the emotion by the 'mental cathartic' method, but to uncover the repressions which masked the underlying irritating ideas. It was apparent, then, that treatment could not be consummated in a short time, but that it would take a long period of analysis in order to be able to search out the defences of the patient.

In France, Janet had for some time claimed that hysteria and neurasthenia were due to the closing down, the restriction, of the field of consciousness in people

predisposed to the disturbances by constitutionally weak nervous systems. Janet retained the idea which was dominant in French psychiatry, that some sort of degeneration or weakness lay at the bottom of the neurasthenic (neurotic) type. Such persons started, he said, with a poorly integrated nervous apparatus. Freud was led to develop another view. It was not a constitutional weakness that predisposed to hysteria, but the neurosis was the result of unconsciously repressed memories with their emotional connotations.

In that period, neurasthenia was the diagnosis assigned to all nervous states characterized by depression, crying spells, headaches, weakness, nervous tension, irritability and fatigue. Freud noticed that some of his cases of neurasthenia differed from others in that anxiety was their chief symptom. Anxiety, he stated, was a specific nervous illness, occurring in those who could not relieve their normal sexual tension for one reason or another. Freud then postulated that unsatisfied sexual excitation was the cause of this anxiety. Sexual tension built up in an individual, being undischarged, was transformed into anxiety. In the sexual life of his patients, he discovered numerous instances of sexual preoccupations and activity and oftentimes reports of sexual assault in the childhood history. To his surprise, he found that the seducer was usually reported as being the father or an elder brother. As time went on, it was clear that many of these seductions were imagined, and that what he was really witnessing was the expression of a wish, a childish fantasy, to have relations with a parent or a sibling of the opposite sex. Thus Freud came upon the startling idea that actual sexual disturbances in his patients were no more important, so far as neurotic symptoms were concerned, than fancied ones. What he was saying was that sexual desire was not

confined entirely to adulthood, but was present in the rich fantasy life of childhood. An unsuspected world opened up to his view—the sexual life of the child.

Sexuality in childhood, repressed by watchful parents and proscribed by society's rules, underwent distortions which emerged as neurotic symptoms later on in life. In a small volume Freud [73] described the development of the psychosexual life of man from infancy upwards. He had been forced to realize that sexuality was always related to the neurosis as cause to effect. The 'sexual theory of the neurosis' formed the foundation of psychoanalysis.

A storm of protest was launched against these ideas. Even sympathizers thought he must have been influenced by having dealt with patients drawn from decadent sections of society. He insisted that what is true of the infantile love-life of the neurotic is true of every individual.

As a matter of fact, neurologists were not entirely unprepared for Freud's pronouncements on the relation between the sexual life and neurosis. Ancient Hippocrates had advised as a treatment for hysterical widows that 'it is better for them to become pregnant'. For young hysterics, 'one counsels them to get a husband'. For generations the axiom 'Nubat illa et morbus effugiet' ('Let her marry and the disease will disappear') was passed down as the court of last resort for hysterical girls. And as early as 1884 Charcot recognized that hysteria pointed to some flaw in the sex life.

For the first few years of the twentieth century Freud continued to work quietly in Vienna. Soon a small group who appreciated his discoveries and sought to learn more of his methods joined him there, and in Switzerland, too, he found support and enthusiasm.

About 1908 the 'friends of the young science' met at Salzburg and made arrangements for the publication of a Journal of Psychoanalysis. The chief obstacle against which Freud had to fight was the disinclination of physicians to entertain the idea that sexuality could exist in childhood, or that perverse sexual fantasies or hidden wishes could be present in patients whose outward conduct they knew to be irreproachable. Psychiatrists treating their cases with the aid of psychoanalytic technique were astonished at the truth of his findings. Freud's genius lay in his capacity for observation.

In an estimate of the work of Freud, Morton Prince [183] wrote as follows: 'Freud did what no-one else had succeeded in doing; he made the psychological world and the medical world take notice. . . . Psychoanalytic methods, observations, and doctrines soon displaced or obscured those of all other workers in the field; and, in fact, captured abnormal psychology. . . . Freudian psychology had flooded the field like a full rising tide, and the rest of us were left submerged like clams buried in the sands at low water.'

Dr. William Brown [27] says: 'Many of Freud's observations are of great importance, and the stimulating power of most of his enquiries is profound. There are not many people who accept every word of his doctrine, but most of those competent to judge acclaim him the psychological genius of his age.'

The result of hostile criticism was to band the few active psychoanalysts together more firmly, so that in 1910 the International Psychoanalytic Association was formed, and within the next decade or so local groups arose in Europe and America. The total effect of this was not altogether advantageous. In the words of Havelock Ellis: 'It has been the unfortunate fact that at an early period Freud became the head of a sect. . . .

Almost from the first all those adherents of Freud who, following the example of the master, displayed original vigour and personal initiative in development were, one by one, compelled to leave the sect, when they were not actually kicked out.' [53] At that time also a split occurred in the ranks of psychoanalysis. Alfred Adler was the first to secede. The second defection from the ranks was that of Jung. Each of these two men developed his own psychological school: Adler, Individual Psychology; and Jung, Analytical Psychology. Dr. A. Adler died in Aberdeen, May 28, 1937, at the age of 67, during one of his frequent lecture tours. He was born in Vienna, took his medical degree in 1895, and worked in the related faculties of philosophy and sociology. He first practised ophthalmology, but his left-wing leanings soon led him into the psychiatric field and he became a member of the group that surrounded Freud. Originally he was an active supporter of the psychoanalytic movement but, as he himself expressed it, ' not being content to carry on in the shadow of the master ', he developed a doctrinal attitude towards what he termed 'inferior organs', saying that different characteristics were formed in the struggle of the individual to overcome, or compensate for, such inferiorities.[2] Later on he placed less emphasis on organic and more on the purely psychological feeling of inferiority. The neurosis in his view is due to the individual's Will to Power or Will to Supremacy failing to find social expression and taking refuge in an imaginary fictitious goal.[5]

About 1911 the Swiss group of the International Psychoanalytic Society, led by Dr. Carl G. Jung, also found itself hampered by the too strictly sexual interpretations of the unconscious mental life. Jung, who had been one of the most brilliant disciples of Freud, was equipped with vast knowledge and a scholar's

diligence. Not only were neurotics in need of treatment, he insisted, but those searching for self-creative opportunities, seeking true meaning and direction for their lives, also required the analyst's aid. Successful in business, seemingly well adjusted in their love-lives, many intelligent persons stretch for something which will allow them to fulfil their ' creative stirrings '. The soul of man has to be satisfied. Beyond gratification of the instincts and the pleasure-sense there was something larger, something truly religious. All his life Jung, the son of a prominent Swiss clergyman, had been imbued with the ideals of the religious life. He brought into psychoanalysis, as we shall see later, these feelings for the higher ideals of mankind. What he was aiming at was nothing less than a constructive process in which the patient should be guided to utilize his new-found energies, liberated from conflicts and repressions, in the development of a balanced mental and spiritual life, a process to which he gave the name, ' psychosynthesis '.

Wilhelm Stekel broke away from the orthodox movement about 1912 and developed along his own line. He disapproved of long analysis, considering that from three to six months was sufficient. He calls his method ' active analysis ' because he disagrees with the orthodox view that the analyst should remain passive and not impose interpretations on the patient. He depends on intuition for interpreting the patient's reaction rather than on theory. He explains most sex difficulties as due to fixation on an early level of development.[214]

Otto Rank, whom Wittels in 1924 called ' Freud's Echermann ', starting from Freud's view that all anxiety goes back to the anxiety of birth, came to the conclusion that ' the patient's Unconscious uses the analytic healing process in order to repeat the trauma

of birth and thus proceed to abreact it'. He would explain type differences from this: 'The introverted type of character seems to cling to the weak, delicate, fragile children, who are often born early and for the most part have an easy birth, while the nine-month and hence mostly stronger children frequently show the opposite type of character. This is explained by the fact that in the former, in consequence of the relatively slight birth trauma, the primal anxiety is not so powerful and the backward striving tendency has less resistance opposed to it; if these human beings become neurotic they generally show an introverted depressive character. The second type drive the intensely experienced primal anxiety forcefully outside, and they tend in their neurosis to reproduce less the primal situation than the birth trauma itself, against which, in the striving backwards, they violently collide'[187] (p. 209). He developed theories on Art and Religion on the lines that security was found only in the womb situation, but a regressive flight into this brought memories of the pains of birth, and all our striving is for a compromise between this wish and fear.

Georg Walther Groddeck (1866–1934), a physician at Baden-Baden, abandoned the use of medicine in favour of massage and physical treatment. Becoming aware of the psychological element in sickness he came into contact with Freud, who advised him that anyone who understood the phenomena of transference was capable of practising analysis. He came to the conclusion that disease was the result, not of a single local cause, but of the patient's whole manner of living and attitude to life, and that the relationship between patient and doctor was an important element in any treatment. He coined the term Id which was afterwards used by Freud with a more restricted meaning, 'The Uncon-

scious is a part of the Psyche, the Psyche a part of the Id ', says Groddeck [89] (p. 213). Thus the Id is close to Schopenhauer's Will and the ' élan vital ' of Bergson. He disbelieved in long analysis and preferred to interpret by the behaviour of the patient rather than from word associations : ' Disease for me is a kind of speech, the meaning of which I, as a doctor, must try to interpret and then decide my treatment accordingly '. Elsewhere he states that the part of the physician is to get rid of the resistance and the patient's will to disease. He refused to make a distinction between organic and functional disabilities and was remarkably successful in treating organic maladies given up as incurable by other doctors.

Gustave Richard Heyer [96] says ' it behoves us to regard " mind " and " body " as merely two phenomenal forms of one and the same " life " ', and consequently there can be no clear distinction between the organic and the functional. He appeals for a synthesis of artistic intuition and philosophical cognition in studying the phenomena of life and its disorders. Like Groddeck he combines physical treatment with psychological.

The late Hans Prinzhorn, like Freud and Groddeck, was influenced by Goethe, but also by the deep psychological insight of Nietzsche and the characterology of Klages. He believed that a purely scientific basis cannot be found for psychotherapy, that the subject cannot be taught but depends upon personal aptitude and that ultimately psychotherapy is personal guidance. What is needed is a doctrine of life which seeks to comprehend the whole of life as a unity. ' The permanently valuable discoveries of Freud need . . . incorporation in a psychology which shall do justice to the phenomena, *without forcing them into the strait waistcoat of an ephemeral system, by too rashly fitting new words to old facts.*' Because this is lacking, psychotherapy is an affair of

the churches or of quacks. 'The essential function of psychotherapy is the same as that of every religious community. . . . Its concern is that the sufferer shall find a form of security for life, freedom from the isolation that is full of fear to "wholeness of life, to new comradeship, to the world, perhaps to God".' 'All psychotherapeutic . . . leadership must seek the sustaining mean between rational regulation and the devotion that redeems the lost.' 'It is simply not true that one can discuss with a neurotic, even for a single hour, his quite ordinary troubles (headache, sleeplessness) without the personal view of the world being revealed and urged, in estimates and even in questions. . . . However agile the . . . talent with which the therapist folds the mantel of objectivity into ever new forms, it avails him nothing, what *acts* is the law of his own life . . . his personal *ethos*.' 'The therapist is the representative of the supreme law; in the religious sense the *mediator*.[184] He contends that a true psychotherapeutic method must comprise curative factors of three orders — suggestive, training (*i.e.* re-educate) and erotic. Ultimately any method to be of value must create 'for the cramped inhibited lonely human being in his perplexity, such security, certainty and union with his environment, as shall provide a sort of substitute for the full biological security that he has lost'. In the words of H. Crichton-Miller[40] (p. 240), Prinzhorn 'has broken away from convention attitudes both psychological and philosophical, and he offers a synthesis of biology, psychology and religion which commands respectful consideration'.

The late Ian Suttie[224] became dissatisfied with the Freudian position and stressed the 'need for companionate love' as against Freudian sex; it implies the need for security and protection. Hate and aggression are the results of thwarted love. Suttie's position is

somewhat of a bridge between the attitudes of Freud and Adler. The neurotic fixation on the mother may be described as the result of an inferiority feeling (Adler) as easily as a sensuous one (Freud). It is possible that the difference is one of emphasis. Suttie too criticizes Freudian anthropology, and its emphasis on father cults and ignoring the mother cults that flourished over Europe in prehistoric times. He regards religion as of value as a therapeutic measure designed to deal with the problem of guilt and deprivation. The Christian religion has aimed, and often successfully, at a solution of the sense of guilt by its offer of forgiveness, its insistence on the love of God, and upon the love and friendship of man to man as the essential social life.

Jung's use of the term Psychosynthesis has been taken up by Dr. Roberts Assagioli, director of the Instituto di Psuosintesi (Via A. Bosio, 15, Rome).

An important point to which Dr. Assagioli takes a different attitude from that of Freud, is that concerning repression. Dr. Assagioli, while admitting that there are cases in which psychic disorders are caused by the repression of sexual tendencies, emphasizes his belief that there is an important class in which, quite on the contrary, the trouble is due to the repression of the higher urges of the spiritual forces. This is due to the fact that the conscious personality does not recognize the true nature and value of those urges, which it resents and fears as disturbing elements.

' Hence the conflict and subsequent trouble ', said Dr. Assagioli, ' the dramatic persecution of the unwilling soul by the " Hound of Heaven ", which the great and unfortunate Francis Thompson has so forcibly described in his famous poem, is no mere poetic fiction, but an instance of what actually happens in many modern men and women. In such cases the current methods of

psychoanalysis and suggestion cannot avail, and the cure is found only through a complete reconstruction of the personality around a new and higher centre of consciousness, which includes the newly-awakened spiritual energies.'

This, in its simplest terms, is the Psychosynthesis advocated by Dr. Assagioli, which, while including the use of certain psychoanalytic procedures, rejects many of the orthodox Freudian interpretations.

Practical psychosynthesis consists of the utilization of energies, the development of inadequately developed elements and qualities by methods of autosuggestion, affirmation and meditation, the methodic training of weaker psychological functions and the co-ordination of all these in a harmonious organization of the personality. Thus the regenerated personality can start a new life, compared with which the former was little more than an embryonic existence.

Psychosynthesis is, further, a plastic combination of several methods of inner action aiming, first, at the development and perfection of the personality, and then at its harmonious co-ordination and increasing unification with its Spiritual Self. These phases are called by Dr. Assagioli, respectively, 'personal' and 'spiritual psychosynthesis'.[9, 10]

Psychosynthesis never loses sight of the truth that the isolated individual, no matter whether he realizes it or not — does not exist; each human being has intimate relationships of interdependence with other individuals and groups and of subordination to super-individual Reality.

The same, or similar, conflicts which take place within the psyche of the individual also agitate human groups, where the conflict is repeated on curiously similar lines, though on a wider ground. The study of

this analogy has a very real interest because of the present widespread struggles of a political, social and economic character, both within each nation and among the various nations.

Dr. William Brown, at whose feet I have had the privilege of sitting for four years, was able up to 1934 to describe his system as 'synthetic rather than eclectic'.[30] More recently he has declared himself in his lectures to have transcended the synthetic stage and to have constructed a system which stands by itself as an organic whole. As a trained philosopher, mathematician and physician, he has drawn upon all these strands of thought and experience in formulating his approach to the problems of the human personality; while he has been able to gain a knowledge of the practical application of his conclusions as neurologist to the Fourth Army during the War and, subsequently, by unremitting labours in the clinic. His usual method [31a] (pp. 53-7) is to commence with ordinary psychological analysis and, after having worked over the ground in that way, ready to discuss difficulties with the patients face to face, to turn to the more thorough-going method of psychoanalysis, which he terms 'deep mental analysis', should that be necessary. Suggestion and hypnosis also find a place in his technique and his knowledge of the latter is based on serious experimental work, scientifically carried out in the Oxford Institute of Experimental Psychology. Dr. Brown recognizes the indispensability of religion for the completion of the human personality, and his own philosophical reasoning has led him to the conviction that religious experience is superior to and of greater significance than the value experience of the Good, the Beautiful and the True.

CHAPTER VI

THE ANATOMY OF HUMAN PERSONALITY

Synopsis of Chapter VI

Personality, the emergent synthesis of the psychophysical attributes of the individual in relation to his whole environment, can only be anatomically portrayed by a comprehensive psychology which considers the three contemporary schools synthetically.

Behaviourism, eliminating consciousness altogether, does away with the will, but in other aspects has points in common with Christianity. The related Gestalt theory supports the doctrine of emergence.

The hormic school stresses the instincts and locates personality in the organized group of native and acquired dispositions to action displayed in behaviour.

The psychoanalytic theory with its conception of the Ego and the Id points to the anatomy of personality revealed in the depths of the unconscious as a system of libidinous wishes perpetually striving against repressing forces. In Adler's view modifications of personality are determined by the 'end in view', 'complete masculinity'. The sense of inferiority with the compensatory will to power is the chief agent in determining the behaviour of the individual. Jung discerns the opposing tendencies, masculine in a woman and feminine in a man, in the unconscious of the persona. *His too complicated theories of the Collective Unconscious and the psychological types, like Kretschmer's body types, though valuable, are still unaccepted in their entirety.*

The theological trichotomy with its merely verbal distinction cannot be maintained on either the Pauline 'spiritual body' or Lodge's 'etheric body' hypothesis. Continuity, championed by religion, and implying emergence of personality, provides a reasonable clue to its spiritual aspect of personality.

CHAPTER VI

The Anatomy of Human Personality

MANY attempts have been made to find a full and complete definition of the word 'personality', but so far none of them has proved to be wholly satisfactory. One reason for the difficulty which has been experienced is that there has been a tendency to define the whole in terms of a component part; people speak of the ego, the character and personality as if they were interchangeable terms, whereas personality only has meaning when conceived of as the emergent synthesis of the psychophysical attributes of the individual in relation to the environment in the most comprehensive sense. Thus personality is a process but not a product, for it is never completely produced. It is a process that is creative on the one side and intuitional on the other[30] (p. 238). The first essential to an understanding of the personality is its microscopic examination in the dissecting room: later it may become possible to consider the parts in their synthetic relationship to each other. It is as well to remind ourselves that, etymologically, the word *persona* had two meanings. In one context it referred to the actor's mask which indicated the rôle he was to play in the piece. Hence in sociology, and especially in law, its derivative, the word 'person', indicates one aspect of the part that is played in the drama of life; it denotes a man in his capacity of landowner, for instance. Elsewhere the word denotes the true man or the whole man. In the interests of clarity it is perhaps better to use the word 'personality' where

this meaning is intended to be taken. Personality is something far more complex than that which the lawyers know as a person, including as it does ego and character, all that is implied in the word 'heredity', and all bodily and mental potentialities.

The older psychological descriptions of personality were in terms of the self, which was defined introspectively by William James as that which every individual calls 'me' or 'mine'. In speaking thus James included the idea of the social self, the knowledge of oneself as reflected from the attitudes and reactions of other human beings, and it was not something which could be regarded as an isolated part of consciousness, but as an essential unity of personality which differentiated the individual from his fellows. The concept of self, then, was an introspective term for the integration of personality. The experimental evidence is that most individuals show consistency of behaviour indicative of integrated activity, though not the perfect consistency indicative of complete integration. Instead of conceiving of an individual's self as representative of all his habits and attitudes it is necessary to postulate a number of selves. In most individuals one self will be dominant, but in a minority two or more selves may assert themselves with relatively equal frequency. In the latter case, we speak of the selves as dissociated personalities. It must be remembered, however, that dissociation is a relative term and that most individuals are not at harmony with themselves in all respects. The difference between the dissociated personality and the normal individual is a difference in the degree of integration. Dissociation of personality may be simultaneous or successive. An example of simultaneous dissociation is automatic writing which occurs in hysterical patients and under certain circumstances in normal individuals. The subject will write

answers to questions, whispered in his ear by one person, while carrying on a conversation with another person. Both his conversation and his written answers are sensible and meaningful. Apparently, two habit systems with little or no connection are functioning in the individual at one and the same time. In successive dissociation, the usual activities of the individual are suddenly broken off and replaced by a different mode of life. The individual frequently has no consciousness of his former self in his new personality rôle. Often he alternates between his two personalities. In such a dual personality, the individual has two major action systems so incompatible with one another that both cannot be given expression at the same time.

One of the first recorded cases of double personality is that of Mary Reynolds, mentioned by William James.[112] Her friends and relatives knew Miss Reynolds as a reserved, timid, melancholy, even morbid creature. One morning she awoke with all memory of her previous existence gone. She even had to re-learn the acts of reading and writing. Her disposition, moreover, had completely changed. She was now fearless, buoyant and gregarious. After five weeks she lapsed back into her first personality with no knowledge of what had befallen her. These alterations from one state to another continued at intervals of varying length for sixteen years, finally leaving her in her second state. Gradually, however, the second personality was modified so that in old age it no longer represented a complete emotional opposition to her first state. Some measure of integration had evidently been achieved.

There have been many theories of the relation of phenomena to events in the brain. The theory of interaction is that physiological events affect mental events, and *vice versa*. This theory has not been popular

because it appears that the physiological events have their own nervous causes and effects and thus form a closed system. This difficulty is avoided, however, in the theory of psychophysical parallelism, which supposes that the mental events are merely parallel processes in the brain, which are themselves links in a series of causes and effects that runs continuously from stimulus to response. Others pose a double-aspect theory, holding that the events in the mind and the brain are not different entities but different aspects of the same underlying entity. Still others support an identity theory on the ground that the underlying entity is not known and that the two aspects are therefore only the same event observed by different methods. It is evident that there is only a shade of difference between these theories when they are considered in this order. Moreover, the difference, being speculative, cannot affect research one way or the other. The first two theories are dualistic; the last two are monistic; yet the introspective method is available to either kind of psychologist. The dualist uses it, describing phenomena for their own sake and relating them to neural events as best he may. The monist uses it, regards the results as implying something about the brain, and looks for the same neural relations as best he may. The monist employs the method of sensory discrimination with animals and thinks he has got in his results a measure of neural capacity. The dualist uses the same method and thinks that the same result indicates the differentiation among phenomena in the animal's consciousness. The distinction is not really vital as all these theories remain highly disputable. And as Dr. William Brown[28] puts it, 'this probably means that the human mind has not yet succeeded in fashioning concepts adequate for use in so stupendous a task'.

The psychology expounded in these pages attempts to combine in one system what is important in all the principles and methods of all the different schools of psychology. The normal adult man, being the organism in which the nature of mental activity is most fully revealed, will be the centre of our interest.

It was Heraclitus who said, ' Thou canst not find the frontiers of the soul, though thou shouldest travel every path, so deep a ground it hath '. But it is strange to say that much of our new knowledge of the soul has come to us through our understanding of the soul's conflicts and diseases.

The new synthesis of mind and body which had arisen from both psychological treatment and physiological research, has broken down the dualism of mind and body. This is the outstanding achievement of twentieth-century medicine and will greatly influence its future. We are now returning to the point of view held in 500 B.C. that ' health depends on harmony, and disease upon the discord within the body '.

The conclusions of modern psychology cannot be put aside if a deep understanding of the nature of man is to be secured. Hocking [99] (p. 16) describes psychology as the ' official portrait-painter of the human self '. There is a marked difference between a photograph and a portrait. The camera impartially surveys everything it sees. It helps little to understand the character of the subject. The painter depicts only those features that give distinctive expression to the personality of the sitter. A portrait is always a more intimate creation than a photograph.

Contemporary psychological schools have taken three principal roads in seeking the centre of gravity of personality, gradually advancing from the surface of consciousness to the inmost depths of the mind. Be-

haviourism, the most superficial view of all, would root personality in the complex co-ordination of bodily reaction mechanisms by which behaviour is regulated in accordance with environmental stimuli. It would eliminate consciousness altogether, and do away with the will in any intelligible sense of the word. A great contribution to this school of thought was made by Pavlov,[174] the Russian physiologist, who formulated the conditioned reflex theory which is one of its leading ideas. Soon after 1900, while working on the physiology of digestion, Pavlov noticed a peculiar fact in the behaviour of the dog that he was using as subject. He had arranged apparatus for collecting the dog's saliva directly from one of the salivary glands, and was giving the animal food to arouse the flow. He noticed that the saliva began to flow in an experienced dog before the food was actually placed in his mouth, at the sight of the dish containing the food, at the approach of the attendant who customarily brought it, or even at the sound of the attendant's footsteps in the adjoining room. Now, while food in the mouth is undoubtedly a natural stimulus to the flow of saliva — that is an innate reflex — the sight of the person or the sound of his footsteps could hardly be expected to produce this response, but must have become attached to the response in the course of the prolonged experiment, so as to serve as a preliminary signal. Pavlov saw that the capacity for acquiring such signals must be very important in the development of an individual animal's adaptation to its particular environment. He saw also that he had struck a promising lead toward the experimental study of the higher brain functions, and proceeded to turn the energies of his laboratory in that direction. He coined the term, 'conditioned reflex', to stand for a reflex in which the response had become attached to some sub-

stitute for the natural stimulus. The first step was to discover how a reflex could become conditioned. He experimented to see whether he could attach the salivary response to the sound of a buzzer or of a metronome. He let the metronome tick for a minute and then put food in a dog's mouth; waited fifteen minutes, started the metronome again and after a minute again fed the dog. After this procedure had been gone through a number of times, the saliva began to flow before the end of the minute, anticipating the food stimulus. If the food stimulus was then omitted, a good flow of saliva would nevertheless be obtained. But if the experiment continued on this line, the metronome being sounded for a minute, but the food not being given at the end of that time, the flow of saliva diminished from trial to trial, and after a few such trials the conditioned reflex which had been established was extinguished.

Now, suppose the conditioned reflex had been established and the experiment was then discontinued till the following day. On the first trial the metronome gave no response; but the number of trials (metronome always followed by food) required to establish the reflex on the second day was less than on the first day; and if the conditioning experiment, without extinction, was repeated day after day, the time soon came when the conditioned reflex held over from day to day. If the extinguishing procedure — metronome with no food — were applied to such a thoroughly established reflex, the extinction was not so rapid and was only temporary, since the conditioned response would appear at once on the next day. Yet if the extinguishing procedure were applied repeatedly on a series of days, it finally eradicated the conditioned reflex. The processes of establishment and of extinction of a conditioned reflex were so closely parallel that Pavlov concluded that the brain mechanisms

were the same, except that in one case a positive response was being conditioned, and in the other a negative or inhibitory response.

The negative conditioned reflex is a very important part of Pavlov's general theory. Pavlov and his co-workers in Moscow have extended their experiments to other animals, and also to young children.

In the case of a young child it is arranged that the child shall lie on its back on a couch in a room separated from the experimenter's room, with a bulb fixed under his chin, working a manometer, so that whenever it opens its mouth this movement is registered. An arrangement is rigged up whereby chocolates can drop into the child's mouth. That is the stimulus — the pleasant stimulus. Pavlov found the child would respond by opening its mouth when neutral stimuli were presented if they had been associated previously with the subsequent presentation of food. And what is very important is that, compared with the dog, the child developed a conditioned reflex much more quickly. Whereas the dog will require, say, 120 experiments to get the conditioned reflex thoroughly established, in the case of a child it may be established after 20 or 25 repetitions, and can also be abolished more quickly.

Until his death in 1935 Pavlov carried out similar experiments, leaving behind him a flourishing school.

A further interesting example of the conditioned reflex is furnished by Hudgins[102] on the contraction of the pupil of the eye. He flashed a light upon the subject's eye, at the same time saying the word 'contract'; and then, after a moment, extinguished the light. This process he repeated one hundred times, and after this found that the eye contracted at his command without the use of the light. Later it became possible for the

subject to contract his eye by his own volition without any exterior aid whatever.

Under the energetic leadership of J. B. Watson, Behaviourism became the prevalent American psychology for a time. Watson's own observations on the reactions of the child from birth were an important contribution to psychology.

'The human being at birth', he says [237] (p. 28), 'is a very lowly piece of unformed protoplasm, ready to be shaped by any family in whose care it is first placed. This piece of protoplasm breathes, makes babbling, gurgling, cooing sounds with its vocal mechanisms, slaps its arms and legs about, moves its arms and toes, cries, excretes through the skin and other organs the waste matter from its food. In short, it squirms (responds) when environment (inside and out) attacks it (stimulates it). This is the solid observational rock upon which the behaviourist view is founded.'

The late Dr. Streeter [223] has pointed out how, although the Christian theologian cannot accept the Behaviourist interpretation of life as it stands, he must welcome its demonstration of a subtle and intimate relation between the spiritual and the physical. By this it has settled once and for all the old fallacy which has troubled the Church ever since the days of the Gnostics, that there is a fundamental opposition between the spiritual and the material.

Among the Gestalt school, with which are associated the names of Wertheimer, Koffka [131, 132] and Kohler,[133] we find a structural totality regarded as the unit of mental activity. The investigation has been carried out by means of the examination of perceptions, which it says could never exist unless they were preceded by a definite structure which was ready to receive them. They are more than a bundle of impressions somehow

strung together. So, too, all mental processes are of greater significance than the sum of a number of component parts, wishes, emotions, nerve cells, gland activities and so forth. The principle of relation is just as important as the parts which are related, and thus we have a structural whole which transcends that of which it is composed. To go a stage further, personality itself is to be regarded as a Gestalt. Such a conception may be useful when considered in conjunction with the philosophical doctrine of emergence sponsored by Alexander and Lloyd Morgan; but it is of little assistance in the quest we are undertaking.

While behaviourism would reduce the personality to a mere collection of innate and conditioned reflexes, explainable by physical laws, and Gestalt psychology, though it has made important contributions to the perceptual and learning processes, is a reaction from this simplifying process, both agree in having practically ignored personality, the most outstanding feature of which is its purposiveness, and hormic psychology attempts to give this characteristic its true value. It stresses the instincts as the driving forces of the mind and the derivation from them of all forms of human activity. This view locates personality in the organized group of native and acquired dispositions to action displayed in behaviour. Such tendencies are regarded as aiming at the realization of goals proposed by nature in the first instance, and thereafter at goals proposed by ideal desires, including the moral sentiments, which are built up within the master sentiment of self-regard. Thus the will becomes personality or character in action, so that it expresses the basic unconscious and conscious personality as a whole. McDougall, the champion of this school of psychology defines instinct, or, in his later phrases, 'innate propensity', as 'an inherited or innate psycho-

physical disposition which determines its possessor to perceive and to pay attention to objects of a certain class, to experience an emotional excitement of a particular quality upon perceiving such an object, and to act in regard to it in a particular manner, or, at least, to experience an impulse to such an action'.[151] McDougall lists fourteen such instincts while allowing that others might arrange them in a slightly different order :

Names of Instincts (Synonyms in Parenthesis)	Names of Emotional Qualities Accompanying the Instinctive Activities
(1) Instinct of escape (of self-preservation, of avoidance, danger instinct).	Fear (terror, fright, alarm, trepidation).
(2) Instinct of combat (aggression, pugnacity).	Anger (rage, fury, annoyance, irritation, displeasure).
(3) Repulsion (repugnance).	Disgust (nausea, loathing, repugnance).
(4) Parental (protective).	Tender emotion (love, tenderness, tender feeling).
(5) Appeal.	Distress (feeling of helplessness).
(6) Pairing (mating, reproduction, sexual).	Lust (sex emotion or excitement, sometimes called love — an unfortunate and confusing usage).
(7) Curiosity (enquiry, discovery, investigation).	Curiosity (feeling of mystery, of strangeness, of the unknown, of wonder).
(8) Submission (self-abasement).	Feeling of subjection, of inferiority, of devotion, of humility, of attachment, of submission, negative self-feeling).
(9) Assertion (self-display).	Elation (feeling of superiority, of masterfulness, of pride, of domination, positive self-feeling).
(10) Social or gregarious instinct.	Feeling of loneliness, of isolation, of nostalgia.
(11) Food-seeking (hunting).	Appetite or craving in narrower sense (gusto).

Names of Instincts (Synonyms in Parenthesis)	Names of Emotional Qualities Accompanying the Instinctive Activities
(12) Acquisition (hoarding instinct).	Feeling of ownership, of possession (protective feeling).
(13) Construction.	Feeling of creativeness, of making, of productivity.
(14) Laughter.	Amusement (jollity, carelessness, relaxation).

The minor instincts of scratching, sneezing, coughing, urination, and defecation, are so simple in their bodily expressions that we cannot recognize as specific qualities the excitements which accompany their exercise ; though the impulse of each may on occasion be excited in great strength [152] (pp. 324, 325). If we add to all these instincts the non-specific tendencies of sympathy, imitation, suggestion, pursuit of pleasure and avoidance of pain, we have, according to McDougall, all the primary impulses which go to make up the tissue of the human mind.

It would be a mistake to regard as fixed and indisputable the actual number of psychophysical dispositions into which McDougall divides the instinctive life, and other eminent psychologists differ from him considerably in this matter, as can be seen by a comparison of the work of Thorndike [227] (pp. 187-191), Thouless [228] (pp. 66-67), Shand [206] (chs. 3 and 4), Hocking [98] and Rivers [193] (pp. 52-60). Thorndike, for instance, says that ' too little is known about the extent to which human behaviour is based upon instincts to allow their enumeration '. An important variation of McDougall's scheme is to be seen in Mr. Shand's view that joy and sorrow belong to the list of primary emotions, and that tender emotion is a complex, being, indeed, not a single emotion, but a class consisting of many varieties, such as pity, gratitude, reverence, aspiration, reproach, repentance,

pathos, all of which involve a blending of joy and sorrow in different forms and different proportions. Sorrow is recognizable by its twofold tendency 'to maintain the presence of or thought of its object', and to improve or restore it. Joy, while also having the former of these impulses, 'tends to maintain the object as it is, not to improve it'. The close relation between these two seemingly so opposite emotions is expressed in the words of Shakespeare, 'Grief joys, joy grieves, on slender accident'. Both show the same tendency to cling to their object. Dr. William Brown [29] admits McDougall's system; but only 'as a helpful principle of classification'. He continues: 'The individual comes into the world with the power to respond in various ways to stimulation from his environment, and although these various modes of response are functions of his nervous system, nevertheless it is helpful to think of them also as corresponding to different needs and fundamental tendencies of the conscious individual'. But they are 'none of them unconnected with one another. They are all parts of one another. They are all aspects of one vital urge.'

When these emotions are crystallized around objects and ideas sentiments are formed, the self-regarding sentiment being the basis of personality. The child's earliest reaction is purely instinctive, then instinctive behaviour modified by pleasure or pain, later by approval or disapproval of his parents or those around him. At the higher stage this idea of personality or what the conscience approves or disapproves is based on the standard of some ideal personality. Thus the individual comes to give allegiance to a standard of values or a conscience which in some respects reminds us of the Super-ego of psychoanalysis.

The psychoanalytic theory definitely proposing the unconscious psyche as the source of all motivation and

action, would discover personality for the most part in the profoundest depths of the unconscious as a system of libidinous wishes perpetually striving against the repressing forces, both conscious and unconscious, of social convention and the super-ego.

Pleasure is found in the mere satisfaction of instinctive desires, and distress or pain occurs when their satisfaction is thwarted. The pleasure-principle is directly related to the sex instinct ; in which is contained the quantity of psychic energy with which an individual is endowed at the start of his earthly career. To this quantity of psychic energy Freud gave the name *libido*, to indicate the energy derived from the sexual instincts. It is the energy drive that is responsible for such diversified activities as love-making, chivalry, physical aggression, the creative urge of the artist, the yearning of the adolescent and so on. In short, it is all the manifestations that spring from the energy of the love emotion. Freud, tracing the transformation of the love-energy in the development of the emotional lives of his patients from childhood onward, saw the libido undergo manifold changes.

At the moment of birth the child is without a mental life as we know it. It has a body that is as yet uncoordinated, and some instinctual ways of using that body. Its first interest is expressed through the mouth ; its first contact the mother's breast, its first emotion the pleasure of imbibing warm milk. Its first desires achieved, the infant sinks back, supremely satisfied, into a state of lack of desire, and sleeps. As the infant grows, it discovers its own body, and the pleasure of playing with the lips, the mouth, the tongue. The cooing and chuckling laugh of the swaddled infant arises from delight with the flow of air over the tongue and lips. Muscular activity itself is another source of pleasure for the infant. The opportunities for enjoy-

ment in the body are almost limitless for the swaddling. The libido is fixated in various levels of the body. The infant need go no further than its own body for the gratification of its desire for pleasure.

As the infant grows, it extends its interest to the individuals constantly in view, the one especially who attends to all its cravings. The new object of interest becomes the new object of love. The growing child throws out its love-energy to the mother. During the next few years, interest in others grows apace. The child discovers it has a father, grandparents, aunts and uncles. To each a quantity of love is thrown out. The libido which the child until then invested in itself is pushed out to the parents or their equivalent.

As his experience is limited he regards the mother or mother-substitute as something to satisfy his wishes. But sometimes she is busy or not at hand and he experiences anxiety and feels hostility towards her. He also develops jealousy of the father and of the other persons who take some of the mother's affection and interest. Thus he develops an ambivalent attitude towards those around him. Because he is dependent on these people he is afraid of his hostile feelings towards them. This leads to a conflict leading to the projection of his own impulses and to the formation of an external standard known as the Super-ego during the early emotional period ending about the sixth year. From then till about eleven is the latency period when the child is more interested in practical activities and less interested in fantasy and day-dreaming, and sexual curiosity seems to be submerged. Puberty brings a period of emotionality, of fantasy and day-dreaming as well as sexual interest somewhat similar to the earlier pre-latency period but the fantasies and day-dreams of this period are not as egocentric as in the earlier period. Play,

fighting, competitive games and an enlarged social sphere replace it. The children in the neighbourhood are more important than the parents. But the impressions of earlier days are not lost.

In the period of early emotionality the child is drawn sexually towards the parent of the opposite sex and is jealous of the parent of his own sex. He is afraid of this jealousy and hostility and develops a sense of guilt with both hostility and love for the parent who does not punish him for his guilty thoughts.

This early sexuality Freud claims to be a racial memory in the Lamarckian sense of the time when the Old Man of the tribe claimed all the women for himself and castrated the younger males if they attempted to dispute his claims. Consequently the young child fears similar mutilation. This rivalry with the parent is known as the Oedipus situation,[64] from the myth depicted in the tragedy *Oedipus Rex*, in which the hero, exposed at birth because of a prediction that he would kill his father and marry his mother, is found by a shepherd, grows up without knowing his identity, arrives at Thebes, kills his father and marries his widow. A pestilence comes on the city, an oracle is consulted and reveals that this is Divine punishment for the incest. Overcome by remorse he blinds himself with firebrands after his mother has committed suicide.

This conflict leading to the suppression of early sexuality and the projection of wishes and fears is responsible for the development of the Super-ego, which in some ways is similar to conscience. It is the force which gives the individual his standards of value and is responsible for the restraints on his impulses and pleasure-seeking.

For the normal person the libido tied up in this bond is liberated during puberty and flows to another

love-object. The adolescent wants to love someone 'just like mother', or 'just like dad'. Technically this is called 'the resolution of the Oedipus complex'.

In neurotic cases this development does not proceed so smoothly. The hysteric is fixated at the infantile stage of parent-attachment. These early, unconscious strivings of the hysterical individual are so strong as to keep the individual from making a satisfactory heterosexual adjustment later on in life. He cannot free himself from the Oedipus situation. A wife who shrinks from sexual relations or is frigid is so because unconsciously she is living out her infantile wish. 'I want to be the wife of my father only; I will give myself up to no one else.' Her sexuality is fixated; it has not progressed to an adult stage. Emotional outbursts and temper tantrums point to this infantile situation. It is the business of the psychoanalyst in such a case to show to the patient the source of the emotional restriction that results in hysterics, frigidity and marital disharmony. The Oedipus complex, Freud has said, forms the very centre of the neurosis. If the patient cannot weather his entry into adult life by overcoming his Oedipus attachment, he falls back into the infantile situation. It is a common observation that women who are unable to make an adjustment with their husbands fly back to their parental home for sympathy. The retreat back to mother (and father) is a regression back to an infantile state where the individual becomes a child again, soothed back to contentment by the sympathy of the parent.

Many followers of Freudian methods doubt the universality of the Oedipus complex. Ross [196] (p. 99), for example, discussing the evidence for it, sums up as follows: 'The phenomena of the Oedipus complex are frequently to be found; the explanation of Freud

is certainly partly true sometimes, but not always; the complex is not for a certainty universal, and there are factors present in its formation which present other than those which Freud has described and insisted on'. MacCurdy,[149] however, considers that the Oedipus complex is universal, but he extends the notion of the complex considerably, and suggests that it is not the actual mother with which the child is in love, but some fantasied object which has been constructed from images of the actual mother, of the mother as she might have been, and/or of other persons who have ministered to his needs, while the hated rival may be the uncle, as with the Trobriand Islanders, a brother or any other similar person who interferes with the satisfaction of the child's desires. To this fantasied love-object MacCurdy gives the name 'Imago'.

The resolution of the Oedipus situation is brought about largely by sublimation, a term first used by Havelock Ellis to denote the turning of unmoral or anti-social wishes or drives into social and ethical channels. In psychoanalysis it implies 'the exchange of infantile sexual aims for interests or modes of pleasure-finding which are no longer directly sexual, although psychically related, and which are on a higher social level'. Thus a child with strongly developed auto-erotic drives will become a Beau Brummel, or designer of clothes, or dancer. The individual whose infantile attachment to his mother was strong, will, when he grows, be unconsciously impelled towards adulation of women, in poetry, in his chivalrous social code, perhaps in his excessive interest in social reforms. The over-curious child grows to be a scientist; a sadistic child becomes a surgeon, and so on. In this it seems as if sometimes the Freudians are attempting to put 'square pegs into round holes'. However, if all energy is ultimately

connected with instinctive tendencies, in so far as it is derived from the libido, it is necessary to account for everyday interests which are apparently unconnected with sexuality, for instance, an interest in mathematics.

Narcissism, from the Greek legend of Narcissus who fell in love with his own reflection seen in a pool, is the term given to designate the complete interest in the self. This is a normal phase of childhood, but except in abnormal cases greatly lessens with maturity.

The notion of contrary bipolar emotions or ambivalence, the simultaneous presence of a positive and a negative emotional attitude towards the family situation, is one of the most illuminating ideas that has been contributed to the mental sciences. It is a mental mechanism that intuition has always divined. 'Whoever wants to save his soul will lose it . . .' said Jesus (Mark viii, 35). 'All men kill the things they love', wrote Wilde, and everyone recognizes the inextricable mixture of love and hatred, passivity and aggression, that makes up the love emotion. In nervous patients these ambivalent feelings are responsible for many symptoms. A young girl patient, being treated for hysterical symptoms, dreams of her father lying in a black coffin. She awakes immensely relieved to see him alive and hale. She is an extremely devoted daughter, inordinately fond of her father. Study shows that behind this excessive filial love is a deep resentment of the father. The patient is unaware that she is struggling with opposing feelings towards the father, expressed in bare outline in the dream. Nothing in her conscious thought indicates any such resentment.

It can now be seen that psychoanalysis consists of a clinical contribution out of which a psychology was developed. In a more architectural frame of mind we turn to the psychology that Freud later built to enclose

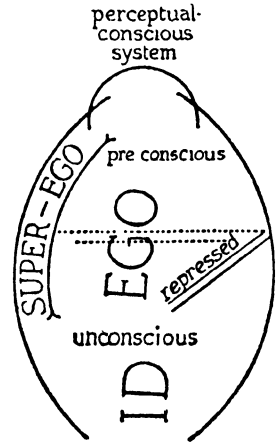
psychoanalysis. Having discovered the ways of the psyche in the clinic, he proceeded to reconstruct psychology in the image of psychoanalysis. The individual psychological structure according to Freud is composed of Id, Ego and Super-ego. First came the *Id*, the great 'Unconscious' — deep-seated, organic, affective.

The problem of living is to reconcile and merge the pleasure principle and the reality principle; to live out the urges, yet attain a life of reason. In *Beyond the Pleasure Principle* — the turning-point of the new dispensation — Freud corrected the original doctrine that pleasure alone is primary and regulative, and recognized the non-sexual instincts. By this revision psychoanalysis recognized more adequately that within the human psyche there is an Ego as well as an Id. The doctrine finds expression in *The Ego and the Id*, a 'further epistle in the New Testament of the Freudian Scriptures'.

The third member of the trinity that shapes our ends is the Super-ego, the Ego Ideal, created in a complicated way by the Ego in its habitat of circumstance, and setting the transformed goal of human endeavour, determining the course of the civilizing process. The Id — a term borrowed from Nietzsche, at the suggestion of Groddeck — is all primary, the Super-ego is a secondary development. The Ego partakes of both and in its elaboration is mainly secondary. We cannot live out the primary Id urges and become what we are — complicated Egos living under Super-ego systems and ideals. The more abstract reformulation of Freudianism sets forth how Id became Ego and developed a Super-ego, and how all three rule the world of psyche in normal and neurotic personality. Freud has reduced this threefold division to a diagram merely as a mnemonic aid to imagination concretely inclined, and thus he disarms one phase of

criticism; yet just how far this legitimate speculation may be helpful in rendering an account of the psyche, depends upon the manner of its employment.

The Id is thus described: 'It is the source of instinctive energy for the individual; it is unconscious; it forms the great reservoir of libido; it is the region, the hinterland, of the passions and instincts, also of habit tendencies; the pleasure-principle reigns supreme in it; it is unmoral, illogical; it has no unity of purpose; the repressed merges into the Id and is then part of it'.



(Reproduced from Freud's *New Introductory Lectures on Psycho-Analysis*, p. 105, Institute of Psycho-Analysis and Hogarth Press.)

Humanized, the Id is the vital core of our human, including our animal being: it expresses the basic, the ultra-primitive, the initial nucleus of psychic life. From the Id life begins: the child is all Id, but with the potential Ego gradually emerging. The life of Id is closer to that of primitive man. In the Id reflection, we see ourselves Adam and Eve in all their absence of conflict, and, with the aid of the paraphernalia of Eden, tree of knowledge, serpent and everything recognize libido as the basic life-force that actuates the psyche from its embryonic to its mature stage.

Re-reading Freud with this metapsychology in mind, it becomes clear enough that the Freudian motivation-scheme is an egoistic product, that the libidos are all integrated in Egos whose total social relation is considered. Thus the father appears as authority as well as procreator, and the mother as protectress as well as bearer of children; and the Oedipus situation is as

much an emergent striving for emancipation and independence as a rivalry for affection. But the course of growth is represented as so largely the wanderings of libido that the Ego has never completely come into its own. Hence Jung's protesting secession emphasizing the collateral sovereignty of Ego-urges, and the will-to-power concentration of the Adlerian position. In the riper formulation the Freudian Ego appears in fairer stature and truer perspective.

The Ego is a coherent organization of mental life, derived from that more primal structure, the Id, by modifications imposed on it by the external world. Its characteristics are as follows:

It is not sharply differentiated from the Id; its lower portion merges into the Id. Part of it is conscious; part of it is unconscious. From it proceed the repressions, holding in check the superior strength of the Id. Sublimation may take place through the mediation of the Ego; in this way erotic libido is changed into Ego-libido. Just as instincts play a great role in the Id, so perceptions play a great part in the Ego. It goes to sleep, but exercises censorship in dreams and strives to be moral. It owes service to three masters and is consequently menaced by three dangers: the external world, the libido of the Id, the severity of the Super-Ego. The Id produces the driving power; the Ego 'takes the steering-wheel in hand', in order to reach the desired goal.

The Ego has two different censorial duties in respect of the Id: (*a*) to watch the outer world and seize the most opportune moment for a harmless gratification of Id urges; (*b*) to induce the Id to modify or renounce its urges, or to substitute or postpone its gratifications.

If the Ego is to exert any real influence on the Id, it must have access to all parts of it. If, however, it

deals with an Id urge by means of repression, it must pay by losing control of the urge which will attempt in all sorts of disguises to assert its independence. A neurosis is often the result of this Ego-Id conflict; and, in any case, there is bound to be some crippling of the Ego.

The Super-Ego is an outgrowth of and is a modification of the Ego; it has a special position in regard to the Ego and has the capacity to rule it. It is to a great extent unconscious; it is independent of the conscious Ego and is largely inaccessible to it. It is always in close touch with the Id and can act as its representative in relation to the Ego. It is a deposit left by the earliest object-cathexes of the Id. It is the 'heir of the Oedipus Complex' — a precipitate of identifications with the parents 'in some way combined together'. It is a borrowing by the child's Ego of strength from the father to help in carrying out the repression of the Oedipus complex, a setting up within the self of the obstacle to Oedipus desires — 'a most momentous loan'. Its chief function is criticism which creates in the Ego an unconscious sense of guilt. It is essentially the same as conscience, and may be hyper-moral and tyrannical towards the Ego. It is amenable to later influences but preserves through life the character given to it by its derivation from the parent complex. The mature Ego remains subject to Super-Ego domination. The injunctions and prohibitions of other authorities remain vested in the Super-Ego and continue in the form of Conscience to exercise the censorship of morals.

Summing up one aspect of the Super-Ego's functions, Freud [67] (pp. 75-76) says: 'If any one were inclined to put forward the paradoxical proposition that the normal man is not only far more immoral than he believes but also far more moral than he has any idea of, psycho-

analysis, which is responsible for the first half of the assertion would have no objection to raise against the second half. . . . This proposition is only apparently a paradox; it simply states that human nature has a far greater capacity, both for good and evil, than it thinks it has; *i.e.*, than it is aware of through the conscious perceptions of the ego.'

The history of psychology shows all too plainly that prejudiced speculation has been its undoing, and that psychologists have erected again and again as the statue on the altar of their temples of learning gods made in their own image, as the mind of the day envisaged it. However imperfect his insight, man cannot but make the attempt to see himself rightly, to see himself whole. What we know of the human psyche is a torso; we feel the urge to restore it to its full human completion. The Freudian attempt, however ambitious and logically inadequate, is yet the expression of an urge for completion of understanding that harks back to the first great intellectual awakening and classic precept: Man, know thyself! It is a far cry from the academic groves of ancient Athens to the psychoanalytic clinics of to-day.

As to Freud's own view of his construction, these are the modest closing words of his autobiography:

'Looking back, then, over the patch-work of my life's labours, I can say that I have made many beginnings and thrown out many suggestions. Something will come of them in the future. But I cannot tell myself whether it will be much or little.'

Alfred Adler's contact with patients led him to the conviction that the moving factor in the emotional life of humans, neurotic or well, was the will to dominate. He was interested, moreover, in a quicker, more practical method of psychological treatment. The patient did not

care, said Adler, about the deeper structure of his unconscious life. He wanted relief from fears, frustrations and inferiority feelings. The philosophy behind Adler's school of Individual Psychology was readily understandable, and for this reason Adler's theories were accepted, without much resistance, in Europe and in America. Adler's emphasis has been primarily on therapy. His technique is to teach the patient the uselessness and inefficiency of continuing on a road which is out of touch with reality. He, and his disciples, trace through the life story of the patient those tendencies which they feel brought about the neurosis. The most important thing in life is the goal towards which each individual strives. It is unformed and undifferentiated in childhood, but more specific and recognizable in adult life. It is, indeed, a life-plan. This integrated life-plan, Adler found, is directly tied to the drive for superiority. Around this psychological tendency to obtain recognition for superiority or to defeat inferiority, revolves the problem of the neurosis.

Equipped with a basic belief in its own infallibility, the developing child, Adler thought, finds himself confronted by a difficult, unyielding environment that does not encourage such belief. At the very outset the child perceives how he is placed in a position of inferiority in relation to adults. He is inferior to the world in size, in strength and capabilities. Besides the cramping effect of the family on the child's personality, Adler maintained, there is society, which further subordinates him. To overcome this the child, wishing to appear the superior being he instinctively feels he is, takes refuge in fantasy for the satisfaction of his desires. The aggressive tendencies are primarily the ones involved in these inner conflicts. The struggle for superiority, starting in the family situation, determines his life-plan, which will

follow a neurotic pattern if the patient, unable to carry his superiority drive to the ultimate goal which he seeks, retreats into his fantasy. His neurotic illness is a substitute for his original superiority goal. Busy with his neurotic symptoms, the patient does not make a proper social adjustment and is driven back to his neurosis as the only satisfactory way of escaping the difficulties that loom on all sides.

Inferiorities in certain organs greatly enhance the general feeling of inferiority which exists in all children. Such things as strabismus (eye-squint), defects in the limbs, anomalies of the physical system, birthmarks, hair colour, excessive tallness, shortness, symmetries of structure, defects or exaggerations, are noted by the individual himself and commented on by his friends, to a point where they become the main issue in his mind, and serve to emphasize the terrific burden of inferiority which, Adler thought, he carries through life.

Society has, in a very definite way, aided this feeling by its division of traits into feminine and masculine. Masculinity is the ideal to aspire to in this life if one wishes to succeed. On the other hand, society has set its mark of approval on timidity, passivity, gentleness, as psychic traits peculiar to womanhood. The accepted notion says that man is intellectual and woman is emotional. Man is strong-minded but woman is suggestible and easily swayed by emotional influences. In the sexual life as in the world of industry and commerce, the rôle of suggestor belongs to the man. A woman who seeks to try her strength is regarded as being unduly aggressive : she is known despairingly by her sisters as a ' masculine ' type. Such a social ideology, Adler rightly believed, is accepted unconsciously by everyone. Ultimately this striving for supremacy may take a social or an anti-social direction (the delinquent and the

criminal). It may also lead to flight into neurosis. Every neurosis according to Adler is a 'Yes — But'. 'Yes I could do this or that, but for my illness, my nervous condition, my deafness, etc.' This attitude saves his pride and at the same time brings him sympathy and attention. The treatment of the neurotic and the delinquent consists in making him recognize his life goal and bringing it into touch with reality, for as he can only find a real goal in society he must ultimately find that his will for supremacy must find expression in a social direction. Consequently Adler never lost sight of the sociological conditions in which his patients lived.[5a]

It will be seen that Adler's view of the sexual instinct revolves around the expression of sex as the will-to-power. In the words of a critic, Adler's aim was to dethrone Eros, cast aside love and substitute power as the supreme motive of life.

Jung directs his attention to what he calls the persona. This is what we are to the world, or what we are supposed to be. It is that part of our personality which we present to the world labelled with our name. Behind this persona lie the deeper, unconscious tendencies that do not show on the surface but influence our behaviour. Jung thinks that physiologically we are conditioned to be either masculine or feminine, to present a masculine or feminine persona to the world. But in the unconscious he also discerns these opposing tendencies, masculine in a woman, and feminine in a man.

The German philosopher, Weininger,[242] promulgated a theory of the relative amounts of masculinity and femininity in people, expressed in a ratio differing for each individual. The male or female individual has varying proportions of femininity (F) and masculinity (M).

One man's (a) formula is $\begin{cases} aM \\ aF \end{cases}$; while another's (b) reads $\begin{cases} bM \\ bF \end{cases}$. Thus each individual has his own amounts of M.F. Weininger emphasized the notion that both masculinity and femininity exist in all of us in varying degrees, and focused attention on the study of 'types'. Jung utilized this idea: a man lives out the feminine side of him through love of a woman, and a woman lives out the masculine side of her through love of a man. The part which is feminine (the *anima*) in a man is in the unconscious, and comes out only in dreams, neuroses, etc. The part that is masculine (*animus*) in a woman is also unconscious. The anima is of a neurotic, emotional nature, being feminine. The animus is a rationalizing, logical thing, being masculine.

In other words, what people act out, what they are to the outside world, is an inverted picture of what goes on in the deep unconscious. The theory works out in this way: a charming ethereal girl, full of grace and beauty, who looks and acts the part of a creature born 'to sweeten all the toils of human life', presents in her dreams a figure, forbidding, large, gross, aggressive. This figure is interpreted as being a picture of the animus existing in her unconscious which opposes the social picture of her personality. If a woman has a masculine unconscious, she will be impelled toward an individual in life who is aggressive and who will overcome her submissiveness and femininity. Her dreams will show these tendencies, but not her surface personality. If she does not follow the direction of her animus in her life-adjustment, conflict and neurosis will result.

It was Jung who introduced the concepts of the *extravert* and the *introvert* types,[123] which offer 'a system

of comparison and orientation which make possible something that has long been lacking, a critical psychology',[125] (p. 108). He conceives these types as determined by the physical constitution; that is, a person is an introvert or is not, according to his chemical and biological make-up. The direction in which the liberated energies are guided is important to Jung, especially in older individuals. He thinks that not enough attention has been paid to the constructive part of the psychic life. What Jung calls the error of Freudianism is the lack of recognition that there is a higher spiritual development out of these instinctive drives which have been neglected. He would have us focus our attention on the ethical side of man, not treating ethics as a series of precepts, but as the evolution of these unconscious trends. Jung's classification of types has aroused great interest, research and controversy. Briefly stated, the extravert is one who is dominated by external and social values, while the introvert takes a subjective view and is governed by the relationship of things to himself. The characteristic differences between the two types, as described by Jung, has been tabulated[205] as follows:

Extravert Characteristics	Introvert Characteristics
(1) Directly orientated by objective data.	(1) Subjective determinants are the more decisive ones.
(2) Conduct governed by necessity and expediency.	(2) Conduct governed by absolute standards and principles.
(3) Accommodates readily to new situations.	(3) Lacks flexibility and adaptability.
(4) Is negligent of ailments, not taking care of self.	(4) Is over-attentive to ailments and careful of self.
(5) Adjustments are compensatory.	(5) Adjustments are made by withdrawing and fantasy.
(6) Typical psychoneurosis is hysteria.	(6) Typical psychoneurosis is obsession or compulsion state.

This enumeration represents the extravert as the man of action and the introvert as the man of deliberation, which is the conception that has had great influence on psychological discussions of personality. Jung's own complete picture of personality types is not quite so simple, and the usual condensations are perhaps somewhat unjust to his entire theory. In addition to the general attitude types so far described, Jung also distinguishes four special ' function types ' based on his analysis of the chief varieties of human expression. These are stated as *thinking*, *feeling*, *sensation* and *intuition*. According to Jung, one or another of these four processes is especially differentiated or well-developed in a given individual and hence plays a dominant role in his adaptation or orientation to life. Since the extravert-introvert classification overlaps the four special types, eight principal classes of personality are indicated. The ' extraverted thinking type ' is concerned with facts and their classification, the ' introverted thinker ' with theories and with their application to himself. The ' extraverted feeling type ' wishes to be in harmony with the outside world and is able to achieve close sympathy with others, while the ' introverted feeling type ' is chiefly concerned with his internal harmony and tends to depreciate the influence of outer factors. The ' sensation ' types, principally influenced by pure pleasure and pain, and the ' intuitive ' types, dominated by indirect judgments or ' hunches ', are also either extraverted or introverted. This doctrine is further complicated by Jung's assertion that more than one of the four main functions may be important, and that an individual may be extraverted in one function but introverted in another. Also, if the ' conscious ' is extraverted in any one line, the ' unconscious ' attitude is introverted and *vice versa*. Jung considers these

differences to be inborn. He states that they can be modified, as when a natural-born introvert is forced by circumstances into extraversion, but believes that such transformations are superficial and that an abrupt change is likely to result in a psychoneurotic condition.

From time immemorial a tradition has existed that persons of a certain body type, build, or habitus, show characteristic traits of personality. Thus Shakespeare puts into the mouth of Julius Caesar :

> ' Let me have men about me that are fat :
> Sleek-headed men and such as sleep o' nights :
> Yond Cassius has a lean and hungry look ;
> He thinks too much : such men are dangerous.'

This tradition asserts that the rotund body type indicates the good mixer, the diplomat and the leader. Thin men are alleged to be moody, introspective and given to solitude.

A recent version of the doctrine of body types is that of Kretschmer.[134] This German psychiatrist distinguishes two principal types of habitus, with some intermediate and combined classes. The *Pyknic* type is described as characterized by full faces, short necks, rounded limbs and a tendency toward stoutness. The *asthenic* type is the opposite, with an angular profile, a slender but often wiry body, and with outstanding muscles or bones. The principal intermediate type is termed the *athletic*, which may briefly be described as neither too stout nor too thin. Kretschmer classified 260 mentally deranged patients according to these types, making his classification on the basis of observation rather than by exact anthropometric measurement. He seemed to find that the dementia praecox (autistic personality) patients were overwhelmingly of the asthenic type, while the manic-depressives (cyclic personality)

were predominantly pyknic. This finding has been extended, by analogy, to normal persons. It alleges that asthenic persons tend to be artistic or introverted in personality and that pyknics are extraverted or cyclic. Kretschmer's conclusions are by no means confirmed and more careful research is now being carried out on the matter.

However satisfactory and accurate may be the analysis of the human personality on a biopsychic basis, few besides those who start out with a strong prejudice in favour of the strictly scientific outlook will be content with the result obtained. Others will demand that what religious thinkers speak of as the spiritual aspects of life should be taken into account as being an integral part of the mental structure. The concept of the soul or spirit is one which came into being almost as soon as man began to think about his place in the cosmos and to become aware of his existence as an individual in contrast with other individuals and with his environment. Gradually a distinction came to be made between the soul and the body and there even grew up an antagonism between the two. The early conceptions of the soul, before philosophers learned to think abstractly and in terms of pure mind, were very materialistic ones. Indeed, the soul was almost regarded as a kind of second, but more tenuous, body, interpenetrating the visible one which possesses hands and feet and internal organs. It was a shade or thin mist or vapour, which was none the less material because it was invisible. One of the definitions of soul belonging to this stage of development is quoted by Professor Tylor[231] (vol. i, p. 420) as follows: 'It is a thin, unsubstantial human image, in its nature a sort of vapour, film or shadow, the cause of life and thought in the individual it animates; independently possessing the personal con-

sciousness and volition of its corporeal owner, past or present; capable of leaving the body far behind, to flash swiftly from place to place; most impalpable and invisible, yet also manifesting physical power, and especially appearing to men, waking or sleeping, as a phantasm, separate from the body, of which it bears the likeness, continuing to exist and appear to men after the death of that body, able to enter into, possess and act in the bodies of other men, of animals and even of things'.

In Psychical Research circles a conception which, if it is not identical with this is not dissimilar from it, is still retained. Sir Oliver Lodge, representative of this type of thought, says that this body, or more refined mode of manifestation is composed of ether, and may properly be spoken of as an etheric body, or what St. Paul called a spiritual body. He contends that by spiritual body St. Paul did not mean one made of spirit but one that served the needs of the spirit; just as by psychical body he did not mean one made of psyche, but the material one which served the psychical or mental need. The psychical body is made of matter and used by soul. So also the pneumatic body is one used by spirit and made of X. Lodge's hypothesis is that partially and approximately X=ether. He argues that this view is not materialistic in the ordinary sense. It does not even claim any direct association of mind with matter; but claims association with an intermediate substance. The etheric body is intermediate between matter and spirit, for it seems probable that spirit requires some kind of physical vehicle for its manifestation. The argument rests upon the assumption that spirit cannot act directly upon matter but only through the mediation of an etheric link. Thus our primary action is always upon ether, which offers itself as a substantial, physical but at the same time strictly

immaterial link between spirit and matter. Sir Oliver Lodge writes, ' What we have learned physically is that the ether can act on matter through electric and magnetic properties : we also know that mind can somehow act on matter, though probably indirectly '. The assumption is that we possess an ether body or animated structure of modified ether here and now, that life or mind is closely in touch with the ether body, and that, through its action on this body which is at present imperceptible, it is able to exert an action on the familiar, material body. This hypothesis is believed to be justified by psychical facts which seem to show that the action of mind can be independent of matter, though probably not independent of everything substantial or physical. Thus matter only serves as a pointer to the unseen activity of which its movements are a reflection, and it is in the interaction of ether and matter that the problems of psychology must find their solution. If there is truth in this hypothesis, the connection between mind and ether must be maintained in accordance with laws which can gradually be explored, though at the present moment there seem to be no clues to assist in the quest. Against this, however, is the fact that relativity physics finds no necessity for the hypothesis of the existence of ether.

St. Paul's conception of ' spiritual body ', which has exercised a great influence among Christians, is a very difficult one, lending itself as it does to the notion that spirit is an ultra-gaseous form of matter, a vestige of materialism which remained in Stoicism and even in the Christianized stoic, Tertullian. In Psychic Research circles a more refined conception is held. Sir Oliver Lodge [142] (pp. 293, 294) says : ' I do not venture to define spirit, save as the animating principle on a higher grade. On a lower grade it might be called soul or mind ; and on a still lower grade merely life, which to me seems

the rudiment of mind. But whether we are able to define it or not, we all know in some rough sense what we mean by the term. It is the basis of Descartes' philosophy, " Cogito ergo sum ". Whatever he knew or did not know, he knew that he could think. And it is that thinking, idealizing, aspiring, hoping, loving part of ourselves which I wish to suggest by the name of spirit.' Here the spirit seems to be synonymous with soul or mind, but mainly when used in a theological context. All this means that we do not distinguish the psychological from the spiritual; and we cannot countenance that old distinction between body, soul and spirit. There is no such thing as psyche without spirit, and it is difficult to think of the organized human body without also thinking in terms of spirit [30] (p. 128). If a metaphor be permitted as an aid to the concretely inclined imagination perhaps the lighted electric lamp would serve. The bulb may be regarded as the body; the filament as the soul; and light as the spirit. We cannot think of light without the filament, and without the bulb there can be no light.

F. W. H. Myers [161a] assumed that man is an organism informed or possessed by a soul. This view obviously involves the hypothesis that we are living in two worlds at once, a planetary life, to which the organism is intended to react and also a cosmic life in that spiritual or metetherial world which is the native environment of the soul. As Jesus said to Pilate, ' My kingdom is not of this world ', it would seem that this spiritual world and the kingdom of which Jesus spoke are one and the same. The belief in this other world and the endeavour to hold intercourse with it are what distinguish religion from ethics.

In considering the conclusions and the basis of thought upon which they have been built, it is the

part of the cynic to wonder whether theologians and philosophers have started with the hope of immortality and have manufactured a soul out of the materials before them, which would be capable of fulfilling that hope, or whether they were first attracted to the belief in the existence of soul and, to avoid the pain of watching it die, imagined an immortality for it. Either of these may be true though there are other possibilities. However that may be, there is one aspect of personality which must not be allowed to recede out of sight — it is something which grows, and the growth proceeds as long as the personality is before us. Perhaps the question should be tackled from the opposite side, when it would be necessary to show that disbelief in immortality is reasonable. Dr. W. Brown[27] (p. 312) aptly says, 'Those who think that a disbelief in immortality is justified by science and philosophy are the dupes of their own cleverness and erudition. The advance of science has freed us from crude superstition and its savage terrors but leaves us with the larger hope ἡ ἐλπὶς μεγάλη, καλὸς ὁ κίνδυνος the spacious hope, glorious is the adventure.' Materialistic conceptions of the souls were acceptable until anatomy became more popular, when it was necessary to give the soul a definite structure, and a well-defined means of operating the body which it has attached. As a last resort the connecting link was found in the pineal gland, but when science had driven it from even this refuge, it came to the conclusion that there could be no such thing as a soul, and all that remained of the human personality after its death was the energy generated by the process of the body's decomposition. The Church itself, ever since St. Paul, has spoken in materialistic language about the soul, this kind of theology reaching its *reductio ad absurdum* in the work of St. Jerome, who said : 'If the dead be not

raised with flesh and bones, how can the damned, after judgement, gnash their teeth in hell ? '

Gordon [84] (p. 291) rejects altogether the idea that the soul may have a structure separate from that of the body which could survive it. What is important for him is what he calls ' the emergent pattern of behaviour ', and this is rather a function of the personality than its structure. This it is which survives, but only in so far as it has exerted an influence upon others and upon its environment. By virtue of its freedom to choose the highest spiritual values the personality can contribute to the working out of the process of evolution whose harmony can be spoken of as a union or harmony of humanity and God. ' May it not be ', he asks, ' that the soul is not a part of the structure of the body, as the ancients believed, nor a function of the body, but the function of the total emergent personality which goes on exerting its influence through the ages, just in so far as its activities have altered the form of the universe. In some cases this influence is widespread, in others it is extremely local, but no one can live in the world, without making some impression on the form of the universe as a whole.'

The religious conception of a future life can also be interpreted in terms of emergence, and while implying the contents of Gordon's view it also includes the emergence of personality. Thus is shown the statement that ' Unless a grain of wheat falls into the earth and dies it remains a single grain ; but if it dies it bears rich fruit ' (John xii, 24), which is re-echoed in 1 Corinthians xv, ' What you sow never comes to life unless it dies. And what you sow is not the body that is to be ; it is a mere grain of wheat, for example, or some other seed. . . . So with the resurrection of the dead . . . sown an animated body, it rises a spiritual body.'

Now both Jesus and Paul have taught that this emerged personality, though of the same identity, is of a finer type. The doctrine of carnal resurrection based partly on apocalyptic writings similar to Ezekiel's vision of the valley of dried bones is no longer tenable.

A similar view, it seems, prevailed in Egyptian religion. The much-debated term of '*ka*' meant a 'double', coming into being at the time of a person's birth, but existing in the spirit-world. It is possible that this existence meant merely consciousness of a spiritual world. This '*ka*' even came to mean a demon or protective genius. So it was the '*ka*' that enjoyed the blissful after-life. The deduction of bodily resurrection from the practice of embalming interprets, probably, only a belief held at a certain period.

Based on his belief that the mind is not dependent on the brain which exists primarily to mask the past and to allow only what is practically useful for average thought to make, Bergson [16] (p. 57) concludes his views thus: 'Mental life cannot be an effect of bodily life, that it looks much more as if the body were simply made use of by the mind, and that we have, therefore, no reason to suppose the body and the mind united inseparably to one another. . . . Immortality cannot indeed be proved experimentally, for experience can only be experience of a limited duration; and when religion speaks of immortality, it appeals to revelation. . . . But if . . . the mental life overflows the cerebral life, if the brain does but translate into movements a small part of what takes place in consciousness, then survival will become so probable that the onus of proof falls on him who doubts it rather than on him who affirms it; for the only reason we can have for believing in the existence of consciousness at death is that we see the body become disintegrated, and that is a fact of experi-

ence, and this, however, loses its force if the independence of almost the whole of consciousness with regard to the body has been shown to be also a fact of experience.'

A view which approximates closely to, and casts light upon, the religious conception of immortality, is that set forth by McDougall[150] (p. 372): 'Though it is not possible to say just how much of what we call personality is rooted in bodily habit and how much in psychical dispositions, yet it is open to us to believe that the soul, if it survives the dissolution of the body, carries with it some large part of that which has been gained by intellectual and moral effort'. He goes on to say that in connection with the future life it is conceivable that the soul might 'find other conditions (possibly in association with some other bodily organism) a sphere for the application and actualization of the capacities developed in it during its life in the body'.

In a work[154a] (pp. 272-73) published shortly before his death McDougall, defending the dualistic theory of the body-mind relationship combined with some form of monadism, claims 'that it makes intelligible the existence of individuals or persons higher than and more comprehensive than ourselves, the wholes of which we are subordinate members, and in the lives of which we may play some part without being aware of the fact'. This theory is advantageous both ethically and religiously; 'because it gives us a glimpse of an intelligible possibility of the continuance of the activity of each one of us beyond the death of the body, and hence of the continuing influence of whatever of positive value in our personalities may have accrued from our individual efforts'. He adds that there are a number of empirical indications of the reality of such individuals. He points here to 'moral, aesthetic, and religious experiences, too vague and uncertain of

interpretation to be arrayed as evidence of appreciable weight', and also to indications from biology and the existence of 'animal societies, such as those of the bees and the ants and the termites, in which the harmony of activities of the members seems to be secured by the direction of some intelligent purpose more comprehensive and powerful than that of any individual member'.

CHAPTER VII

THE SCOPE OF PSYCHOTHERAPY

Synopsis of Chapter VII

The attitude of psychotherapy to the body-mind relationship leads to the classification of diseases as psychical and physical according to their symptoms.

The early recognition of psychological causes, helped, e.g. *by Adler's theory of organs, is vital to correct diagnosis of disease.*

Psychological treatment has proved invaluable in dealing with problems of behaviour and physical disorders among children. It has produced excellent results in cases of psychic impotence and also naturally in sex perversions: alcoholics and drug addicts have surprisingly improved.

Hysteria, anxiety neurosis, phobias and neurasthenia all respond well to psychotherapy, but epilepsy even when yielding to treatment has proved a difficult task.

In cases where 'insight' is lacking, contact with the patient and the necessary transference cannot be attained; consequently schizoid and paranoic conditions are not generally amenable to purely psychological treatment. Even in illnesses regarded as entirely physical the psychological is being increasingly realized and the attitude of the sufferer is important.

CHAPTER VII

The Scope of Psychotherapy

THIS chapter is concerned with the practical aspect of the body-mind relationship. In so far as the organism acts as an integral whole it is obvious that disturbances of the mind, that is, disturbances in the life of action, must have some relationship to disturbances in the life of the organs. There are no attitudes of mind which exist apart from changes in the physical organism and there are few changes in the physical organism which are not accompanied by corresponding repercussions in the mind. When the organism adopts an attitude towards the external world for the purpose of satisfying some craving or for the realization of a high ideal, there is a corresponding physical event. An act of gratitude as well as an act of aggression has its physical counterpart. Just as hunger leads to disturbances in the alimentary system, so the production of a poem is the result of emotional changes in which both the sympathetic nervous system, internal secretions and the highest cerebral activities are working together to achieve harmony in action.

There is a popular classification of diseases of the body into functional and organic ; whereas in an organic disease there is supposed to be some disturbance or alteration in structure, functional disease merely implies a disturbance of function without any such structural alteration. This distinction has been criticized on the ground of its inadequacy: ' There can be no *merely*

functional disease. If there is an alteration of function it is associated with some alteration of structure, if not visible to the naked eye then microscopic or ultra-microscopic in character'[30] (p. 126). It is said, for instance, that whereas psychological treatment may be of value in cases of functional nervous disorder, it could be of no use where there was some organic derangement. But this is untenable, because the distinction between functional and organic cannot be carried any distance. Actually, of all diseases with which psychotherapists are expected to deal those connected with the nerves are the most intractable. Dr. W. Brown,[31] (p. 24) himself a neurologist, says he would prefer to have for psychotherapeutic treatment a patient suffering from an acute gastritis or an illness of some other part of the body, than a person suffering from severe illness of the nervous system itself.

'Of all absurd bogies', said the late Dr. F. G. Crookshank[41] (p. 88), none is more ridiculous than the alleged antithesis between functional and organic disease; unless it be that between physical and psychological therapeutics. All disease is disorder of function; if there is no functional disorder there is no disease, and the so-called organic changes that we find in some cases are just as much the effect as the cause of functional derangement, while, in the most functional of functional cases, there is always place for the organic changes we can't see. We had better be frank and admit that this antinomy was invoked in order that we might say that organic disease is what we say we cure, but don't, while functional disease is what the quacks cure and we wish to goodness we could.'

For our own purpose a more satisfactory classification of diseases would be into psychical and physical, the difference being recognized in the symptoms, though

there is so much overlapping both in treatment and in symptoms that distinctions are rough and ready and only capable of a provisional recognition. Although physiological diseases are to a large extent the products of infection, both acute and chronic, and of constitutional ways of reacting to environment through physico-chemical organization, the reaction of the organism to the noxious stimulus effects recovery. Inflammation, incapsulation and scar formation are physiological methods of dealing with injury. They are the debris, as it were, of the battle, not the disease itself: the disease lies in the combat. Physiological disease even of an infectious kind may, however, be somehow related to disorders in the life of action, and an unhealthy life of action will thus have its repercussion in organic states. We have in the organization of the body all the mechanisms which link up the life of action with the torpid life of the organs. A few years ago orthodox medicine believed that all psychological states were occasioned by disordered functioning of the body; but this is a very one-sided view. Everyone has experienced the tonic effects upon the body of such factors as friendship, interests and urges, good news, and requited love, without which the body would be reduced to a state of torpor and flaccidity, which in their turn can be described in terms of sluggishness of the blood and liver or defects in glandular action.

Pierre Janet [116] (p. 304) defines psychotherapy as 'a group of therapeutic processes of all sorts, physical as well as mental, applicable also to physical as well as mental diseases, these processes being determined by the consideration of psychological facts previously observed, and, above all, by the consideration of the laws that rule these psychological facts and their association either with each other or with physiological facts.

In a word, psychotherapy is an application of psychological science to the treatment of disease.'

Psychotherapy can assist in one way or another in the restoration of tone to the body. Not only is this conceivable, but it is actually achieved. In the everyday practice of medicine and of surgery, mood plays a large part in the curative processes which both surgery and drugs are used to promote. Many patients, before the dynamic effect of a drug can be felt, already state from time to time that they feel its good effects coursing through them. There is no moment in the life of an organism which is not also the life of the mind interpreted in its widest aspect as the integrating process of the body in action.

Adler[2] has suggested that the whole body-mind system can be mapped out, as it were, into a series of visceral emotional areas. This will explain the various physical manifestations which give rise to an intermediate realm between the physical and the mental, where the deadlocks in diagnosis take place through the failure to recognize the dual nature of many disturbances in function. No clear comprehension of the process of disease can be obtained in the absence of a knowledge of the effects of organic peculiarities on the mental life, and *vice versa*, of the effects of the emotions upon the activities of individual organs as well as upon the organism as a whole. This conception is of value because it certainly establishes a link between general medicine and psychology which enables the practitioner to consider every state of health not merely as of body or of mind as separable entities, but as states of the person. For example, if we alight upon such conditions as vomiting, neuralgia, intestinal stasis, or spastic diarrhoea, which prove to be without gross infective or other physiopathological cause, it may be

possible to refer back to the existence of an emotional factor which has been bound up with the history of a particular organ. This organ, or, to be accurate, the physiological functioning of such organ, may be deficient, or in Adlerian terms inferior, and in consequence, an inferiority in the mental adjustment of the subject will discharge or express itself through this visceral channel. Consequently we no longer capitulate to anatomy with the statement — 'There is nothing organically wrong, this is functional', but prefer, on the other hand, 'Here is evidence of the inferior functioning of an organ, an anatomical anomaly too perhaps; why does the patient express it in purely mental terms? What, in short, has been the psychophysical history which has occasioned this state of affairs?'

Only too frequently the patient in such a situation of psychophysical distress is dismissed with the text, 'You are a first-class life; take a holiday and pull yourself together'. A surrender in diagnosis to this feeble methodology would mean running the risk of allowing the establishment beyond repair of an organic disposition which at first was little more than the reaction of the body to prolonged emotional distress.[158a] The conception of the relationship between mental and physical states has striking corroboration in the study of the relationship between body posture and mental states. The bend of dejection, the erect attitude of pride, the sagging of the facial muscles when in despair, the tonic expression of an eager optimism, are obvious; but their appearance is so commonplace that their significance in biological terms is missed, and the opportunities for therapy which their understanding gives is thereby lost. Unnatural attitudes of body, if contained over a long period, are physiologically bad, and must have a deleterious effect upon the life of the body and upon the

organs, the healthy functioning of which depends upon good posture. Posture is not merely a matter of muscle tone; it is representative of the organism as a whole. It is an expression of happy adjustment of inner to outer relations which makes for vitality and harmonious growth. The relation is a reciprocal one. Children can be imagined gradually developing respiratory and abdominal disorders to which are attributed the unnatural postures and the progress of some disease, and attention being diverted to these so that the psychological factors originally involved are overlooked.

The mind can in some respects be regarded as the total of the human organism at any given moment resulting from the balance of neural and visceral events. As a time-embracing process it is thus to be regarded as the historic posture or attitude of the organism. Thus all processes of the body come within the province of psychobiological concepts, and therefore all maladjustments, in varying degrees, within the province of psychotherapy.

This being so, there are no disorders which may not be complicated, if not actually caused, by psychical stresses. These may be recent, or awakened in complicated fashion from the remote past by the reawakening of mental conflicts or by their exacerbation. Failure to recognize psychological causes at an early state is as grave an error in method as is failure to recognize an infection or a surgical anomaly. Chronicity in the mental realm has as grave consequences to health as chronicity in 'organic' disease. Speaking of the disturbance caused by emotional conditions in the harmonious working of the body, Trotter has stated, 'Disharmonious mental states, such as those due to the clash of individual and social needs, are notoriously apt to interfere with bodily function to a degree and with

duration and constancy that may simulate organic disease and perhaps initiate it'. It is unfortunately a fact beyond dispute that, though the interaction of body and mind presents problems to the importance of which lip-service has been abundantly paid, these problems have never received thoroughly realistic and scientific treatment. This consideration therefore holds out hope of successfully dealing with early cases of functional disorders of the endocrine system in particular, and the other systems of the body economy also by psychic means.

In principle all psycho-neuroses and the functional psychoses are suitable for psychological treatment, so far as the possibility of the psychic elaboration of the material found is not destroyed through mental disturbances of the patient.

The classification of the psycho-neuroses as is customary in present-day clinics by no means corresponds to characteristic differences in the psychological mechanism. According to Individual Psychology this is the same in principle for all neuroses. Adler laid stress on the 'unity of the neuroses'. The choice of symptoms appears unimportant if the psychotherapist concentrates his attention on the aim of the neurosis. The aspect of the symptoms may in many cases be determined physically — through organ-inferiority, certain neuro-visceral dispositions — in other cases psychological factors play a great part in the choice of the phenomena.

In all cases of disease the psychologic attitude of the physician and of those about the patient plays an important part. To-day we are learning to value it more and more. Not only the subjective condition, but also the objective state of a heart patient depends very much on whether he is rightly treated by relatives, attendants and physicians.

Psychological treatment has proved of immense value in certain difficulties of behaviour and physical disorders among children. Careful study of kleptomaniacs usually reveals complicating psychological factors. Not infrequently, in broad terms, it is affection which the child is attempting to steal. This, of course, reveals an unsatisfactory and unhappy home life. In some cases there is a compulsive element present, and the object stolen has a certain symbolic value, as most compulsive acts have. The first essential in treatment is to obtain the patient's confidence, and then, after finding the root of the trouble, to eliminate it. Often it is necessary to change the environment.

In the case of temper, it is particularly advisable to eliminate organic disease. Children should not be scolded for displays of temper, but ignored. Naturally, they must not be allowed to use their temper as a weapon to gain their ends.

Enuresis, which is a common and troublesome complaint of childhood, may be an expression of underlying anxiety, provided that organic causes have been ruled out, but is often an expression of aggression. According to the Freudians the anxiety is linked up with the child's phantasy life. Apart from this, the enuresis may be an attention-securing device; as, for instance, when it occurs at the time of the birth of another child. Further increase of the sense of guilt should be avoided, and the child should not be punished, or told that it is horrid, nasty or the like. Besides tincture of belladonna, the time-honoured remedy, glucose, has also been tried, and success claimed for it. In this connection some unpublished work of C. H. Rogerson, referred to by Neustatter,[163] is of interest. He gave glucose with strong suggestions of betterment to one group of children, and peppermint water with equally strong suggestion to

a comparable group. He secured the same percentage of improvement in both cases, and came to the conclusion that the value of the treatment lay in the suggestion and not in its medical aspect. How much of the value of belladonna is due to suggestibility ?

Strauss states that he has used hypnosis with success ; and other methods of suggestion — such as an injection of sterile water — have also been used successfully. Neustatter has tried encouragement, in the form of giving older children a calendar and telling them to mark the ' dry ' days every week, and to see if they can beat their own record, a scheme which worked quite well. Attention is drawn to the successes and not the failures.

Stammering, which is much more frequent in boys than in girls, is due to anxiety which is brought about by morbid self-consciousness. Many of the methods of treatment, such as making the child balance himself on one leg while reading or talking, are based on distracting his attention from the self.

Whatever the exact psychopathology, stammering is always associated with a nervous disposition. Quite obviously there are secondary factors at work, the nervousness suffered by a stammerer adding to the nervousness already present. The nervousness is supposed to cause increased muscular tension, which also affects the vocal cords. Speech-training is an attempt to educate the stammerer to use the voice properly. To this end various devices are employed. Relaxation combined with breathing exercises are the basis of the London County Council method, and mass recitation is employed to help the stammerer.

All authorities are agreed, however, that a lowering of nervous tension is necessary, and for this purpose believe that psychotherapy must be an integral part of

the treatment. An initial part of the treatment is to lessen the secondary psychological situation due to feelings of inferiority, which is nearly always present.

Loss of voice (aphonia) is an occasional complaint, especially round about the time of puberty and adolescence in girls. It is almost invariably the aftermath of an emotional situation. Suggestion and persuasion are very useful in this disorder. A simple method is to use a tongue-depressor to hold the tongue down while suggestions are made that it will be possible to produce sounds. As soon as the sound has been produced, this is used as evidence to show the patient that sounds can be made.

In conversion hysteria the symptoms are sometimes dealt with by suggestion under hypnosis, the patient being ordered to walk if he were previously paralysed; to read aloud or recite if he were previously mute, and so on. While he is complying with the order he is told that he will continue to exercise the function on awakening and that he will have no further disability. He is then awakened gradually and, to his no small astonishment, he finds his disability gone. Symptoms can also be removed by strong suggestion in the waking state, especially if the doctor invokes the help of electrical massage, of some special liniment, or even of a bottle of medicine. In spite of this, however, such administrations are dangerous, for they confirm the patient in his belief that his symptoms are due to some physical cause which the particular treatment has cured, so that when a relapse occurs, as often happens, the patient requires the services of the same practitioner using the same method, and then, after a few relapses the treatment loses its efficacy — and the patient seeks a new doctor. The reason for the relapse, or for the development of new symptoms, in these cases is that the under-

lying difficulty from which the symptoms are a way of escape has not been removed, and for this reason superficial treatment of this kind is often distrusted, however miraculous its initial effects may happen to be. Yet this is not invariably so, since symptoms produced by psychological factors may continue as habits long after the causative factor has ceased to operate.

When removing the symptom the therapist prepares the way by explaining that there is no physiological basis for the disability. He explains how disabilities may be produced by other than physical means, for example, under hypnosis. This leads on to a discussion of the variation in our abilities and powers as the result of our wishes and desires, of the way in which we can forget what we do not wish to remember, and of the headaches and other ills which may appear opportunely. Symptoms of other patients and their circumstances are carefully cited, and the patient is asked for the connection between the causes and the symptoms in these cases.

The patient having arrived, by process of elimination, at the conclusion that his symptom is psychological in origin, should now be told (if, for example, we assume he is suffering from a paralysis of the hand) to think of the fingers of his hand, opening one by one. He must on no account be told to 'try' and move his fingers, for such trying will defeat its own object: it implies a struggle and there must be no forcing. He has simply to think of the fingers moving and nothing more and, when once movement has begun, progress will be rapid. If he will only think hard enough of the fingers opening out, the movement will take place. Firm, quiet insistence must be used; but the therapist has to be careful not to arouse antagonism and contra-suggestion, which is easily done if the preliminary stages are hurried. Such antagonism will entirely defeat his object.

When explaining to the patient that his symptoms are not physiological, the therapist must beware of explaining his reasons except in the most general terms, for hysterics are extremely suggestible and, if they once know the signs, will produce the proper symptoms. When the symptom has been removed in this way the advantage the patient had gained from it must be discussed thoroughly, and another satisfactory solution to the conflict must be found. The realization that the symptom has merely been serving a selfish end will sometimes cause some form of anxiety state to develop, and the patient may be so miserable that he will wish for a return to his hysterical symptoms. This is, however, no occasion for alarm.

Undoubtedly it is in the domain of sex that the interaction of mind and body is most evident. Sexual thoughts and feelings produce immediate effects on the body while, conversely, changes in the body are potent factors in the stimulation of sexual thoughts and feelings. Anxiety about any of the physical functions is almost invariably followed by some change in them, but none respond with such sensitiveness as to such suggestions as the sexual. Consequently there is no field which yields a richer harvest to psychotherapeutic endeavour. Freud described sexual perversions as being retained infantilisms, and adds that 'the neurosis is the negative of the perversion'. Stekel, too, agrees that clinging perversions — which he calls 'paraphillias' — are a neurotic to infantile sexuality.

Some cases of homosexuality are curable by means of psychoanalysis, but only if the patient is earnestly desirous of being cured, a condition which is unfortunately rarely encountered. Whenever the conditions appear favourable, however, the record of successful cases justifies an attempt.

Excellent results are achieved in cases of psychic

impotence, when verbal suggestion is often all that is necessary. More frequently a certain amount of analysis is required.

Stekel [216] was one of the first to discover and describe the psychogenetic origin of the complicated condition known as fetichism. The fetichist is an individual who is sexually excited by the sight, touch or thought of some object, such as a shoe, a stocking, or a handkerchief. This mechanism appears to be closely akin to that which results in the setting up of a conditioned reflex, but is primarily the symptom of a defence mechanism, a flight from normal sexual relations with the opposite sex.

Sadism received its name as a result of the association of the perversion with the Marquis de Sade (1740–1814), a man who had a somewhat chequered career. He was accused of poisoning and of unnatural offences, and he found pleasure in inflicting cruelty on the objects of his passion. While imprisoned in the Bastille he wrote obscene novels. He was sent to the lunatic asylum, released, and later sent back there as an incurable maniac, spending the last eleven years of his life at Charenton.

Masochism became known in a not dissimilar way. Sacher-Masoch (1835–1895) was a minor Austrian writer, whose works included tales of people who craved and took pleasure in cruel treatment in connection with the sexual embrace, a morbid trait which was doubtless described from life.

Masturbation is thought by many people to be universally practised; and modern authorities are agreed that it is devoid of any harmful physical effects. It is false, however, to assert that it is entirely innocuous. Dr. W. Brown [30] (pp. 115 and 117) denies its universality, saying, on the basis of both professional and non-professional experience, that a not negligible proportion of

people do, either by sheer good luck or through the nature of their physical and mental make-up, avoid the habit altogether. He condemns it in the strongest language. 'Let there be no mistake', he says, 'the habit is bad, and ought to be shunned. But if unfortunately it has been contracted, then it must be dealt with on sound psychological principles and not by the arousal of fear and panic. These, indeed, tend too often to fix the habit. . . . Those who have never yielded to the habit have, in the belief of the writer, much more energy than they would otherwise have had. They have a large surplus of sexual energy which they can sublimate, that is, direct, into other and more profitable channels. To give way to self-abuse is like short-circuiting an electric main. The energy, sexual and mental, passes in a short circuit from the side of stimulus to the side of response, instead of passing through all other systems and enriching the growing mind.' After relieving the sense of guilt where it obviously exists, suggestion treatment has proved to be very efficacious in putting an end to the habit. When the habit is fixed analysis can lay bare any unconscious material which has given it its birth. The will can be strengthened by suggestion from the doctor, and the patient's own desire for self-discipline can be reinforced by auto-suggestion.

Alcoholism, whether it begins as a means of stimulating sexual impulses, whether it is used as a means of escape from reality, or whether it is taken up for social reasons, can be cured by psychological treatment, as instanced by the following example: A man of thirty-five went to see Dr. Neustatter with 'a nose the size and colour of a small beetroot' as testimony to his habits. He was unhappily married, and had severe anxiety attacks. For five years he had drunk to obtain relief from these

attacks. His father and brother were both alcoholics. He had just left his wife at the time he saw the doctor, who gave him some bromide, and a strong dose of bromide and chloral to carry as an 'iron ration' to take as soon as he felt an attack coming on. He never had to use it, but he felt that its presence was a great moral help, especially when 'passing pubs'. Two years afterwards he was at work, his nose was of normal proportions and colour, and he said he had not drunk since, a statement which Neustatter thinks is the truth. The only treatment he had was weekly, then monthly, and then tri-monthly talks with Neustatter, in which he encouraged him, but kept on warning him not to be sanguine, but to expect and be prepared for a recurrence of the desire to drink. Neustatter writes, 'A bad business for the suggestionists!'

Dr. W. Brown cites a case in which one of his patients, who was suffering from alcoholism and very troublesome to his household, completely lost his craving after one hour of treatment. He tells us that permanent effects can be obtained by one suggestion. Repetition is usually necessary, however.

Drug addicts suffering from morphinism, cocainism, and similar troubles such as excessive smoking, also fall within the province of psychotherapy, for they usually contain some psychological element. *Hyperemesis gravidarum* (excessive vomiting during pregnancy), fainting fits, dizziness, shivering fits, paraesthesias, have also responded to this kind of treatment. Practitioners of suggestion therapy have always witnessed to its value in the regulation of menstruation. August Forel quoted a very striking case of a girl whose periods set in every fortnight, and lasted for a whole week. Naturally she became extremely anaemic, lost appetite and slept very badly. In the first hypnotic treatment he suggested an

immediate cessation of the menstruation. This suggestion was given in connection with touching of the abdomen, and declaring that the blood flowed into the arms and the legs from the pelvis, and it succeeded in a few minutes. Finally, he suggested good sleep and a good appetite. He hypnotized her again a few times, and ordered the next menstruation to appear four weeks later, to be sparse, and to last for two and a half days only. . . . The next menstruation arrived after twenty-seven days (one day too soon) at the hour suggested, was sparse, and only lasted for two days. She was still quite well seven years afterwards, when he wrote the account.

Originally Freud applied his method to a very restricted field; regarding only hysteria and compulsion-neuroses as psychogenous disorders and as curable by psychic means. He classified his anxiety states into 'real' anxieties and 'anxiety hysteria'. The former comprised conditions which, in his view, resulted directly from unsatisfied sexual stimulation, and the latter comprised the remaining conditions. He subsequently changed his views, however, and in common with other analysts, such as Stekel, now considers that there is always an element of conflict present, and that unsatisfied desire alone is not sufficient to bring about an anxiety state.

The rôle of conflict in mental disorder is being more and more realized. This does not only refer to the straightforward sexual desire for some object, but to difficulties which may arise out of attendant circumstances, such as jealousy and anger directed against a rival. In many individuals conflicts between what is desired, and not allowed, may be a very difficult problem, but although unsettling, are conscious and admitted. In other individuals, especially those who have been taught

that it is wrong even to contemplate such feelings as hatred or jealousy, the conflict becomes very much more difficult, for here a complicating factor is introduced, namely, guilt at the very presence of these feelings. In the first example anxiety was seen to be caused by the strength of the impulse. Passionate individuals may be quite consciously afraid of losing control of themselves, and doing something they know they will later regret. In the second example, where there was a tendency to try and shelve the conflict there is a double cause for anxiety. Not only does it result from the strength of the impulse, but it also arises from fear of admitting the presence of tendencies, the very existence of which the individual finds hard to tolerate on account of his upbringing. Finally, some people cannot face their primitive impulses at all, and they become entirely repressed from consciousness. Anxiety in these cases is partly a fear of these impulses returning to consciousness.

Cases of phobia, whether of closed space, of travelling by train, or fear of going into an open space, all yield to psychotherapy. Such patients are suddenly seized with violent terror; they have violent palpitations, sweating and trembling. There is very often pain over the heart, which the patient attributes to disease of that organ. There is also commonly a fear of death during an attack.

People suffering from phobias are sometimes classified into obsessional and hysterical types. The former are the over-conscientious, meticulous, methodical; while the latter are exactly the opposite. Cases of anxiety depressions respond well to treatment, especially of analytical kind.

Another group of anxiety states occurs chiefly in the middle-aged, where worry, tiredness, aches and pains,

tremor, sweating and sometimes nausea or diarrhoea are complained of. Neurasthenia has a similar clinical picture to that of diffuse and anxiety reaction ; but with the difference that it may be a terminal state of one of the other anxiety conditions. The term has proved to be unsatisfactory as it suggests that the nerves are tired, and this is untrue ; for it is the body which is tired. Moreover, the term covers a multitude of sins of omission on the part of the physician. With the very few exceptions where there is a toxic cause, these cases have a psychological aetiology, and therefore psychological treatment combined with relaxation may be effective. In the moderately severe cases psychoanalytic method sometimes proves very useful, but at the same time the patient should be given a philosophy which will help him to grapple with his problems.

Prognosis is favourable in anxiety-neurosis ; the condition is curable in from four to six weeks. The compulsive neuroses prove refractory in about one-third of the cases, and require a somewhat longer period. In these disorders psychoanalysis is the only appropriate method, because it is the only method which takes cognizance of the psychogenesis of the condition.

Earlier studies of the psychoses from the standpoint of the psychoanalytical theory were not undertaken from the therapeutic point of view. The aim was essentially to render intelligible the abnormal processes in a way otherwise impossible, and to obtain insights into the significance and origin of the psychosis. Of outstanding interest was the work of Jung on the psychology of dementia praecox.[119] Subsequently many studies of depressive states were carried out from the psychoanalytic standpoint, the most important of which were those of Abraham.[1] The psychoanalytic treatment was begun when the patient was just coming out

of a depressed state, and entering upon a remission. Abraham stated that the psychoanalyses of melancholics he had been carrying on were none of them completely finished, so that there was no question of making any prophecy about the lasting nature of analytic treatment. In addition to the disappearance of the symptoms, he noted: (1) After the accomplishment of a piece of analytical work, the patient showed a distinct increase of accessibility and ability for transference. (2) The hostile and irritable attitude to the world in general was eliminated to a greater extent than was usual during a remission. (3) In a particular case an obsessive interest in prostitutes was abandoned, and a satisfactory relationship with one woman established. (4) In the same case an overwhelming feeling of inferiority which, in the past, had characterized the period of remission as well as the depressed state was overcome. (5) Lastly, several of his cases, after a considerable amount of analysis had been done, showed a tendency to develop transitory psychogenic symptoms, and these instead of being psychotic in type were obsessions, phobias or conversion symptoms. It will be obvious that this was a most important change, suggesting alteration and progress in mental reactions and advance in libidinal development.

A considerable amount of treatment of the psychoses on analytic lines has been carried out during recent years. Such treatment has been stimulated by the work of Freud, though the technique has not by any means always been in conformity with that of psychoanalysis. Thus Bjerre [19] gives a detailed account of a case, in the treatment of which he was successful in dissolving analytically a strongly constituted system of persecution of ten years' standing, and in giving the patient, an unmarried woman of fifty-three years of age, complete comprehension of her illness.

The recognized difficulty of psychoanalytic treatment in schizophrenia is that in this disease the libido is withdrawn from objects to the ego; hence the childish ideas of megalomania, the infantile habits, the revival of auto-erotic forms of gratification, the recklessness in regard to cultural requirements and the utter disregard and carelessness of the external world. This adhesiveness of the libido to the ego is termed narcissism, as mentioned above. According to recent contributions from the psychoanalytic standpoint on schizophrenia, it would seem that the view is held that in the narcissistic psychoses the hereditary factor has to be taken into account. Thus Clark [35a] suggests that in these conditions the hereditary endowment may include something defective in the ego's capacity for meeting or adapting to its environment; and, again, that there may be an inherited tendency on the part of the instinctual development itself, also, there may be lacking the urge to pass beyond the limits of narcissism to attain higher levels of gratification (such as sustained object-cathexis).

From the above it is evident that schizophrenia and allied conditions are not amenable to psychoanalytic treatment as ordinarily carried out, for such reaction-types do not readily lend themselves to the formation of that strong transference to the analyst which is so essential in ordinary analysis. In this connection Alexander [6] points out that in all cases in which we have to assume that the ego itself is undeveloped and lacking those faculties which differentiate the adult ego from the childhood ego, the capacity to estimate, to accept and reject, to endure tension and deprivations, the psychoanalytic technique cannot be used with advantage because it forces the ego to cope with a problem which it is unable to accomplish.

Many efforts have been made, however, to apply the psychoanalytic technique in a modified form in schizophrenic patients. Thus Clark [35] has elaborated what he terms 'the phantasy method of analysing Narcissistic Neuroses'. Zilborg [252] gives an account of a case of schizophrenia, the analysis of which covered 2000 pages and took place in about 450 interviews of one hour each. Dr. Devine [49] (p. 344) points out that a preliminary period of 'reality testing' is required before the analytical situation is attacked, and adds that it is doubtful whether any type other than the paranoid is amenable to analysis. No claim for cure is made.

The most recent research suggests that the schizoid type is much more common than is realized, but that only a small percentage of these develop to schizophrenia; and that if the early signs of this are recognized, suitable psychological and environmental influences will prevent it from developing.

Also cases of schizophrenia regarded as completely hopeless are now answering favourably to treatment by large shocks of insulin which put the patient into a comatose state for some time, and when he comes out he is more rational. At this stage analytical treatment is applied. Paranoia (delusions of grandeur) develops among some schizophrenic cases. Stekel claims cures by analysis but, on the whole, he is not inclined to advise the psychotherapist to expect great results.

An investigation of the history of a psychotic patient not infrequently reveals the occurrence in early childhood of pathological reactions strikingly analogous to those exhibited by schizophrenic subjects. In the behaviour of such a patient, indeed, it is possible to detect symptoms almost identical with those described by the relatives as having been noticed in early childhood. Such observations are important as they give colour to the view that

the germs of a malignant psychosis are active for a brief period in early life and are then dormant until, in later life, they once again invade the psychic life of the patient. This is not without significance since it suggests that any attempt to prevent the occurrence of the malignant psychoses can only succeed if appropriate psychological treatment is instigated in early life, when abnormal reactions make their first appearance.

In this connection the work of Klein [129] is of interest. She observed the playing child and interpreted the products of its phantasy displayed during spontaneous play. Her investigations have led her to the opinion that fully developed schizophrenia is more common and, especially, the occurrence of schizophrenic traits is a far more general phenomenon in childhood than is usually supposed.

At present it is too early to say how far such methods of treatment would be effective in diminishing the incidence of the psychoses in the community, if a large number of children suffering from psychic peculiarities were treated along the line suggested by Klein. Glover [80] holds the view that advances in the treatment of psychoses will depend less on experience derived from direct treatment of what we now call psychoses and more on the experience derived from investigation of mental processes in young children, together with the results of direct treatment of infantile psychopathological states.

About thirty years ago, Dromard observed: 'The precocious dement is a rich person whose capital is immobilized. Later he becomes a pauper.' If this aphorism expresses a truth, and up to a point it would appear to do so, it serves to emphasize the urgent need of investigation and treatment in the very early stages of the disease. From this point of view, therefore, it may certainly be said that the work on children, referred

to above, marks an advance in the methods of dealing with mental disease.

According to Stekel [214] (p. 32) in true epilepsy the attacks begin as fits in the first years of life. If they first appear in later life they are psychological in origin. These cases are due to strong cravings which are rejected by the unconscious as unwholesome. In the cases he studied the craving was of a criminal nature. In support of his theory he quotes Dostoievsky who, describing the depression following a seizure, says, 'I feel like a great criminal; it seemed as if some unknown guilt, a criminal deed oppressed my conscience'. Dostoievsky's crime was child-rape. The analysis of such cases takes a very long time, and he knows no more difficult task and would only entrust it to a very skilful and experienced psychotherapist.

In most illnesses, even in those like typhoid or pneumonia, which are considered to be wholly physical, the sufferer's mental attitude is important. This belief is the direct result of observation of the physiology of the nervous system and of what takes place on its highest levels, namely, those in relation to consciousness.[31]

Medical interest in the psychophysiological processes of life, both healthy and diseased, is so obviously on the increase that it is even said to be a little surprising to find a disease so important to our age as cancer left almost entirely uninvestigated on the mental side. Groddeck's own experience in cases of cancer leads him to associate it with the personal attitude of the sufferer towards motherhood [90] (p. 160).

Even in cases of accident the psychological factor cannot be ignored. 'It is my custom', said Groddeck [90] (pp. 81-95), 'to ask a patient who has slipped and broken his arm, "What was your idea in breaking your arm?" So far I have never failed to get a useful reply to such

questions, and there is nothing extraordinary about that, for if we take the trouble to make the search we can always find both an inward and an outward cause for any event in life.' Later he gives the example of a woman friend who was sceptical of his view of the psychological element in accidents. When he put the question about breaking a limb to her, asking her to recall the circumstances, she was silent for a few seconds, then smiled, and admitted that he was right. She then told him the circumstances, making it quite clear the accident was an attempt to hold to the moral code.

The association of neurosis with asthma has been recognized for some time, and psychological stimuli appear to precipitate attacks. An asthmatic attack may be entirely psychological in its origin ; that is to say, the whole attack may have an ' unconscious meaning ' to the patient. E. B. Strauss quotes a joke in *Punch*, in which a boy is found by his mother, standing in the corner, puffing and blowing. Asked why he is doing it, he replies that he is killing Chinamen, because Nanny told him that ' every time you breathe a Chinaman dies '. From a psychoanalytical standpoint the asthmatic attack might represent some similar mechanism ; that is to say, the asthmatic attack is a symbolic expression of some unconscious wish.

From superficial but detailed histories it seems that gross psychological determinants often cause asthmatic attacks. The asthmatic child is often an over-protected child ; that is to say, a child who has either been wanted over-much by the parents, who are continually anxious about it, or it is an unwanted child and the parents' over-anxiety is a compensation for not really wanting it. The anxiety is the result rather than the cause of the asthma. Maberly, in some unpublished results referred to by Neustatter,[163] finds a strong power component with

these asthmatic children. They utilize their asthma to gain control over their parents or their environment.

A further argument in favour of the psychological diagnosis of asthma is, that on removal from home these children appear to improve at once, irrespective of the vicinity to which they are sent.

The following case illustrates some of these points. The patient was a boy of six, brought to Dr. Neustatter by an overwrought and distressed Jewish mother. She complained that the boy had had asthma since he was two, that he suffered from a violent temper, and that he insisted upon having his own way, and always developed an attack of asthma if he were thwarted! He was jealous of his baby brother. She was not only distressed about the child's asthma and his behaviour, but there was a considerable note of antagonism in her description. 'Much more of it and she would be a nervous wreck.' The doctor also heard from the boy's physician that the mother mishandled him considerably. That the asthma was real, Dr. Neustatter 'can vouch for', for he 'saw the child in an attack'. The patient had been away to a convalescent home for a year, and during that time he had been free from attacks. As soon as he came home he immediately developed them again.

This case illustrates both how the asthma is brought about by psychological stimuli, and how it appears to be made use of — though quite unconsciously — by the patient to gain his own ends. Dr. Neustatter only saw the child once, and knows nothing of any possible deeper mechanism which may also have been present.

Moos [160] claims cures by psychoanalysis in all of a series of eighteen cases of bronchial asthma. Though it has now become commonplace, the case of the man who recovered from asthma by breaking a clock-case, as described by Gillet, one of Coué's pupils, is worth

repeating. This asthmatic, who was on a holiday journey, was awakened in his hotel by a violent paroxysm of his disease. 'Greatly distressed for breath, he got out of bed and hunted for the matches. He had a craving for fresh air but could not find the window. "Confound these third-rate hotels where one gropes vainly in the dark!" He is suffocating and he clamours for air. Feeling about, he at length finds a pane of glass. "Damn it all, where's the window bolt? . . . Never mind, this will do!" and he breaks the pane. The fragments fall to the floor. Now he can breathe; again and again he fills his chest with the fresh air; the throbbing at his temples passes, and he goes back to bed. "Saved!" . . . Next morning, one of the items in his hotel bill was "Broken clock-case, fr. 4.35"'[14] (p. 92).

O'Donovan states that he 'has no doubt that in some cases the patient's mind operates through the endocrine system, and in others through the vasomotor system. More, often the writer thinks, a patient's complaint is maintained by a disordered function of the receptive parts of the brain, rather than by a disorder of the sensory motor endings. Minds, sensibility and emotional tones vary; but he hopes to show that dermatological practice must be extremely difficult if the various factors that play upon the patient's mind be disregarded. . . . The skin is a complex vital organ, not a hide; and such psychological factors as permeate the practice of general medicine must have their full recognition in cutaneous medicine'[165] (pp. 7-8).

That there is often nervousness among rheumatic children is a common clinical observation, as also that a psychological situation may precipitate an attack of chorea (St. Vitus's dance). Still[217] holds the view that chorea is particularly apt to develop in nervous children.

He attributes the relatively greater frequency of chorea in girls to a greater inherent emotional instability. The nervous symptoms in joint and heart rheumatism are not very much more frequent than in debilitated or tuberculous children.[163] A high incidence of nervous symptoms occurs in the cases of chorea, and of children who suffer from 'pains' without objective signs of rheumatism. The nervous symptoms which occur frequently are restless sleep and nightmares, timidity, emotional instability, and moods swinging between depression and excitement. 'Neurotic' symptoms — that is to say, making use of the illness as was illustrated in the case of asthma — and behaviour problems are very infrequent in rheumatic children, and are no more often present than in any other children. This is interesting, as it suggests that the first group of nervous symptoms mentioned may be symptoms which are related to physiological processes, whereas the latter have a true psychological causation. In the words of an observation made some years ago by Professor H. A. Harris, 'The rheumatic child is highly-strung, but is not neurotic'.

One interesting problem concerning rheumatism is the persistence of tics, and how far these may be psychologically determined. Dr. Neustatter cites a case of a girl of thirteen, who two years previously had had chorea, which had completely disappeared apart from facial tics. At the time she was brought for treatment these tics had increased considerably. They were multiple and complex, and strongly resembled choreic movements, but there was nothing else to support the diagnosis. There was no increased pulse-rate, no temperature, no cardiac symptoms. The mother was in bad health, apt to be cantankerous, worried about her daughter's tics, and generally found her tiresome. The girl was irritated by

her mother, and above all was very resentful at what she considered the injustice of having been forbidden to swim. By listening to the mother's troubles, the doctor was able to relieve the maternal tension to some extent, and also to persuade the mother to stop nagging at the girl about her tics. He also allowed the girl to go swimming. Following this there was a considerable improvement of the tics. This case is suggestive of psychological difficulties expressing themselves through pathways made possible by the chorea.

One of the points stressed by Winnicott [247] (pp. 76-88), who has an excellent understanding of children, is the importance of trying to differentiate the true rheumatic from the nervous child, from the point of view of treatment. The rheumatic child needs prolonged rest, whereas the nervous child is much better when allowed to be active. Thus it seems certain that rheumatism in children should be a fertile field for the psychotherapist, for so many problems of a nervous nature are to be found in these children, and it seems reasonable to assume that where it is possible to alleviate the nervousness, this may have a favourable effect on the rheumatic processes.

What the ultimate relationship of the nervous constitution is to rheumatoid arthritis, it is not possible to say. The possibilities are, that emotional strain, especially in conjunction with fatigue, may lower resistance. There may also be a common constitutional basis, accounting for both nervousness and joint disease occurring in the same person. The investigation is very interesting in showing the importance of social and psychological factors in this disease.

Headaches may have a psychological origin. They are not infrequent in anxiety states, depressive states, worry and similar disorders, where they usually take the

form of a feeling of constriction, of pressure, of a band across the head, and at times only of pain. 'In my experience', states Groddeck, 'headaches, even those elaborated by severe organic diseases, only come on when an unbearable thought, which at some time has been very important, is repressed and not allowed to come into consciousness' [88] (p. 149). They are sometimes amenable to treatment by suggestion.

Before the work of Sir Thomas Lewis a great deal of cardiac neurosis was caused by faulty diagnosis, heart disease being diagnosed through complaints alone, and patients being treated as ill in consequence. Nowadays, diagnosis of 'functional' capacity of the heart, and the electrocar diagram, have prevented such mistakes. But once the diagnosis has been made there are important psychological considerations to be taken into account. Correct handling in children with heart disease may make the difference between the production of an invalid, or a child with a damaged heart but otherwise quite healthy. Quite obviously every precaution must be taken after a severe illness causing cardiac damage, but once a child is fit, it should at the earliest possible opportunity be allowed to return to a normal life. On no account must anxiety be expressed in front of it. If there is cardiac damage, it should be simply and unemotionally explained to the child that for a time it has to take things easily. Where there is doubt, the child should be assured that everything is all right, the parents alone being advised that it may be necessary to watch the heart, as anxious children will manufacture cardiac symptoms.

At a clinic which the eminent cardiologist, the late Sir James Mackenzie, once gave in Edinburgh, the amphitheatre was filled with students, members of the faculty and outside physicians, many of whom were

expecting a spectacular and learned dissertation. The first patient was wheeled in and her history read by the clinic clerk. The patient was a middle-aged woman who had suffered since girlhood from a cardiac condition obviously rheumatic in origin. Her cardiac deficiency had apparently been well compensated and the patient had been able to follow a practically unrestricted routine until three months previously, when quite suddenly she had suffered a break in the cardiac compensation. She had since been semi-bedridden. The patient was examined and the physical findings discussed, and Mackenzie arose, ostensibly to lecture on the case. He stepped over to the patient and asked her if she had recently made any changes in her place of residence. His question brought forth the history that the patient had for many years lived in a small basement apartment, but that three months previously, at the same time as the break in her cardiac compensation, she had moved into another apartment, which necessitated her walking up three flights of stairs, several times a day. 'Mackenzie shrugged his shoulders and sat down.' [137]

Cardiac pain and tachycardia are common accompaniments of anxiety states, and there may be great cardiac hypochondria. In such cases reassurance should be given, but it is rarely of avail. Deeper psychotherapy is needed, for the alleged symptom is often a displacement of anxiety about some other subject on to the heart, for most people believe this to be a very vulnerable organ.

Vasovagal attacks are rare occurrences, sometimes brought about by pressure on the carotid sinus but often appearing to have a psychological background, though there must obviously be some constitutional factor as well. During an attack patients feel dazed, or may even faint. There are feelings of nausea and pressure over

the heart as well as faintness, but the most outstanding feature is the ' feeling of impending death '. Patients find it hard to put this into words, but they declare there is a feeling of tension, and the conviction that dissolution will occur at any moment. This feeling recurs even when patients have had previous attacks, and know that death will not occur. During severe attacks the patient may be prostrate, the limbs numb and cold.

This brief description is of a not very clearly defined syndrome, which appears in some ways to resemble severe anxiety states. Such conditions appear to respond quite well to psychotherapy.

It is well known that psychological stimuli can upset the gastro-intestinal tract. The story of the soldier who had his cap shot off to test his nerves, and when told he could order a new cap, asked if he could have a new pair of slacks as well, illustrates one of the effects of emotion on the intestine.

Prolonged anxiety and overwork are known to cause ' nervous indigestion ' with hyperacidity. In such cases where there is no ulcer formation, the psychological side can with profit be explored.[246a] For that matter, it would be a useful adjunct to medical treatment to do this after an ulcer had gone. As strain and tension from overwork play a large part, the field of psychotherapy is to that extent limited. For psychotherapy cannot remove — though it may at times ameliorate — fear of the boss, nor can it make hard work easy.

Pseudo-tuberculosis symptoms occur in patients who have had the disease. Apart from coughs, they declare that they experience similar sensations to those they had during the illness, *i.e.* with pneumothorax. Profuse sweating may occur unassociated with tuberculosis, a worrying symptom to both patient and doctor. If

psychotherapy is attempted in such a case, the therapist must refuse to look after the physical side of his case. If he does, he will find the patient produces a stream of hysterical or anxiety symptoms, which he demands should be investigated, and psychotherapy becomes impossible.

Hyperthyroidism and exophthalmic goitre have an obvious similarity to anxiety states in their symptoms. It is well recognized that these disorders may be precipitated by a shock or some other psychological event, such as emotional stress. An interesting question which arises is, can an apparently psychogenic anxiety state develop into a true hyperthyroid condition? If so, at what point can a definite diagnosis of the latter condition be made? Flushing, an increased metabolic rate, and a continuously raised pulse-rate, remaining high in sleep, would be diagnostic of the latter. Conrad,[36] has reviewed the subject, and cites cases showing a definite psychological cause for the onset of the illness. He finds hysterical and anxiety symptoms occur in hyperthyroidism, but that obsessional types are rare. He reports that both men and women are 'mother fixated'. An interesting point to which he draws attention is that the flushing of the face and neck which occurs during history-taking is often a direct pointer to some psychological 'sore point'. He also considers it is a danger signal, as the hyperthyroid signs may become very much worse afterwards. From this it might be argued that deeper psychological stresses may be important in causing the condition, or at any rate causing exacerbations, in persons with a constitutional predisposition. He finds that psychotherapy helped certain cases, both before and after surgical treatment. He makes no attempt, however, to suggest that the former can in any way replace the latter type of treatment.

There are some who go to the length of holding that certain manifestations of pancreatic diabetes are initiated by the continued emotional distress that taxes the thyroid and ultimately puts a burden upon the suprarenals. These become exhausted in their efforts to equilibriate the sugar metabolism of the body until pancreatic insufficiency expresses itself as a persistent hyperglyceamia. Blood sugar curves have been given to demonstrate the transition from a merely functional reaction to stress to the establishment of a clinical disorder of a remote organ and its constitutional expression.

The most fallible kind of evidence concerning the endocrines is that based on the results of administering glandular extracts. A number of cases of psychoneurotic nature have been improved by treatment with the hormones of a variety of glands. In many of these instances, the factor of suggestion has not been properly controlled. A psychoneurotic is often aided by the conviction that he is being successfully treated, regardless of the real merit of the medicine given. Hoskins [100] refers to many glandular treatments as 'triumphs of psychotherapy'. That hormones take the place of miracles in curing these cases is to be suspected.

The late Dr. J. Tate Mason, in his inaugural address as President of the American Medical Association, said,[137] (pp. 10-11) 'I fear that some of us become old in the practice of medicine before we realize that the man of yesterday, with a limited amount of scientific knowledge, who in a kindly, knowing, sympathetic way placed his hand on the little girl's brow and said, "We will not let you suffer; you will be well in a few days", did more for her endocrine glands, that storehouse of chemical activities in her body, to ward off and cure disease, than anything we have discovered in recent years. So

we must realize in the practice of medicine that fear, ambition, love, hatred, and pleasing impressions cause a great and lasting influence on the greatest of all chemical laboratories that we carry in our bodies from birth until death '.

CHAPTER VIII

THE ANALYTICAL TECHNIQUE AND THE CONFESSIONAL

Synopsis of Chapter VIII

It is possible to obtain a unified body of clinical data for a synthetic approach.

Guided mainly by the free association of ideas, the interpretation of dreams, artistic expression, etc., the analyst helps his patient to self-realization. Transference is invaluable in solving unconscious resistances. The distinction between anxiety and fear is vital. Freud has transformed the conception of dreams and demonstrated their immense importance as ' the royal road to the unconscious '.

The meaning of dreams as disguised wish fulfilment is illustrated by a reinterpretation of Pharaoh's dream. Nightmares though often organically stimulated are generally psychologically determined. The unconscious also betrays itself in word-slips.

An Adlerian attempts to discover the patient's goal in life especially in its social interplay. Dreams interpret problems allegorically, but Individual Psychology does not delve deeply into the unconscious.

For Jung, however, with his theory of the collective unconscious and his religious interpretations, dreams are both retrospective and prophetic, as with Stekel. His word-association test is invaluable in analysis.

In the face of the great success of analysis, e.g. *in relieving the sense of guilt and in releasing libido fixation, objections to its use are unjustifiable.*

The title Father in confession indicates a resemblance to the transference situation. Traditionally the confessor is also judge, but herein he differs not only from the analyst but also from Jesus Himself.

Confession, though only dealing with conscious problems, is valuable as a spiritual hygiene ; so also despite unfounded criticisms is adequate deep analysis. John viii, I-II, *throws light on both practices.*

CHAPTER VIII

The Analytical Technique and the Confessional

ALTHOUGH psychotherapists do not all accept the entire theoretical structure of psychoanalysis, the discoveries of the influence of the unconscious upon normal and abnormal behaviour have been unanimously acclaimed. The dynamic concept of the emotional life supported by psychological investigation has become an invaluable part of scientific psychotherapy, has shed light on one important aspect of mental healing, the relationship between the doctor and the patient. Up to this point, in order to appreciate its growth and development, we have pursued the chronological method in discussing analytic psychotherapy. For the sake of clarity this method of approach will now be abandoned and the subject will be presented as a unified body of clinical data and theory. The conclusions and methods of all schools will be included under the general term, the analytical technique and the whole subject will be considered in its relationship to the confessional as practised in the churches.

Although the patient will appreciate, during the course of the careful analysis of his emotional development, why the detailed study of every thought, act or tendency was necessary, the analyst does not, however, attempt to saddle his knowledge or force his views on the patient. This is why much of the activity during an analysis is on the part of the patient. It is he who, through an analysis of his life, must obtain self-realization. The personality of the analyst remains in the

background. As an uncompromising observer, he is able to watch and understand what is going on in the tangled web of the patient's emotions. What the patient requires is an interpretation of his thoughts, emotions and behaviour by an unbiased individual, and it is here that the chief work of the analyst lies. But until the patient is ready to see in his own behaviour what the physician can readily discern from his point of vantage, no amount of explanation or interpretation can be of value. As one psychoanalyst has put it, the physician devotes 'a maximal amount of time in attempts to understand the patient so that the latter may understand himself, and a minimum amount of attention in directing him'.

The method adopted is for the patient to lie on a couch facing away from the physician so that the flow of ideas may be entirely unimpeded by distraction or embarrassment. He is required to express whatever is in his mind, no matter how illogical, disconnected or irrelevant it may seem. The dreams which he brings and the productions arising from this free association, form the material with which he and the analyst work. The analyst watches the everyday behaviour of the patient, his emotional reactions to trivial as well as important things, his prejudices, habits and so on, reading from these the unconscious motivations of his thoughts and activities, and these must be deciphered, and evaluated according to the meaning that they hold for the patient. First the reactions of present-day life are analysed, and the patient sees how they mask wishes and tendencies which are unconscious; that is, which have been repressed. Slowly the resistances toward bringing these hidden tendencies to light break down. As the analysis proceeds, tremendous resistances against uncovering deeper layers of the personality appear, and

it is the solution of these unconscious resistances which demands major attention. In the course of the resolution of these resistances, earlier memories and emotions are revived and brought into consciousness, and the reasons for the resistances are revealed. Now the analysis goes deeper, finding itself carried back inevitably to earlier emotional patterns. Against the background of the analyst, the patient re-lives the emotions of his daily life, until he sees with startling clarity that what he considered mature judgments and feelings were merely an enlarged reflection of earlier infantile emotions.

But how is it possible for the patient in the course of treatment to bring up these buried emotions and bits of experience, when he wants, obviously, to conceal them even from his conscious self? The answer to this question brings us to the crux of the matter. It is that the patient gives up the closely guarded unconscious life by virtue of transference which he or she makes to the analyst. By transference is meant the unconscious attachment of the patient to the physician, who ultimately plays the same rôle as the father did in the patient's childhood. As we have seen, this is an ambivalent relationship and the analyst receives both hostile and 'love' emotions — known as negative and positive transference. In the ordinary relationship between patient and physician, this tie is, if anything, discouraged should it come to the surface. We disguise this relationship by imputing to the doctor 'personality', 'bedside manner', or the ability to inspire confidence. The thought which is our inner perception of this emotional bond: 'The doctor is here; everything will be all right', confers an immeasurable feeling of relief. The patient unconsciously feels in his healer the presence of all-powerful father. The emotion of the infantile parent-child relationship is revived and transferred to the doctor

through the merging of the image of the parent and the physician. As Freud has said, 'The psychoanalytic treatment does not create the transference, but simply uncovers it. . . .'

So important is transference that Freud told Groddeck that anyone who understood this phenomena was capable of practising analysis. Elsewhere he wrote, 'We have to admit that we have only abandoned hypnosis in our methods in order to discover suggestion again in the shape of the transference'; and again, 'Analytic therapy takes hold deeper down nearer the roots of the disease, among the conflicts from which the symptoms proceed; it employs suggestion to change the outcome of these conflicts'. Is this factor of suggestion the reason why 'while the pupils of Freud confirm by their clinical observations the findings of their master, the pupils of Jung, working with weapons forged of much the same material and in a closely similar pattern, have no difficulty in finding ample clinical confirmation for the quite disparate tenets of Jung'?

The transference situation is, in truth, a new neurosis, the so-called transference neurosis. This is used by the analyst, however, to 'work through' the infantile conflicts on which the neurosis is based. The patient lives out his original neurosis on the analyst as a background. When he has seen the structure of this artificial transference neurosis and understands why it occurs, the patient obtains an insight or, what is more important, obtains an emotional release that is impossible with any other method of psychotherapy.

The analysis of a neurotic involves, as we said, first the comparatively lengthy process of establishing the transference and then the more trying one of resolving it. During all this time the defensive mechanisms or 'resistance' are operating, trying to inconvenience the

father (the analyst), to prove his efforts vain or his skill insufficient as a means of avoiding recognition of his suppressed desires and wishes.

The life story of each patient must necessarily be unlike that of others, and a therapy that aims at understanding the numerous factors underlying the symptoms of a given patient must be more efficient than one that utilizes a blanket method applicable to every patient.

It is impossible to give here a sample case which has been analysed. The actual minutes of such a case, if they could possibly be written down, would cover thousands of pages. Not even a résumé of the interviews which the writer, sometimes, asks the patient to write, is publishable. Complete analyses are rarely published. There are many case reports available which can be consulted, the main events in the patient's analysis seen. During the past decade or two there has been a change away from the analysis of specific emotional trauma, or infantile sexual complexes. Modern analysis does not attempt to display its brilliance by isolating complexes for the sake of sheer pyrotechnics. It aims at treating a human individual as a total personality. As new meanings, motivating influences, are brought to light that were never before known to the patient, he begins to see the new direction into which his instinctive life should lead him, as well as the pitfalls into which he has previously fallen. For life to any individual is a succession of emotional adventures overlaid with rationalizations and carried on according to an unconscious pattern which can only be glimpsed at fleeting moments. And it is to this vast, unseen, emotional life, which motivates the patient largely, that analysis addresses itself in its attempt to cure the neurotic individual.

The concept of unconscious (morbid) fear is a vital one in analysis. The difference between anxiety and

fear is that the latter is engendered by an actual threat. A person who is suddenly confronted by a roaring automobile in such a way that his chances of escape from injury are slight, is overwhelmed by fear. On the other hand, if he is in constant fear of being injured by a motor car whenever he steps out of the house, although no automobile is near, he is in a state of anxiety. In other words, anxiety is irrational fear; and it is a very common symptom indeed among nervous patients. It is the expression of some suppressed impulse not necessary sexual, and while it is inhibited, its presence is made known by the symptoms of anxiety which arise from the emotional struggle. Thus the patient may suffer from palpitation of the heart, temporary breathlessness, feel 'jittery', have tremors and all the signs of so-called 'nervousness' which are real to him yet so difficult to alleviate. Anxious patients are advised 'not to worry', but all the advice of the sages cannot quieten these nervous symptoms.

Besides 'free association' of ideas, dreams are of immense importance for analysis, and Freud's painstaking study has transformed them from a curiosity of folklore into a valuable method of following the activity of the unconscious. For generations dreams had been interpreted by means of stereotyped explanations; every word or figure had had a special meaning. To dream of losing a tooth prognosticated the loss of a friend; dreams of funerals were anticipations of approaching marriages. Dreams have always been regarded with awe. Aristotle thought they were divine inspiration; Alphonse Daudet called them the 'safety valve of the soul', and the Talmud said in the second century A.D.: 'Thou art sick and ill at ease? Then hast thou not revealed thy dreams to anyone.' Before Freud sought the meaning of dreams in terms of the patient's life and wishes, they

were regarded by physicians as the evidence of post-prandial disturbance. Neurologists performed many experiments of a physiological nature to learn something of them. There are reports, in medical literature, of how they have been artificially induced. Sleeping subjects would have their limbs put in certain postures and their dreams noted.

In 1900 Freud published a work[74] that had tremendous influence on the growing science of psychoanalysis. The dream, he found, was a distorted, condensed or elaborated statement of the past and the present. For this reason it was odd, undecipherable. ' The dream ', Freud says, ' is in itself not a social utterance, and to understand the meaning of the dream, one must know its language and technique.' It is ' the royal road to the Unconscious '.

The dream has been described by him as the disguised fulfilment of a repressed wish. The child dreams of mountains of the ice-cream which was denied him the day before ; the prisoner dreams that he is free, walking outside the gates. And, as we say in Egypt, ' the hungry man dreams himself in the bread-market '. Desires that must perforce be denied in waking life are fulfilled in the dream. Included in it are elements of the day's activities (so-called ' day-dream '), or bits of action belonging to a period months or years before, symbolizations and dramatizations which give it its characteristic unreality. This is the so-called *manifest content* of the dream. The day-dream is tied to deeper-lying fantasies and wishes, the *latent content*, which expresses the true purpose of the dream action. Hence, in most dreams distortion of the material occurs, figures are coalesced, there are ridiculous contrasts, condensations (the fulfilment of several wishes in one short dream), and displacements (the shifting of emphasis from one part of the dream to another to hoodwink the censor), and fore-

shortening of time and place. This, Freud found, was due to the fact that the Unconscious must elaborate wishes and desires in such a way as to elude the super-ego, known earlier as the censor, whose business it is to repress these instinctual desires. The super-ego, which acts as a check, keeping anti-social drives like those of sex and aggression within bounds, maintains, as it were, a similar checking device in the dream. The Unconscious distorts these instinctual drives in the dream in order to evade the dream censor.

The dream, then, expresses these drives, using a distorted language of symbols. There are many common symbols for sexual activities in dreams, as walking up staircases, riding on trains, or moving vehicles. In many dreams, symbols such as needles, steeples, revolvers, represent the male genital organ, and boxes, vessels, the earth, symbolize the female sexual organs. But analysis looks beyond the symbol, trying to find the unconscious wishes which the dream figures represent. The reasons for these symbolizations and distortions must be ferreted out in terms of the patient's emotional needs. This is the work of interpretation of dreams, one of the main tasks of the analyst. In the dream our true desires are visible after elaborations and disguises are deciphered in terms of the patient's life. The clue to interpretation of this latent content lies in the free associations which the patient brings. Dream symbols do not always have the same significance for each dreamer.

The idea of symbolism can be illustrated from the well-known dream of Pharaoh, which, together with Joseph's interpretation, is reported in Gen. xli. Freud says that dreams which are experienced on the same night often reproduce a single idea in different forms, and so, according to Bradby,[22] it was with Pharaoh. Attention is given to the account that: The lean kine were such as

Pharaoh 'never saw in all the land of Egypt for badness'; and when they had eaten up the fat kine, 'it could not be known that they had eaten them, but they were still as ill-favoured as at the beginning'. The dreams are divided into five sections.

(1) Pharaoh is standing by the river. He himself is a god and he is standing by the chief of gods, the Nile, the source of his country's life, on whose flooding depends the fertility of the soil. In Egyptian mythology the Nile is Hapi (who is identified with Osiris), the son of Nut, the Cow of Heaven, who is wedded to Isis, the cow, or the woman with cow's horns. Isis is the mother earth, the fertile plain of the Delta, who, in union with the river or by her own creative activity, gave birth to Horus, a sun god. The Nile is responsible for a good harvest, but Pharaoh, too, is responsible because he also is a god, and if the crops should fail he will be blamed by the people.

(2) Seven fat cows come up out of the river and feed in a meadow. The Nile-God, the source of life, gives birth as it were to another god, the seven-fold cow, Hathor. Hathor was, *par excellence*, the cow-goddess, 'the great power of nature, which was perpetually conceiving, and creating and bringing forth, and rearing and maintaining all things both great and small' (Wallis Budge, *The Gods of the Egyptians*). She personified love, and as such was benign and beneficent. But the passion of love can have a terrible aspect, and so had Hathor, the seven cows pictured in the *Book of the Dead* (Wallis Budge) as a seven-fold Hathor. In the dream all is well with these cow-gods. They graze in good pasture and grow fat.

(3) Then seven other cows appear. These are half-starved and disreputable, but are also offspring of the god, the source of life. They graze side by side with

the good cows. The lean cows suggest famine, which to the Egyptian was always the devastating work of the evil god, Set. Just as well-favoured and ill-favoured kine come up from one Nile and feed together, so Set sprang from the same parentage as Osiris and Isis. 'The history of the world is but the story of their rivalries and warfare' (Maspero, *Dawn of Civilization*, 1894). He is cruel and treacherous, always ready to shrivel up the harvest with his burning breath, the breath of the east wind, which has blasted the seven thin ears of corn.

(4) The lean cows eat up the fat ones. There cannot be peace for long between incompatibles. Set is in perpetual conflict with Isis-Hathor. The lean kine, whose leanness is the work of evil, devour the fat, and so by all the rules of primitive magic they have imbibed their 'mana' and should themselves become fat (Frazer, *The Golden Bough*). But what happens?

(5) They are as lean and hungry as before. They have won the day, but are none the better for it. The good, fat, prosperous, nourishing cattle and the corn are gone; the all-devouring, lean and hungry, famine-suggesting forces are left barren, unhappy, insatiable.

To sum up: Pharaoh has in his psyche a source of life and riches like the Nile or Osiris, a creative force upon whose beneficence he and his country depend for their well-being. (This dependence does not, however, absolve him from responsibility, since he himself is also a god.) This spring of energy is bound up with his very existence, it is united to the earth, which nourishes him and from which he sprang, and it is the begetter of his highest aspirations, the Sun-God Horus. From it proceeds other desires, the embodiment of the passion of love, as it is tinged with the influence of Set, the worker of evil, the enemy of the beneficent gods, the bringer of famine. Pharaoh's kind and gentle tendencies change

into cruel, insatiable passion, and even his highest aspirations give place to a thirst for bloody vengeance, as when the Sun-God became the slayer rather than the preserver of man. Pharaoh's hungry, unappeasable passions get the upper hand and carry all before them. The work of Set (the lean kine) destroys that of Osiris (the fat kine); but no good comes of it, for he is still hungry and unappeased, not prosperous or happy, or well spoken of.

There is, perhaps, a special significance in Pharaoh's identification of himself with the female cow-god rather than with the male bull-god, 'the Bull of his mother who begets all'.

Pharaoh readily accepts the interpretation of the handsome young Jew, and makes it a reason for heaping favours upon him. It is suggested that the dream might be that of a man who is weary of well-doing, tired of being smug and prosperous and respectable, and who felt in himself the longing to satisfy evil passions, discreditable and dangerous desires. He will give them their heads. The 'manifest content' of the dream was intimately associated with Pharaoh's daily life, which is merely the usual 'mask' for the deeper unconscious 'wish', the 'latent content', of the dream.

Such, then, is a modern interpretation of the dream —an interesting contrast with Joseph's prophetic one.

What is of chief importance is the use to which the dreamer puts the dream-symbols and the emotion which he attaches to the various pictures used in the dream.

Not every dream can be readily interpreted. Sometimes symbols are themselves distortions and long study is required to make their meaning clear. In the analysis of the dream, attention is focussed on the association of ideas, because that is the form in which the patient can follow his emotional life. The words and symbols act as

the medium which carries the emotion and allows the analyst and patient to watch the movements of the unconscious life. Freud says: 'One is really never sure of having interpreted a dream completely; even if the solution seems satisfying and flawless, it still remains possible that there is a further meaning which is manifested by the same dream. Thus the amount of condensation is — strictly speaking — indeterminable' [74] (p. 261).

In nightmare intense fear is felt. The psychoanalytic explanation of this is that the feelings of anxiety aroused by guilty wishes are dominant. Nevertheless, the *raison d'être* of the dream is that fundamentally it is expressing a very strong wish, but one which is very much forbidden. This accounts for the psychology of the spontaneous nightmare, but it cannot be the whole explanation, for otherwise why should organic disturbances, such as indigestion, heart attacks, or fever, cause nightmare? Certain visceral sensations undoubtedly are contributory causes, for when organic stimuli produce anxiety, this in turn will call up frightening ideas.

Besides finding expression in dreams, disguised wishes escape in wit and in slips of the tongue.[72] 'The real word springs forth first,' is a popular Egyptian saying in connection with such word-slips. By using a syllable or a word which is part of his own associations, the perpetrator lets the cat out of the bag. Consequently we can understand why the perpetrator of a word-slip usually rationalizes it as a defence reaction.

The foundations of psychoanalysis are still in a state of flux. How far the Freudian insight has enhanced or clarified human values is a question for future generations. 'One might ask me', Freud so strikingly writes, 'whether and how far I am convinced of the correctness

of the assumptions here developed. My answer would read that I am neither myself convinced nor do I ask that others shall believe them ; or, better stated, I don't know how far I believe them.'

Individual Psychology gives little attention to the Unconscious. Infantile activity is merely of interest in throwing a light upon the starting-point of the life-line, giving an indication as to the point at which the sense of inferiority or frustration first asserted itself. The interest of the Adlerian psychology can be expressed in the question, ' What is the origin of the feeling of frustration of which the neurotic reaction is the expression ? '

Adler has laid stress upon certain symptoms, certain moods, as guiding-points in the understanding of the nature of the frustration in each case. His formulas in all these matters are surprisingly simple.

It is obvious that in throwing over the concept of the unconscious, the Adlerian psychology does not call for a protracted and laborious explanation of the mental life of the patient. There is no need to trace with minute perseverance the vicissitudes of the instincts from childhood onwards. All that is necessary is to discover what Adler calls the Style of Life, or Life-line, of the patient.

The communication of dreams is generally demanded of the patient by the individual psychologist ; but the interpretation of the material is different from that of the psychoanalyst. Individual psychology has replaced Freud's dictum that every dream contains the fulfilment of a wish, with the statement that the content of most dreams is made up of hopes, wishes, fears, prognoses and thoughts concerning the future. Brought to a general formula, the dream-picture represents something like an allegory of that problem which is occupying the dreamer.

As in our waking thoughts we facilitate the solution of actual difficulties by the fiction of a simplifying, or it may be of an exaggerating, allegory, so the dreamer imagines an analogy in picture-form for the dominating problem of the moment and tries with its help to find the solution adapted to his goal-setting.

To interpret a dream means then to find that real mental contact to which the dream allegory refers. For the purpose of therapy dream interpretation offers advantages of two kinds: First, the patient learns, through the successful and convincing interpretation of his dreams, that there really are mental processes which he himself feels to be withdrawn from his willing and thinking, and which yet on closer consideration reveal themselves as valid portions of his responsible actively thinking and active personality. But with his nervous symptoms the case is precisely similar. Secondly, the *dénouement* of the dream, when one has once found the *tertium comparationis*, shows for the most part with great clearness in what sense the patient is inclined to solve his actual problems. If such a dream has been understood it will often be easy to foretell the behaviour of the patient for the time immediately ahead, so far as his present difficulties are concerned, since this future behaviour has already been indicated in the dream. But this prophecy brings to light all that is going on in the psyche, and renders its discussion possible.

Any attempt to understand the dream of a person who is not otherwise known is likely to be waste of time. For the dream, like all expressions of life, becomes comprehensible only in connection with the whole personality. The ideas which a patient brings can only contribute to the solution of the dream-riddle in so far as they are at the same time of use for the understanding of the personality.

Rivers,[194] too, considers that dreams are usually attempts to solve unsolved conflicts, and points out that the emotion experienced on waking is important. If there is little emotion the meaning of the dream is obscure to consciousness; if the emotion is unpleasant the solution worked out in the dream is not satisfactory; if it is pleasant the solution is approved.

Treatment by Individual Psychology aims at satisfying the more or less universal desire that neurotics and non-neurotics have of obtaining satisfaction from life. The patient's life is searched for evidences of the struggle between superiority and inferiority that run from childhood onward. The Individual Psychologist tells the patient of his problem, seeking to aid him in his striving 'to get there', to reach the goal of his life-plan. The patient's neurosis is a measure of the inner difficulty he has in carrying out his life-plan. By advising the neurotic to make careful evasions of 'dangerous looking decisions' and advising him to travel 'along lines of direction safe for the neurotic', the patient is strengthened. Make his position clear, counselled Adler, and he will no longer look for 'evasions' when meeting disagreeable reality. There will be no need then of deceiving his ego and satisfying his fantasy by neurotic symptoms.

The Individual Psychologist traces the various efforts in childhood, in school life, in early social contacts, which have been made to assert the will to power. He finds that in normal life, or what he regards as normal life, the will to power expresses itself most adequately, and to the satisfaction of the subject, through society. Man, Adler felt with Aristotle, is by nature a social and political animal. He belongs essentially to group life. Without society individuality has no human meaning. All efforts to live apart from the group are divergences from the normal, and escapes from a society

in which inferiority might be felt. Many people escape from social obligations, or what they believe to be social obligations, into arrogant solitude, which is nothing more than an effort to succeed outside competition. Man's best endeavours are exercised in the keen competition of mind against mind which only society can afford. Neurosis is essentially an anti-social reaction.

The first social interplay of personalities is in the family. An Adlerian places great strain, and rightly so, upon the interplay of personalities within a family. Where a Freudian would say that the interplay of personalities in a family is merely the desire for love, the Adlerian would say that the individual members crave power over each other. The order then in which a person is born into a family plays an unduly large part in his psychology. The eldest member of a family is likely to be over-valued. He is the delightful gift of heaven to the newly married pair. Everything he does is extraordinary, and his will to power is not only given free play, but is exaggerated. The second child will perhaps develop a sense of inferiority relative to the elder brother if it be a male ; and if it be a girl, she may, in her effort to shine in the eyes of her parents, develop aggressive characteristics or a certain showiness as a means of compensation. The youngest child, the Benjamin, may develop characteristics not unlike those of the oldest member, particularly if he comes after a lengthy interval and appears to the older children as something of a jolly little curiosity. On the other hand, in a large and closely spaced family, the youngest child may feel himself despised, rejected and infinitely small. The only child of a family is destined to become priggish, the monarch of all he surveys, without competition, and therefore thoroughly unprepared for the social battle. It is the ideal mother, said Adler, who, recognizing these

dangers, hastens to socialize her child from the earliest moment. Herein perhaps lies one of the values of the Adlerian psychology for child guidance. Not only must parents be taught to love their children, but to guide them, and guidance in the Adlerian sense means to direct the will to power into social channels. Adler admitted that strong suggestions are made to the patient to abandon the abnormal reactions, and to find satisfaction in a social outlet. This, of course, is quite different from the Freudian conception of sublimation. Individual Psychology appears to deal satisfactorily with the type of neurosis in which feelings of inferiority and over-compensation are directly involved.

Freud, however, remarks that 'The sense of inferiority has a strong erotic basis. The child feels itself inferior when it perceives that it is not loved, and so does the adult as well. . . . But the major part of the sense of inferiority springs from the relationship of the ego to its super-ego, and, like the sense of guilt, it is an expression of the tension between them. The sense of inferiority and the sense of guilt are exceedingly difficult to distinguish' [75] (pp. 88-89).

Jung's principal contribution to the analytical technique is the word-association test [121] which is simply a controlled adaptation of the free-association method. Words from a selected list are slowly read to the patient who is required to react to each word with the first association that comes to his mind. If the patient supplies an unusual association it is a sign of some complex. Likewise a delay in the time taken to react implies that the first associations are being suppressed, and this is a sure sign of an emotional conflict.

This technique is fairly widely used in clinics dealing with problem children and is sometimes used in criminal investigation.

Jung coined the term ' complex '. His experiments showed that a series of memories or ideas, attended by intense emotion, formed an ' emotional complex '. Although the method of word-association was not suitable as a complete method for treatment, it furnished, nevertheless, an important pillar in the development of the analytic technique.

Jung's investigation in mythology and religion [126] is of great interest. He found that much of the symbolism of pagan mythology and modern religion is not only an open expression of sexual taboos, but also symbolic expression of the individual's yearning for a wider and fuller life.[122] For example, incest was prohibited at the dawn of the history of the human race. The taboo which was set up against it transformed the idea of incest into the idea of spiritual rebirth. Numerous pagan myths embody the desire for return to the mother. The rituals in connection with the fertility of the earth, with a female sexual symbol, were common, and to this day the ' spring festival ' of peasant countries and the Maypole dance reflect this feeling. Sexuality was glorified in pre-Christian times and phallic worship was common. When the free sexuality of the pagans was replaced by the morality of the Judaeo-Christian era, these sexual symbolizations were transformed. Instead of myths significant of the return to the mother's womb, there were myths relating to rebirth in a spiritual manner.

Modern religion, using these myths, revised their meaning. Christ combated such ancient legends by saying, ' Ye must be reborn of the Spirit ' ; this being a denial of the physical and the sexual. This rebirth of the Spirit, which Jung called an ' asexual refuge ', satisfied the yearning which lies deep in the soul of mankind, for a return to a place of eternal rest and

contentment within the mother. Religion transformed it into a higher, more spiritual yearning. Here were mental mechanisms, characteristic of all mankind, pointing to a racial unconscious mind, as Freud's discoveries did to an individual unconscious.

If part of the unconscious drives of the individual patient were directed towards the mother (in the Oedipus situation), this was because all men, from time immemorial, felt the same urge. The energy derived from this instinct, Jung said, went deeper than sex; it was the creative energy, the *élan vital*, the force of life itself which was being observed in unconscious mechanisms. Hence Jung's Analytical Psychology's emphasis on racial memory.

Jung, in looking at the dream fragments brought up by patients in the analysis, recognized the symbolizations to be deeper than simply those of the early childhood life of the patient. They partook of the character of racial figures. Analysis of dreams, Jung found, showed that behind the unconscious of the individual there were several universal figures, *archaic types* he called them, representing the collective fears and aspirations of primitive man. He concluded that behind the individual fears of the patient lay a composite, fear-inspiring figure, the archetype of the 'wise old man' of the primitive period. This figure resembled the racial and tribal bogies. The image of the stern father in a patient's life becomes one with the universal archetype of the primitive past.

The explanation of night terrors in children to Jung lies in a revival of ancient racial fears. To Freud it connotes the anxiety arising from the revival of the child's fear of its father, projecting in some terrorizing dream-figure such as an animal. Jung says we all fear the father because he is an archetype and belongs in the

archaic strata of the mind. The evil demons of myths or fairy stories point to this racial archetype of terror, according to Jung. The father-image and mother-image which we carry in the unconscious mind are representatives of the ancient tribal figures of the 'wise old man' and the 'wise old woman'. The archetype of the racial mother is of greater importance to Jung than is the father-image to Freud. The mother is immediate and deep in the consciousness of humans. The first instincts of the child and the last thoughts of man are towards the mother.

Deep in the collective racial unconscious, said Jung, beyond the father and mother image, comes a figure which is a coalescence of these two ancient figures. It may be the Sun-God, the frightful Father of the Mountain, the spirit of the totem pole, Lilith, the mother of the world, the just and vengeful Jehovah of the Jewish and Christian world, the Great Spirit of the American Indians, or the Wotan of the Norsemen, that stands behind all life. These eternal racial figures are for Jung the final repository of our unconscious life.

Utilizing these concepts in the analysis, the individual patient is made to see that the acts of his life, his neurotic symptoms, are motivated by reaction to these ancient archetypes. Dream interpretation, in the Jungian system, goes back to these sources for an understanding of the deeper emotional life. The following case illustrates the point:

A 27-year-old officer complained of severe pains in the region of the heart and a choking sensation in the throat. He also had acute pains in the left heel which made it difficult for him to walk. These symptoms appeared after he had been jilted by a girl with whom he was infatuated. He tried to dismiss the whole thing, but his disappointment and grief were evidenced by the

choking sensation in the throat. The heart pains were indeed those of a 'heartache', and this wound to his pride manifested itself as a neurotic symptom. With treatment these symptoms disappeared, but the pain in the heel persisted. After some time the patient had a dream in which he was bitten in the heel by a snake and instantly paralysed. Further history showed he had been the 'darling' of an emotional mother. To counteract his mother's 'spoiling', he had joined the army, where he was able to overcome this weakness by the manliness of the uniform and army life. In the patient's mind, his mother had lamed him just as the snake had. She encouraged feminine traits in him. Her 'mothering' made his struggle against feminine tendencies already present in his make-up too difficult. The paralysis caused by the serpent in the dream was equivalent to the paralysis of his development as a man for which he blamed his mother. Jung recalled that in Egyptian mythology and the Bible many legends reflect the idea that a snake-bite represents a demasculinization. Women and the serpent have been in league against man ever since the alliance between Eve and the serpent in the Garden of Eden. In the young officer's dream the serpent, an ally of Mother Eve, stood for the tendencies that threatened to smother him.

In the Jungian analysis, using the life experience of the patient in terms of these concepts, the analytical psychologist shows how anxieties, phobias, obsessions, etc., are but the effects of misdirected unconscious energy. To understand more of his method of treatment, we have also to remind ourselves of what Jung calls the *persona*, which we have discussed in a previous chapter.

Jungian school aims at leading the patient to discuss the particular archetypes which are in his unconscious, and then directing his life along the path of his type.

Dreams include something of the past as well as the future. When real persons appear in the dream, and when the origin of the dream can be found in the past, its origin is in the personal unconscious since it has to do with his own experience. Often, however, the symbols are not real, but are archetypes or primordial images from the collective unconscious. The whole dream, according to Jung, is then the dreamer; each part of the dream represents an aspect or a tendency in him who dreams. Consequently the dream may not only be retrospective; it may also be prophetic of the future. It is this property which makes it of such great importance, even to the normal individual, for it indicates the way which leads to the full realization of the dreamer's life, a way which cannot be followed unless the unconscious trends are realized.

In psychological treatment Jung therefore draws largely on the results of dream analysis, not only to give the clue to the origin of the illness, but also to indicate the goals towards which the patient's psychological tendencies are striving. It is the function of the physician to assist his patient to reorganize his life along sound and healthy lines.

Jung remarks astutely that to analyse a patient in his 20's and 30's in terms of the sex drive of the Freudians or the ego drive of the Adlerians is within the scope of their life activity; such an orientation does not fit in with the life and accomplishment of a patient in later life. Such people, settled in the economic world, have made a sexual adjustment satisfactory or otherwise. What they require is a philosophy of life, an opportunity to direct in a constructive way the energies released through analysis, so that they may obtain satisfaction in spiritual values.

Stekel believes that a dream can be found to have

three ' meanings '. Its reference to the present, shown in the manifest content ; its reference to the past, shown in the latent content ; and its reference to the future in so far as it is an expression of what the patient wants to do. In regard to the future, the wish is comparatively straightforward, and concerns itself mostly with immediate problems.

It is too early to affirm that psychology has reached conclusions in regard to the interpretation of dream symbolism to which the word ' established ' can safely be applied.

For patients with sufficient inclinations the encouragement of artistic production and the use of this for analysis as one would a dream or phantasy, is often useful, as is illustrated from the following case :

The patient, a woman teacher aged 24, developed anxieties and agrophobia and could not continue her work. She was found to have a strong fixation on and identification with the mother. She was engaged to be married but afraid of the step, claiming ignorance of the facts of sex.

The writer saw her once a week. On the occasion of the fifth visit she brought the painting (Fig. 1). She was asked to interpret it. The ' little ghosts ' were the obsessing elements making her self-conscious, and responsible for her anxieties. Standing on the precipice depicted the next step to take (marriage). The blue sky represented the happiness and peace that other people enjoy. She was gazing at this and holding out her hands to grasp it. The next week she brought a painting of herself barefooted and with her hands covering her face while in front of her were two pillars leading to an ascending staircase over which the light was shining from the room it lead to. She interpreted this as the future (that is, marriage and the sexual life). Behind her was a

house somewhat like a castle with trees around it, which, for her, meant peace.

On the following week the painting produced represented herself carefully dressed in a white frock sitting on a chair with a hand mirror into which she was anxiously looking. In front of her was a vase of flowers and beyond that a closed door. Behind her and almost outside the picture a hand was stretched forward holding hers, her fiancé's hand.

On the next visit she produced Fig. 2, and explained that the rainbow meant hope. When questioned about Watt's ' Hope ' she replied that she was not conscious of it while painting.

She is now happy, back at work, having no time for further painting, looking forward to marriage and no longer needing help.

Analysis has sometimes been criticised on the ground of the length of time it takes, and this is, indeed, one of the great differences between strict psychoanalysis and other systems. It rarely lasts less than six months and is often continued for several years, the patient attending four or five times weekly. Others confine the treatment to a shorter period.

However, it must be admitted that some of the prejudice against the long periods occupied by treatment is justified only when its continuation is without critical regard as to how far it is being valuable. Here it might be remembered that, although the limitations of psychotherapy are fairly well defined, it is often only possible to make a correct diagnosis when the patient is on the road to recovery. It is possibly in a minority of instances that the anlayst is able to say before the treatment has proceeded a considerable distance whether it is likely to be of assistance or not. Freud says, in dealing with this point : ' Now it would be perfectly legitimate to save oneself



Fig. 1—Obsessed with Phobias and Anxieties.

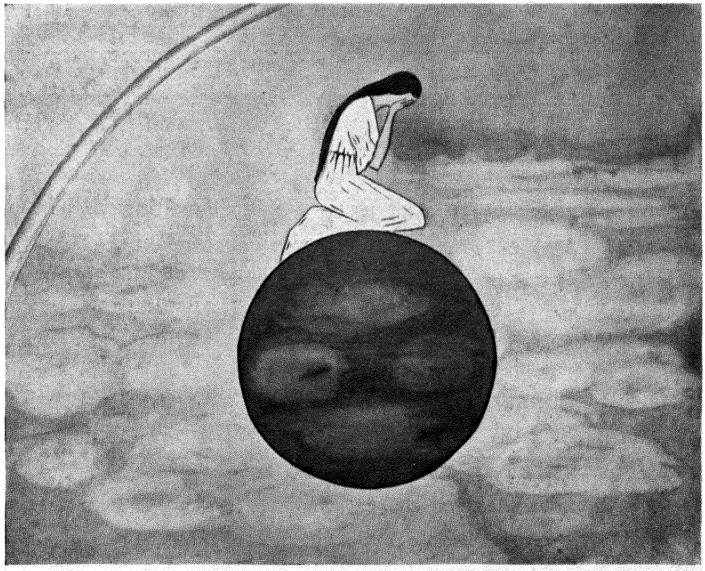


Fig. 2—Free and Hopeful.

from failures by carefully excluding such cases. Yes; but this is not so easy as it seems. Our diagnosis can very often only be made *ex post facto*. We cannot give an opinion about a patient who comes for treatment or a candidate who comes for training, until we have studied him analytically for some weeks or months. The subject comes to us with undefined, general troubles which do not allow of any certain diagnosis. So the precaution is not of much value.' [75]

As we have seen, the roots of psychic disorders go very deep and a correspondingly penetrating study is needed to gain an insight into them. With adults two factors have primarily to be taken into account, the degree of their mental rigidity and the deeper seated determinants which lie behind the neuroses. The greater the plasticity of mental life, and this grows less and less with age, the greater the difficulty of bringing old memories to light. Naturally, the longer the causes producing the unhealthy condition have been hidden and the more they have been overlaid with other processes, the longer it takes to uncover them.

Some analysts discuss with their patients the method of treatment, and even give them psychoanalytic literature to read. But Freud advises against this, for it has been found that it is precisely the best-informed patients with whom it is most difficult to deal; they have been forewarned to organize resistances against the revelation and learn ways of concealing their inner self. It has to be remembered that the neurotic's greatest dread is that he will be rid of his neurosis, however much he may protest the contrary.

The great aim of analysis is to resolve internal conflicts, to relieve feelings of guilt and, in Freudian terminology, to 'release libido fixated on infantile objects', to give freedom from interest in objects belong-

ing to childhood. It is of great assistance if the patients can merely unburden themselves of their troubles. Occasionally what are known as abreactions occur, when something which has been forced down into the unconscious is vividly relived, but usually the repressed emotion is expressed and got rid of in the transference situation.

As soon as the relationship between the analytic technique and the confessional is considered, the one fact which stands out is that wherever confession is practised in the Church the priest receives the title Father. It would seem that this is no accident, and that the title has emerged from the existence of the transference between penitent and confessor. Throughout Christendom the attribute which is always associated with fatherhood is love; but unfortunately, in the Church, one of the functions of the confessor has always been regarded as that of judge. Webb [241] (p. 1), for instance, reminds us that the confessor should display the love of a father, the skill of a physician, the wisdom of a theologian or spiritual doctor, and the acuteness of a judge. The first three of these characteristics are, indeed, indispensable in the cure of souls; the fourth, however, is not essentially Christian. Jesus Himself, from Whom the priesthood claims to derive its authority, insistently declined to exercise either the discrimination or the authority of a judge. In arrogating to himself this function the priest is in the line of descent from Peter and Paul rather than that from Jesus; for Peter in the story of Ananias and Sapphira and Paul in that of Elymas the sorcerer in Acts, and in his attitude to the incestuous man with which he deals in 1 Cor., adopted the attitude of judge. There can be no doubt whatever that confession is very useful as a form of spiritual hygiene, but it should not be confused with deep mental analysis. The priest could

learn much, however, if he would study the findings of modern psychological research, and particularly the technique of therapy it has developed.

It has been said that orthodox analysis has no room for religion, and in support of this charge it is pointed out that Freud himself speaks of religion as an illusion, a wish-fulfilment, instead of looking upon it as an attitude of the mind which gives direct awareness of some reality. 'We call', writes Freud, 'a belief an illusion when wish-fulfilment is a prominent factor in its motivation while disregarding its relation to reality'[69] (p. 54). In a later publication[75] he, however, refers to himself as a 'moderate theist', a description which should go some way towards relieving the fears of those who see in psychoanalysis a new danger to their creeds. But what is more important is the fact that the Freudian technique is not closely connected with Freudian metaphysics, which are being continually altered. Except among the more orthodox disciples his metaphysics are rather severely criticized. Sir Percy Nunn states, 'I cannot think that the world will accept Freud's pessimistic philosophy of life'; and Mitchell[159] writes, 'perhaps the criticism which will, in the end, invalidate Freud's arguments, may come, not from those who dispute the accuracy of his deductions, but from those who question the fundamental assumption on which all his reasoning rests — the assumption that all the phenomena of life and mind can be interpreted in terms of the physical sciences'. We have seen that Jung, Brown, Suttie and others, reject this narrow determinism and place a value on the religious life. Dr. Brown, for instance, said that after an analysis lasting nearly a hundred hours, his religious convictions were not removed, but rather deepened and clarified, and he finds this likewise with many who undergo deep analysis under him. In

1936 he was able to state definitely that he had not met a single patient who had ultimately discarded religion as a result of analysis. At first they might say that religion meant little to them, but after they had faced fundamentals and the deeper metaphysical implications of existence, they admitted that true religion as distinct from forms and ceremonies was ultimately the one important thing in life. Thus he was led to say : That for psychology, ' deep analysis of every kind is different from confession ; but if deep analysis is adequate, it may ultimately lead to confession, to a need in the individual for absolution and for a reorganizing of life in relation to a spiritual universe and in relation to religious experience [31] (pp. 205-206). Consequently we are not surprised at the statement of Prinzhorn that ' We must not forget that the analyst is not sitting there simply as the neutral receiver of reports and confessions, dreams and ideas, but must interpret, and also estimate, whether he will or not. . . . His efficacy consists in the fact that he grants absolution, and, above all, his power over the minds of his patients . . . consists, to a very considerable extent, in this power borrowed from the priest.'

Psychoanalysis has been accused of condoning loose sex morality, but in the infancy of the movement when some of his disciples showed an inclination to sanction laxity in this direction, Freud published letters which manifested strong disapproval of this tendency.

Perhaps the story recorded in John viii, 1-11 throws some light upon both confession and analysis. While Jesus was teaching in the Temple the scribes and Pharisees brought to Him a woman who had been taken in the act of adultery, and, reminding Him that Moses had commanded that such people should be stoned, asked Jesus what He had to say about the matter. After writing on the ground with His finger, Jesus said,

' Let the innocent among you throw the first stone at her '. At this the crowd drew off and when He was left alone with the woman, Jesus said to her, ' Woman, where are they ? Has no one condemned you ? ' She said, ' No one, Sir '. Jesus said, ' Neither do I condemn you ; go, and sin no more '. It would almost seem as if, in passing judgment on the penitent, the priest were putting himself in the place of the scribes and Pharisees. One thinker has pointed out that this injunction to refrain from sin was the severest saying attributed to Jesus. But it should be regarded as a warning against relapse, which would probably place her in a worse state than the first sin. Similar words were used in the case of the paralytic at the pool of Bethesda, to whom Jesus said, ' Sin no more lest a worse thing befall you ' (John v, 14). The same idea is found in the figurative teaching that if a person had been cured of an obsession and then suffered a relapse, his condition afterwards would be seven times worse than it was at the beginning (Matt. xii, 45). Would any true physician allow those under his care to experience suffering if it could be avoided ?

CHAPTER IX

SCIENTIFIC HYPNOSIS AND THE OCCULT

Synopsis of Chapter IX

Successive hypnotic discoveries, followed by scientific research in America and at Oxford, have suggested that hypnosis should not be confused with sleep. There is close relationship between the hypnotic state and the mediumistic trance. While effects of hypnotic suggestion reveal similarities with some religious phenomena.

Among methods of outstanding hypnotists there is frequent reference to passes with the hands, an act which indicates resemblance with the ' laying on of hands '.

Under the appropriate conditions hypnosis can be induced in the majority of cases. Any suggestion repugnant to the subject's moral nature is refused by him.

The application of hypnosis for the recovery of ' lost memories ', for anaesthetic purposes as well as in some psychical and physical cases has proved effective.

Theories of hypnosis, along pathological, physiological and psychological lines have been propounded, but for treatment the value of faith led up to by suggestion (whether hetero- or auto-) is undoubtedly supreme.

CHAPTER IX

Scientific Hypnosis and the Occult

As might have been noticed from the account given of him in Chapter V, Mesmer did not hypnotize his subjects, although some of them appear to have undergone spontaneous hysterical convulsions while at the tub. The sleeping trance, which is a familiar part of hypnotism to-day, seems to have been discovered accidentally in 1784 by a follower of Mesmer, the Marquis de Puysegur. One day he attempted to apply Mesmer's magnetizing methods to a young shepherd, Victor, who, instead of showing the usual hysterical symptoms, fell into a quiet sleep-like trance. From this condition he did not fully awake for some time, but went about his duties in a somnambulant state and when he finally awoke he was unable to recall anything that had happened in the meanwhile. The sleeping or trance condition, with its subsequent amnesia, was quite naturally regarded as an artificially induced somnambulism, and it at once attracted a great deal of attention, partly, no doubt, because of the supposed clairvoyant powers of subjects while in that state. About the same time Petetin, a physician at Lyons, described the phenomenon of hypnotic catalepsy or muscular immobility. The name 'catalepsy' has so established itself that it can hardly be altered now, although the hypnotic muscular rigidity is probably not the same as the pathological one.

The discovery of the remaining major hypnotic phenomena followed rapidly; and by 1825 hypnotically

induced positive hallucinations (seeing things which are not present), negative hallucinations (being functionally blind to things really present), hypnotic anaesthesias, hypnotic analgesias (insensibility to pain), and the action of post-hypnotic suggestion had all been clearly described.

The hypnotic sleep may be light (hypnoidal), deep, or that of the state of somnambulism. The light and deep sleep closely resemble ordinary sleep, but the somnambulism is somewhat different. If an ordinary sleeper is spoken to, he is usually aroused by the stimulating effect of the sound conveyed to the brain, through the auditory nerves, but in the somnambulant state he can be spoken to without being disturbed, and, on the contrary, the effect is actually soothing. Whereas in natural sleep the patient is to a very great extent out of touch with the external world, in hypnotic somnambulism he is, in fact, in touch with (*en rapport*) the outer world through the hypnotist, and is able to concentrate to a high degree in his response to suggestions made.

In normal sleep the body is closed for repairs; as soon as all these repairs are done, the normal healthy person wakes up with renewed energy. The hypnotic state may be brought about at any time of the day, and long before any perceptible inroad has been made on the store of nervous energy laid up during previous natural sleep. It follows that during this artificially produced sleep which is the hypnotic state there may be great accumulation of an excess of energy, all of which can be concentrated and directed into any channels the hypnotist desires.

At present there is no satisfactory theory to explain the phenomena of sleep, though most of the theories give partial explanations. The main theories are as follows:

Physiological.—Some physiological change of a more

or less mechanical nature, is supposed to interfere with the activity of the brain and to leave only the lower motor centres active. However, as far as the physiological changes can be observed in the normal sleeper, it is found that the physiological changes follow drowsiness and sleep rather than the reverse.

Chemical Theories.—Toxins are produced as waste products of metabolism and they produce the same effect as drugs. However the individual can be awakened, or by an effort of will he can postpone drowsiness. This does not apply to the effect of drugs.

Histological Theories.—The neural cells become congested, cannot communicate with one another and therefore sleep ensues.

Biological Theories.—Plants and the lower animals go through a periodical rhythm. Sleep is not a passive state but active and instinctive, a specific reaction to the stimulus of darkness. People who wandered about in the dark were less likely to survive and leave descendants than those who slept in security.

Loss of Interest.—Bergson and Rignano support this theory. To sleep says Bergson is to disinterest oneself. We sleep in direct proportion to our disinterestedness. The fact that a sleeper before passing into the stupor can decide that a certain stimulus, and that only among ordinary stimuli, shall awaken him, gives strength to this theory.

The physiological criterion of the patellar reflex or the knee-jerk, which disappears in normal sleep, shows the hypnotic trance to be allied, rather, with the waking state, and to be clearly differentiated not only from sleep but from incipient drowsiness as well, according to Bass.[13] The psychological test of voluntary reaction to a signal shows practically identical results. Moreover, the same techniques which distinguished hypnosis from sleep were

able definitely to trace objectively the gradual passage from the hypnotic trance into true sleep. This wholly natural transition accounts very simply and logically for the so-called lethargic state of hypnosis, which has often been observed and contrasted with the so-called alert stage. Thus the extreme lethargic state is not hypnosis, but true sleep ; only the alert stage is hypnotic.

Bass' experiment has been repeated at the Institute of Experimental Psychology at Oxford. The hypnotized subject is placed in an armchair raised about twenty inches from the ground. One leg (so far it has always been the right leg) is supported on a stool while the other is left in such a position that it can swing backwards and forwards with ease in order to facilitate the action of the reflex. An apparatus is mounted on an adjustable platform at the back in such a way as automatically to deliver a blow of the hammer against the patellar tendon every ten seconds. The action of the hammer is controlled by a large cam which, in turn, is driven by a constant speed motor regulated by a carefully constructed system of gears. The cam is so arranged that it catches the hammer at its first rebound from the blow and at once withdraws it for the next blow. The automatic recording of the knee jerk is accomplished by means of a stout line which extends from the heel of the subject's shoe to a vertical lever which marks a sheet of smoked paper. Around the subject's chest is placed the tube-like Sumner pneumograph, which communicates by means of a tube with a tambour provided with a recording pen for tracing the respiration. Many subjects have submitted to tests by this apparatus and have responded in a satisfactory way.

Moreover, while in normal sleep the subject is unable to perform simple voluntary acts which have been

agreed upon beforehand in response to some stimulus, such as pressing a button every time a bell rings softly, even in very deep hypnosis such voluntary response readily occurs.

There is a close relationship between the hypnotic state and the mediumistic trance. The patellar reflex, for instance, has been found to be equally pronounced in both cases.

Braid stated that he hypnotized himself on more than one occasion, and successfully suggested the disappearance of rheumatic pain. Forel and Dr. Coste de Lagrave have also succeeded in hypnotizing themselves, and the latter could influence himself in many ways by suggestion; thus he stated he was able to get rid of pain, fatigue, mental depression, etc.

There are accounts of greatly increased sensory acuity under hypnosis. Bergson [15] had one subject who was able to read the letters in a book from their reflection in his (Bergson's) eye, though the height of the images of the letters was not more than 0.1 mm. The same subject could also describe and imitate the attitudes of twelve men in a photograph which had been reduced so that its greatest length was 2 mm. Others report extraordinary auditory sensibility. While it is true, however, that in hypnosis the senses may be rendered extraordinarily hyperaesthetic under hypnosis, so that impressions too faint to affect the senses of the normal person may be perceived by the hypnotized subject, it must be remembered that as most observers are ignorant of the normal limits of sensitivity and discrimination, all such statements must be received with caution, until we have more convincing evidence than has yet been brought forward.

Positive and Negative hallucinations are among the most striking effects of hypnotic suggestion. A good

subject may be made to experience a hallucinatory perception of almost any object, the more easily the less unusual and out of harmony with the surroundings is the suggested object.

A negative hallucination may be induced by telling the subject that a certain object or person is no longer present, and he then ignores in every way that object or person. This is more puzzling than the positive hallucination. Both kinds of hallucination tend to be systematically and logically developed. Kronfeld says, that 'the illusory perceptions arise not so much out of abnormal sensible and sensory excitations of peripheral or cortical nature, which possibly are liberated by the hypnosis — as we imagine happens with "true" hallucinations — but the illusory perceptions are based in altogether preponderating proportion on the imagining, reproducing and judicial processes, which under the pressure of suggestion occupy the consciousness with the greatest intensity and dominating power, and form fantastic totalities'.

Delusions, or false beliefs as to their present situation or past experiences, may be induced with many subjects. On being assured that he is some other person, or that he is in some strange situation, the subject may accept the suggestion and adopt his behaviour with great histrionic skill to the induced delusion. It is probable that many, perhaps all, subjects are vaguely aware, as we sometimes are in dreams, that the delusions and hallucinations they experience are of an unusual nature. In the lighter stages of hypnosis a subject usually remembers the events of his waking life; but in the deeper stages he is apt, while remembering the events of previous hypnotic periods, to be incapable of recalling his normal life; but in this respect, as also in respect to the extent to which on awaking he remembers the

events of the hypnotic period, the suggestions of the operator usually play a determining part.

Among the organic changes that have been produced by hypnotic suggestion are the slowing down or acceleration of the cardiac and respiratory rhythms; rise and fall of body-temperature through two or three degrees; local bleeding and even inflammation of the skin with exudation of small drops of blood; evacuation of bowels and vomiting; modifications of the secretory activity of glands, especially of the sweat-glands.

Under hypnosis muscular feats impossible to the individual in waking life can be performed. If the subject is lying down and told that his body is rigid, lifting the heels will make the whole body pivot on the back of the head, while experiments made with the ergograph show that subjects under hypnosis can apparently go on lifting the weight almost indefinitely. There is a great decrease of both the subjective and the objective manifestations of fatigue [12] (p. 123).

It would seem that in all ages and in almost all countries individuals have occasionally fallen into states of mind more or less closely resembling the hypnotic state, and have therefore excited the superstitious wonder of their fellows. In some cases the state has been deliberately induced, in others it has appeared spontaneously, generally under the influence of some emotional excitement. The most familiar of these allied states is that of somnambulism or sleep-walking. Of a rather different type are the states of ecstasy into which certain religious enthusiasts have occasionally fallen.

While in this condition individuals have appeared to be insensitive to all impressions made on their sense-organs, even to such as would excite acute pain in normal persons, have been capable of maintaining rigid

postures for long periods of time, have experienced vivid hallucinations, and have produced through the power of the imagination extraordinary organic changes in the body.

The phenomena of the Stigmata are no doubt explainable along these lines, and is not confined to Christian saints and mystics. Herodutus[95] relates, regarding a temple of Hercules in Egypt, that runaway slaves who took refuge in it were not liable to be recaptured if they showed on their bodies stigmata which signified their dedication to him. St. Paul speaks of himself bearing on his body 'the Stigmata of the Lord'. The Stigmata of St. Francis have been, perhaps, the most discussed. Sabatier in referring to the influence of mind on body in connection with this says, 'We have caught but fleeting glimpses into the domain of mental pathology. So vast is it and unexplored, that learned men of the future will perhaps make, in the realm of psychology and physiology, such discoveries as will bring about a complete revolution in our laws and customs[200] (p. 94).

Perhaps the most marvellous achievement among well-attested cases of control of bodily functions is that of certain yogis of Hindustan; by long training and practice they seem to acquire the power of almost completely arresting all their vital functions. An intense effort of abstraction from the impressions of the outer world, a prolonged fixation of the eyes upon the nose or in some other strained position and a power of greatly slowing the respiration, these seem to be important features of their procedure for the attainment of their abnormal states.

The methods of inducing hypnosis are almost as numerous as are outstanding hypnotists.

Mesmer's method was to put his hands upon the shoulders of the subject. Then he brought them down

the arms to the extremities of the fingers, and, after holding the thumbs a moment, repeated this process two or three times. He also touched the seat of pain with his fingers, or with the palm of his hand, following the direction of the nerves as much as possible. Mesmer employed a species of actual handling or passes with contact; on the other hand, many later operators have made passes without contact.

Esdaile put the patient in bed in a darkened room, directed him to close his eyes, and to try to go to sleep. He then made passes without contact over the entire body, and from time to time breathed gently upon the head and eyes. This process was continued for an hour, and at the end of it many of the patients were sufficiently influenced to undergo painful operations without feeling any discomfort.

When he first started his hypnotic practice, Braid used to take a bright object, generally his lancet-case, which he held in his left hand about a foot from the patient's eyes, and at such a distance above the forehead that it could not be seen without straining. The patient was told to look steadily at the object and to think of nothing else. After a time Braid found that fixed gazing was frequently followed by pain and slight inflammation of the eyes. Thereupon he changed his method. The prolonged gazing was abandoned, and the patient was instructed to close his eyes at an early stage of the proceedings. Hypnosis was induced as easily as before, and without any unpleasant symptoms. Provided the body and mind were at rest, he found he could hypnotize as readily in the dark as in the light. He succeeded, moreover, with the blind: these facts led him to the conclusion that the influence was exerted through the mind, and not through the optic nerve, as he had presupposed. At a later date, Braid emphatically

asserted that 'direct verbal suggestion' afforded the best method, both for inducing hypnosis and for evoking its phenomena. Physical methods he regarded simply as indirect suggestions, their influence depending upon the mental states they excited.

Liébeault first placed his patient in an armchair, then told him to think of nothing and look steadily at the operator. This fixation of the gaze was not maintained long enough to produce any fatigue of the eyes, and it was simply an artifice for arresting the attention. If the eyes did not close spontaneously, Liébeault requested the patient to shut them, and then proceeded to make the following suggestions, or others resembling them, 'Your eyelids are getting heavy, your limbs feel numb, you are becoming more and more drowsy', etc. This was continued for a minute or two; then Liébeault placed his hand upon the patient's body, and suggested the sensation of local warmth.

Bernheim first used to make explanatory suggestions to remove the patient's fear, and then said, 'Look at me and think of nothing but sleep; your eyelids begin to feel heavy, your eyes are tired; they begin to blink, they are getting moist, you cannot see distinctly. They are closed!' If the patient showed no signs of sleep or drowsiness, he assured him that sleep was not essential and that the hypnotic influence might be exerted without it.

Bramwell [24] adopted a similar method in the main but made a contribution of his own by hypnotizing several patients who were completely deaf by using writing as the only means of communication.

Dr. W. Brown makes the subject lie down on a couch with a head-light above it. He holds an ophthalmoscopic mirror about ten inches from the eyes of the subject and slightly above the horizontal plane of

vision, so that the eyes have to turn upwards and slightly inwards to fixate it. Then he proceeds to give him the suggestions, first of all repeating rapidly and in a low tone, and many times over, the words ' you are going to sleep — you are going to sleep — you are going to sleep ', generally making passes with his hand. Presently the phrase may be varied, ' you cannot open your eyes ', and this again is repeated many times. He may hold up the arm of the subject, lightly stroke it and say, ' As I stroke it, it is getting stiff; you cannot drop it, you cannot bend it '. This again is repeated. Sometimes he enforces his suggestion by laying his right hand on the subject's forehead. He then proceeds to give him therapeutic suggestions, telling him that immediately on going to bed that night he will go to sleep, sleep all night long, and wake up next morning refreshed and at the maximum of his powers. Certain calming assurances are given. Finally, he may say, ' After I have counted four, you will open your eyes and be wide awake, remembering all that I have said to you ', and the subject returns to full volition.

Many hypnotists lay a hand on the patient's forehead and say something like: ' You notice how things are beginning to swim before you. Your eyes are beginning to smart, you can hardly keep them open, you see as through a clouded glass, no longer clearly. Your eyelids are getting heavier.' There are some hypnotists who say: ' So, now I lay my hand a little more firmly on your forehead, your breath is passing in and out quite uniformly. And now your eyes are growing moist. The lids are drawn together as with elastic. Already the opening between them has grown narrower. It is narrowing and narrowing.'

In some of these methods it will be noticed that negative suggestions are given; but it is becoming

more and more clear that to reach their highest effectiveness any suggestions must be put positively. There has been much controversy about the rôle of the passes, which, though not absolutely necessary are very valuable, and most experienced hypnotists make use of them instinctively.

Describing Lloyd Tuckey's method, Cannon writes: 'It is sometimes an assistance to lay one's hand gently but firmly on the forehead. (One to three minutes are usually required by this method to produce the hypnotic condition)' [33] (p. 6).

In recording Bernheim's method, he states, 'As a rule I simply declare, "You are asleep", making a movement of my hand in front of the patient's eyes and the subject is immediately hypnotized' [33] (p. 9).

Again in describing Binet and Fere's Method of Fascination, he writes, 'Remember that manipulations about the head have in many persons a most soporific effect' [33] (p. 18).

The resemblance between the use of the hands in hypnotism and the laying on of hands in its religious practice is interesting. As we saw in the second chapter, the laying of the hands was practised in Egypt, Babylonia, as it was among the Jews. There are still people like the late Mr. Hickson [39] and his disciples who believe that healing can be wrought by the laying on of hands, believing that in a strange manner power is conveyed by it from one person to another, while others regard it from the point of view of suggestive value.

It has now been abundantly proved that hypnosis can be induced in the great majority of people, provided that they willingly submit themselves to the process. Many of the most experienced operators agree that failure to induce hypnosis in any case is due either to lack of skill and tact on the part of the operator or

to some unfavourable mental condition of the subject. Confidence and goodwill on the part of the subject (or patient) are almost essential to success. It is to be noted that even after hypnosis has been induced on several occasions a patient may be so influenced by injudicious friends that he cannot again be hypnotized or, if hypnotized, is much less amenable to the power of suggestion.

Attempts to hypnotize children of from six or seven to fifteen years of age seldom fail ; and the fit and strong are more easily hypnotized than the sickly, the strong-willed than the weak-willed. There is apparently no difference between the sexes.

One fear many patients have is that under hypnosis they may behave in a manner which they may regret later, and, what would make it even worse, they may not know what has happened. They must be reassured on these points and they must be told that they will remember everything that happens while they are hypnotized, if they so wish. However deep the hypnotic state, the patient will remember everything if he is told to do so. Confidence is increased if the patient sees others hypnotized.

Having given the patient confidence, the next step is to help him to attain a receptive state. As far as possible all distracting external sources of sensory stimulation should be eliminated, the room darkened and as quiet as possible. Spectators may be allowed, unless they distract the patient. It is advantageous, though not absolutely necessary, for the patient to be placed in as comfortable a position as possible, with the clothing loose. The patient may lie down on his back, or on his side if he wishes. The former is preferable as the weight of the body is then more equally distributed. If he lies on his back his legs should be straight down, not crossed. His

arms should rest at his side. He is then told to relax. This will be greatly assisted if he breathes deeply ten or a dozen times. This deep breathing causes carbon dioxide shortage, which of itself produces flaccidity of muscles. He may now be told to go to sleep; but before inducing sleep it is often advisable to tire the eye muscles by making him converge on the fingers, or on some other object, held close to the eyes. The eyelids may be fatigued by making him close the eyes tightly and then open them widely on the orders 'one', 'two', given about every half-second. It will soon be found that the eyelids tend to remain closed; if they are opened at the wrong time they are only half-opened. Then the hypnotist orders them in a low monotonous tone to remain closed. 'They are heavy. They are tired. Your whole body is tired. It is so tired. Your whole body wants rest. You are going to sleep. You are so tired and are sinking down, down, into quiet restful sleep,' and so forth. In this way most people can be hypnotized, though some may require three or four sittings before the deeper stages of hypnosis are reached.

Patients may be awakened by blowing in the face and by similar stimuli; but the most useful method is to order them to awaken when a given word is said; for example, on the counting of 'three'.

Under hypnosis there is usually an experience of separateness of the 'body which acts' from the 'individual', who is often able to watch his body behave as though it had nothing to do with him. In the deeper stages the subject has given himself up so far to the hypnotist that, if the latter orders him to forget or if the patient himself believes he will not remember what happens, there will be complete amnesia.

Besides suggestions which will be carried out during

hypnosis, others can be made to occur later, and these are known as post-hypnotic phenomena. Subjects can even be made to carry out suggestions at exact times. In certain well-authenticated cases, they fulfilled the instructions punctually whether they were asleep or awake. If asleep they did what was necessary without waking, knowing nothing about it afterwards. If subjects are awake when they comply with instructions, they will, if asked why they have behaved in this particular manner, either invent a reason or say that they do not know why, but that they were compelled to do what they did. If they remember that the action has been suggested to them, they may refuse to perform it, and if it is one repugnant to their moral nature, or merely one that would make them appear ridiculous, they may persist in their refusal.

Though the subject may forget what happens under hypnosis, if again hypnotized he will recall all that then occurred. If, for example, he has switched on and off the light, in compliance with hypnotic instructions, he may not know why he has done this, but will, if pressed, make quite a good 'rationalization' for his action. If, however, he is again hypnotized and asked why he did this, he will reply correctly that it was because he had been ordered to do so under hypnosis. He remembers what had previously been forgotten. In a similar way past experiences, which have been forgotten, may be recalled under hypnosis. Consequently it has been found valuable in treating cases of 'lost memories'. One of its most striking qualities, the possibility of producing complete anaesthesia, has been employed in surgery, especially by Esdaile, who was in the employment of the East India Company from 1830 to 1851. He performed 'thousands of painless minor operations and about 300 capital ones. Among the latter were 19

amputations and one for gall stones, but by far the greatest number were for the removal of the enormous scrotal tumours so common in India'[24] (p. 11).

That similar phenomena to those connected with hypnosis were known in earliest times is seen by the mythical story found in the Book of Genesis which was written to account for the division of humanity into the sexes. We are told that taking Eve out of Adam God caused a deep sleep to fall upon him, and this is evidence that the writer of the narrative imagined a phenomenon similar to hypnosis as a means of anaesthetizing a person for the performance of an operation. Actually it is known that surgery was practised in Egypt at a date very much earlier than that at which this myth was written down. Plato's explanation of sex corresponds closely to the Genesis myth. He suggests that in the beginning man and woman were one, but that through the wrath of the gods they were cleft apart, only ceaselessly to strive hereafter to come together again.

Had it not been for the discovery of anaesthetics, which are so easily administered, hypnotism would undoubtedly have a great vogue even at the present time. Suggestion, without inducing the hypnotic state, is largely used at present, and usually unwittingly, by most surgeons of the first rank, *i.e.* in elimination of pain in surgical cases, to make operations more easy. It has been suggested to some that hypnotism would be peculiarly valuable as a means of affording relief in particular cases; for example, to those who, having undergone the operation for a detached retina, must in consequence remain perfectly still for many days — a terrible ordeal[12] (p. 126).

Liébeault and others have pointed out that in the hypnotic state, whether induced spontaneously or by external means, the hypnotized are able, without evil

results, to take much larger doses of poison than in the normal state, and that the bites of venomous serpents are very much less likely to prove fatal than in the waking state. The action of hypnotism here is probably similar to that exerted by chloral in the treatment of tetanus, and of large quantities of alcohol as a remedy for snake-bites. The excitability of the nerve centres is controlled, and excessive and exhausting discharge is prevented until the poison has been eliminated. Hypnotic treatment is also itself extremely useful in the treatment of tetanus and other spasmodic diseases depending on an increased reflex excitability of the brain or spinal cord — not, be it understood, to the neglect of other treatment, but as an auxiliary. The dysuria of Bright's disease, or diabetes, stricture, and even prostatic enlargement in some cases, can be relieved by hypnotism. Childbirth can also be made painless.

It is now generally recognized that, in certain cases, hypnotic suggestion may effect a cure or bring relief when all other modes of treatment are not available. It may also be used with great advantage as a supplement to other treatments in relieving symptoms that are accentuated by nervous irritability or mental disturbance. A third wide field of usefulness lies before it in the cure of undesirable habits of many kinds. Under the first heading may be put insomnia, neuralgia, neurasthenia and hysteria in almost all its many forms. Under the second, inflammations such as that of chronic rheumatism, contractures and paralyses resulting from gross lesion of the brain, epilepsy, dyspepsia, menstrual irregularities, sea-sickness. Under the third, inebriety, the morphia and other drug habits, nail-biting, enuresis nocturna, masturbation, constipation, and facial and other twitchings.

The widespread prejudice against the use of hypnosis

is no doubt largely due to the marvellous and (to most minds) mysterious character of the effects producible by its means; and this prejudice may be expected to diminish as our insight into the mode of its operation deepens. The results achieved by hypnotic suggestion become in some degree intelligible if we regard it as a powerful means of diverting nervous energy from one channel or organ to others, so as to give physiological rest to an overworked organ or tissue, or so as to lead to the atrophy of one nervous habit and the replacement of it by a more desirable one. And in the cure of these disorders which involve a large mental element the essential part played by it is to drive out some habitually recurrent idea and to replace it by some idea, expectation or conviction of healthy tendency.

It is in the treatment of these disorders, and in the restoration of 'lost memories' (a form of dissociation), that hypnosis and other forms of suggestion have made their most arresting popular appeal. The blind have been made to see, and the halt and the lame to walk; yet, as one doctor remarked when discussing the cures obtained by this means with 'shell-shocked' soldiers, 'The man walked out of the hospital cured, but fell down paralysed at the door of the next hospital'. This criticism is just, and the reason is obvious. The paralysis was the result of some cause, and if the cause still persisted then, though relief of the paralysis might be obtained by suggestion, the cause remaining would be liable, and would be expected, to produce the same or some other similar disability later. It is exactly on a par with the prescription of aspirin for headache or of bromides for insomnia. These may give temporary relief to the symptoms, but the symptoms will recur if the cause is a fever or a worry unless the fever is cured or the worry dissipated. But in many

instances these functional disabilities remain when the initiating cause no longer exists. The disability remains as a habit. In such circumstances suggestion will effect a permanent cure. Unless the doctor is sure that the initiating cause no longer remains, it is not advisable to treat symptoms by suggesting they no longer exist; the next symptom may easily be more malignant. With the aged and the very sick, on the other hand, when 'symptomatic' treatment may give relief for a time and may make the remaining days more comfortable, while successful treatment of the initial cause is impracticable, suggestion, under hypnosis or otherwise, may be employed with benefit.

One point which must be emphasized is that by hypnotic suggestion an individual's desires can be strengthened and freed from inhibitions; with more difficulty, but still with comparative ease, he can be made to do what he should but lacks the strong desire to perform; but he cannot be made to do what is repugnant to him. There is little doubt, however, that, if a subject is repeatedly hypnotized and made to entertain all kinds of absurd delusions and to carry out post-hypnotic suggestions very frequently, he may be liable to some ill-defined harm; also, that an unprincipled hypnotist might secure an undue influence over a naturally weak subject. But there is no ground for the belief that hypnotic treatment, applied with good intentions and reasonable care and judgment, does or can produce deleterious effects, such as weakening of the will, or liability to fall spontaneously into hypnosis. McDougall says that 'all physicians of large experience in hypnotic practice are in agreement as to this point'.

As has been mentioned in Chapter V, Breuer and Freud's first explorations, which subsequently led to the development of the psychoanalytic method, were carried

out when the patient was in a state of hypnosis, and some workers have attempted to combine analytic explorations with hypnotism. Indeed, it is often asked why this should not be regularly done, a natural question in view of the heightened possibilities offered by hypnosis for the widening of the field of memory; since Breuer's time, Janet, Morton Prince, and many others have used hypnosis for the recovery of forgotten memories in hysteria with therapeutic as well as diagnostic purpose. The psychoanalytic schools answer that the reason why the aims of psychoanalysis have proved to be incompatible with the use of hypnotism are plain from some considerations on the nature of the latter. Hypnotism facilitates the recovery of preconscious memories only up to a certain point; it imposes an absolute barrier to the exploration of the unconscious proper, where the true roots of the neurosis lie. Speaking of his early investigations with the aid of hypnosis, Freud says, 'I admit that the work went then more easily and agreeably, also that the time taken was much shorter. The results, however, were capricious and not lasting, so that finally I abandoned the use of hypnosis. And then I understood that it had been impossible to obtain any insight into the dynamics of these affections so long as I used hypnosis. This state successfully concealed from the physician's perception the very existence of the patient's resistance. It pushed it into the background, made a certain region free for the analytic work, and so dammed it on the borders of this region as to make it impenetrable, just as doubt does in the case of the obsessional neurosis. For this reason I might also say that psychoanalysis proper originated only when the help of hypnosis was relinquished' [118] (pp. 49-50).

However Stekel, Brown and other psychotherapists use a combination of hypnosis and analytic technique.

Since the time of Braid we may distinguish three types of theory to explain hypnosis — the pathological, the physiological and the psychological. The principal representative of the first line was Charcot, who taught that hypnosis is essentially a symptom of a morbid condition of hysteria or hystero-epilepsy. Professor McDougall says that 'this doctrine, which, owing to the great repute enjoyed by Charcot, has done much to retard the application of hypnotism, is now completely discarded'.

The physiological theory attached special importance to the fixation of the eyes, or to the other forms of long-continued and monotonous, or violent, sensory stimulation in the induction of hypnosis. They induced a peculiar condition of the nervous system resulting in the temporary abolition of the cerebral functions and the consequent reduction of the subject to machine-like unconscious automatism. The leading exponent of this view was R. Heidenhain, Professor of Physiology of Breslau, whose experimental investigations played a large part in convincing the scientific world of the genuineness of the leading symptoms of hypnosis. The theory now has little support.

Pavlov, however, regarding hypnosis in the light of conditioned reflexes and inhibitions, said: 'We can regard "suggestion" as the most simple form of a typical conditioned reflex in man. The command of the hypnotist . . . concentrates the excitation in the cortex of the subject . . . in some definite narrow region, at the same time intensifying . . . the inhibition in the rest of the cortex and so abolishing all competing effects of contemporary stimuli and of traces left by previously received ones. This accounts for the large and practically insurmountable influence of suggestion as a stimulus during hypnosis as well as shortly after it' [174]

(p. 407). The loss of the power of voluntary movement and the development of a cataleptic state in hypnosis Pavlov regarded as an isolated inhibition of the motor analyser which had not descended to the sub-cortical motor-centres. Other areas of the cortex may continue to function quite normally, so that 'the subject may understand what we tell him' (*Ibid.* p. 405). This view — so far as the physiological aspect is concerned, is very similar to those previously formulated by Braid and by McDougall. The former says 'the functions in action . . . rob the others . . . of nervous energy' [23] (p. 49), and the latter speaks 'of the concentration of all available neurokyne along the channel of the disposition' [153] (p. 112), by which we are to understand that in hypnosis all the available 'neurokyne' (*i.e.* the liberated energy that works within the nervous system) is placed at the disposal of a single tendency.

Such hypotheses, whether correct or incorrect, merely attempt to explain the psychological mechanisms employed. They may be one step ; but we still need an explanation in psychological terms.

The purely psychological theory of hypnosis, putting aside all physiological influences as of little or no importance, dates from 1884, when Bernheim proved that increased suggestibility is its essential symptom. Although they go too far in seeking to identify hypnosis with normal sleep, the views of the Nancy investigators have prevailed and been accepted in the main.

Some, including Rivers,[193] Trotter [230] and McDougall connect suggestibility with the herd instinct, but the assumption of such an instinct is not necessary though we must assume a tendency to submit to suggestions from others. McDougall considers that this is due to the instinct of submission. In every man there is an innate tendency to be submissive to those whose powers

are, or are thought to be, greater than his own. The mere fact of practice makes a person more willing to accept a suggestion emanating from them. McDougall follows these lines in his explanation of hypnosis, while the psychoanalytic school maintain that the hypnotist stands for the father; that, for the time being, the patient regards the hypnotist in the same way as he regarded his parent when he was very young. Yet there is a great fundamental difference between the two theories, for the psychoanalytic school regards the fundamental, instinctive basis to be libidinal, whereas the other group does not. Freud says, 'Another time a particular patient whom I had repeatedly helped through nervous conditions by hypnosis, during the treatment of a specially stubborn attack, suddenly threw her arms around my neck. This made it necessary to consider the question, whether one wanted to or not, of the nature and source of the suggestive authority' [70] (p. 289).

Those who uphold these views, both Freudian and non-Freudian, lay much stress on *rapport*; or, in other words, the well-known factor of transference. This is an affectively toned attitude towards the hypnotist on the part of the subject who is made willing to accept and to act upon the suggestion given. McDougall considers that *rapport* is of the essence of suggestion in hypnosis and hence would imply that there is no 'auto-suggestion' as advocated by Coué. Experiments were performed to test the possibility of autosuggestion by Foote and Young.[251] They found that their three subjects could decide beforehand what they would do under hypnosis. For example, one subject wrote on a paper, which he placed in his pocket, that he would be hypnotized by Dr. Young but would comply only with Professor Foote's instructions. On another occasion the

decision written down was to obey all commands except that of becoming insensitive to pain. Under hypnosis the subjects acted in accordance with their own decisions, which were not known by the hypnotist. These experiments, combined with evidence otherwise available, such as mediumistic trances, religious ecstasies, the experiences of those who practise yoga in India, lead to the conclusion expressed by Young that *rapport* and lack of *rapport* have their basis in the autosuggestion of the subject.

Those who maintain that there is no autosuggestion explain these various phenomena as being due to hetero-suggestion. When a man cures himself by Coué's method of repeating to himself daily 'Every day and in every way I'm getting better and better', they maintain that he has accepted Coué's suggestions, and that it is Coué who is actually giving the suggestion, although Coué is dead. Similarly, they would maintain that Foote and Young's experiments can be explained by the fact that their three subjects were acting under orders already given to them when they were making their own autosuggestions, and that this in itself was sufficient to suggest to them that they could do whatever they wished in this way. Others, on the other hand, maintain that autosuggestion is the fundamental factor, that hetero-suggestion cannot be exerted without the co-operation of the one who accepts the suggestion. They quote the facts (*a*) of contra-suggestibility, (*b*) that even under hypnosis suggestions will not be acted upon if they run counter to very strong tendencies in the individual, and (*c*) that there must in general be a tendency in the individual to act in accordance with the suggestion for it to be accepted.

The question as to which is prior is one which admits of no definite answer. 'It is like the question of the primacy of the hen and the egg.'

Prior to modern theories as to the nature of hypnotism, there were beliefs in magnetic fluid, nervous fluid, all-pervading ether, and vital fluid projected by the operator into the subject which has played an extensive part in the phantasy of mankind, and, in an increasingly disguised form, still does so in folk-lore, superstitions, and psychoneurotic symptoms. The magnetic fluid was principally emitted from the operator's eye, and in many modern procedures fixation of the subject by a steady gaze, producing the so-called *fascination du regard*, still plays an important part. Now, belief in the influence of the human eye, for good or ill, has at all ages been very general, and still lingers in our customs and superstitions. Jones says that 'it can be shewn beyond doubt that this belief takes its origin in the eye and its glance being symbolically regarded as the expression of the male organ and its function [118] (p. 341). Although this symbolical interpretation may be far-fetched, yet the absence of any female hypnotist from record is significant. However, when one turns to language, 'the most reliable guide to psychology', one finds that the term 'animal magnetism' itself, for so long applied to hypnotism, is ultimately derived from a more primitive source than the metal magnet, though it was actually taken from the latter. The word 'magnet' comes to us, through the Greek, from two Phoenician words, *mag* and *naz*; the former means 'a big, powerful man', the latter 'that which flows out and influences something else'. It does not need much divining capacity to comprehend what the early conception of human magnetism originally signified; the word has by a devious route come back in the phrase 'a lover's magnetic charm'.

Dr. W. Brown reconciles Charcot's theory of dissociation with Bernheim's description of hypnosis as increased suggestibility. At the same time the capacity

of people for being hypnotized is not merely a matter of their suggestibility but also depends upon the extent of their dissociation, and these are not the same. Sometimes suggestibility is actually decreased by extreme dissociation, even to the extent that such patients are not susceptible to suggestion at all. At the same time Dr. Brown criticizes McDougall on the ground that his theory is too limited, and cannot be dependent upon the instinct of self-assertion being held in abeyance, because the operation of any instinct, however powerful, profound and independent of other instincts, will increase suggestibility and produce suggestion effects. He also maintains that he has an adequate theory apart from those of Freud and McDougall. When the response of the patient is analysed it seems to depend upon a congruence of the unconscious of the hypnotist and that of the hypnotized — 'deep calling unto deep'. The instinct of self-assertion may play a prominent part in bringing about a realization or actualization of the suggestion, and it is of the utmost importance in suggestion effects.

Will this unconscious relationship between the hypnotist and the subject throw some light on the phenomena of telepathy, which is not necessarily a contact between conscious minds?

So far as treatment is concerned, however, the value of faith is of the highest. The complete fulfilment which depends upon faith may be led up to by suggestion treatment of different kinds, but it goes, of course, beyond suggestion treatment.

CHAPTER X

SUGGESTION AND THE FACTOR OF FAITH

Synopsis of Chapter X

Ultimately suggestion is a highly important mode of communicating ideas in such a manner that they are accepted quite apart from any adequate grounds. Experiments have been carried out to test the suggestibility of patients.

The New Nancy School has pointed out two types of autosuggestion, spontaneous and reflective, and various states of mind, e.g. contention, *where both the power of attention and relaxation are vital. Indeed the latter is all-important for therapy. Jacobson's work on Progressive Relaxation is important notwithstanding his unjustifiable denial of any element of suggestion in his method.*

A verbal formula plays an important part in reflective auto-suggestion, which is differently valued and has a connection with prayer in its subjective aspect, though the latter is impotent without faith.

The nature and conditions of prayer are shown by Jesus, and its outstanding feature is belief in divine will. A psychological approach to such an experience of belief finds its roots go deep into the organic and biological part of man. Its bearing on religion is striking. Faith, 'the master key to mental healing', is the ideal of our spiritual attitude.

CHAPTER X

Suggestion and the Factor of Faith

FOR a long time the generally accepted definition of 'suggestion', perhaps because of the popularity of association psychology, was similar to that given in the Century Dictionary, namely, that suggestion is the 'action of any idea in bringing another idea to mind, either through the power of association or by virtue of the natural connection of the ideas'. Now the old association psychology has been abandoned, and this definition itself fails to account sufficiently for the dynamic quality of suggestion which is, indeed, one of its most important characteristics. McDougall has defined it as 'a process of communication resulting in the acceptance with conviction of the communicated proposition in the absence of logically adequate grounds for its acceptance' [151] (p. 97). Thouless criticizes this as being too narrow in its scope, 'communicated propositions' not making room for feeling states and activities, and gives, as an alternative, 'a process of communication resulting in the acceptance and realization of a communicated idea in the absence of adequate grounds for its acceptance' (228. p. 164 ff.). A complete act of suggestion is usually considered to involve the implanting of an idea in the mind of an individual so that he accepts it without any conscious appreciation of a sufficient logical reason for so doing; and so that he acts, or tends to act, in accordance with that suggestion, and experiences the corresponding emotion, when

a suitable opportunity, or when the appropriate stimulus, is presented.

Everyone is affected by suggestion. Throughout the whole of our lives we are, whether aware of it or not, making suggestions to other individuals, and at the same time we are receiving and acting upon suggestions from them for we all tend to identify ourselves with those around us.

Sensitivity both in giving and accepting suggestions is the very essence of the good bedside manner. The wise doctor recognizes that there are two matters concerning which the patient is always craving information; he wishes to know how the doctor thinks he is progressing, and also to be assured that he is really interested in him, for, he argues, the best doctor is the one who is truly interested in his patients. Hence it is very deleterious when a patient becomes a mere number, as he so easily may in an institution, and worse still when he is treated as a 'specimen', to be discussed freely as though he were merely an interesting object. Consequently we see the importance of a good memory, or of carefully kept notes. The few words which remind the patient of the last occasion when he was seen, perhaps a year or two ago, have a very beneficial effect on him. For this reason, though his visit may be brief, the doctor avoids appearing to be in a hurry. Information on the second matter, how the doctor thinks he is progressing, is often avidly sought. The patient does not take the doctor's word at its face value, and it is therefore not so much what he says as how he says it that is important. The raising of an eyebrow when feeling the pulse, the way in which the thermometer is looked at, or the temperature chart examined, all convey their information to the patient, information which is not intended and which may be incorrectly interpreted. As the

doctor's visit acts as a mental tonic to the patient, and to the patient's family, so does the medicine, for it is symbolical to the patient of the doctor. With every drop of medicine, he imbibes a portion of suggestion. Medicine alone may be good; if combined with belief in its efficiency it will be better.

This suggestive power is peculiarly potent with new methods of treatment which are constantly being discovered for every illness from the common cold to cancer, and each is heralded by glowing accounts of the wonderful effects it has procured, but how and why is not always clear. The only certainty that emerges is that the result has been obtained — and that, after all, is the important matter. Others hearing of the results try the treatment with success, especially if the advertisement has behind it the authority of eminent people.

Gradually, however, the treatment seems to lose its efficacy; the proportion of successes is not maintained as the number of people who try it rises. At last it is abandoned, except by a few staunch disciples, in favour of another method which is launched with all the acclamations which were awarded to its discarded predecessor. The reason for this apparently arbitrary change of fashion is that at first the new treatment is practised by enthusiasts who believe in it. Their conviction is so powerful that their patients catch it from them and are thus given a new buoyancy which immensely assists their recovery. Later it is tried as a kind of experiment, or as a last resort, by people who only have a half-hearted belief in it. Very often the reason why one physician succeeds with a treatment when others fail lies not so much in superior skill as in a greater enthusiasm, which carries with it a greater power of suggestion. In the doctor-patient relationship the patient is generally only too willing to accept a sub-

missive rôle, while contra-suggestibility, rare as it is, can usually be avoided.

The extent of the suggestibility of a patient may be tested by various methods, such as a simple plummet on a string about a half-metre long. A watch or its chain, or a ring on a thread, may be used with equal success. The subject, whose arms should be free, holds the pendulum swinging freely. He imagines intensely the change in the direction of the swing of the pendulum and this occurs. Straight swinging in varying degrees, and in all directions, circles and ellipses clockwise and anti-clockwise, even complicated figures like a figure eight can be quite well produced. The experiment succeeds without exception; only persons in a very high state of tension require some suggestive aids and some practice. One can facilitate the initiation of the reaction by drawing on a piece of cardboard a series of concentric circles, or a spiral, and adding some diametrical lines perpendicular to each other, letting the pendulum hang at first over the middle point and then follow the desired direction on the pattern. The experiment may be modified by the experimenter [117] (p. 65) and one or several subjects each holding a pendulum. He causes his pendulum to swing in any desired direction and asks the subject, without looking at his (the subject's) own pendulum, to follow intensely the motions of that of the experimenter. The result generally is a motion of the subject's pendulum in the same manner.

The intense imagination leads to an unconscious innervation of muscles otherwise consciously innervated. The experiment is intended to demonstrate that the intense imaginative idea inaugurates a movement without any conscious willing.

It is necessary, now, to discuss autosuggestion at some length. Schools of autosuggestion have existed for

a long time in different parts of the world. The New Thought movement in England and America is a prominent example. The New Nancy School will, however, be a convenient one to take as the subject because it systematized and made explicit important details of practice which are neglected by other systems.

Baudouin [14] distinguishes in heterosuggestion between *acceptivity*, the ease with which a suggestion is received from another person, and *suggestibility*, the capacity of a person for realizing an idea whatever has been its origin. He states that acceptivity is an undesirable factor, but that without an exaggerated acceptivity a high degree of suggestibility is a source of strength and is to be desired. It is, of course, suggestibility in this restricted sense and not acceptivity that is brought into play in autosuggestion.

He also distinguishes between spontaneous autosuggestions, in which the matter of the suggestions has caught the attention of the subject and been realized by him spontaneously, that is, without conscious intention; and reflective autosuggestions in which the same process is deliberately initiated.

Spontaneous autosuggestion is a process which appears to take place fairly commonly; in fact, whenever an idea which has happened to catch our attention realizes itself. An opinion, for example, which we have often repeated tends to become a firmly held belief. When we see a fire freshly lighted, we may begin to feel warmer, although it is not yet really giving out an appreciable amount of heat. An illness that we are always talking and thinking about tends to develop in us.

There are two fairly obvious conditions which an idea must fulfil before it can become a spontaneous autosuggestion. The first is that it shall have caught the

attention, the second that it shall be enveloped in some more or less powerful affect. The New Nancy School emphasize a third condition, that it shall not be held in attention by conscious effort. This is considered by Baudouin to be Coué's most original contribution to the psychology of autosuggestion and is called by him the Law of Reversed Effort.

Coué's own formula runs thus, 'When the will and imagination are at war, the imagination always wins'.

This really means that in making a conscious effort of will we call up into the mind the idea of a hostile force, and this second suggestion cancels the first. A completed will involves imagination. In the original French of the formula the word 'will' (*vouloir*) also means 'wish'; so it is possible to render the formula thus, 'When an effortful wish and the imagination are in conflict, the imagination wins'.

Baudouin's own statement of this law, however, runs thus, 'When an idea imposes itself on the mind to such an extent as to give rise to a suggestion, all the conscious efforts which the subject makes in order to counteract this suggestion are not merely without the desired effect, but they actually run counter to the subject's conscious wishes and tend to intensify the suggestion'. These conditions he illustrated by the impossibility of walking along a high plank with a sheer drop on both sides without falling off, although the plank may be of such a width that it would be quite easy to walk along it if it were lying on the floor. Spontaneous attention is unavoidably caught by the idea of falling off, and there is a very powerful emotional accompaniment (of fear or horror) to this idea. These are the first two conditions which have been mentioned as those under which ideas tend to become realized by spontaneous autosuggestion. If the person concerned could manage either not to think about

falling off at all, or to think about it without any strong emotion, his danger of falling off would be less. The law of reversed effort may be illustrated by the observation of the fact that his voluntary efforts to retain his balance are not only useless but tend to defeat that end.

Reflective autosuggestion has as its objects the combating of noxious spontaneous autosuggestion, and the deliberate attainment of the good mental effects accidentally produced by desirable spontaneous autosuggestion. The difficulty in the practice of reflective autosuggestion is to find an efficient substitute for spontaneous autosuggestion. A voluntary effort to think and realize the object of the desired suggestion is found not to be successful, and this failure is accounted for by the law of reversed effort. It is for this reason that most people fail when they try to follow the directions of one of the systems of autosuggestion. They are told to concentrate on an idea. For them concentration means an intense voluntary effort to think of it; and intense voluntary effort is the condition under which autosuggestion is most certain to fail. Those who have experienced the effects of intense voluntary effort to go to sleep know the condition of hopeless wakefulness which such an effort induces. The practical difficulty is the discovery of some condition in which voluntary effort is as small as possible, but in which the mind can be kept occupied with the particular thought which is to be the object of the suggestion.

The condition between sleeping and waking, which has already been noticed as one of high suggestibility, is a state in which spontaneous autosuggestions are stated to be particularly liable to realize themselves. All writers on autosuggestion seem to be aiming at the willed production of a similar state in which there is a certain emptiness of mind and suspensions of the mental

functions. One of the characteristics of this half-waking condition is what Baudouin calls the outcropping of the subconscious, when the mind ceases to be occupied with the voluntary activity of thinking in words, and becomes occupied with vague images which are surface effects of the repressed contents of the unconscious. A similar condition is found in reverie and day-dreaming. It is found that those to whom this state of outcropping is most normal are those to whom autosuggestion is easiest, such as artists, women and children. The first step which Baudouin suggests in the practice of autosuggestion is an education of the outcropping by practice in the production of these states. This is done by keeping the body motionless and the muscles relaxed, while resting in a comfortable armchair, under conditions as free as possible from such external distractions as noise. The eyes should be closed and the mind allowed to occupy itself with the vague images which float past it. Baudouin speaks of the state of outcropping produced by such a relaxation as *le recueillement* (receptive state).

He calls the next state *la contention*. It is sometimes found to be the condition of the mind on waking after sleep; directed thinking is at a minimum, and at the same time the mind is exclusively occupied with one single idea. This is the condition in which the idea occupying the mind will realize itself as an autosuggestion. In order to be successful in the attainment of the state of *contention*, it is necessary to cultivate both the power of attention and of relaxation. It is suggested that the former should be cultivated by such exercises as learning by heart, and the latter by the practice of *le recueillement*.

Reflective autosuggestion can undo the evil work of noxious spontaneous autosuggestions — the illnesses

which result from morbid pre-occupation with the state of health, and so on. It can be used for the cure of all psychological disorders such as tics and hysterical paralyses and swellings; it can always help the natural process of cure, and undo the part played even in physical disorders by spontaneous autosuggestion. It may also be used as a means of removing bad habits, and of obtaining complete control over sleep.

Reflective autosuggestion may be practised by taking advantage of the condition between sleeping and waking by permeating the mind at this time without effort with the thought which it is desired to realize — the idea, for example, of the cure of some illness or weakness. The difficulty is to find some way of keeping the mind permeated with a thought without the effort of attending to it. This is done by summing up the desired thought in some formula which is repeated over and over again. It is particularly emphasized that the repetition is to be mechanical; no effort is to be made to think of the idea it is intended to convey. Let us suppose that the difficulty is the toothache. The formula 'I want to be free from this pain', will prove too weak to be effective. If, on the contrary, the phrase used is 'I have no toothache,' present experience contradicts it. A suggestion in this form is successful only with those whose critical function is abnormally undeveloped. For more ordinary people, it is necessary to adopt some formula which is intermediate between these two extremes. The kind recommended is one which asserts that the desired condition is being realized. For removing the pain of toothache, the best form is, 'This is passing away'. For going to sleep, the best formula is, 'I am falling asleep'. When the repetition of this is slow, it is difficult to prevent the mind from thinking between each repetition, 'I am not really, I am still as wide awake as

ever'. If this happens, the spontaneous autosuggestion of remaining awake will tend to realize itself and thus defeat the reflective autosuggestion of falling asleep.

It is not recommended that particular suggestions for the removal of specific troubles should be frequently repeated. After a trouble has been made the subject of a particular suggestion, it is claimed that it is sufficient to repeat about twenty times every night and morning the general formula, '*Tous les jours, à tous points de vue, je vais de mieux en mieux*'. This can be rendered into English most satisfactorily, if it possesses a rudimentary rhythm, in order to exert a lulling effect on the mind and so to aid in calling up the unconscious. The following is a suggested version:

> Hour by hour, and day by day,
> I improve in ev'ry way.

The writer has found it useful to make a more active use of this by requiring the patient to note down on a chart at several set periods in the day the improvements in thought, feeling and action. On reading this at night there is the effect of a cumulative suggestion.

If one wishes to make an autosuggestion at some other time of the day, this may be done by an artificial production of the state of *la contention*. Out-cropping is first produced by the practice of *le recueillement* as already described, and the mind is then permeated with the desired idea by the repetition of a formula as before.

Relaxation is not, however, the only method of producing the state of outcropping. If the attention is kept fixed for some time on one subject, it relaxes itself spontaneously through loss of interest and probably fatigue. When it relaxes itself in this way, a state of outcropping is produced similar to that in *le recueillement* or reverie. This is the condition which Baudouin

calls *hypnosis*. It differs from reverie in that being controlled it is more favourable to the production of the state of *contention* with a single idea. Hence it is easy to transform the state into one of *contention* for the purpose of autosuggestion.

He also proposes the name of *la concentration* for a state of hypnosis produced by the fixation of the attention not on an external object but on the idea which is to be the object of the suggestion. This is not the state of intense voluntary attention to which the name of 'concentration' is generally given. He defines this condition as follows: 'A state of autohypnosis and of persistent *contention* with one idea, the autohypnosis having been induced by the lulling influence of the idea on the mind'. The simplest way of producing *la concentration* is to sum up the idea in a short phrase and to repeat it over and over again, either aloud or sketching its pronunciation with lips and tongue.

It may be noticed that in religious meditation it is found, as a matter of common experience, that the comparatively uncomfortable position of kneeling is better than relaxation on a comfortable chair.[229] While the latter position makes it easy to detach the thought from immediate stimuli, it also encourages the vague and uncontrolled wandering of the mind found in reverie or day-dreaming. But for therapeutic purpose, relaxation is all important. And, when relaxed, it is possible to put oneself in tune with the creative spiritual reality and be passive to its saving power.

There is perhaps no more general remedy than rest. It is used, along with symptomatic treatment, in various acute infectious diseases where no special remedy has been found; and even in others, like diphtheria, it remains an important part of treatment.

Analysis of the conditions for which it is generally

prescribed indicates that rest repairs fatigue or exhaustion, thereby increasing the general resistance of the organism to infection and other noxious agents; decreases the strain on the heart and blood-vessels; diminishes the energy output and thus also the required caloric intake; quietens the nervous system, thus tending to relieve excitement, heightened reflexes and often spastic states; and diminishes the motion of the affected part or parts, thereby averting possible strain and injury.

Seeing its so many-sided use, Jacobson of Chicago set himself to seek by scientific means the most effective form of rest. This brings to the attention the fact that the patient advised to remain in bed often fails to get the desired restful effects. He may not know how to relax and the restlessness may be increased by distress; therefore he may shift and fidget in bed; lie stiffly or uncomfortably, owing to tense muscles; and may be worried, impatient or otherwise over-active in mind. This, in effect, may nullify the physician's purpose in prescribing rest in bed; and may also explain the failures which are commonly reported concerning the so-called 'rest-cure'. Jacobson searched for a more direct and efficient means of bringing quiet to the nervous system. His book [110] contains the results of his clinical as well as the physiological investigation of muscular states and their significance in psychology and medical practice. Maloney [145] applied relaxation, produced by passive movements (*i.e.* manipulations performed by the physician), in the treatment of tabes, and certain of his observations agree with those of Jacobson, who distinguishes between two kinds of relaxation. One is *local*, when the relaxation is limited to a particular muscle-group or to a part, as a limb; the other is *general*, when it includes practically the entire body, lying down.

General relaxation, if sufficiently advanced, is characterized by reduction of reflex irritability. It is progressive in three respects: (1) The patient relaxes a group of muscles — the biceps-brachial of the right arm, for instance — further and further each minute. (2) He learns consecutively to relax the principal muscle-groups of his body, with each new group simultaneously relaxing such parts as have previously received practice. (3) As he practises from day to day he progresses towards a habit of repose, toward a state in which quiet is automatically maintained. In contrast with this Jacobson found that the individual who indulges in unrestrained excitement renders himself susceptible to further increase of excitement, as a consideration of the phenomena of 'augmentation or summation' would lead him to expect.

In addition to this, he uses the term '*differential relaxation*' by which he means the absence of an undue degree of contraction in the muscles employed for an act, while other muscles, not so needed, remain flaccid. Clinical relaxation, as a rule, is called *systematic*, *habitual* or *cultivated*, the meaning of which is obvious; but they do not apply in many cases where relaxation is briefly used to aid in overcoming some acute or transitory disturbance. Relaxation, whether general or local, is defined as *complete* if it proceeds to the zero point of torus for the part or parts involved, and *incomplete* if it falls short of this. In extreme relaxation the knee-jerk becomes less pronounced.

Like many other therapeutic procedures, the technique of progressive muscular relaxation aims at securing the co-operation of the patient. It has many forms, depending upon the condition to be met, whether acute or chronic, its previous duration, and the ability of the patient to follow directions. In acute conditions, treatments may be made very brief and few in numbers:

occasionally two or three periods may seem to serve the purpose. In conditions that have persisted for years, the period of treatment varies greatly. Some require months, or a year or longer. In others, where the individual shows aptitude, a practical therapeutic purpose is sometimes accomplished with perhaps a dozen sessions, followed by diligent practice. Where thorough work is to be done, periods of treatment or instruction last about half an hour to one hour and take place about three or four times a week or daily. In addition, the individual practises by himself each day for an hour or two, or more.

Jacobson advises the physician or investigator who is being trained in his method to become familiar with suggestive procedures 'in order that he may avoid them when applying' relaxation, because, he says, 'He who gives such suggestions has no proper sense of the technique of progressive relaxation'. In the first of his thirty-two points of difference between relaxation and suggestion he maintains that: 'In the method of relaxation, no technical suggestions are given. For instance, the physician would never suggest, "Now your arm is becoming limp!" or "You will feel better after this treatment!" or "This will help you to be quiet!" He simply directs the patient, in the same manner as when prescribing diet or exercise.' It is quite obvious that the only form of suggestion which is absent here is the direct verbal one, while it is well recognized that suggestion can be induced even by silence. The second point that, 'It is not possible to arouse during progressive relaxation suggestive anaesthesia, paralysis, illusions, or delusions' with some subsequent points illustrate this confusion between hypnosis and suggestion and make it clear that the distinction in this respect is between relaxation and hypnosis. This is evident from the third point that,

'There is nothing in connection with progressive relaxation to correspond with post-hypnotic suggestion'.

It is obvious that while Jacobson's distinction is hardly justifiable, his technique is a great aid to the understanding of Baudouin's state of relaxation.

The state of *contention* is found to be described both in the literature of Christian prayer, under the name of the *Prayer of Simplicity*, and in Yoga practice, under the name of *Dharana*. The Prayer of Simplicity normally was produced involuntarily as an effect of prolonged discoursive meditation, but voluntary efforts to attain the Prayer of Simplicity by the suppression of the images found in the condition of *recueillement* were made by the Quietists. The Yogis attained *Dharana* by the preliminary practice of *Pratyahara*. This was the condition of outcropping produced in *le recueillement* from which its normal content of images was progressively banished, apparently (as in Quietism) by voluntary effort.

Autosuggestion is connected with a particular aspect of prayer — its subjective effect on the person praying. Prayer is certainly always in its first intention objective. In ordinary speech we would refuse to use the word 'prayer' of any vocal activity undertaken primarily for its good effects on the mind and character of the person using it. Essentially it is directed towards a superhuman Being, for the purpose of coming into communion with or otherwise affecting Him. Its subjective effects, although they may be important, are generally only incidental from the point of view of the person praying. It is these subjective effects, however, which come within the province of a psychological study; and, from this point of view, prayer is clearly of the nature of reflective autosuggestion undertaken with the intention of bringing about changes in character. Even

regarded merely as autosuggestion, it is probable that prayer must always be more effective than autosuggestion deliberately and self-consciously carried out. For precisely that element which was seen to be most essential and most difficult to attain in reflective autosuggestion — the abandonment of voluntary effort — is provided naturally by the mental attitude of prayer. We may take as an example of this, the familiar experience which is heard again and again in the testimony of religious converts who say, ' I struggled against such and such sin, but its power over me only grew greater. Then, I realized that I could not conquer in my own strength and I gave up struggling and left it in the hands of the Lord, and the burden of my sin rolled away.'

Without prejudice to the religious explanation of the convert, may we not see in this a working of psychological mechanisms ? First, there is the spontaneous autosuggestion that he will fall into his habitual sin, which, by the law of reversed effort, becomes strengthened by a voluntary struggle against it. Then in prayer he saturates his mind with the thought of the desired improvement, while his trust in an omnipotent God Whose grace can save him from sin, makes possible that abandonment of voluntary effort which was impossible in his preliminary period of struggle. So unconsciously he has produced in himself the conditions for effective reflective autosuggestion, and he finds himself freed without effort from a sin against which his efforts were unavailing. Thus, religious faith provides in perfection the conditions for the subjective working of prayer to become effective as autosuggestion ; conditions, let it be noted, which cannot be reproduced by using the form of prayer without the faith. By a kind of transference, the soul in prayer ' casts all its care ', the burden of its anxiety or guilt or shame ' upon Him Who careth for it ' ; the inner

conflict is resolved, the repression is lifted, and the soul is conscious of freedom, enlargement and blessedness. Its powers are set free and it is put on the way to all good. Speaking as a student of human life, Mr. H. G. Wells says: 'Prayer is a power. Here God indeed can work miracles. A man with the light of God in his heart can defeat vicious habits, rise undaunted after a hundred falls, make headway against despair, and thrust back the onset of madness.' [243] The experience of ministers of religion, mission workers and ethical teachers confirms this. Prayer can make bad men good, can inspire the conventionally good with a passionate zeal for righteousness. This is the empirical fact, on whatever theory it is to be explained. Edward Smith, in *Studies of Men Mended*, tells of a man who in early life had fallen into drinking habits. He had become a confirmed drinker. His friend, a man of religious faith, refused to give him up, and yet in spite of all his efforts the drinking spells came on again and again. He was dismissed from his situation as gardener and fell into great disgrace. One night when he was thinking over his miserable position, little work, poverty in his home, loss of a good job, he felt he had come to the end of his tether and nothing was before him but a drunkard's death. He jumped out of bed, knelt down and prayed for forgiveness and help. From that moment the desire left him, and after years he testifies that the cure was permanent. Such incidents might be multiplied indefinitely. In these cases the root of the mischief lies in the individual's belief in the power of habit. There is a large measure of truth in Baudouin's saying that a man is a slave of a bad habit as long as he thinks he is, and no longer. In other words, the sinful self is the victim of a bad autosuggestion. Prayer is a power which brings about a new orientation of energy and

minimizes the processes of disease till the man is cured. It is the most searching, inclusive and profound activity possible for the individual, since it reaches to the depths of personality and frees its most powerful motives. As a great mystic poet puts it, 'Prayer attains its highest stage when it comes out of a great burning love to God and to man'. The true test of prayer is found in the extent to which it inspires the praying soul to adventurous action, unselfish and noble living, and constructive vision realized in ways of practical service.

Jesus gives us two statements regarding prayer which show us its nature and purpose clearly. The first is, 'Ask, and ye shall receive; seek, and ye shall find; knock, and it shall be opened unto you.' The second is, 'Whatsoever ye pray for believing that ye have it, ye shall receive'. Studying the quality of prayer as shown in the first statement, we find it involves three distinct forms of action. First, it postulates a subjective mental activity, which is of the nature of supplication; second, an objective mental action requiring thought, intelligence, and need of concentration (the mind cannot be thought of as in a passive state while seeking to find); and finally, knocking, which implies a full physical and properly externalized activity.

The ability to pray with the conviction of the possibility of an answer is essential to the first stage of prayer. When understood and trained into action it will make possible, and indeed eventually inevitable, the progressive activity of the other links in the whole. While the conscious expression of the mind admits awareness that what is prayed for is not already possessed, it is natural for the mind at its imaginative level to conceive of the thing desired as being within its grasp. The idea of what is desired becomes impressed upon imagination as a realized fact.

Time will be required for the outward manifestation of the realization. The time element depends on the nature of the thing prayed for, and on our personal ability to react. 'God helps those who help themselves', is a true saying; but it is the whole personality which should be acting and co-operating with God to achieve the ideal that is visualized. It is in this attitude of complete self-giving that prayer should be undertaken. The necessary condition of prayer is, of course, that the suppliant should be entitled to receive that which he asks; and this should not be difficult to know. The person who takes his devotions seriously is a willing co-operator in the dimly comprehended but none the less perfect work of Providence, and he therefore has a right, and one which is not alienated by his own sins or imperfections so long as these do not make his activities in this direction impossible, to everything which can be of assistance to him in the fulfilment of this co-operation. It may seem superficially as if the devotee must pay a price, or make some sacrifice, in order to achieve his end, but it must be remembered that this price or sacrifice which seems to be demanded cannot be one which will make the pursuit of his vocation impossible. Therefore he can pray with confidence for all he needs. In prayer the object desired should be clearly visualized. When it is for the sick, for instance, it is not the disease which should be held in the forefront of consciousness, but radiant health. Then the preparation has been made for the next stage, which is the seeking. Again, if it is for a sick person for whom prayer is offered, it will be medical or nursing aid which will be sought; and in this search guidance and an absence of undue trouble can be expected. Out of prayer wisdom and initiative in the employment of all available resources for the help of the suffering are gained. It is a mistake

to appeal to worldly aid first and then to God as a last resource or a kind of gesture of despair. To seek God's help first should inspire all subsequent activities. Such prayer, while it is of the nature of supplication, is also the true prayer of invocation. Praise and gratitude should be offered in a spirit of deep humility, as from the pupil to the inconceivably superior master. Throughout the recorded prayers of Jesus there rings the note: 'Not my will, but Thine', and this is based ultimately on the belief in the spiritual Reality.

Belief may be briefly defined as the mental attitude of assent to the reality of a given object. This assent may be either articulate or inarticulate — it may be the mere immediate feeling of reality not as yet questioned, or it may be the more self-conscious acceptance of the object as real after doubt has made the possibility of its non-reality conceivable. Belief is, therefore, as Hume pointed out long ago, something more than the mere presence of an idea in the mind; whether or not the object of consciousness shall be an object of belief will depend upon the 'manner of our conceiving' it [105] (p. 96). The object of belief is not merely presented or represented, but acknowledged and accepted as a part of the world of reality — in whatever sense that word may at the time be intended.

Pratt [182] distinguishes three kinds of belief which are particularly marked in the history of man's faith in the divine, describing them respectively as the 'Religion of Primitive Credulity', the 'Religion of Thought' or 'of the Understanding', and the 'Religion of Feeling'.

Religious belief may be mere primitive credulity which accepts as truly divine whatever is presented to it as such; it may be based on reasoning of various kinds; or it may be due to a need of the organism, or to an emotional experience or 'intuition' — an un-

reasoned idea springing from the background and bearing with it an irresistible force of emotional conviction. It is this last kind which concerns us here.

The feeling background is the spokesman and the mouthpiece of the organism and its instincts. It has long been a recognized fact that the instinctive and unreasoned reactions of the organism are often more certain, more swift, more appropriate, than actions which are the result of conscious choice. The same kind of appropriateness, the same kind of adaptability to a present situation, in short, the same kind of wisdom, belongs to the instinctive beliefs, if so we may call them, in which the feeling background voices the demands of the organism. Such a belief is hardly to be eradicated by argument. Its roots go deeper down into the organic and biological part of us than do those of most things whose flowers blossom in the daylight of consciousness.

Most of our practical beliefs are of this nature. While occupied with mathematics or logic we may live in a world of pure reason, but no sooner do we rise from our work than we find ourselves in a world far removed from the logic of the schools where attitudes of will take the place of pure awareness. Our nature is such that pure thought is seldom possible; and the man who tries to be guided in all his beliefs and all his actions by reason alone, and always inhibits the affective, impulsive factors, is abnormal.

Beliefs based upon feeling or upon instinctive demands are, of course, of different degrees of strength according to the force and nature of the demand out of which they spring. They vary all the way from comparatively superficial matters in which we say 'the wish is father to the thought', to those inborn beliefs which are the corresponding terms to certain instinctive and innate impulses. Religious beliefs are very closely

connected with this instinctive impulse for a greater and fuller life.

The intuitive awareness of Providence is, then, a vital, rather than a theoretical, matter, and, like breathing, is an outcome of the needs and demands of the organism, not of the reason. It has its roots deep in the field of vital feeling; they go deeper than do those of most of our practical beliefs. It is an attitude toward the universe; our reaction to the stimulus of the whole cosmos. This reflex is determined by no momentary reasoning of the individual. The whole line of his heredity, the whole of his personality is involved in it. It is not so much the individual that feels and wills; the race feels and wills in him. It is the feeling background that determines his belief, and this might be described as the reason and experience of the race become organic. In this sense, religious belief, apart from its accidental and purely intellectual accretions, is biological rather than conceptual; it is not so much the acceptance of a proposition as the fulfilment of an innate necessity. The whole set of religious convictions, taken as a unity, apart from the individual dogmas into which it is analysed, is not the culmination of any particular instinct or group of instincts: it is the object, whether it corresponds to any thing real or is merely an idea in the conscious mind, towards which is directed a propensity in which the complete personality is integrated. Nevertheless, the root and the *point d'appui* of this propensity is in the same place as that from which the instincts spring. In this connection Kretschmer's dictum, 'Most mental reactions spring, not from a motive, but from bundles of motives', holds good. It cannot be reasoned out; it must simply be accepted and obeyed. The young bird before her first migration to the south or before her first period of motherhood, feels a blind

impulse to start southward or to build her nest. She cannot tell why it is; she simply obeys. The religious consciousness in which the mystical germ is somewhat developed is in a similar position. It may be utterly in the dark as to the nature of the cosmos so far as all reasoning goes and can see God no more than the bird can see the south-land. It simply accepts what it finds — and for the same reason the bird has in flying south: *it must.* 'Lord, Thou hast made us for Thyself, and our hearts are restless till they rest in Thee.'[10a] The immense popularity of this sentence of Augustine's among religious people of all sorts and of all times is an indication of its truth as a psychological description.

So also is his: 'This is our supreme reward, that we should enjoy Him to the full,' which is re-echoed, with the austerity of the philosopher-mystic Aquinas in his: 'Final and perfect blessedness there cannot be save in the division of the divine essence'.[7a] The thought goes back to that crowning outburst of the Hebrew psalmody:

> Whom have I in heaven but thee?
> And there is none upon earth that I desire beside thee.
> My flesh and my heart faileth,
> But God is the rock of my heart and my portion for ever.

Such a belief is in essence quite independent of argument which is irrelevant to it. The particular formulations that arise in an attempt to make it articulate may be refuted, but the fundamental religious demand and attitude is not amenable to refutation. For it must be remembered that this belief is not the result of an argument based on an emotional experience; it is an immediate *experience of belief.* It is an organic, a biological matter, and hence has a strength and certainty that puts its possessor quite out of the reign

of doubt. This absolute certainty is characteristic of the intuitive kind of religion in all times and in all creeds.

Mystics of all ages insist with one voice that theirs was an immediate experience of God simply not to be argued about, doubted, or questioned. The particular mental image associated with the experience differs, of course, with the individual, but the absolute assurance and sense of immediate insight is never lost. No course of reasoning is ever able to bring about such a feeling of certainty.

'Myself when young did eagerly frequent
Doctor and Saint and heard great argument
About it and about: but evermore
Came out by that same door wherein I went.
. . . . . .
'Then of the Thee in Me who works behind
The Veil, I lifted up my hands to find
A lamp amid the Darkness; and I heard,
As from Without — "The Me Within Thee Blind!"'

OMAR KHAYYÁM.

In this, as in Elijah's 'still small voice', if the Thee in Me is blind, then indeed there is no answer. But the mystics always insist that the Thee in Me is able at least dimly to see light ahead; and though they clothe the light in various forms, they agree in being absolutely certain that the light is there.

The intuitive religion in its calmer, more refined, more normal condition must not be confused with its extremes and its excrescences. There have, indeed, been many clearly pathological mystics. This must be frankly admitted; and Leuba,[138] and other investigators have done well in studying and analysing these extravagant and degenerate forms. But it is a mistake to use extreme cases as typical and to identify mysticism

with a few abnormal mediaeval monks. This well deserves the definition '*maladie des sentiments religieux*'. The term as used here has a quite different connotation, covering, namely, all those persons who believe themselves to have an immediate apprehension of a larger Life encircling theirs, an awareness of Spiritual Reality, at once transcendent and immanent. These people are of many different stages of intellectual culture, varying from an Emerson or a Wordsworth down to the humblest person who believes that he knows the meaning of 'God's Presence', but the great majority are thoroughly normal, thoroughly sane and healthy of mind.

'The divine presence is known through experience. The turning to a higher plane is a distinct act of consciousness. It is not a vague, twilight or semi-conscious experience; it is not an ecstasy or a trance. Nor is it super-consciousness in the Vedantic sense; nor due to self-hypnotization. It is a perfectly calm, sane, sound, rational, common-sense shifting of consciousness from the phenomena of sense-perception to the phenomena of seership, from the thought of self to a distinctively higher realm. . . .' By its means 'man can learn to transcend the limitations of finite thought and draw power and wisdom at will. For example, if the lower self be nervous, anxious, tense, one can in a few moments compel it to be calm. This is not done by a word simply. It is by the exercise of power. One feels the spirit of peace as definitely as heat is perceived on a hot summer day. The power can as surely be used as the sun's rays can be focused and made to do work, to set fire to wood' (*The Higher Law*, vol. iv, pp. 4, 6; Boston, August 1901; quoted by W. James [113]) (p. 516).

The only kind of religious feeling which is really native to a cultured community is the calm and spon-

taneous type, whose normal condition is best expressed by a phrase that has lately come into common use, 'Religion as a life'. It 'designates the attitude peculiar to a consciousness which has been altered by the experience of the numinosum'[126] (p. 6). It is best seen in the thousands of cheerful, wholesome, sometimes commonplace people who, though very much like others in most respects, meet their problems and look out upon their world in the light of an inner experience whose authority they never doubt. This belief in their God determines the whole tenor of their lives; 'by these things men live'.

Personal inner experience, the unreasoned (though by no means unreasonable) religious attitude toward the universe, is the source from which religion in these days of naturalism and agnosticism, of indifference and hostility, can draw its life. Here is something independent of but not contradictory to literary criticism, scientific discovery, or philosophic thought. From this spring religious convictions that will hear of no denial, that bear their own passports and refuse to be discredited. 'There is a difference', said Emerson, 'between one and another hour of life in their authority and subsequent effect. Our faith comes in moments, or vice is habitual. Yet there is a depth in those brief moments which constrains us to ascribe more reality to them than to all other experiences.' This is the universal testimony of the religious consciousness; and the time is coming and is, in spite of some theological critics, not far distant when this inner experience, this spiritual insight, will be recognized as a sound basis of religious belief.

Its content must be formulated and made articulate by thought. It must forever express itself in forms and symbols which will always vary with different peoples and different times, and they will arise and

succeed one another and pass away in the future as they have in the past. The Concept of God will continue to vary with the individual. But beneath all these changing and contradictory manifestations will flow the one life of the inner religious experience. This inner experience is really one; all the mystics speak one language and profess one faith. They all testify to the conviction — or, as they phrase it, to immediate experience — that their little lives lead out into a larger Life not altogether identical with theirs but essentially of the same nature. Beyond this in their descriptions of it they vary, many of them insisting that it is for us unknowable. But they all agree with Plotinus that, though 'God escapes our knowledge, He does not escape us'. This evidence which all mystics bear to a vast reservoir of life beyond us, which is like ours and with which our life may make connections, is the one dogma of the Religion of Experience.

'An examination of the "reality principle" of the psychologists', writes Dr. Grensted, 'reveals its essentially personal character. It also suggests a certain truth in theories of "degrees of reality". At the highest level come the personal and the creative, but modern psychological theory has not adequately combined the two. Religious experience, to which it is essential that its object should be regarded as real, effects this combination, and there are good grounds for accepting the validity of this highest level of reality, with its full significance for theism' [86] (pp. 193-194).

We see, then, how this is involved in faith which 'is the completest integration of the mind'. Elsewhere it has been defined as the 'will to trust the noblest hypothesis and to act upon it'. Lord Balfour summed up his address to the third annual meeting of the British Institute of Philosophical Studies in 1928 by reminding

men of science that ' science, though on the way to truth, is always incomplete and not always true, and that in the present state of our intellectual development its ultimate basis, deeper even than experimental observation, is faith '. It is a practical as well as reasonable attitude, for the person with faith is ready to act upon his beliefs. It sets right physical disorders by producing the greatest possible integration of mind and resolving its conflicts and distresses, enabling it to understand itself and to see where it is diverging from its true line of development. It is ' the master key of mental healing ', comprising as it does, optimism, contentment, self-confidence, certainty, trust and other cheerful dispositions. Faith is the ideal of our spiritual attitude and is well described by the Epistle to the Hebrews as that which gives reality to ideals. In this sense we can understand what Paul meant when he said that any action not based on faith was sin (Rom. xiv, 23). From this we come to the conception first found in the Prophet Habakkuk of old, and taken up in turn by Paul and Luther, that it is by faith that the righteous live. Nor should it be confused with acceptance of dogmas ; rather is it a quality of life, which, unless it is informed by love, is void. It is a discovery, a direction and a dynamic. Paul himself uses the word *pisteuein* as equivalent to, ' living a full Christian life '.

CHAPTER XI

A SYNTHETIC PHILOSOPHY OF LIVING

Synopsis of Chapter XI

Despite vulgar misconceptions, a philosophy sufficiently inclusive to find a purpose in life is needed.

Psychology's contribution to such a desired end is vital. Freud understands man's biopsychic nature: Jung has insight into his culture and ethics; Adler appealed for his social needs: the English psychologists emphasize his potentialities.

Theology builds upon concepts regarded as boundary ideas by the philosophy of religion which is the handmaid of man in his need.

True Christianity synthesizes and yet transfigures the whole circles of insight which philosophy has given to the world. Unfortunately it is not always so represented: hence the need for its revolution, only possible in Christ's spirit. The Christian ideal is realistic living. Stoicism and Epicureanism meet at their best in the experience of the Christian life. The Categorical Imperative reinterpreted through psychological and Christian doctrine should read 'I would and I can, therefore I ought'.

Christian altruism synthesizes self-assertion and self-denial. The double-aspected maxim shows this. Psychology also teaches that love is the art of living and psychotherapeutic 'wholeness' is included in holiness.

This is sustained by the belief in Divine Providence whose essential characteristics are wisdom, goodness and love, a belief which implies a serene purposive, spaceless, and timeless attitude to life, surmounting death.

CHAPTER XI

A Synthetic Philosophy of Living

WHAT is needed more than anything else to give form and an object to the material of which human life is made up is a philosophy sufficiently inclusive to find a place and significance for the various psychological types, so that even those activities which at first sight appear to be irrelevant to the mainngs of strivihumanity, may be seen to take their place as integral parts of the vast whole. It has been said that what is usually known as 'technical' philosophy helps little in giving this background of metaphysics to everyday life; its realities are said to be too remote and its diagrams too tidy, to have much relation with our restless, puzzled and chaotic lives. But this, which is not by any means an unpopular opinion, shows a complete misunderstanding of the purposes and the conclusions of the philosophers. Their long chains of reasonings may indeed seem of little account amid the chatter and hubbub of the market-place, but even the average man is influenced in his outlook and his conduct by the ideas which, born of the limitless arguments in the schools, have in some way managed to percolate through to his mind. 'All that we are is the result of what we have thought.' The language in which the thought is originally couched may be involved and abstract, but this is necessitated by the demands of accuracy and does not detract in the least from its potency and effectiveness. It is not the purpose of this chapter to delve into the thought of the past or to enter into long processes of ratiocination, but rather to suggest

the framework of ideas without which life loses most of its meaning. For, unless men and women see their lives in some significant context, all endeavours for the benefit of humanity will be nothing but beatings of the air. Psychotherapy, too, which is only one of these numerous endeavours, must find its place within the framework; while, unless it has at its command some such system of ideas, this new science of healing will itself be without anchorage. For the aim of psychotherapy is to restore health to sick minds, and a healthy mind, by definition is an integrated one. But around what is the mind to be integrated? There must surely be some focal point for all impulses; otherwise the personality will be equally as torn in various directions as it was before. To be properly integrated, the mind must be able to stand above the flow of events and not be swayed here and there by the merely transitory. It must have some answer to the question, 'Whither?', besides which the question, 'Whence?' is of relative unimportance.

Herbert Spencer's *Synthetic Philosophy* may have been marred by faults and limitations, but it had the merit of being inspired by one tremendous belief. It was possible, the author thought, to think together the vast and varied experiences of men and to give them scientific standing in a coherent view of existence and life. There were ultimate mysteries which Spencer never placed in this articulated scheme; but the passion for synthesis commanded his deepest and most characteristic activities.

The man with a working hypothesis, organizing the materials nearest to him and hesitant about far-reaching generalizations is perhaps the typical intellectual of the present day. The study of the history of philosophy is very largely the story of the emergence from time to time of neglected truths into the light; but its tragedy is

the way in which, once a truth has emerged in this manner, it seeks to dominate the whole landscape. Somehow these truths must be made to live together, for a truth which wants to kill all the other members of its family when it comes to the throne invariably turns into falsehood. It is against this that the synthetic mind has to be on its guard.

All scientific endeavour culminates in the effort of psychology to throw light upon the causal activity of man, to understand how his thinking, his planning, his striving, are in some degree successful in attaining his goals and in realizing his desires. The task of psychology is to render his thinking and striving more successful, to give them greater causal efficacy. In spite of all its discoveries, however, it remains one branch of scientific investigation among many others, and does not pretend to provide mankind with a completed philosophy, destructive as it may seem of already existing philosophies. Freud himself makes no attempt to pass beyond the strict limits of what is permitted to research. In a lecture on *Weltanschauung* which has been translated, ' Philosophy of Life ', he says, ' Psychoanalysis is not, in my opinion, in a position to create a *Weltanschauung* of its own. It has no need to do so, for it is a branch of science and can subscribe to the scientific *Weltanschauung* ' [75] (p. 232). Nevertheless, it is the business of philosophy to absorb psychology and at the same time to adapt itself to its findings wherever they conflict with its preconceived ideas — just as it does in the case of any other science. An illustration of this is the way in which a well-known ethical principle such as that which is expressed in the Kantian formula, ' I ought, therefore I can ', has to be reconstructed in view of the teachings of psychology. Dr. W. Brown prefers to reverse it (without, of course, denying it) and to say

instead, 'I can, therefore I ought'; meaning that our obligation is according to our real power. The whole tendency of psychological thought is to emphasize the potentialities of man, as is seen by the titles of recent works.[154, 210] The word 'ought' is regarded with considerable caution among psychologists, Freud going so far as to suggest that the idea it represents has its origin during infancy, and arises from identification of the child with the father, an acceptance of authority from without. In this way philosophy can learn much from the data provided by psychology with regard to the nature of the human personality and its relationship with its environment.

Pathological symptoms and anomalies of behaviour are manifestations of a disharmony between the conscious and the unconscious life. To use more accurate Freudian language, in the normal individual the dynamic instinctual forces of the *Id* are brought into harmony with the dominating forces of the Ego, so that the Ego and Super-ego (or Ego ideal) become united in one effective unit, while in pathological states the influence of the conscious Ego is diminished in favour of the unconscious instinctual motivations of an asocial nature.

A person should live out the superior vocation as manifested in the unconscious and not the inferior urges expressed in maladapted behaviour. When, therefore, in the Jungian sense, he realizes what his unconscious urges really mean, what his direction should be, as distinct from the symptomatic manifestation of his wandering from the true path that his libido would cut out for him, he obtains a new direction.

If at this point we were to compare the methods of Jung with those of Freud, we should say that the latter is analytic, an attempt to reduce behaviour to its lowest common denominator; or, to be more

accurate, to the basic factors of the psychic life, the instincts. All psychological unfolding is a result of the instincts working against resistance, and life in its search for equilibrium is an attempt to diminish the resistance by creating a satisfactory solution as between reality and instinct demands. The Jungian psychology is creative; it looks to destiny rather than to origin. The expression of the individual becomes most free when the racial unconscious, the symbolic representation of the vital impulse, becomes manifest and liberated through the free activity of human personality. In short, the Jungian psychology, while based upon an enormous collection of anthropological and cultural facts, is largely a philosophical system governed by aesthetic and ethical motives. It views the problem of neurosis in the light of the end-products of the human mind rather than that of its psycho-biological origins. Choice here rests to a large degree upon taste. People who start with an interest in culture, particularly in the religious and mystical manifestations of culture, cannot but be captivated by a psychology which gives them such liberal concessions, and does not make them take even a gilded pill with a bitter core. Whether the naked realities of the Freudian psychology are more objectionable than the glowing mysteries of Jung, must for a long time to come remain a matter of taste rather than of opinion, but for all those who feel that psychological medicine should be a branch of biology, the Freudian psychology will have the larger appeal. It will, too, commend itself on scientific grounds; not because it is beyond comparison more scientific in its nomenclature, but because more of its concepts are explicable in terms of biology. There is, however, a certain charm, a literary flavour, in the works of Jung, an erudition which commands universal respect, and as long as there are people who

place cultural interpretations on the highest levels, and regard biology as a very partial view of man's soul, the Jungian psychology will be sure to have its adherents, and will also have its cures amongst patients who prefer to have their difficulties interpreted in the light of beauty, truth and goodness, rather than of those instincts which science has demonstrated to be the common heritage of man and beast.

Over against Freud and Jung, Adler stresses the power motive the thwarting of which produces neuroses. Thus the whole matter can be summed up by saying that whereas the essence of Freudianism is a rigid biological determinism, Jung regards man as pursuing a destiny prepared for him largely by the unconscious urges of the race; while Adler finds the whole of life summed up in the will to power. The meaning of life for Adler lies in its effort to overcome the sense of inferiority which is an essential part of infancy, and to find instead scope for its significance. 'The individual', writes Mairet, 'is ceaselessly striving to assert himself upon the level of human intelligibility . . . the fundamental striving of the soul for self-existence demands this. The individual must feel himself to be a being with meaning, for he cannot have human importance without' [143] (p. 65).

The immense social value of Adler's work lies in its emphasis on correct social orientation, so that the human soul's integrity and happiness are essentially features of its social functioning. Adler has, in fact, given modern psychological formulation of the old truth that we are members one of another. 'We cannot', he says, 'escape from the net of our old relatedness. Our sole safety is to assume the logic of our communal existence upon this planet as an ultimate and absolute truth which we approach, step by step, through the conquest of illusions

arising from our incomplete organization and limited capabilities as human beings ' [3] (p. 24).

Theology builds upon concepts which the philosophy of religion regards as boundary-ideas, such as revelation, God and the Commandments of God. The philosophy of religion does not deny in principle the possibility of revelation, but it does not build upon its contents. In a system of theology, however, the contents of revelation play the major rôle, and thus theology may erect a structure to which man may be required to accommodate himself. The reason is that, implicitly or explicitly, the order of knowledge in theology is first God, then revelation, and last, man.

The philosophy of religion is the handmaid of man and the expression of his religious experience, but is not the handmaid of denominationalism. Because of the relativity of all denominational values the philosopher of religion, if he would remain a philosopher, cannot serve any denomination. Hence the philosophy of religion offers only limited service to theology but a full service to mankind ; it does not discourage a great variety of schools, but insists only that the values represented by these various schools should be co-ordinated and not treated as mutually antagonistic. Thus the philosopher of religion remains faithful to that moral starting point from which at the close of the great wars of religion his discipline set out. He has substituted a new method of understanding for the old method of exclusiveness.

Christianity may say as it approaches the great historic philosophical interpretations, ' I came not to destroy, but to fulfil '. In all the ages of its action it has incorporated some higher principles in which contending interpretations have met in harmony. Every deep need of the mind of man which has emerged in the

history of philosophical speculation has found notable and sympathetic expression somewhere in the structure of the Christian religion.

In spite of all which is common to them, however, there are important distinctions between philosophy and religion. The one reaches its full expression in analysis and classification and interpretation. The other becomes a kindling experience filling the soul with inspiration and the life with enthusiasm. One comes to a climax in a clear light of thought, the other reaches its fruition in a blazing fire of passionate devotion. When religion touches philosophy it sets philosophical principles and sanctions on fire. And, like the burning bush, although they blaze in perpetual flame, they are not consumed. It is just at this point that the Christian religion most nobly includes and yet transfigures the whole circle of insights which philosophy has given to the world. Philosophy at its best gives a system of thought: Christianity turns the system into a consuming passion. The strategy of all this is seen most characteristically in the figure of the One Who is represented to have said, ' I am the way to the true life '. The very essence of His personality is to be found in the fact that in Him truth was alive. It attained a completely new power, possessing a wonderful moral contagion. It is characterized by a mighty spiritual inspiration. It releases the most amazing potencies and the most far-reaching and transforming energies. And in doing these things it both reveals and justifies its inherent quality. It is only in living contact with the Personality which is truth alive that we reach a place of certainty or of triumphant action. So we come to know the truth, and so the truth makes us free.

It is the genius of Christianity to form a synthesis in which elements in many views which have contended on

the field of speculation have united in a higher unity.[101] This synthetic spirit opens the way to a meeting-place between philosophy as a long adventure of analysis and interpretation and Christianity as a living passion. In other words, our only assumption has been this: Christianity has a right to speak according to its own nature, and we must value the specific claims it makes in the light of the fashion in which its whole organism relates itself to the deepest life of the mind of man. Here we find truth conceived in terms of inspiration and action which meet with thought in the hour of moral and spiritual victory. The leading ideas brought forth by philosophy find their meaning revealed more clearly than before and are drawn together in a new unity and harmony.

Unfortunately, however, the Christian Philosophy of Living never secured a psychological formulation before the Christian tradition had been transmitted through emotionally distorted minds. On the assumption here put forward that Christianity was primarily a system of psychotherapy, we would expect to find it appealed to those in most need of this help. (Salvation, at-one-ment, if a word play is justified.)

The humanity it advocates is not based on guilt or a sense of abject permanent unworthiness, the service towards man it enjoins is not patronage, its 'propaganda' was neither subversive nor coercive, its faith was not arrogant nor contemptuous of 'paganism'. This is why Christianity represented an attempt to integrate the ethical attitudes and other advantages of the two types of cult. In fact, Christianity idealized the Kingdom of Heaven on earth — a human fraternity not dependent upon authority (human or divine), for its solidity and stability, nor regulated by competition and not troubled with neurotic guilt and aggressiveness.

Naturally, to the guilt-ridden mind, enjoyment of life is impossible. Pleasure even increases the pathological sense of unworthiness and thus the 'need for punishment'. The world appears evil; 'a snare' to 'the good' and source of pleasure to the 'bad', so that the whole attitude of life becomes ascetic and even misanthropic. Happiness to such minds appears as a proof of irreverence and 'paganism' — a danger-signal in the self and a 'mark of the beast' in others. Origen literally made himself a eunuch for the 'Kingdom of Heaven's sake'. Augustine condemns unbaptized infants to everlasting torments through the wrath of a just God for the sin of Adam and Eve. He appeals to the 'lay arm' of the Emperor of Rome to crush the Palagians who disputed his view of the means of attaining salvation. Persecution and inquisitions, religious wars and crusades, take origin from this violent guilt-anxiety.

The originally psychotherapeutic intention and inspiration of religion thus became distorted by the neurotic medium (succession of neurotic minds) through which it was transmitted.

The testimony of the enthusiastic patient who feels himself relieved of all sufferings does not necessarily represent what the treatment actually did for him and still less does it show what it was intended to do. Thus religion tends to degenerate and to develop these neuropathic traits which to psychotherapy appear to be its very essence.

One of the greatest needs of the present day is a rethinking of the Christian faith in the light of modern discoveries about the human mind. As long ago as 1857 this need was foreseen by the Rev. Frederick Temple, afterwards Archbishop of Canterbury, who said: 'Our theology has been cast in the scholastic

mode, that is, based on logic. We are in need of, and we are gradually being forced into, a theology based on psychology. The transition, I fear, will not be without much pain. But nothing can prevent it'[202] (vol. ii, p. 517). Such a need might also be implied in the words of the present Archbishop of Canterbury who, when addressing a meeting of Members of Parliament on March 3, 1937, said amid applause that the church must 'grasp the realities of its faith and get behind the conventionalities of religious phraseology. We want an almost wholly new vocabulary.'

In his inaugural lecture as Oriel Professor of Christian Philosophy at Oxford University, Dr. Grensted[85] has pointed out that it is not in the formal structure of its theology, but in the living emphasis of its experience, that Christianity makes its most notable contribution to philosophy. 'It must be true', he said, 'that there is inherent in Christianity some factor, some character more enduring and more intimate than in the philosophies. This may not be in itself a philosophy in the sense of a completed philosophical system.' Christianity, as such, makes no attempt to enter into the technicalities of philosophy, but it does, nevertheless, involve certain assumptions of its own which have a direct bearing upon the philosophical interpretation of life. What it does claim is to meet the needs of average men and women, and it is in this spirit that the philosopher must approach it. The reasonings of philosophy may lead people to the adoption of Christianity and may go far to enrich its content and interpretation; but ultimately this will be because the reasonings have led to an appreciation of the value of the simplicities of life, for when the philosopher becomes a Christian he will carry with him no special prerogative. Like anyone else he will have to enter the Kingdom of God as a

little child, though, when he has passed through the stage of doubt he will be able to contribute to the general fund his own peculiar experience and ideas, just as anyone else can. At this stage he will be equally as ready as he was before to accept what philosophy has to offer, provided this does not strike at the fundamental assumptions of his manner of living. At the same time, as a Christian he will soon rise to a new and commanding position from which, as soon as he has fully understood the implications of his religion, he will be able to pass judgment on the philosophers themselves.

One point to which Professor Grensted draws especial attention is that Christianity has little or nothing to do with the proclamation of belief in God, which was already and progressively dominant in human life long before the time of Christ. In principle this is nothing more than the assurance that life, with all its immense complexity, and in spite of the darkness with which it seems to be shrouded, is not without significance, that it is possible to look beyond the present moment and what is transitory to something which is of permanent and eternal value. In that the prophetic preachers of justice among the Jews and the philosophical seekers after truth among the Greeks were of one mind, the primary interest of Christians lay elsewhere and so belief in God was taken over uncritically from the past. Even to-day Christianity has not been able wholly to shake off the problems and difficulties which have beset it as a result of this borrowing.

However it may be thought to depend for its credentials upon a remote, other worldly future, together with a few facts which occurred in a distant, and somewhat dimly understood past, Christianity is essentially realistic. The recognition of this principle is the first step towards philosophy of living.

By the close of the fourth century before Christ the two attitudes toward life confronted each other as Stoicism and Epicureanism, which have had a great influence upon the world. At its best, Stoicism produced men who transcended national boundaries in a great and noble conception of humanity. At its worst, it was hard, angular and self-conscious, without generous human sympathy and without grace or charm; the apotheosis of a rigid self-control from which all understanding of the loveliness of life had passed away. At its best Epicureanism was a serene and noble appreciation of the stable elements of life, a quiet and urbane enjoyment of its permanent qualities of loveliness. At its worst, it was a surrender to all the lawless impulses of a gross and unbridled sensuality; the apotheosis of untamed passion. It is impossible to watch the interplay of these two opposing conceptions and to observe the consequences of good or evil following from a one-sided emphasis upon either without realizing that each has its gifts to make to the life of man and that each needs to be supplemented by the other. When he stood on the Areopagus at Athens, Paul confronted the representatives of these two views of life, and though his thought was not moving along these channels, we can see that the thesis and antithesis met that day in a higher unity which included the elements of truth to which each bore witness.

The insistence upon righteousness in the prophets of the Old Testament moves in the same mental and moral realm as the ethical passion of Stoicism. The prophets brought home to Israel the sense of a set of absolute standards to which men must conform and by which they would be judged. They filled the moral demand with such fire and passion as it never developed among the Greeks. In fact, had it

been possible to set Stoicism on fire, something not unlike Hebrew prophecy would have emerged. Amos, who turned conscience into a sword, is typical of that royal race of men whose lips were edged with lightning and whose words reverberated like thunder in the minds of men. But even in the Old Testament, prophecy becomes something more than an incarnate 'ought'. There is a famous passage in Micah where a new note of moral and spiritual gentleness is heard amidst the artillery of the prophets' battle.

There is another contrast which is inherent in the moral process itself and which emerges in different fashions in the ethical experience of man. This has to do with the placing of emphasis on the outward conduct or on the inner motives. The first is typified by Aristotle, who does, however, recognize the importance of the inner life. In Plotinus there is such an emphasis on this that both thought and conduct may seem to be entirely transcended in the rapturous apprehension of the Ultimate Reality by the spirit of man which he feels to be the ultimate good of humanity. One attitude toward life is expressed in the words of Matthew Arnold — 'Conduct is three-fourths of life'. The other is at least suggested in the familiar words of Emerson — 'What you are speaks so loud that I cannot hear what you say'. There is much to be said for each position.

Now, the moment we examine Christianity in the light of this discussion, we are fairly surprised to find in what a thorough fashion it provides the synthesis which unites every element of good in the philosophy of conduct and the philosophy of motives. No one ever spoke more searching words regarding the inner psychological processes than did Jesus.[136] He drew the contrast between the outer and the inner with a power which the world can never forget. His metaphor of whitened

sepulchres full of dead men's bones to describe a life, fair without and loathsome within, presents a cross-section of the superficially good and fundamentally rotten which seizes the imagination. The utterance which we often describe as the Sermon on the Mount has as one of its leading themes this taking men from the outer and fastening their eyes upon the inner. The man who prays upon the street corner but has no corner for prayer in his heart is held up to scorn. He who gives lavishly in public but has no love of giving for its own sake in his heart is exhibited in all the cross externalism of his life. The searchlight of Jesus penetrates the last recesses of men's souls and finds in its final lair the true motive which is behind the deed. Jesus delivered ethics from dependence upon the visible and set up the moral tribunal in the invisible recesses of the heart. But while all this is true the same mighty Master of the art and practice of living put a tremendous emphasis upon conduct. 'Why call you Me, Lord, Lord, and do not the things which I say?' 'If you love Me, keep My commandments.' 'If you keep My commandments, you shall abide in My love.' 'He that heareth these sayings of Mine and does them is like a man whose house was built upon a rock.' 'He that wills to do shall know.' So runs the marvellous refrain of great utterances whose consummation is action.

The conceptions of goodness as an inner state and as a mode of conduct met and found perfect harmony in the higher unity of the teaching of Jesus. So the outer and the inner meet and blend in the Christian experience of the ethical life, and are changed from the enforced obedience of ethical slavery to glad and spontaneous freedom of a morally and spiritually creative life. This is what Paul means when he talks of being no more a bond-servant but a son and heir. The budding stage

of moral development is left far behind, and now we are in the presence of the ripe and luscious fruit.

In the New Testament, 'I ought' is transfigured as it changes into 'I would'. The psychological findings, to which we have referred earlier in the chapter, stress the idea of potentiality, saying, 'I can'. If the psychological and Christian imperatives are joined together, therefore, we have as the result, 'I would, and I can, therefore I ought'. This has been brought home in a more positive way by James, when he said, 'To him therefore that knoweth to do good, and doeth it not, to him it is sin' (James iv, 17). Here sin (*amartia*) retains its meaning as the missing of the mark, the mark being man's ideal.

The Christian ideal is realistic living. The word '*ashré*', occurring in the Beatitudes and rendered 'happy' or 'blessed' implies rather 'ideal'. It is something which is beyond, behind, and within; ultimate, yet waiting to be realized. It is the glory of Christianity that it turns moral obligation into spiritual delight, duty into pleasure, making us love the things we ought to do. Duty and enjoyment, virtue and pleasure are wedded in that glorious lyrical outburst in the thirteenth chapter of 1 Cor. Here we have love portrayed as the greatest thing in the world. Freud, referring to this passage, finds in it an indication that Paul used the word 'love' in its wider significance, as covering a large range of feelings, and in a way which coincides with his own use of the term. He asserts that 'Psychoanalysis has done nothing original in taking love in this "wider" sense. In its origin, function and relation to sexual love, the "Eros" of the philosopher Plato coincides exactly with the love force, the libido of psychoanalysis, as has been shown in detail by Hachmansohn and Pfister; and when the apostle Paul, in his famous epistle to the Corinthians,

prizes love above all else, he certainly understands it in the same " wider " sense.' He goes on to say, ' Psychoanalysis gives these love instincts the name of sexual instincts, *a potiori*, and by reason of their origin. . . . I cannot see any merit in being ashamed of sex; the Greek word " Eros " is in the end nothing more than a translation of our German word *Liebe* (love) [66] (pp. 39-40).

So it is that just as law and prophecy meet and are transcended in Christianity, so Stoicism and Epicureanism meet at their best in the experience of the Christian life. The moral passion of Stoicism is saved and its hard angularities are cast off. The hearty spontaneousness of Epicureanism and its frank gladness are saved, and its tendency to descend into grossness and evil indulgence is transcended by a passion for goodness which makes it impossible to enjoy evil things.

Particular Christian groups and individuals, however, have not always realized the meaning and strategy of this synthesis of duty and pleasure. There were high ecclesiastics of the Renaissance who preserved the mode of the epicure without the moral passion of the prophet, and so they reverted to that licentiousness from which Epicureanism has always been striving to rise. There were Puritan leaders of the seventeenth and eighteenth centuries who preserved all the Stoic passion for virtue but had quite lost sight of the beauty of holiness; and naturally reverted to the hard, rigid and self-conscious qualities with which Stoicism has had always to contend. But when the full witness of Christianity has been heard, it has expressed virtue in terms of gladness and has reconciled pleasure and moral passion. Even self-sacrifice when it is completely Christian is so glorified by love that the person making the supreme offering is often scarcely conscious of the cost. His gift of himself

seems a perfectly obvious thing : he is triumphantly glad as he makes the gift.

There have been those who have found the good of life essentially in self-assertion, and others in self-abasement. The most dramatic and brilliant apostle of the ethics of self-assertion was Friedrich Nietzsche, who found in the assertive, masterful and imperious will the supreme good of life. The will to power, the will to conquer, the will to subdue — these gave life its true virility, its only permanently creative zest. The consummation of the whole process of biological evolution was the superman who could impose his own will upon a world whose finest and fiercest product he was. Darwin had seen a little of the meaning of the struggle for existence and the survival of the fittest. Nietzsche believed that he had visualized the whole process and was able to express its deep and ultimate meaning.

Over against the philosophy of self-assertion stood a very ancient and venerable system of ethical beliefs which centred in the ideas of self-control and self-denial as the ultimate good of life to be achieved. For centuries deeply meditative thinkers of India had been insisting that the repudiation of the world, and not the acceptance of it, was the ultimate good. A thrusting out of the will to conquer was the very essence of the life of the seer and the saint. The sense of that Ultimate Reality in which all the sharp and bitter assertiveness of the individual spirit would be transcended, of that glorious and serene Nirvana in which the destructive and disintegrating bitterness of the individual will would be for ever lost, was subtly distilled in the very deepest places of the consciousness of this reflective people. The passive here at last came to its own; the active found its ultimate repudiation.

Now, it seems clear that we cannot surrender to

either of these interpretations of life pushed to the extreme of its own logic. But, as we proceed with a really searching analysis, we discover that at its best the ethics of self-denial become the basis of a noble philosophy of action. The will to conquer may be transformed into the will to conquer self. The mighty motive of self-assertion may be bent to the purpose of the good of society instead of being the slave of the exploiter of society. The ethics of self-assertion and those of self-abasement may find a higher unity in altruism where men realize themselves in the service of others.

Here it dawns upon us, that by its very nature Christianity represents this synthesis of the best of the will to denial united in an unselfish purpose to serve all human life. There never has been such a combination of glorious self-assertion and of marvellous self-abasement as we find in the life, ministry and death of Jesus. He gave the active all the glory of the passive and enriched the passive with all the kindling quality of the active. In Him the East and the West met in the wonder of a wedlock where the deepest meaning of the life of each was nobly conserved. He is the supreme challenge of men of thought; and the supreme inspiration to men of action. He reveals anew the wonder of a wise passiveness; and shows forth the power of action which has the insight of a brooding and passive spirit at its heart. That creative altruism which is the very genius of the life of Jesus is the reconciliation and the synthesis of every productive element in the philosophy of self-assertion and the philosophy of self-abasement.

Nietzsche has gone so far as to criticize Jesus as the preacher of a 'slave morality', but, as Streeter has pointed out, it is really Nietzsche's own morality that should bear this name; for it represents the slave's

dream of what he would do if he were free. It is the expression, not of greatness, but of a neurotic desire for greatness. 'The true expression of the free man's temper is the princely motto, *Ich dien*, "I am in the midst of you as he that serves." The worship of naked power is the ideal of an enslaved world which Historic Christianity has only partially succeeded in discrediting.'[222] Jesus showed that the true way to greatness was that of ministry. In this He was completely upsetting all preconceived ideas of greatness, and it was only after He had demonstrated it by the washing of the feet that His disciples understood what He meant. Such an attitude will bring real power, 'not', as Mairet says in his interpretation of Adler, 'that this feels like power; nor is it exercised with any relish of dominion. It feels like peace, for it is the true goal of the will . . .'[143] (p. 63). The whole conception has been summed up by Dr. Hocking[98] in his epigram that 'the pursuit of power over, must become the pursuit of power for. At the limit, the exercise of power is indistinguishable from service; it consists in giving, or in adding to, the being of another.'

The tremendous significance of Jesus' personality forces us to acknowledge that love is one among many of the attributes of Ultimate Reality. This has been understood by few philosophers. But the more we learn to appreciate the sublime unity of conception — of God, man and duty — that underlies Jesus' outlook upon the world, the more we realize it as the constructive synthesis, the creative simplification, of a master mind. And, as Streeter puts it, if the test of intelligence is capacity to see the point, among those born of women Christ is not surpassed.

Countless noble men and women have offered themselves up for some cause in which they have believed,

both before the Christian era and since it began; but the unique magnificence about the ideal for which Jesus lived and died, raises Him above all these.

From the whole of Hebrew literature, Jesus chose two sentences to express the fundamental facts of religion and ethics, and in so doing effected one of those master simplifications which so often inaugurate new eras in human progress: 'You should love the Lord your God with your whole heart, with your whole soul and with your whole mind and with all your strength. You should love your neighbour as yourself.' If God can be described in terms of absolute goodness, beauty and truth, love is the only adequate expression of the ideal attitude of man towards Him; while beyond the maxim, 'Love your neighbour as yourself', it is impossible to go. 'Whatever you would like men to do to you, do just the same to them; that', to Him, 'is the meaning of the law and the prophets'.

In these brief phrases the relationship between ethics and religion is categorically expressed. The love of God is the condition and inspiration of the love of man, and conversely, the love of man is the practical expression of the love of God. All the weighty volumes on theology and ethics which pack the shelves of the libraries are nothing but interpretations of this statement. It demands a continuing evolution of mankind, for only as man progresses in knowledge, in morality and socially can he truly learn to know and love God and man. Moreover, there must be incessant reinterpretation of the meaning and content of the love for God and man to suit the needs and the discoveries of man which change with time.

'To love God', as Streeter has rightly said, 'is to hate delusion and to long to know that which really is. It is to know that reality is more than we, or our friends, can ever grasp completely, but never to rest.'

Returning to psychology, we find that love has been recognized distinctly as the healing power. 'The physician's love heals the patient' is the dictum of Ferenczi.[57] 'A group', Freud says, 'is clearly held together by a power of some kind; and to what power could this feat be better ascribed than to Eros, who holds together everything in the world'[66] (p. 40). 'The sexual instinct became for us transformed into the Eros that endeavours to impel the separate parts of living matter to one another, and to hold them together; what is commonly called the sex instinct appears as that part of the Eros that is turned towards the object'[65] (p. 79). This idea has been elaborated by Pfister into a kind of psychological philosophy of the love-life. 'Disturbances of the love-life,' he says, 'refusal of tenderness, slighting, too great severity, the loss of dear ones, etc., do often lead to illness'[176] (p. 55). Love, for him, as also for Dr. W. Brown, is primary. 'All hate', Pfister says, 'arises from an inhibition of the life-will — it may be from envy, revenge, jealousy, or unpleasant identification', and from this he draws the conclusion that 'evil is biologically useless, good the healthy condition. . . . The art of proper, morally superior loving becomes thus the substance of the art of living. Self-love without love for neighbours, the absolute egoism, we perceived to be a force hostile to self and destructive of self. We were compelled to postulate the inwardness of the mind, but of THE MIND LIGHTED WITH LOVE FOR ONE'S FELLOWS, in the name of mental health'[175] (p. 570).

But it is not from considerations forced upon us by a calculating utilitarianism that we love. The only love worth while, the spontaneous outgoing of the human heart, does not arise because of the benefits which either we ourselves or our neighbours can derive from it. Ultimately love must spring from the profound con-

viction that reality itself can only be adequately described in terms of love; that, in accordance with the Christian conception expressed in the Johannine writings, God is Love. From this we are led to Von Hugel's majestic statement. 'Because He is Love and Lover, we cannot let love go' [103] (vol. i, p. 115).

Without holiness perfect love is impossible, while love is the most notable characteristic of the holy man. Here, therefore, the Christian ideal of holiness bears greatly on the psychotherapeutic 'wholeness'. The importance of this relationship has been charmingly pleaded by Prinzhorn. 'If we were less intellectualistic and more clear sighted for the symbolic backgrounds of words,' he said, 'we should not allow ourselves to be tranquillized by the similarity in origin of the words "whole" and "holy" (*Heilung* and *heil*), but we should see the white medical overall transformed into the oppressive black robe, the ostentatious priestly garment and all the ritual of Shamanism, both ancient and of the latest fashion. This change of attitude from physician to priest is not grossly exaggerated by the graphic comparison of garments, but on the contrary rather ennobled by the rank of the institutions thus symbolized.'

The question of the wholesome life is that of the relationship between two groups of facts. The moral value of any individual life depends on the right use of the controls, but to some extent it also depends on the amount of free vital energy. Psychologists are, as we have seen, divided on the question whether we may trust the *prima facie* evidence for a number — variously estimated by different authorities — of specialized 'instincts' into which the general conative energy of human life can be structurally divided. It is sufficient to observe that there are specialized channels of some sort along which energy tends to flow spontaneously. These channels can

be conveniently divided into two groups. Along one set flow the instinctive impulses which subserve the preservation of the individual, along the other those impulses which lead to the reproduction of the species. Both are necessary for the life of the individual and the race, as without them they could not survive.

The release of energy along the direct natural routes is as necessary and normal for man as for the lower animals. Yet he is notoriously unable to allow himself to follow his instinctive urges unchecked; that is the way to physical and moral disaster. Of all figments of the imagination that of the 'noble savage', who lives joyously in the free exercise of his instinctive desires, is the most fantastic and unreal. Absence of restriction weakens and even destroys man's bodily and psychical health; and the necessary limitations have to be self-imposed since nature itself provides no automatic checks such as a breeding season.

We are, therefore, faced with the dilemma that freer expression of sexual activity tends to produce a contented but unambitious and not particularly energetic people. On the other hand control, implying the necessity of strong sublimation, leads to a more energetic, aggressive and culture-building type. This is worked out in detail by J. D. Unwin.[234] Many men, in all historical ages, have found a tempting solution of the problem by denouncing the satisfaction of instinctive impulses, and regarding them as inherently evil. To such the holy life has seemed to be a progressive crushing of impulse until death comes to release the imprisoned soul of man from his animal nature and to allow the freed spirit to soar to its proper home. Such radical pessimism about the life of earth is gratuitous; and as it is commonly expressed in terms of a doctrine identifying matter and evil, it is false, since moral evil is spiritual. The fact

that the instinctive urges need control and regulation may have contributed to the development of the doctrine of original sin, but the instincts themselves are neither good nor evil. The doctrine itself is more than likely a reification of our own anxieties, due, perhaps, to insufficient self-control. Incidentally this doctrine receives no support from the teaching of Jesus.

Consequently the problem of the wholesome life is not soluble by mere negations and prohibitions aimed at the suppression of the instinctive urges, but by their right control, that is, by directing desires towards ethically valuable ends and the building-up of a system of sentiments through which energy can find morally acceptable release.

Control is exercised by reason and conscience from within and by various forms of social pressure from without. These are frequently in conflict among themselves. The voice of reason and conscience, heard by prophets and pioneers, is often drowned by the thunders of social authority. History is full of the tragic misunderstandings between the reformer and the guardians of social stability and tradition who reject or persecute him. The prophets are slain and subsequent generations build their memorials. The demand of the individual conscience for the redressing of wrongs and the realization of new social values seems to be in almost necessary conflict from time to time with the inherited conventions of society, if moral and cultural progress is to be made.

Conscience, too, is always fallible: and before we obey our conscience we must make sure that it is not merely a rationalization of our own selfish wishes. People will do the most horrible things with a sincere belief that their actions are necessary and right. Thus, the men who burnt St. Joan of Arc were not unscrupulous and cynical scoundrels. The greatness of Shaw's play,

'Saint Joan', is in large part due to the truth and poignancy of his characterization, in which the tragedy of ill-instructed conscience could hardly be more vividly expressed.

Again, rational reflection on moral choices not only fails to ensure that an act recognized as good is carried out in practice; it is no more an infallible guide than conscience. It is only too liable to slip into rationalization or self-sophistication, the finding of bad reasons for what our desires lead us to do. Yet no man can reasonably doubt that conscience and rational reflection are supremely good and precious powers.

Social conventions are no better as a guide. Though they are the necessary fly-wheel of common life, they are confessedly variable and uncertain as a moral force. One culture revolts indignantly against what another culture regards with indifference or even approval. Slavery, infanticide, and torture have been recognized institutions in highly civilized communities.

Thus, if we are to take seriously the moral aspirations of mankind, we are bound to seek a more ultimate criterion and a profounder motive for the wholesome life. They must be found, if at all, in the ultimate structure and constitution of the universe. Psychologists, sociologists and moralists all agree that the present disintegration of values, and the scepticism and living for the moment that follows from this, is socially disastrous; and that it has contributed to the production in the community of the present great incidence of neurotic disorders, which are the outcome of this way of living. No one can bear for any length of time living only in the present without security, continuity and allegiance to any scheme of values. The latter implies a more serene, timeless and spaceless attitude to existence.

Now a religious philosophy does present us with this

continuity and finality in its doctrine of Divine Providence Whose essential characteristics are wisdom, goodness and love.

The Christian ideal of holiness proceeds directly from this theocentric attitude to life. Man exists to worship God by the offering of a loving and intelligent conformity to His Will. Worship is the orientation of life Godwards, and Christian morals are rooted in a personal relationship between God and man. This is man's vocation and the first and greatest commandment.

Such a course of life is rightly called *virtuous*, since it consists in the practice of the virtues; and it may be called, with equal justification, the fulfilment of *duty*, since it is man's bounden duty, as a being capable of recognizing moral and spiritual values, to make a fitting response to the Source and Centre of all values. Yet the pursuit of Christian virtue is not the cultivation of a self-centred moral athleticism; nor is the fulfilment of Christian duty to be thought of as merely the exact performance of a system of imposed precepts. Rather, the Christian mode of life is the personal answer of a son to the guidance of a Father Whose wisdom and love are absolute, and therefore to be trusted without reserve. In that obedience is perfect freedom, because it is the liberation of the soul from everything that thwarts its fulfilment. *Cui servire est regnare* [11]: that is Christian ideal and Christian holiness. As Rudolf Allers has put it, 'There is really one virtue — humble volitional conformity to the Will of God — and only one sin — defiance of God's Will' [7] (p. 238).

Inseparably connected with the theocentric ethic of Christianity is man's love of his fellow-men. The Christian's love of God must not be interpreted in any individualistic way. The Christian life is not 'the flight of the alone to the Alone', nor is it completely true

of the religion of the New Testament that 'religion is what the individual does with his own solitariness'.

Holiness both in the Old Testament and in Christian history has often been thought of as separateness, as withdrawal from social activity in order to cultivate a lonely concentration on God. There is a real contribution to be made to the rich variety of Christian living by the occasional exercise of solitary contemplation. However, the New Testament clearly lays down the necessity of love of neighbour. Christ ranks love of one's neighbour as a commandment 'like unto' the commandment to love God, and John has given a masterly exposition of the Master's teaching in his first epistle. To love one another is to abide in God; he that loves not his brother whom he has seen cannot love God whom he has not seen. Christ's own conception of holiness is clearly expressed in John xvii, 19, 'For their sakes I sanctify Myself, that they themselves also may be sanctified in truth.' This is His own practical expression of the deep psychological truth that 'He who has found his life will lose it' (Matt. x, 39).

Mysticism, often regarded as the highest kind of religious individualism, actually provides convincing evidence of this social character of holiness, for it is the common teaching of the mystical writers that in the first stage of the mystic way, 'the way of purgation', a firm foundation of ordinary social and civic virtue must be laid before the soul can pass to the illuminative and successive stages leading to its intimacy with God.

It cannot be too often emphasized that what we have said above is based on the derivation of the word religion itself (*religio*, a binding together); and that this implies losing ourselves in an allegiance to something greater than ourselves. Holiness is therefore essentially corporate and social, and the pursuit of this remains a

fundamental necessity of the religious life, which may be expressed in terms of vocation. The individual is called to co-operation with the creative and redemptive purposes of God. In fulfilling that vocation he finds his own self-expression, the outlet of his energies, and the harmonious development of his moral being. He moves to the goal of perfection; but he does not seek perfection. The hedonistic fallacy has a moralistic parallel. We get pleasure by not aiming directly at it. We become saints not by aiming self-consciously at sanctity, but by loving God and our neighbour with all our heart, mind and strength.

The sphere in which the answer to the call of God can be made is coterminous with man's life and any special type of career. The social situation presents obstacles to this mode of living when, as to-day, a minority only have any real choice of a career or any chance of discovering and developing their innate aptitudes. For the majority their work is what they were forced to take up by economic stress at an age when they were little more than children. Also, there are millions who are doomed to more or less prolonged unemployment, deterioration of skill, and a sense that they are not wanted. Such problems might be solved adequately when man diligently co-operates with Divine Providence.

Many, however, question whether there is any meaning in the will to deliver themselves from limitation, which seems to be the only aim of conscious human life as distinct from mere animal life, if death, the highest limitative power, renders every effort which aims at the deliverance from our limitations illusory. 'A proof', said Professor McDougall,[150] 'that our life does not end with death, even though we know nothing of the nature of the life beyond the grave, would justify the belief that we have our share in a larger scheme of things than the

universe described by physical science; and this conviction must add dignity, seriousness, and significance to our lives, and must thus throw a great weight into the scale against the dangers that threaten every advanced civilization.'

Freud [65] has worked out a hypothesis of a death instinct, but it seems to be quite remote from the theoretical background of psychoanalysis. In this Freud shows his indebtedness to August Weismann who, in order to support his theory that acquired characteristics could not be transmitted, made his famous distinction between soma and germ plasm. The former was mortal, the latter immortal. At an early stage in the differentiation of the embryo the germ plasm was set aside and thenceforward insulated from the soma. This conception was welcomed by Freud as the biological counterpart of his life and death instincts — the germ plasm was the life instinct and the soma the death instinct. The following is a well-known passage from Weismann's works which is quoted by Freud: 'In my opinion, life became limited in its duration not because it was contrary to its very nature to be unlimited, but because an unlimited persistence of the individual would be a luxury without a purpose'. This view has been strongly criticized and the case for believing that death is physiological is far stronger than that for regarding it as the gratification of a specific instinct [20] (pp. 142-176). Actually, natural death is an event which rarely occurs in nature. According to the ideal of the physiologists, early death should be unknown except in case of accident. Death should come as the result of a slow wearing out of the body, without pain or suffering, and as peacefully as sleep.

But even if it comes at the latest possible age, if it is conceived of as the termination of life, to some meaning

will none the less have been taken from life. The religious hope of immortality has no demonstrable grounds. It is because the word 'science' has become the shibboleth without which the door of belief can never be opened that we ask for strict and logical proof; but while neither science nor logic can give any proof of immortality, they must remain equally silent if they are asked to demonstrate its impossibility. From the point of view of mental hygiene, Jung finds a belief in immortality of high value. He says, 'I therefore consider the religious teaching of a life hereafter consonant with the standpoint of psychic hygiene. When I live in a house which I know will fall about my head within the next two weeks, all my vital functions will be impaired by this thought; but if on the contrary I feel myself to be safe, I can dwell there in a normal and comfortable way. From the standpoint of psycho-therapy, it would therefore be desirable to think of death as only a transition — one part of a life process whose extent and duration escape our knowledge' [125] (p. 129).

Is not the awe of death among some people due to the morbid belief in torture in the hereafter, together with the narrow individualism which implies that with their extinction goes all values? We form part of a community to which belong all individuals, whether they be scattered on the remoter parts of the globe, and however far away in the past they may have lived. Have we not in this something which transcends death? The values which we achieve and develop, and which are close to Ultimate Reality, survive in the countless generations that shall survive us. Is not the love which binds people together in this great community greater than death? Death has never conquered love, and only the congenital pessimist can dare to say that it can conquer the individual who loves.

CHAPTER XII

WHO IS QUALIFIED FOR THE TASK?

Synopsis of Chapter XII

Alike in art, in invention, in discovery and in healing the breath of inspiration blows where it lists and none knows whence it comes or whither it goes. Prinzhorn prescribes the compound of the ideal psychotherapist. Freud's view is expressed in The Problem of the Lay Analyst. *Any Freudian must be initiated in analysis. Individual Psychology requires simple training. Jung has a scheme of initiation and his attitude is a challenge to ministers of religion. Even to-day the priest practising confession as the physician of the soul has countless opportunities in relieving the sense of guilt and in comforting the bereaved in ' the Communion of Saints '.*

As a physician and a religious pioneer in electrotherapy, John Wesley is distinguished both from those ministers of religion who, when interested in healing, give up their ministerial office, and also from those spiritual healers who overlook the training which he so arduously acquired. Men of his calibre are well fitted for the task.

In the healing process the therapist's behaviour is important and he should not be one-sided or prejudiced. Certain characteristics are necessary for the successful practice of analysis, hypnosis and suggestion.

The power of the ideal healer depends on identification with the patient and that ultimately springs from love.

CHAPTER XII

Who is Qualified for the Task?

In both psychotherapy and spiritual healing success depends upon prestige of the healer and the method and faith in the patient. The last two of these we have discussed at length, but the work would be incomplete without the addition of an enquiry into the first. Even in the reported miracles of healing there is almost always to be traced the influence of priest or magician, and effort on the part of the person who will profit by it. Unfortunately, no preparation, no amount of juggling with the environment and conditions, will guarantee a happy result, though ceremonial will often help in its achievement. Both healer and patient, however, are aware that they are collaborators with forces which, although they are of immeasurable power, are beyond their control and seem to respond only at their own arbitrary pleasure to efforts at enlisting their support in the conquest of disease. Like a work of art, the miracle of healing cannot be produced by all men under all conditions, but only by a very few in especially favourable circumstances. According to the proverb, 'Practice makes perfect', it would have been thought that when Holman Hunt tried to reproduce his 'The Light of the World', he would have given a finer representation of his conception than at the first; but by that time the inspiration had left him, and what appeared on the canvas was a mere copy, lacking the power of the original, and bearing the defects always associated with the work of the copyist. Alike in art, in invention, in

discovery and in healing, the breath of inspiration blows where it lists and none knows whence it comes or whither it goes.

Prinzhorn gives the following prescription for the compounding of the ideal psychotherapist, 'One wise priest from each of the great religious communities, one lawyer, one teacher, one psychologist, one wise philosopher, and three physicians possessing a very firm biological basis'. Yet, however ambitious of reaching the highest peak of efficiency the aspirant may be, he can hardly make it his business to secure a full training in all the professions mentioned in this half-humorous suggestion. Indeed there are many aspects of each which are quite unnecessary to him. That he must assimilate the spirit of them all is true, and any corporation which attempts to set out a course of training for psychotherapists will have to include in it a study of each. Every founder of an important school of psychotherapy has given an outline of the kind of preparation his disciples should make before engaging in practical work.

The treatment of the human mind is an occupation which requires the greatest skill and insight, for any mishandling may lead to the most pathetic results in the lives of individuals and families. Thus Freud, in his usual fascinating and lucid style, passed an unhesitating condemnation on 'quacks', who have not been fully prepared for this special work. In his opinion it is not the possession of an M.D. degree which makes a man a competent psychoanalyst, but rather the innate gift of insight into the human soul, into the deepest levels of his own soul, and in addition practical training. On the other hand, Freud fully recognizes the danger of confusing diseases which need the skill of the physician with those which should be dealt with by the analyst.

He says, 'It does not matter whether the patient be analysed by a physician or a layman, as long as any danger of mistaking his condition is excluded by being properly examined by a physician before the beginning of the treatment, or re-examined as soon as developments, in the course of analysis, make this advisable. It is much more important for the patient that the analyst possess those personal qualities which invite full confidence, and that he has that knowledge and experience which alone qualify him to apply psychoanalysis'[68] (p. 173).

He has come to the conclusion that the patients themselves have no prejudice against a non-medically trained analyst, but are glad to accept the benefits of treatment wherever they offer themselves. So far he has found that the analysis to which all candidates of psychoanalytical institutes are required to submit themselves is the best means of testing suitability for the work. As he pertinently points out, medical training now occupies five or six years, and if the medical profession wished to claim a monopoly of psychoanalysis, it would mean the addition of a very considerable period to this already lengthy study, an addition which would prove a harsh burden upon those who come from the social classes from which medical practitioners are usually drawn. Dealing with the argument that the analytical training would be superimposed upon the medical, and that therefore little time would be wasted since it is rarely that a young man can gain the confidence of his patients required either for medical or psychological work before he is thirty, Freud condemns the demand as a complete waste of energy, which, in view of prevailing economic conditions, does not seem to be justified. Although analytical training overlaps the medical side, it neither includes it nor is included

by it, and most of the medical curriculum would be of no use to him. In a psychoanalytical college, were such an institution at present imaginable, the curriculum would have to include biology, the science of sex, instruction on such disturbances as belong to the realm of psychiatry, history of civilization, mythology, psychology of religion and literature, apart altogether from the psychology of the depths, which would, of course, be the subject of chief importance. Without an acquaintance with all these branches of learning, the analyst would be unable fully to grasp the problems with which he would be constantly faced. The knowledge of his patient for which the analyst reaches out is entirely different from that which is sought by the medical man. 'Although philosophy may succeed in bridging the chasm between body and soul', says Freud, 'as far as our own experience is concerned, this chasm, nevertheless, exists, presenting itself in an especially striking light, as regards our practical endeavours' (*ibid.*). Thus it is unjust and impractical to force a person to take a circuitous route via medical training, 'if this person be bent upon relieving another individual from the agonies of a phobia or fixed idea'. But there is little need to be afraid that the medical profession will be able to make psychoanalysis impossible by insisting on these demands, since it would be impracticable to prevent the practice of it by non-medical men, and it is unlikely that human nature will not rise above any restriction which may be made as regards the means of obtaining the requisite knowledge.

Another point made by Freud in this connection has to do with analyses which are carried out for other than therapeutic purposes. Apart from neurotics there are many normal people who wish to use the conclusions of psychoanalytical research to help them in their inter-

pretations of other subjects such as history and literature, and these would often desire to gain a better understanding of the science by being first analysed themselves. Again, there are those who in order to obtain the all-round increase in intellectual efficiency which so often follows an analysis and those who wish to become practitioners themselves. To undertake this range of analyses there would be necessary a number of 'instructor-analysts', to whom medical knowledge would be of especially limited importance, yet for the benefit of their future work it would be necessary for them to have experience of dealing with neurotics. That the would-be analyst should first drink the medicine himself which he proposes to administer to others is made obligatory by the fact that it is one of the peculiarities of the 'analytical situation' that it will not suffer the presence of a third party and there is, therefore, no other way of gaining practical experience.

Pedagogy can also find a use for non-medical analysts, since a properly trained teacher would be able to deal more efficiently with neurotic symptoms and tendencies. In this way, and by the training of social workers, a great deal of prophylactic work could be done which would make civilization much more bearable than it is to thousands of people.

On the principle that if we are told that the earth is supported by an elephant we immediately ask, By what is the elephant supported? — it might well be asked, Who psychoanalysed Freud, the founder of psychoanalysis? The answer to this very pertinent question is that, in this case, the physician healed himself! Freud [63] says, 'The analysis of myself, the need of which soon became apparent to me, I carried out by the aid of a series of my own dreams which led me through the happenings of my childhood years. Even

to-day I am of the opinion that in the case of a prolific dreamer and a person not too abnormal, this sort of analysis may be sufficient.'

Actually, before a practitioner is recognized by the Freudian school, it is necessary that he should have undergone an analysis, the thoroughness of which can be estimated by the fact that he must attend for an hour six days a week for a period of some two years or more. The analyst whose services are made use of for this purpose must himself have been analysed by Freud, or by someone whom Freud has analysed, or by someone whose initiation into the mysteries has been handed down by a line of authorized intermediaries, a process which bears a resemblance to the doctrine of Apostolic succession! Naturally, only the analyst is in a position to give an opinion when the patient is in a fit state of mind to begin practising on others.

The problem of lay analysis has been discussed at great length by the leading analysts in the *International Journal of Psycho-Analysis*, vol. viii, 1927, pp. 174-283. The discussion has been conducted mainly by medical psychoanalysts, the majority of whom were not in favour of Freud's attitude. Some would argue from the point of view of the inefficiency of the lay analysts to deal with the question of health; while others take their stand simply by referring to the law of their respective countries which does not recognize the medical practice of a layman. Dr. Ernest Jones, in the leading part of the discussion, takes a view very much similar to that of Freud. He pays a great tribute to some lay analysts, who work according to what was then known as the 'conducting analysis', and is now called 'control analysis'. These lay analysts practise with patients sent to them by a medical psychoanalyst.

Individual psychology, being simpler, does not

require long training for its practitioner. It is, indeed, usually an 'extra' added to some other activity such as educational, medical or social work.

Jung regards the successful analyst as born rather than made. He does not insist that the analyst should be medically qualified, nor does he insist on a long period of analysis and training. Those who wish to follow his methods and gain some insight into his technique attend his seminars and work under him.

Because he places less emphasis on mere removal of repression and more on leading the individual to an understanding of his own unconscious dynamic impulses calling for expression to bring about a fuller and freer life, he is closer to religious thought and teaching.

At the Tenth International Medical Congress for Psychotherapy (Oxford, 1938), in answer to a question which the writer made, he stated that he would conclude the Congress with the remark that the growing tendency to insanity was due to the neglect of the religious order of life. In the chapter, 'Psychotherapists or the Clergy,' in *Modern Man in Search of a Soul*, he challenges ministers of religion to realize the tremendous possibilities which lie before them. 'During the past thirty years', he writes, 'people from all the civilized countries of the earth have consulted me. I have treated many hundreds of patients, the larger number being Protestants, a smaller number Jews, and not more than five or six believing Catholics. Among all my patients in the second half of life — that is to say, over thirty-five — there has not been one whose problem in the last resort was not that of finding a religious outlook on life. It is safe to say that everyone of them fell ill because he had lost that which living religions of every age have given their followers, and none of them has been really healed who did not regain his religious outlook. This, of course, has nothing what-

ever to do with a particular creed or membership of a church. Here . . . then, the clergyman stands before a vast horizon. But it would seem as if no one had noticed it. It also looks as though the Protestant clergyman of to-day was insufficiently equipped to cope with the urgent psychic needs of our age. It is indeed high time for the clergyman and the psychotherapist to join forces to meet this great spiritual task. . . . That is why we psychotherapists must occupy ourselves with problems which, strictly speaking, belong to the theologian' [125] (pp. 264-265 and 278).

The roots of psychoneuroses, Jung believes, ultimately lie in the fact that the patient can find no meaning in life. There may also, it is true, be some deep-seated wound in the unconscious, but this very often only causes trouble because it is exacerbated by some struggle, some need which the patient vaguely recognizes but cannot satisfy, such as the necessity for an intelligent and purposive outlook upon life. But what is the doctor to do if he is faced with a situation of this kind? He sees that the illness is really due to the patient's having no love, but only sexuality; no faith because he is afraid to grope in the dark; no hope, because he is disillusioned by the world and by life; and no understanding, because he has failed to read the meaning of his own existence.

Many patients of the more educated type refuse to consult a clergyman, and are still less anxious to delve into the apparently barren leaves on which the ramblings of the philosophers are inscribed. There seems to be no one to whom the distressed patient can turn for intellectual and spiritual guidance. The faith, hope and love for which he craves cannot, indeed, be manufactured for him but are gifts which he can only acquire in the turmoil of experience of life. What can be done is to help him to know himself; to recognize more accurately what his

true needs are and to interpret more distinctly the half-understood urges which he finds pressing into his consciousness. Finally, the doctor of the soul can point him along the way to the place where he can find rest and peace in the harmonious direction of his impulses to an end which he knows to be worth while. 'It seems to me', Jung adds, 'that, side by side with the decline in religious life, the neuroses grow more frequent. . . . Everywhere the mental state of the European man shows an alarming lack of balance. We are living undeniably in a period of the greatest restlessness, nervous tension, confusion and disorientation of outlook.'

For many centuries the clergy have been 'guide, philosopher and friend' to their parishioners, instructing them in what must be believed, counselling them how to behave and how to meet the great issues of life in such a way as to maintain their spiritual health. These functions they have come to regard as their sole prerogative. Thus it should appear inevitable that when the psychotherapist entered the same field, the two should find themselves side by side. And how happy will they be if 'Ephraim shall not envy Judah and Judah shall not vex Ephraim'. The clergyman has always been known as the 'physician of the soul'. The following quotation from Gregory of Nyssa shows what this phrase meant to members of the early Church: 'In as much as the aim of the medical profession in treating the body is single, the health of the patient; and the methods of treatment are many and various, so also, because the sufferings of the psychically diseased are varied the methods of treatment to eradicate them must also be varied. . . . Therefore it is the duty of the person who would give suitable treatment to the diseased part of the soul to examine the cause of the suffering before everything. Then he should give to the patient a suit-

able treatment in order that it will not, as a result of ignorance, go to another part which is not diseased.' Spiritual healing can almost be regarded as a kind of surgery. What Gregory of Nyssa meant was that unless the instrument were used rightly it might cut in the wrong way. It is the manner in which it is received which makes it effective. Such an insight into the anatomy of the human personality shows that it was not for nothing that the title 'physician of the soul' was accorded to the priest. The same advice as Gregory of Nyssa gives is repeated by Professor Mackenzie in modern terms. 'The pastor', he says, 'must take psychology in all its bearings on philosophy and ethics as well as character. He has not only to attempt the cure of the souls which are sick morally, but to prevent any such disease; his work is just as much to make the children safe as to save them when they go astray. . . . The pastor can scarcely become a specialist in the more severe moral conflicts which demand the care of analyst or psychotherapist; but he will have knowledge enough to know that such a case needs special treatment and where to send him. Such a knowledge would save much misery and suffering' [156] (p. 37).

But who is sufficient for all these things? To meet deep human needs an adequate training is required; unfortunately, however, it is no exaggeration to say that the training received by candidates for the ministry of most denominations is superficial as far as this is concerned. With all due recognition of the enormous amount of necessary learning which has to be packed into the years devoted to preparation, it is surely regrettable that there should not be found in the curriculums anything which gives any indication that these spiritual leaders of the future are given an insight into the kind of conflict which is besetting the souls of the people they

will be called upon to help. 'The time has come', writes Professor Mackenzie, 'when every minister ought to have some knowledge of the psychology of the human soul; when he ought to receive in his curriculum a thorough grounding in the conflicts which lead to the divided soul; when he ought to know the principles of mental healing' (*Methodist Recorder*, March 20, 1924).

Naturally not all clergy can become expert psychotherapists, nor is it necessarily desirable that they should; but much good might be done if they could work hand in hand with psychotherapists in the same way as many of them already collaborate with the medical profession. The ills of the psyche are even more his concern, and, if he could not himself deal with the more difficult of the cases, he might act as a clearing-house where those who needed serious treatment could be diagnosed and recommended to specialists.

The demands on the ministry are immense because the work, both public and individual, calls for a varied and delicate technique. His office requires that he shall be an effective preacher, a skilled teacher, an adept in the management of public worship, a competent scholar and theologian; it also demands of him the knowledge, tact, and skill of the trained physician of souls, able to guide the spiritual and moral life of those whose 'cure' is laid upon him. 'Not that we are sufficient of ourselves, to account anything as from ourselves; but our sufficiency is from God.' In that spirit the Christian minister will seek to equip himself as far as possible with the special knowledge and skill appropriate to each of the two main branches of his work, his public and private ministrations. He must know how to attempt both if he is to fulfil his duty of feeding the flock entrusted to him and of seeking the lost; and he must be prepared to go on learning all his life.

As an officer in spiritual hygiene, when he enters the sick chamber, what he is will avail more than anything he says, for the sick are, as a rule, far more suggestible than the whole. If he is the kind of person who lives in an atmosphere of holiness, his coming will, *ipso facto*, bring peace and healing with it. His calm and confident bearing will comfort and strengthen the sick person, and bring fresh light and hope into his life.

It is his vocation to bring men into a proper relationship with God on the one hand and their fellow-men on the other, to teach them how to develop their spiritual faculties and to carry their religion into everyday life; to enable them to meet all the complications of life with a quiet mind and to face death itself unafraid. In a time when excellent sermons are broadcast on the wireless and very often admirably illustrated on the screen, the chief concern of the priesthood is still the same as ever — worship. The ideal public worship can be achieved only by a wholesome congregation; and to this end the minister should work 'in season and out of season'. Perhaps when the individual ministry is realized as an essential part of the public worship, that too will be undertaken in the physician of the soul's white surplice.

We have seen that all these 'functional' nervous disorders are caused essentially by the sufferer being self-centred and unable to cope with the difficulties of life. What is this but the negation of true Christian principles? The value of confession was appreciated by the Church centuries before the discovery of psychoanalysis. If carried out according to the manner of Christ it gives the priest a special opportunity of helping his parishioners to resolve their spiritual difficulties and conflicts. The confession will also be fruitful in opportunities of relieving the sense of guilt which is at the root of so much neurosis

and suffering. There is a definite connection between sin and disease, though not in the way which many people, misinterpreting the Gospels, are inclined to think. It is important to realize that there is a vast difference between the sense of sin, or the sense of guilt, and real guilt. It is by no means the one who is most guilty who has the deepest sense of sin. Also a person may feel a sense of guilt merely because he has fallen short of a wholly false ideal. Yet incalculable harm is done because people are oppressed with a feeling of this kind. Dr. W. Brown quotes two cases to show how illness can be encouraged in this way. One is of a woman who for many years suffered from kidney trouble, passing stones from time to time. At length she decided to tell the physician her life story. Her father, who suffered from severe kidney disease, called out to her for help one night and she pretended not to hear. Next morning the father was found dead and afterwards her mother died too. Shortly after this her own attacks began. As soon as she had talked about this with her physician the attacks stopped. The other case was of a man who suffered from constantly recurring corneal ulcers. Investigation showed that he thought he had blasphemed and, knowing that the punishment for blasphemy is supposed to be blindness, the mechanism of suggestion began to work and so he became blind subconsciously. When he had thoroughly talked the matter over, the tendency to corneal ulceration disappeared [31] (pp. 166-167).

Unfortunately, especially among certain religious bodies and schools of thought, every endeavour is made to inculcate a sense of guilt even where it has been absent before. Only too frequently such phrases are heard as: 'There is no sense of sin nowadays', or, 'We must try to stir up a sense of sin'. In many conventions and meetings the atmosphere is such as will

bring this about, though the message given is not always sufficient to alleviate this burden once it has been imposed. It cannot be too strongly expressed that this practice of arousing feelings of guilt is dangerous in the extreme, and once it has been effected much more is often needed to prevent its evil effects than the proclamation in the theological language of past centuries of ideas which people to-day find it difficult to understand or accept. Dr. W. Brown has often said that after every large house-party which has been organized by the Oxford Group he has had people come to him with difficulties caused by this arousing of the conviction of sin. Naturally, the danger is small where normal people are concerned, but where there already exists a tendency to lack of balance it may be very serious indeed. What is needed is not the conviction of sin in a morbid way — and there are few who do not realize their imperfections without necessarily feeling this sense of sin — but positive assistance in developing in the right direction and of achieving the best of which the personality is capable. The clergyman's work should be to lessen feelings of guilt, even, if necessary, by formally pronouncing absolution; and to proclaim the love of God which offers free forgiveness where real guilt is present — a work which fundamentally requires grace. As Dr. Hadfield has said: 'The Christian religion is one of the most potent influences that we possess for producing that . . . peace of mind and that confidence of soul which is needed to bring health and power to a large number of nervous patients. In some cases I have attempted to cure nervous patients with suggestions of quietness and confidence, but without success until I have linked these suggestions on to that faith in the power of God which is the substance of the Christian hope. Then the patient has become strong.' [221]

Again, an enormous amount of strain arises from bereavement. In the face of death the mind is distressed by the breaking of the bonds of friendship and by the questionings with which it is inevitably perplexed at such a time. Surely, in this respect better use could be made of the doctrine of the communion of saints which, although it is repeated every week in the Creed, has to a large extent been despoiled of its vitality because people are afraid, in these days, to affirm it with the old vigour. Yet it clearly indicates that life is to be regarded as a whole, and it encourages men to bear their sufferings in the light of eternal realities.

The following passage from John Wesley's *Journal*, May 12, 1759, is appropriate: 'Reflecting to-day on the case of a poor woman who had continual pain in her body, I could not but remark the inexcusable negligence of physicians in cases of this nature. They prescribe drug upon drug, without knowing a jot of the matter concerning the root of the disorder. . . . Whence came this woman's pain (which she would never have told had she never been questioned about it)? From fretting for the death of her son. And what availed medicine whilst that fretting continued? Why then do not all physicians consider how far bodily disorders are caused or influenced by the mind; and in these cases, which are utterly out of their sphere, call in a minister?' This was not a captious criticism of the medical profession, for it is interesting to know that John Wesley was himself a physician and electrotherapist.

There is little doubt that he had a natural bent in this direction, and even during his school days he used to carry out experiments of an elementary kind. From his Oxford days his hobby was the study of anatomy and physics, and when forty-three he set up a dispensary at The Foundery, Moorfields, with such remarkable

results that within two months he opened a similar one at Bristol. A year later he published *Primitive Physic: or an Easy and Natural Method of Curing Most Diseases.* In this book he showed a favourable leaning towards electrotherapy and actually became one of the first to practice it — at Moorfields and the Seven Dials. Four years later he published *The Desideratum or Electricity* — the second English work to be published on the subject — signing himself 'A Lover of Mankind and of Common Sense'.

Such, then, was John Wesley, a pioneer among ministers of religion in the treatment of psychic and even physical disorders. This side of his character could scarcely be better summed up than in the words used by Dr. Turrell: 'Clearly, we find revealed a man of conspicuous ability, of indomitable energy, of reckless and fearless impetuosity, of sincere and fixed convictions and of outstanding "benevolence to human kind". But we must picture him also as an individualist, as a man rebellious to all authority. . . . A man of this fearless character is needed to-day to stir from their complacent lethargy, and to remove from their self-interest and ignorant prejudices, those who preside over medical education and research. There are some men whose voices echoing through the past we still seem to hear, and whose past deeds and writings continue to influence the future.' [232]

Some ministers in the various religious denominations, like John Wesley, begin to take an interest in the removal of mental and bodily illnesses and move to the full-time profession of medicine. These have been inflamed with so great a passion for health that it seems to them that they should devote their whole lives to that alone; and in addition, when they become desirous of the healing practice they are obliged to leave their

ministerial work and obtain full medical qualifications. Another class, also resembling John Wesley in that they possess the gift of spiritual healing, overlook the training which he so arduously acquired, and consequently fail to give the world the best of which they are capable. As Aristotle laid down: 'If we wish to master any art or to gain a scientific knowledge of it, we must study the general principles, and make ourselves acquainted with them in the proper manner' [8a] (x, 9-16). John Wesley, possessing the charisma of healing, and fortifying it with the necessary medical training, ministered to the bodies while retaining his ministerial office to serve souls. Would that there were more like him nowadays! Men of this calibre are well fitted to perform the task which, as we have tried to show, is of such urgent importance in this restless and nerve-racked age.

The exact nature of the gift of healing is unknown, but it is certainly a natural endowment which has no relationship either to the character or the belief of the man who possesses it. In itself, it is no more and no less a divine gift than are the talents for music, poetry, painting or mathematics. 'Every good gift and every perfect gift is from above' (James i, 17). That it is a valuable and beneficent gift goes without saying, but we must be careful lest too much be expected from it.

Meanwhile, it must be pointed out that many of those who believe in some form of spiritual healing do not agree that any individual should be regarded in a special way as a spiritual healer. The Lambeth Committee of 1920 reports: 'No witness desired the licensing of "healers"'.

To make a natural talent really effective, a course of education and training is imperative; whatever his natural faculty, a painter must learn the technique of drawing and colour and study the masterpieces of his

art, while no inborn love of the sea absolves a sailor from a prolonged study of the art of navigation. In the same way, the man who possesses the gift of healing should consecrate it by training and acquiring the necessary medical (or psychophysical) knowledge which would allow him to develop his gift and to use it to a greater extent. Indeed, we may assume that it is the possession in some degree of this gift, and the natural sympathy with suffering which often accompanies it, that has influenced many men to become doctors.

Generally speaking, the aim of medical treatment is to reinforce the natural tendency of the organism to resume its normal state. Even the surgeon has to rely upon ' the wisdom of the body ' in a large measure. He makes the conditions favourable for the healing of the wounds he inflicts upon the organism, in the expectation that it will assume responsibility for the healing processes themselves. The psychotherapist is in a similar position ; he applies all those remedies which appear necessary in the light of the general conditions present, and then he relies upon the biopsychic organism to resume its normal state of equilibrium in relation to the social environment in which it lives, moves, and has its being. The old French aphorism, '*Je le pansay, Dieu le guerist*', gives apt expression to a very real truth.

The psychotherapist should not be one-sided : he should adapt his method of treatment to every case with a view to its special condition — in other words, he must individualize his method of treatment. There are cases in which the dialectic method of Dubois — persuasion — is best ; others to which hypnosis is most suitable and for the cases which prove refractory under the other methods the analytic technique.

A most important qualification for the psychotherapist is a completely unprejudiced attitude of mind.

He must not attach himself to one particular doctrine and neglect the teachings of other masters of psychotherapy. He must also make use of anything he finds of value anywhere. Further, he must look upon each case as a *novum* and be prepared for surprises. Any new case may cancel former conclusions. Prejudice is the hangman of truth!

On the other hand, adherence to a school with a body of doctrines behind it gives the psychotherapist the courage of convictions and freedom from doubt; and this has a great prestige suggestive effect on the patient. It is true that seeing the psychoneurosis in terms of preconceived beliefs may lead to failures — explained as 'the analysis did not last long enough' — the number of which we are not told. The most successful practitioner must be optimistic enough to take a middle course between the two horns of the dilemma.

Analysis is a complicated science, and to use a fitting expression of Riklin's, 'the delicate structures of a neurosis should not be handled by rough and untrained fingers'. This may be taken as a warning against the practice of analysis by persons who are not qualified by native gifts and capabilities.

The successful use of hypnotic suggestion demands a firm will, unlimited patience, and a calm temperament. To these, as Forel pointed out, enthusiasm and resourcefulness must be added.

'Conviction', wrote Coué, 'is as necessary to the suggester as to his subject. It is this conviction, this faith which enables him to obtain results when all other means have failed. And again, 'Whoever the person may be who comes under your care, you can make something of him. Have the absolute conviction that you can make something of him' [26] (p. 38).

The therapist is no less a human being than the patient

and therefore cannot base himself on a transcendental doctrine of morals, which, indeed, would be open to criticism at every point. On the other hand, he can show the patient again and again by little examples that the consequences of his behaviour, so far as it is in contradiction to the fundamental law of the community, recoil upon himself and contribute to his sufferings.

The first impression which the patient has of the therapist is usually difficult to erase. It is, therefore, highly important that it be a favourable one. The old saying that a smile is catching may well be utilized in the sick room; a physician who is cheerful, buoyant and alert, can be a tonic *par excellence* for the patient. The personal appearance of the doctor should be a suitable background for the dignity and efficiency which his general bearing should reflect. Someone has put it that soiled linen, frowsy hair, and a day's growth of beard have no place in the sick room. We know that any doctor who makes a professional call when he has alcohol on his breath usually promptly loses the patient. Some would add 'deservedly so'.

On the other hand, it is equally wrong for the therapist to enter the sick room in long-faced, black-gloved gloom; the patient is already seized by numerous fears, and it is part of his duty to dispel these as quickly and smoothly as possible. The patient should be made to feel that the doctor has come to help him, not embalm him. Some there are who jauntily and airily meet the patient with the remark, 'Why, there is nothing wrong with you at all'. Such a blunt statement is not reassuring, and except in the rarest of cases is definitely a start on the wrong foot. The fact of consultation is proof that the patient, or someone near to him, believes that something is wrong with him. Patients, in common with the rest of humanity, keenly resent having their opinions abruptly

contradicted, yet the doctor who makes such a remark does exactly this. Just as tactless is the physician whose opening remark is, 'Well, what is the matter with you this time?' or, 'What, are you sick again?'

In view of the greatly increased sensitivity of the sick person, it is evident that the psychotherapist must always show not only extreme gentleness and consideration in his history-taking and investigation but also confidence. Few patients will ever entertain hope of help from a doctor whose power and professional ability they cannot respect.

As yet, there is no panacea for the mentally distressed, and no royal road for one who would cure them. The unadjusted patient has to face reality in a society which itself needs adjustment. Never forgetting that he is a physician first and a scientist second, the psychotherapist of the future will treat his individual patient with reference to this fact. And perhaps when the socio-psychiatric knowledge is firmly established, when the mists of superstition and ignorance are swept away, when the mind is considered no holier or more esoteric a place for the scientist to explore than the body, then we can hope for the fulfilment of the promise which psychiatry and religion hold out for the solution of man's personal problem.

To remove fear, to instil hope, to secure the beneficial effect that is produced on the body by unexpected happiness, for instance; to calm the stress and turmoil of an over-wrought mind is one of the highest and noblest aims of a therapist, and if, by his personality, and by his methods, he can achieve this result, carping criticism leaves him calm and confident.

It is a commonplace of medical practice that the best of diagnosticians may be the worst of physicians, and *vice versa*. This applies still more in the case of

psychological treatment. A primary interest in theories and symptoms may produce an excellent diagnostician who may be less successful in treatment, for psychological treatment is, and probably always will be, much more of an art than a science. No amount of study and training will necessarily make a man a successful psychotherapist.

An ideal to be achieved in the practice of psychotherapy is that practitioners should carry on successfully, efficiently, and in a soul-satisfying fashion, guided largely by love of their vocation, and an intuitive understanding of human nature.

The neurotic's will to power, according to Stekel, is will to be loved. The patient endeavours in every possible way to induce his physician to love him. 'He even goes so far as to lead the way by proffering love,' writes Stekel, 'and does not disdain to beg for love in return. He at first yields to the sway of his will to subjection and falls in love with the physician, who, in the course of this emotional transference, is made to play all sorts of roles. . . .

'He who heals their troubles must be capable of giving the patients the supreme medicament for which they are yearning — *i.e.* love. The transference of that love from the sexual to the erotic realm, and its transportation into the ethical standards, often requires the highest skill on the part of the physician, who may easily succumb to counter-affection.'

'I once cherished the illusion of remaining the patients' friend,' he writes, 'to guide them after the treatment, to see them from time to time and direct them on their proper path. To-day I know that it is best for those who are healed and for those who are on the way of being healed to bid a final farewell to the physician; and I also know that sometimes it is best to bring about

the parting abruptly, even at the cost of one's personal feelings. The abrupt ending of relations between doctor and patient is an excellent means of rousing the patient's feelings of spite.'

The adoption of such an attitude may be necessary in some cases, but in others it is advisable to preserve some contact after treatment.

A further requirement for the psychotherapist, is a comprehensive general culture, particularly an extensive knowledge of literature. It is very useful to ask patients what books have made the greatest impression upon them —who their favourite authors are. The answer *may* give a picture of the patient's mental state.

Stekel repeatedly says: 'It is not the method but the physician who heals'.[215] The psychoanalyst says that the results of a complete analysis are the same, whoever the analyst may be; but it is more than doubtful whether that is so.

It is the function of a successful psychotherapist to be able to evoke complete sincerity on the part of the patient, and to call out his respect for ultimate values and to clear the way for the development of a life that is truly spiritual.

Such a healer cannot learn entirely by academic methods; his art can be acquired only by experience, practice and, above all, by a profound insight into human nature. He who heals by means of his own and the patient's faith does so because he is able to call forth the subject's power of integration. He reaps the harvest of this gift not by telling the patient that he must have faith but by bringing to bloom something which is already there.

Probably this has only been demonstrated in its completeness in the life of one Man, but if it should occur again at any particular moment, by a happy

concatenation of circumstances if such a psychotherapist had the different parts of his being in harmony instead of remaining as different and hostile elements in his unconscious, all the ground would be prepared for a miracle. At the behest of such a Healer all the little frictions and dislikes, the petty criticisms, the meanness of spirit, the devotion to lower aims which make up so large a part of our lives would be separated off, and higher feelings would be drawn out, as iron filings by a magnet, and there would be miracles in the sense of complete healing, perhaps instantaneous healing. Yet this would not be supernatural in the sense of being out of harmony with what we know of science.

The power of the ideal healer is dependent upon identification with the patient, and that, ultimately, is based upon the greatest gift of all — that of love.

The healer who seeks apotheosis will be hated by the 'gods', but the love of the ideal healer is sure to be met with adoration.

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GLOSSARY

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Abreaction, the process of working off a pent-up emotion by living through it again in feeling or action.

Acromegaly, enlargement of the bones and the soft parts of the hands, feet, and face, accompanied by sluggish mentality. Due to enlargement of the pituitary gland.

Addison's disease, a disease of the suprarenal glands, the principal symptoms of which are bronze pigmentation of the skin, anæmia, weakness.

Adrenals, endocrine glands situated above the kidneys.

Affect, the sum of reactions arising in connection with an emotion.

Ambivalence, the simultaneous existence of opposed feelings, *e.g.* love and hate, towards the same person.

Amnesia, loss of memory for experiences and events of a circumscribed period of time.

Anaesthesia, absence of sensory feeling.

Anima, the inner attitude, character, or personality that is turned towards the unconscious ; the unconscious feminine element in the male.

Animus, similar to anima except that it is the masculine element in the female.

Anxiety hysteria, a psychoneurosis presenting the cardinal features of anxiety neurosis and conversion hysteria.

Anxiety neurosis, a neurosis characterized by anxious apprehension ; morbid and objectively founded dread.

Aphonia, loss of voice, often hysterical.

Ashré, Hebrew word used in the Beatitudes translated ' blessed ' or ' happy ', but also implying ' ideal '.

Association, the process of recall by which past experiences are brought back to consciousness because of something present in the mind.

Asthenic type, a physical type described by Kretschmer as slender, flat in front, long-chested, with poor muscular development.

Athletic type, a physical type described by Kretschmer as having broad shoulders, deep chest, flat abdomen, thick neck, and well-developed muscles.

Aura, a subjective sensation, such as may precede the beginning of an epileptic seizure.

Autism, the state of introversion. A mental state characterized by a

tendency to turn away from the outside world, to become self-centred.

Autoeroticism, self-gratification of the sex urge.

Automatic writing, writing when attention is displaced from the motor to the psychic centres ; characterized by more or less dissociation.

Autonomic, pertaining to the functions of the body not under volitional control.

Autosuggestion, the technique by which an individual directs his unconscious mind according to the ideas and decisions he has consciously chosen. The arousal of an emotional tone in the self in agreement with intellectual conclusions, thus ending conflict between thought and feeling.

Basal metabolism, the minimal heat produced by an individual, measured eighteen hours after eating and when resting.

Behaviourism, a psychological theory which holds that correct psychological conclusions must rest upon objective study and interpretation of behaviour.

Besorah, a Hebrew word meaning to announce good news ; applied as an evangelical gift.

Biceps-brachial, certain muscles of the arms.

Bisexuality, the condition of being equally attracted by both sexes.

Catharsis, psychic purging by means of verbal expression.

Cathexis, a charge of mental or emotional energy investing an idea or object.

Censor, the sum of repressing forces.

Charisma, a psychic gift.

Chorea (St. Vitus' dance), a functional nervous disorder usually occurring in youth, characterized by involuntary muscular movements.

Chromosomes, a subdivision of the nucleus of a germ cell.

Coitus interruptus, coitus terminated by withdrawal before the act is completed.

Compensation, the exaggeration of approved character traits as a defence against opposed unconscious wishes.

Complex, a group of emotionally toned ideas partially or entirely repressed.

Concentration, a state of autohypnosis and of persistent contention with one idea, the autohypnosis having been induced by the lulling influence of the idea on the mind. (Baudouin.)

Condensation, unconscious fusion of ideas.

Conditioned reflex, a physiological response to a nonspecific stimulus resulting from training or experience.

Contention, a psychological equivalent of attention, minus effort. (Baudouin.)

Conversion hysteria, the expression of a repressed complex by physical manifestations.

Corpus luteum, the yellow body formed in the ovary after the escape of the ovum.

Cortin, the hormone of the adrenal cortex.

Cretinism, feeble-mindedness associated with bodily malformation due to thyroid deficiency.

Cyclothymia, manic-depressive psychosis ; recurring cycles of exhilaration and depression.

Cytoplasm, cell-protoplasm.

Defence reaction, self-protective behaviour ; conduct tending to guard some aspect of life from scrutiny by others ; preventing unacceptable subconscious data gaining access to the ego.

Dementia praecox, a psychosis, characterized by introversion, repressed affect.

Diakrisis pneumaton (*discriminatio spirituum*), a charismatic gift of discerning spirits, and believed to be possessed by the exorcist as a form of second sight—a psycho-diagnostic power.

Displacement, the mechanism by which an emotion appropriate to one group of ideas becomes attached to another group.

Dissociation, a disorder of the mental systems in which one or several groups of ideas become split off from the main body of the personality and are not accessible to consciousness.

Dual personality, a condition of dissociation in which the patient leads two lives, alternatively ; double personality.

Duct, a tube or channel, especially one for conveying the secretions of the glands.

Dynamis, Greek for power (psychic) : mighty works (miracles).

Dysuria, painful or difficult urination.

Electra complex, the suppressed sex desire of a daughter for her father accompanied by hostility towards the mother.

Endocrine, pertaining to the ductless glands whose secretions directly enter the blood or lymph.

Epigastric region, the upper and middle part of the abdominal surface corresponding to the position of the stomach.

Epilepsy, recurring brief seizures accompanied by loss of consciousness. The seizures may be slight or severe.

Epileptic aura, a subjective sensation sometimes perceived minutes or hours before the onset of a seizure and serving as a warning to the patient of an impending attack.

Etiology (or *Aetiology*), the science of the causation of disease.

Exhibitionism, an impulse to display the body, its parts, or one's activities, for the conscious or the unconscious purpose of attracting sexual attention; sexual exposure.

Exophthalmic goitre, a disease characterized by cardiac palpitation; tremor, palpitation being usually the initial symptom.

Exousia, a late Greek word reproduced by the Hebrew 'geburah', meaning mighty power.

Extravert (or *Extrovert*), a person whose psychical energy is turned outwards; the opposite of the introvert.

Fetishism, a love object, as gloves, hair, shoe, etc., which, through association, arouses erotic impulses.

Fixation, arrest of an emotional progression at some intermediary stage of development.

Flexibilitas cerea, cataleptic state in which the limbs remain in any position in which they may be placed.

Free association, association of ideas (trains of thought) spontaneously arising when restraint and censorship are removed.

Frohlich's syndrome, a group of physical characteristics; corpulency, atrophy of genital organs, feminine appearance in the male, etc. It is related to disease of the pituitary.

Genes, the particles making up the chromosomes of the nuclei of the germ cell.

Gestalt, a German word meaning configuration—pattern or structure.

Glossolalia, speech in unknown tongues or in fabricated languages, which occurs in religious ecstasy, psychopathic states, and hypnotic and mediumistic trances.

Gonad, the essential generative organ, either ovary or testicle.

Henosis, a Greek term denoting the doctrine of 'oneness' or unity in the nature of Christ; as contrasted with the doctrine that He had distinct divine and human natures—here implying complete integrated personality.

Homosexuality, interest in, and love for, persons of one's own sex.

Hormone, a chemical messenger produced by one organ and capable of exciting action in another organ when carried thereto.

Hypo-, a prefix indicating below, under, reduced, less than, *e.g.* hyperthyroidism, hypothalamus, hypogonadal, etc.

Hypochondria, morbid anxiety about the health; fixed ideas respecting

visceral and other diseases ; sometimes involves hysterical imitation of disease.

Hysteria, a psychoneurotic disorder manifesting itself in protean forms, ranging from episodic outbreaks down through anxiety and conversion hysteria to states of partial and complete dissociation.

Id, the true unconscious. Dominated by the pleasure principle and impulsive wishing.

Identical twins, twins resulting from a single fertilized ovum ; always of the same sex.

Identification, an unconscious psychic technique of identifying oneself with another.

Imago, an idealistic memory, often erroneous, of a beloved person formed in childhood and remaining in after-life.

Impotence, lack of power, more commonly referring to lack of sexual virility.

Incubation, the practice of sleeping in temples in expectation of a vision of the patron saint, *e.g.* Asklepios.

Inferiority complex, feeling of inadequacy and inferiority.

Inhibition, restraint of a function or impulse by an opposing force, Emotional suppression.

Insight, normal orientation ; logical interpretation of reality situations.

Introversion, withdrawal of interest from the external world to the internal world of self.

Islands of Langerhans, little cellular masses in the interstitial connective tissue of the pancreas.

Latent content, the hidden portion of a dream or thought which can be discovered by means of ' free association ' or other technique.

Lethargic encephalitis, ' sleeping sickness ' ; an epidemic disease involving the central nervous system, of which lethargy is an early symptom.

Libido, appetite-craving for satisfaction. The dynamic energy of the sexual instinct or the energy derived from that instinct.

Manic-depressive psychosis, a well-known psychosis characterized by periods of excitement with over-activity, and depression with psychomotor retardation.

Masculine protest, Adler's term designating the concept of feminine inferiority and connoting the compensatory struggle to overcome such feeling of inferiority.

Masochism, a perversion characterized by sexual excitement accompanied by the wish to be physically subdued or tortured.

Medulla oblongata, the upper enlarged part of the spinal cord, and base of the brain.

Melancholia, a mental disease of middle life exhibiting depression, anxiety and restlessness, with self-accusatory ideas; usually termed involution melancholia to distinguish it from the depression phases of manic-depressive psychosis.

Menorrhagia, an excessive menstrual flow.

Metabolism, the process of nutrition, consisting of absorption of food by body cells and excretion of waste products, together with the production and regulation of heat.

Morphology, the division of biology which deals with the form and characteristics of bodies.

Myxoedema, a disorder associated with atrophy or degeneration of the thyroid gland.

Narcissism, love of self; an early stage of psychosexual development. Self-adoration as inhibiting heterosexual development.

Neurasthenia, a psychoneurosis characterized by feelings of inadequacy and exhaustion.

Neurosis, a functional nervous disease or disorder, *i.e.* one without organic basis.

Obsession, the compulsive urge to think some thought or perform some unnecessary act.

Oedipus complex, the suppressed sex desire of a son for his mother, accompanied by hostility towards his father.

Orthopsychiatry, the study of disorders of conduct, especially of young persons.

Paranoia, a psychosis marked by systematized delusions and hallucinations.

Paresis, weakness of a muscle or a group of muscles.

Patellar reflex, the knee jerk.

Persona, a mask; the personality which the individual presents to the world, contrasted with the anima and animus. (Jung.)

Phobia, a fixed morbid fear.

Pineal body, the pineal gland, about the size of a pea, located near the brain.

Pistis, Greek word meaning faith; used here as a charismatic gift.

Pleasure principle, the automatic regulation or aspect of mental activity whose purpose is to avoid pain or to procure pleasure.

Preconscious, not present in consciousness at a given moment but recalled more or less readily when wanted.

Prophylactic, tending to prevent or ward off disease.

Psychasthenia, a clinical syndrome characterized by feelings of doubt and unreality, embracing the states of phobia, inadequacy, compulsion, inhibition and mild depression.

Psyche, the mental system, commonly called the mind.

Psychopath, one afflicted with a constitutional nervous disorder.

Psychosis, insanity.

Pyknic type, a type of physical make-up described by Kretschmer having large chest, rounded body, broad head, thick shoulders, short neck.

Quelle, the German word denoting source or spring used to denote the collections of the sayings ascribed to Jesus and usually referred to as Q.

Rapport, relations which are characterized by harmony, conformity, and accord. Confidence of the patient in the analyst.

Rationalization, a plausible explanation invented to account for belief or behaviour motivated from unconscious sources.

Reality principle, fact-facing versus fantasy. Reality recognized in contrast with self-gratification.

Recueillement, state of receptivity. (Baudouin.)

Reflex, the action of a muscle in response to a stimulus, independent of volition.

Regression, reversion of mental life, in some respects, to that characteristic of an earlier stage of development, often an infantile one.

Repression, the unconscious rejection of perceptions and ideas because of their painful or disagreeable content.

Resistance, the instinctive opposition displayed towards any attempt to lay bare the unconscious; manifestations of the repressing forces.

Sadism, sexual perversion in which pleasure is derived by inflicting pain upon the sexual consort.

Schizoid, resembling or pertaining to schizophrenia.

Schizophrenia, dementia praecox.

Spasticity, marked hypertonus of muscles producing stiff, awkward movements.

Subconscious, capable of being brought into consciousness by an effort of memory or by association of ideas.

Sublimation, the process of deflecting the energy of unacceptable or unobtainable wishes from lower to higher levels of expression.

Suggestibility, the acceptance of ideas or beliefs without rational grounds.

Super-ego, the part of mentality which criticizes the ego and causes pain whenever it tends to accept impulses emanating from the Id ; an unconscious conscience.

Suppression, conscious activity of inhibition as contrasted with repression which is an unconscious process.

Symbol, that which stands in the place of, or represents something else.

Syndrome, a group of clinical signs or symptoms which frequently occur together. The group signs of any morbid state.

Tachycardia, excessive rapidity of heart action.

Thalamus, a mass of grey matter, the largest division of the inter-brain.

Thymus, a ductless gland situated in the midneck and thorax. Gradually atrophies from the second to the twelfth year.

Thyroid, a ductless gland sitting astride the windpipe.

Tic, an intermittent spasmodic jerky movement, a neurotic habit spasm.

Tic douloureux, a severe form of neuralgia affecting one or more branches of the trigeminal nerve.

Trance, a dissociation of consciousness characterized by suspension of voluntary movements and automatic thinking. Applied to states of hysteria, hypnotism, and mediumship.

Transference, a displacement of any affect from one idea to another. Unconscious misidentification of external objects, usually persons, so that the patient may feel and behave toward them in a way which satisfies the experiences and impressions which pertain to another person or object.

Transference neurosis, hysteria and compulsion neuroses.

Transference situation, the Freudian concept of the emotional situation which develops between patient and analyst, wherein the patient transfers either affection or hostility to the physician.

Trauma, injury ; mental or bodily.

Unconscious, a postulated psychic state ; the repository of repressed concepts—impulses, urges, and wishes—which are regarded as being energized.

Vegetative nervous system, a system of ganglia and nerves supplying the unstripped muscles and secretory glands controlling numerous visceral functions. The sympathetic nervous system.

Zones, erotogenic, sensitive areas of the body, as lips, breasts, genito-anal region, etc., stimulation of which gives rise to erotic sensations.

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Printed in Great Britain by R. & R. Clark, Limited, *Edinburgh.*