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SUGGESTION AND MENTAL ANALYSIS

AN OUTLINE OF THE THEORY
AND PRACTICE OF MIND CURE

BY

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PREFACE TO SECOND EDITION

THE call for a second edition has followed so quickly upon the publication of the first that occasion has not arisen for any great change in the scope or plan of this book. But I have taken the opportunity to go carefully through the text, removing crudities of style in certain places, and altering and supplementing the wording in others where perusal of reviews of the book indicated its necessity, to obviate future misunderstanding. An additional chapter (Chapter XIII) has been added in order to emphasize the fact of the incompleteness of present theories of suggestion and the need of further unbiassed investigation, and

also to make clear the need of specialized training in neurology and psychiatry for the practice of psycho-therapy.

WILLIAM BROWN.

80 HARLEY STREET, LONDON, W.1.
Sept. 14th, 1922.

PREFACE

In setting out to write this little book, my central object was to give an elementary and non-technical account of the relation between two distinct and, in the main, mutually exclusive forms of theory and practice in the field of psycho-therapy, viz. suggestion and auto-suggestion on the one hand, and mental analysis (including the special Freudian system of psycho-analysis) on the other. It has for some years been my view that these two modes of thought can be harmonized, in spite of the vehement disclaimers of extreme partisans, and that a sound system of psycho-therapy should satisfy the more moderate claims of both. In the following pages an attempt is made to justify this view in an elementary way. For a more detailed account of the analytic standpoint, I would refer

readers to my *Psychology and Psycho-therapy*.[1] Indeed, on that side, the present book may be regarded as an introduction to the larger work. But I have taken the opportunity to deal somewhat more fully with the problems of suggestion and hypnosis than was there possible, and in particular to examine the view of which M. Emil Coué is the most prominent and enthusiastic exponent at the present day. Those who are acquainted with the literature of the subject, may not find much that is new in M. Coué's position. But although I have had occasion to criticize the "psychological background" of M. Coué's work, I would like to record my appreciation of his extraordinarily clear and penetrating insight into the *facts* of suggestion, his transparent sincerity and his untiring zeal. He is not a doctor, and can therefore demonstrate his skill before the general public as no member of the medical profession

[1] Published by Edward Arnold & Co., London. Second Impression, 1922.

would be permitted to do. Hence it is only fair to point out that for many years medical men specializing in neurology and psycho-therapy have employed similar methods of treatment on suitable cases with success in no way inferior to that claimed for his work. But their more profound knowledge of the facts of physical and mental disease has allowed them to make progress in psycho-therapy which leaves the amateur far behind. Psycho-therapy is not so simple as those untrained in medicine and in medical psychology sometimes appear to imagine. Auto-suggestion, or the patient's appeal to his own subconscious, must be supplemented —and supplemented so extensively as to be almost replaced—by autognosis, or knowledge of many of the chief motive-forces actuating that subconscious. Suggestion appeals to the subconscious as to some mysterious *deus ex machina*; analysis proceeds to rend the veil of the mystery and to show of what mental material that subconscious is made. If

this analysis is often over-subtle in the hands of some of its devotees, that is no refutation of its claim to be an indispensable factor in diagnosis and treatment.

Certain chapters of the present book were delivered as extempore lectures to audiences in the Universities of Oxford and London, and this explains, although I fear that it does not altogether excuse, the personal element in the style of exposition.

The concluding chapters on philosophy may be found to be less elementary than the earlier chapters. This is unavoidable, since philosophy is always and essentially a difficult subject.

My thanks are due to the Editors of the *British Medical Journal*, *Lancet*, and *Church Quarterly Review* for permission to reprint long extracts from three articles of mine which originally appeared in their pages.

WILLIAM BROWN.

13 WELBECK STREET, LONDON, W.1.
April 19th, 1922.

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SUGGESTION AND MENTAL ANALYSIS

CHAPTER I

SUGGESTION AND THE SUBCONSCIOUS

One of the most fundamental problems calling for solution by Psychology at the present day is the nature of the so-called subconscious or unconscious mind, and its exact relationship to consciousness on the one hand, and to the physiological processes of the brain and other parts of the body on the other. To attempt such a solution is beyond the scope of this small volume. All that one can do here is to deal with certain outstanding facts of normal and abnormal psychology in an elementary way and to show, by implication, that they indicate the occurrence of processes going on outside the main consciousness, but revealing, by the results they eventually produce in that main

personal consciousness, that they are themselves mental and not merely physical in nature.

A simple illustration is the power that many people possess of waking up at a definite (early) hour in the morning by the mere expedient of saying calmly and with conviction to themselves over-night that they will wake up at that hour. Their subconscious or unconscious mind registers this suggestion, retains it in the absence of the main consciousness during the night, and brings it into effect at the right moment in the morning. If dreaming occurs, the subconscious plays a preponderant part in the production of the dream, and may combine the suggestion with the dream in an ingenious way. Thus, on one occasion it was important that I should wake up at five o'clock in the morning. After giving myself the necessary suggestion over-night I slept soundly, but towards the morning I found myself dreaming that I was doing an afternoon (2–5) examination paper in the Examination Schools at Oxford and that an examiner had called out, "Time, gentlemen,

please!" I looked up at the great clock at the end of the room and observed that the hands pointed to 4.57. I then awoke, to find that my watch at the side of my bed registered the same time.

The above example illustrates also the nature of auto-suggestion or self-suggestion, and shows that it is best defined in relation to the subconscious. The subconscious responds to suggestion, that is, to affirmations made with belief or conviction. If emotion is present, the success of the suggestion is still more fully ensured—assuming, of course, that the emotion is of the right kind. In the case of a good or useful auto-suggestion the emotion should be that of enthusiasm and confident expectation (akin to, if not identical with, faith).

Bad auto-suggestions occur involuntarily with all of us from time to time, and in many cases, alas! are all too frequent. The emotion which has special power in reinforcing them is the emotion of fear. These auto-suggestions tend especially to exaggerate and to prolong ill-health of mind and body. In a certain proportion of cases they may

perhaps be held responsible even for the initiation or production of such ill-health. It is therefore clear that in all cases of ill-health the inculcation of habits of good auto-suggestion is most desirable, both to neutralize the previous bad auto-suggestions, and also to give an additional uplift to the vital powers of the mind and body.

During the War, those of us who had the opportunity of seeing nerve cases near the firing-line met innumerable examples of functional nerve illness (i.e. illness involving no detectable organic or structural change in the nervous system) initiated by bad auto-suggestion. One of my soldier-patients was guarding an ammunition-dump, when the dump was blown up by bombs from a German aeroplane. The man, in a state of intense fear, began to run away. Trembling at the knees, he fell down, and at this moment the idea crossed his mind that he was paralysed. He then found that his legs actually were paralysed, and as he had been hit by fragments of earth, he attributed his condition to this. On examination of him at the casualty clearing station I found no

signs of organic injury of his nervous system, and therefore dragged him out of bed and urged him to walk, assuring him with the utmost confidence that he would certainly be able to do so. This suggestion neutralized his original bad auto-suggestion, and within a few minutes he had completely regained the power over his legs. Even in such a simple case as this, however, there was an additional mental factor, viz. the wish to become a casualty and so get away from the danger area. In other cases this wish often played a more prominent part in the production of symptoms, although in a subconscious form, i.e. not clearly present in the patient's main consciousness. It played a still more prominent part in fixing the symptoms if the soldier reached the Base or England untreated.

The various mental factors at work in producing shell-shock were especially easy to disentangle in early cases, before the lapse of time had consolidated the illness and complicated it with the effects of meditation, false theorizing, and the subconscious working of other motives and desires in the

patient's mind. In addition to the two above mentioned, there were two other factors that stood out with special clearness in shell-shock of hysterical type. These were: (1) mental dissociation of a crude type, shown by a loss of memory (or amnesia, as it is technically called) for the events of the frightening experience; and (2) the "bottling-up" of the emotion of fear. The two factors are essentially related to one another, and they are overcome by the same method, viz. by recalling the lost memory, under light hypnosis, with as great a vividness as possible, so that the bottled-up fear is again released.[1] This latter process is known as "abreaction" or psycho-catharsis, and has a definitely curative effect.

Thus the simplest cases of functional nerve illness take us beyond mere suggestion and auto-suggestion, and lead us inevitably to an analysis of the subconscious, and a closer investigation of its constituent elements.

[1] For a full explanation of these factors, in relation to the best illustration of their working that has come to my notice, see my *Psychology and Psycho-therapy*, 2nd impression, Edward Arnold & Co., 1922, pp. 21–23; the case of the Ypres gunner.

CHAPTER II

MENTAL ANALYSIS

I HAVE recently had the scientific good fortune to meet with a case of hysterical amnesia with "bottled-up" emotion and physical symptoms, closely similar to the case of the Ypres gunner referred to in the footnote at the end of the previous chapter and recorded in detail in my *Psychology and Psycho-therapy*.

This second case was a motor driver who suffered from a tremor of the right hand, which had set in shortly after a motor accident. He had just succeeded in avoiding collision with another car, but had run into a ditch in consequence, and his car had overturned. He was driving with his right hand at the time. His memory for the accident was vague and disjointed. Under light hypnosis (see Chapters IV and VI) I made him live through the whole experi-

ence again with emotional vividness, so that all the gaps in his memory were filled in. As he went through this process of abreaction his hand trembled still more and then became quite steady. It remained steady after he had been wakened from the hypnotic sleep.

This cure may be explained as follows: A patient with a "lost" painful memory is in such a condition that he needs to use a certain amount of mental energy or nerve energy in holding back this distressing experience from the notice of the main personality. By forcing the memory up into his main consciousness one breaks through that cordon of repressing energy, so that the repressing energy is no longer needed to hold the memory down, and yet it is not taken away from the patient and he can use it for other purposes. He has to face the unpleasant memory fairly and squarely, and it thus becomes harmless once more. The circumstances of his accident made this impossible for my patient at the time, hence the memory was able to persist in a dissociated state in the subconscious, and

reveal itself through the persistent tremor of the right hand.

The metaphor I like to use is that of a business man who is being blackmailed. He may be frightened at first, and be ready to pay the blackmailer his fee, perhaps year after year, to the detriment of his business. If, however, he meets a sensible friend who urges him to do the right thing, to face the blackmailer, in open court if necessary, and tell him to do his worst, then matters are eventually readjusted, and he can now spend this money on his business again.

Crude dissociation such as I have described occurs as the main or central symptom in hysteria only. An additional example is described in full detail in Chapter IV. But, as we shall see in Chapter V, there are other forms of functional nerve disease—or psychoneuroses, as they are otherwise called—in which this crude form of dissociation does not occur, but in which the same general factors of mental conflict and repression, in addition to bad auto-suggestion, are recognizable.

It is to Breuer and Freud that the credit is

due of being the first to suggest, not the above-mentioned view of a repressing energy, but the view that dissociation is the result of mental conflict and subsequent repression. They found that if the lost memories were induced to come up with emotional vividness by hypnotism or by long talks, and talked out (abreaction), the patient felt better. But the now famous doctrine of psycho-analysis was a later development, for which Freud alone is responsible.

Psycho-analysis

The word Psycho-analysis connotes both a method and a theory. As a *method* it is a method of free association, of bringing back early memories, early phantasies, and early mental tendencies by getting the patient to fall into a state of reverie with the critical sense in abeyance and to allow ideas to come up from the subconscious. It was found by Freud that these ideas, when they came up, were often emotionally tinged. It was found that memories of early childhood eventually appeared, and especially that memories in relation to what Freud calls infantile sexu-

ality appeared to have more and more prominent value and importance in relation to the symptoms and in clearing up the symptoms.

Thus, in addition to the method of psycho-analysis there has arisen the *theory* of psycho-analysis, according to which the psycho-neuroses are due to disturbance of sex-development, the theory that sex life on its psychical, if not on its physical, side begins early in life, that it is not single but multiple, that there are a number of partial processes or tendencies (sadism, masochism, exhibitionism, sexual curiosity, etc.), and these tendencies of early life can undergo normal development, in which they are partially transformed, parts being outgrown, parts converging to form the unitary sexual instinct of adult life, and the remainder being "sublimated" into higher forms of social and intellectual activity. If any partial process persists untransformed, it constitutes a perversion. If it persists but undergoes repression, the result in consciousness is the symptoms of a psycho-neurosis.

The modern form of Freud's sexual theory

contains many additions to and complications of the above bare outline, especially as regards the phenomena of narcissism, or self-love, and his formulation of the whole doctrine in terms of mental energy under the name "libido theory"; but space does not admit of more detailed explanation here.

Repression

The general conception of repression may be explained in an elementary way as follows: If one is faced with a temptation that is out of harmony with one's main personality, there are three general ways of dealing with it. One may give way to it—lower one's ideals to make way for it and consciously surrender oneself to it. The result is nothing harmful from the narrowly medical point of view, however harmful from the moral point of view, in regard to the health of the soul. Another way of dealing with it is to face it, to consider it carefully in relation to one's ideals, one's social and domestic duties and one's general purposes, and then to reject it by reason. Here, again, the result is a nor-

mal solution of the conflict, free from morbid symptoms, and the personality emerges from the conflict with added power of will and undiminished coherence. But there is a third way, the way of compromise and cowardice. One may be astonished to find that one is capable of such a craving and turn one's mind away in horror. Like the ostrich, one buries one's head in the sand and hopes half-heartedly that the enemy will pass one by. One distracts one's mind and looks elsewhere, but not whole-heartedly. The result is that dissociation occurs. The experiences tend to fall away from the general sway of the conscious mind, they are repressed and pass into the subconscious. They retain their original energy, and from their new vantage ground produce stress and strain in the conscious mind which the latter does not understand, and ultimately produce an outbreak of physical symptoms or mental symptoms, or both. The right way to deal with a repression of this sort is to recall the memories to the patient's mind, to call the craving up again, and let the patient face it and deal with it as a normal person would do,

intellectualize it and destroy it, or sublimate it, i.e. direct it in modified form to useful social activities.

Preconscious and Unconscious

Freud's own doctrine of repression is more complex and technical than this, and is closely bound up with his general theory of the unconscious. Freud avoids the term subconscious, preferring to call the out-of-consciousness part of the mind the unconscious. But within this general unconscious he distinguishes two forms, viz. the preconscious and the unconscious proper. The distinction is, put briefly and not quite accurately, one between unrepressed and repressed memories and mental activities, and does not exist in the early years of childhood, but gradually takes shape as the child passes through the various stages of conventional, social, and ethical education. This course of education, together with the natural development of the mental life, involves the repeated process of repression. Primitive tendencies are held in check and driven

out of consciousness by the activity of the ethical ideas of later development.

The distinction is also one between two different forms of mental activity, a primary process and a secondary process, as Freud calls them. The primary process is characteristic of the mental activity of early childhood. The young child turns away from pain instead of facing it, and tends to cling to the memories of earlier pleasurable experiences, and to seek the satisfaction of its clamouring desires or wishes in the form of intensified memories of previous satisfactions. This is what Freud means when he says that the unconscious can do nothing but *wish*.

So soon as the power arises of freeing oneself from the exclusive influence of the memories of previous satisfactions, and of turning to seek means of bringing about a new and objectively-satisfying experience by changes in the external world, the secondary process has set in. The secondary process, which is the characteristic form of activity of the preconscious, can face painful experiences and memories, and make use

of them in bringing about desirable changes in the outer world instead of merely turning away from them. It is this "turning away" in early life which is the beginning of repression and the pre-condition of all later repressions. The abandoned memories and desires in the unconscious persist in all their pristine vigour, and serve as a nucleus of attraction for later suppressed [1] tendencies of the preconscious that happen to be at all analogous to themselves. These are thus drawn into the unconscious and fall under the sway of the primary process.

The Censor

The repressing force of the secondary process is known metaphorically as the *endopsychic censor*, and constitutes a *resistance* placed "like a screen" between the unconscious and the preconscious. The repressed tendencies and ideas of the unconscious can only reach consciousness after first overcoming this resistance, undergoing

[1] Note that suppression (*Unterdrückung*) in Freud's theory is not the same as repression (*Verdrängung*).

certain changes in the process (distortion), whereas the tendencies and memories of the preconscious can pass unchanged into consciousness so soon as an appropriate distribution of the mental function known as attention is secured.

CHAPTER III

MENTAL ANALYSIS—*continued*

DREAMS

THERE is thus a species of dissociation present even in the normal mind, and mental disease, instead of producing this dissociation, merely emphasizes it in certain cases by disturbing the equilibrium of psychic forces interacting between the two systems of the unconscious and the preconscious. The proof of this is to be found in the phenomenon of *dreaming*, which is a normal function of the mind. Freud holds that in dreams the wishes of the unconscious succeed in reaching consciousness in a disguised or distorted form owing to the diminished efficiency of the censor during sleep. The "manifest dream content," as it is called, consists of a patchwork of memories, some of them in every case coming from the previous day, showing

peculiarities known as condensation, displacement, dramatization, and secondary elaboration, the exact nature of which we cannot go into here.[1] The meaning of the dream, or the system of "latent dream thoughts," is very different from this, and is, in Freud's view, invariably the fulfilment of a repressed wish from the unconscious. The "symbolism" so prevalent in dreams originates from the latent content, and is not a product of dream-activity. The method of psycho-analysis is employed in the task of discovering the latent dream thoughts. The dreamer directs his attention to different parts of the manifest content, in succession, and follows the train of associated ideas that arise in his mind from each, carefully avoiding any criticism of them, but recording them faithfully as they appear in consciousness, however objectionable or painful some of them may be. He will then find that all these trains of "free" associations converge to one system of ideas which originates

[1] See *Psychology and Psycho-therapy*, pp. 48, 49, 59, 60, for an explanation of these characteristics, the first three of which are the result of what Freud calls "dream-work."

from the unconscious and consists of repressed wishes. In every dream there is also fulfilled the wish of the preconscious to sleep, so that every dream is a compromise between the wish of the preconscious to sleep, and one or more wishes emanating from the unconscious. Both wishes are fulfilled by the dream. Now, in Freud's theory, the symptoms of hysteria are analogous to the dreams of normal persons. They, too, are the disguised fulfilment of repressed wishes in the unconscious, but so chosen that they also fulfil a counter-wish from the preconscious, generally of the nature of a self-punishment. By means of psycho-analysis these wishes may be brought to consciousness in their true form. Success in this means the cure of the patient, since he is now able to deal with these repressed tendencies more rationally, and either sublimate them, i.e. direct them to higher and more social ends, or give them moderate satisfaction. His personality is stronger and more completely developed now than it was when the repressions first took place, and is therefore better able to deal with them.

Alternative Theory of Dreams

Freud's theory that every dream is the disguised fulfilment of a repressed wish is difficult to reconcile with the "battle dreams" that were reported by our patients in such profusion during the War. For these dreams are not quite analogous to the "anxiety dreams" of peace-time, and even Freud's explanation of the latter in terms of his theory, viz. that in them the censor has been overpowered by forbidden sexual wishes welling up from the unconscious, is unconvincing.

In my own view, neither repression in the Freudian sense nor the action of unconscious wishes is essential to the production of a dream. Other conations, or mental strivings, besides wishes may act as essential factors—conations, too, which as such are not in a state of repression. The function of a dream is to guard sleep. Sleep is an instinct, like pugnacity, flight, curiosity, self-assertion, etc., which has survival value and has been developed in the course of evolution. At night, this instinct of sleep comes into play, but it finds itself in conflict

with other instinctive tendencies, as well as with the assaults of external impressions through the senses. Desires, cravings, anxieties, the memories of earlier days, linked up with and sustained by the more elemental strivings of the organism, well up and struggle towards consciousness, while the main personality is in abeyance. If they reach clear consciousness, sleep is at an end, but the dream, which is a sort of intermediary form of consciousness, intervenes and makes the impulses innocuous so that sleep persists. External impressions are woven into the texture of the dream in modified form and apperceived after the manner of an illusion, while the inner impulses undergo varying degrees of distortion. Such a theory as this is sufficiently general to cover all types of dreams. As regards the interpretation of dreams, I would say that a dream is like smoke showing where the fire is, but I feel doubtful of the validity of the excessively detailed interpretations that the Freudians obtain from dreams. As regards symbolism in dreams, I would agree that primitive tendencies in the unconscious bring their

symbols with them—symbols that have their counterpart in the pictorial imagery of myths and legends.

Transference

A factor in the method of psycho-analysis, hitherto unmentioned, but to which Freud attaches great importance in his more recent writings, is that of "transference." Gradually in the course of analysis the patient becomes more and more linked up with the doctor, more and more impressed with his personality. An emotional *rapport* is set up, akin to love, and this seems to be an essential factor in cure. Freud sums up the situation in the following words: "If the patient has to fight out the normal conflict with the resistances which we have discovered in him in the course of the analysis, he is in need of a powerful motive force to influence the decision in the sense, desired by us, leading to recovery. Otherwise it could happen that he might decide for a repetition of the previous result, and let that which has been raised into consciousness slip back into a state of repression. The

deciding factor in this fight is, then, not his intellectual insight—which is neither strong enough nor free enough for such a function—but solely his relation to the physician. So far as his transference is of a positive nature, it clothes the physician with authority, and transforms itself into faith in his statements and views. Without such transference, or if the transference is negative, he would not for a moment let the physician and his arguments come to a hearing." [1] Freud asserts that in transference earlier emotional tendencies, the feelings experienced by the patient in early years towards his parents and other persons in his immediate neighbourhood, are unconsciously transferred to the doctor. If the feeling is one of affection or liking the transference is positive, if one of dislike or hate the transference is negative. We here have a reference to the famous "Œdipus complex" [2] of Freudian theory. Just as

[1] S. Freud: *Vorlesungen zur Einführung in die Psychoanalyse*, 1918, p. 522. See also my *Psychology and Psycho-therapy*, pp. 108–11.

[2] "Complex" is a term, first introduced by C. G. Jung, to denote a system of repressed and emotionally tinged ideas which, under cover of the unconscious, exerts a more or less baneful influence on the working of the conscious mind.

Œdipus, in Sophocles' tragedy, unwittingly killed his own father and married his own mother, so the very young child is considered to feel intense love for the parent of the opposite sex, and hatred and jealousy towards the parent of the same sex. These feelings undergo repression during subsequent mental development, but persist in the unconscious and furnish the material for transference in the course of psycho-analysis, and also in other relations in life.

I find it difficult to accept this doctrine of the Œdipus complex in its crude form, nor can I accept Freud's general theory of infantile sexuality as of universal validity. Isolated cases, of extreme type, may at first sight seem to lend colour to these views, but closer scrutiny of them and the extension of analysis over a larger series of cases raise grave doubts as to the universal truth of the theories. Without denying that past likes and dislikes may and do have influence over one's present feelings towards the people of one's environment through the factor of similarity, one does not find sufficiently convincing evidence that this emotional

rapport between doctor and patient is a re-edition of early experience unconscious of its origin. The Freudian view is that transference can be resolved by further analysis, whereby its origin in the Œdipus complex becomes manifest to the patient himself. Here, again, I can only say that my own experience with patients does not bear this out.

Freud explains suggestion in terms of transference, and holds that when symptoms are removed by suggestion treatment, no real cure has been produced, but that the symptoms have merely been replaced by another symptom, viz. psycho-sexual dependence of the patient upon the physician. The facts of auto-suggestion alone are sufficient to refute this theory. The working of suggestion in very early life, before the factor of transference could have any validity, likewise refutes it.

Whereas Freud explains suggestion in terms of transference, I would explain transference (partly at least) in terms of suggestion, and hold that suggestion is the wider of the two terms. I most certainly do not

deny the *fact* which Freud calls by the name of transference.

Autognosis

In the course of mental analysis, the patient obtains a more and more objective view of the past course of his mental life. He learns to understand himself better. He gets to know more fully his "dubious desires," what he really wants of life. He understands more clearly in what respects he has failed in the past to adjust himself adequately to the demands of life and to the peculiarities of his own nature. He becomes more fully aware of the relation between his present mental condition and his past history on the one hand, and his ambitions, hopes and fears for the future on the other. This process of intellectualization of the mind, whereby the patient gains an unbiassed view of his own life and an ever-deepening insight into its true nature, is one of the most important factors of cure in the course of mental analysis, for which I have suggested the term "autognosis." It is knowledge that sets one free. Freedom of the will has no meaning apart

from intellect, although, of course, it is a matter of other mental powers besides intellect. (Not that one can with complete correctness speak of mental powers being " beside " one another at all. But in an elementary summary it is impossible to avoid metaphor entirely. Nevertheless it is essential to realize that it *is* metaphor.)

We may now pass to a more detailed description of cases, in which the principles of suggestion and mental analysis are illustrated.

*

CHAPTER IV

HYSTERIA AS A DISSOCIATION

THE following case illustrates the conception of hysteria as a dissociation, involving mental conflict and repression, in a specially clear way, and seems worth reporting in some detail.

A soldier, aged 47, unmarried, had had three hysterical attacks in his life. The first attack occurred at the age of 26, the second at the age of 36, and the third attack a month or two before I saw him. When he came to me he was suffering from extreme loss of memory, and could remember very little of what had happened during the War. He was suffering also from weakness of the legs, a tendency to anæsthesia, especially in the right leg, and a very definite tendency towards dissociation—towards dreamy states, states of mental distraction, when he was unable to concentrate on what was before him.

I will consider the case in the order of my gradual insight into his mental condition. All that was emphasized in the medical case-sheet was that he had recently had an hysterical attack, in which he lost consciousness for some time, and had since suffered from paralysis of the right side, with anæsthesia of the right leg below the knee. In talking to him I did not at first get very much help. He did not tell me very much about himself. And so I proceeded to use the method of word association which Jung was the first to introduce into psychology—that is, I drew up a list of words and called them out one after another to my patient. (One calls out the word and starts a stop-watch going, after first instructing the patient to reply with the first word which comes into his mind. If one calls out the word "house," he may reply with the word "garden," Thus:

Stimulus Word.	Reaction.	Association Time.
House	Garden	1·8″
Grass	Green	1·2″

So one goes on, calling out one word after another, interspersing words which one

thinks may bear upon the earlier associations of the patient, and may be connected with his dissociation. A prolonged association time is one indication, among others, of the existence of a "complex." A normal association time is 1 to 3 seconds.)

I called out the word "death," and the subject remained absolutely silent for twenty seconds, then gave the word "geranium." He smiled as he gave the word, and said it seemed a curious word to give—he did not know why he gave it, but it was the first word that came into his mind. This was all that I got of value from the association test in my case.

I questioned the man further, and got a certain amount of information from him. He told me that the first hysterical attack he had was at the age of 26, as I said before. He had just recovered from an attack of influenza, and had walked out to visit a great friend of his. By some mistake he was shown by his friend's sister into a room where the man lay dead in his coffin. His friend, whom we will call J., was dead—had died suddenly after an accident in the football

field. My patient had not heard of the death, because of his own illness. This was about eight o'clock at night. My patient staggered out of the house, noticing, however, to his surprise, that he felt very little. He felt shaken, but very cool. He was surprised and annoyed that he felt no grief. Then he lost consciousness, and evidently wandered about London until he came to himself, about four o'clock next morning, in a part of London which he did not recognize. He tried to find out where he was. He met a policeman, who, of course, imagined that he had been drinking. He could not remember his name or address, or anything about himself, but they searched his pockets and found out where he lived, and then took him to a hospital. He lay there for several days, suffering from pain down the right side of the head, over the right eye, pins-and-needles down the right side of the body, weakness of the right leg, giddiness and nausea. At first he had very vivid dreams which he could not remember. Later on he began to get better, however, was allowed up, and finally left the hospital.

That was at the age of 26—that is, twenty years before I saw him.

Ten years later he happened to be walking from Boscombe to Bournemouth along the parade, when he suddenly felt giddy again, and had to stagger to the side of the esplanade and support himself against the wall. He nearly lost consciousness, but pulled himself together, got home, and was seen by a doctor. He was again suffering from the same pains and the same tendency towards a dreamy state of consciousness. He went into a hospital on the doctor's advice. (This time, too, he had just recovered from an attack of influenza.) He recovered after he had been in hospital some weeks.

His third attack occurred in October 1917. He had just had a bout of sciatica, and was thoroughly tired out by drill and all the routine of a soldier's life. This attack resembled the two previous ones, with similar pains in the head and body. He was taken to a military hospital and afterwards transferred to another, where they treated him in a masterly way with electricity and massage and got him on his feet again, so that

when he came to me he had roughly recovered from most of his symptoms, but had this extensive loss of memory. He could remember very little that had happened during the War.

As I said, the first thing I discovered about him was that the word " death " gave a long reaction time, and produced as a reaction the curious word " geranium," which he himself could not explain. I then proceeded to hypnotize him, which was very easy. I asked him to lie on a couch, with muscles relaxed, to fixate a bright light for a couple of seconds, and then to close his eyes and think only of sleep. A minute later I suggested to him that he would now remember events of his past life connected with his symptoms. He at once passed into a very emotional state, and began to remember things which he had not been thinking about for some years. " Geranium " he then knew to correspond to the nickname of a girl he had known over twenty years before. She had been called the " Geranium Girl " after an advertisement for cigarettes. She was like the girl in the picture which

appeared as part of the advertisement. He proceeded to tell me a rather dramatic story of his early life. He had been extremely fond of his friend who had died, whom I have called J. They had been close friends for years, when J. became engaged to this Geranium Girl. While he was at college he asked my patient to help amuse this girl, to take her out to theatres, etc., as she was very lonely. The result was that the girl fell in love with my patient, though he was not in love with her. (It was on his friend J. that his own affections were fixed.) The situation was a very difficult one. He felt disloyal to his friend. He obviously thought much more about his relations with his friend J. than about his feelings towards the girl. His friend never knew the facts, but a coolness sprang up between them, which was intensely painful to my patient. As a result he shot himself, but was taken to hospital and recovered. He saw less of his friend, however, and then the friend died. This was a definite mental wound to my patient, and set up a mental conflict, the result of which seems to have been an amnesia, a

loss of memory. There was a tendency for his mind to split up. The memories were not absent from his soul, however, but remained below the surface to produce these attacks in which he went through all these disturbing experiences again—through all this time of mental conflict.

What can one say of his earlier history? As a boy he was fairly normal, except that he noticed that he always had a great desire to sleep in the middle of the day. He would find that the sight of anything bright, like a field of snow, would make him drowsy. The candles in the chapel of the Benedictine monastery, where he was at school, had the same effect upon him. He was at school at this monastery from the age of about 11 to 17, and formed a friendship there with a much older boy. In the course of this friendship an event occurred which disturbed him very much. It was his duty as a good Catholic to confess, but he did not do so. He tried to put it out of his mind instead. He thought that if he confessed it would be serious for his friend, but if he did not he would be committing a sin. He preferred to

commit the sin. The result was a state of mental conflict, followed by repression and amnesia.

These, roughly, are the main facts about his life. He had never known what it was to fall in love with anyone of the opposite sex, but all through his life he had had strong feelings of friendship towards certain people, especially feelings of loyalty. Although he was a private soldier, he was a most intelligent man. He was an inventor, and struck me as being very able. By hypnosis, I brought up some of these facts which he had himself forgotten. I urged him to attempt to synthetize his own mind—to try to improve his memory. And his memory *did* improve. Under hypnosis he worked off a good deal of emotion. (His three hysterical attacks had all been cases of what Breuer and Freud call " abreaction "—the working off of emotion—but an abreaction which was imperfect and incomplete.)

He now began to dream. He dreamt night after night that he was trying to get to a certain village in Sussex, but that briers and thorns and thick hedges kept getting

in his way, and he could not cut his way through. At last he met an old man in rags, who was about to tell him something about this village, when he woke up. I tried to interpret the dream for him, but things did not go very rapidly, so I again had recourse to hypnosis. At once he had the same dream again, and could tell me who the old man was; he was a man who used to clean windows in this village in Sussex. He also knew the reason of the dream. He was very anxious about the fate of a young friend of his who had gone to France during the War, and whose name had been posted among the missing. This boy had been in the habit of going to this village. My patient did not know why he went there, but he had guessed that there was a romance going on. He therefore thought that his friend, whom I will call C., would, if he wrote at all, be likely to write to someone in this village, possibly to the window-cleaner. That was why he was trying to get to the village. Now, there were certain reasons why he had tried to disguise the intensity of his feelings even from himself. The result of

the analysis of the dream was, therefore, that he became much more communicative, and could tell me very much more. His friend, he said, was many years younger than himself, and, years ago, they had been in the habit of going fishing together a great deal, and had had a very pleasant friendship. They had thought a great deal of one another.

This dream ceased after it had been interpreted, but a few days later he walked in his sleep. He could not tell me what he had dreamt that night, but what actually had happened was that he had walked from the ward, which was upstairs in the hospital, downstairs, and had awakened to find that he was carrying his pillow-case. I discovered under hypnosis that he had been back with his young friend. They were fishing together, and his friend had sprained his ankle. My patient had taken a canvas bag and had fetched cold water and bathed the ankle. The pillow-case was the canvas bag. The curious fact was that he did not remember the dream. But that is typical of somnambulism. I have never met a case

where the somnambulist remembered the dream, though hypnosis will bring it back. There is always a mental cause for somnambulism.

My patient now told me other things about his friend, about whom he was still very much worried. He remembered that, years ago, he himself noticed that he could tell fortunes by looking into a black polished stone, and on one occasion, when his friend was 14 years of age, he saw him in the stone bleeding at the mouth and at the point of death, and he now felt that his prevision had come true, and that his friend had been killed by the Germans.

A week or two later he came to me and asked me to have him confined to the hospital, as otherwise he was afraid that he might break away and go down to this particular village. I offered to let him go, but he said he felt that he ought not to go. He wished to get well first. However, a day or two later I heard that he was missing, and he came back a few days later and told me this story: He was having his hair cut when suddenly he had seemed to lose con-

sciousness, and the next thing he had remembered was that he was right in the country, not very far from this particular village. He could not remember how he had got there, but, being in the neighbourhood, he had thought he would go to the village. He had done so, and to his great joy he had discovered that his friend C. had escaped from the Germans and was now safe in Egypt.

He was unable to tell me how he did this. Under hypnosis, however, he told me that he had an impulse to go, ran the gauntlet of the military police, and took a bus into the country. He was taken up by a motor car and given a lift. Then his consciousness changed. That was the point at which his main consciousness resumed its sway. The result of all this was that his mind was at last at ease about his friend C., and he made a good recovery. All the time his memory for earlier experiences during the War had been improving.

Such a clinical history illustrates, very typically, the nature of hysteria. This flight from hospital is what the French call a

"fugue." It was a symptom frequently observed in France. A number of my patients were in danger of court-martial and death for flight from the line. (Many others pretended loss of memory, but it was quite easy to distinguish such malingerers. Genuine cases are always extremely easy to hypnotize.) This case also illustrates dissociation. It is similar to hundreds of cases one met in France immediately after the men had been under shell fire. It also illustrates mental conflict, the prolonged reaction-time of Jung, and the ignorance of the main consciousness as to what is going on below the surface. It illustrates the significant character of dreams —their symbolic nature—and how, in many cases, apparent clairvoyance is merely hysteria. This man was convinced that he had clairvoyant powers, and was (wrongly) convinced by this that his friend was dead.

Another thing I ought to have mentioned was that, just after his last attack, he was allowed in the grounds of the hospital, and suddenly thought that he saw his friend C. about twenty yards in front of him, walking

along. He was delighted to see him, and hurried after him, but then noticed that he made no sound in walking, although he was wearing heavy service boots. Then he disappeared. It was an hallucination. (Extreme cases of hysteria show hallucinations of this kind. They are curable.) His dreams were of the same nature. After all his attacks he dreamt very vividly, but he could not tell me what his dreams were about, except under hypnosis. I became rather tired of hypnotizing him so often, and sometimes tried talking to him for a long time, but progress by this means was slower, and there seemed to be no theoretical or practical reason why I should not use hypnosis to accelerate the analysis. His ultimate recovery was due to this analysis and resynthesis.

Before I turn to another part of my subject I should like to make it quite clear—or as clear as I can—in what respect one may consider hypnosis a justifiable method of treatment, and in what respect not only the ordinary popular, but the ordinary medical, idea of it is wrong.

Unfortunately, the members of the Nancy school, who undertook to criticize Charcot and his disciples (Pierre Janet, etc.) of the Salpêtrière, whilst making a great advance in the subject of suggestion, have hopelessly confused the question of hypnosis. I am probably speaking in a small minority in this matter, but, as a result of my experience in hypnotizing five or six hundred patients out of about six thousand shell-shock cases seen during the past few years, I have come to the conclusion that Pierre Janet is absolutely right when he says that only the hysteric can be deeply hypnotized, and that hypnosis is an artificially produced hysteria. More than that, I agree with Janet that the word should be limited to the production of artificial somnambulism. For lighter stages of the same process of artificial dissociation the words "hypnoidal state," "hypnoidization" should be used, as Boris Sidis first suggested.

It is a fact that hypnosis is not the same thing as suggestion, although as a general rule it does involve an increase of suggestibility. Of the two characteristics of

hypnosis—dissociation and increased suggestibility—the former seems to be the more essential one.

It is also a fact that, if one finds a patient suffering from a functional amnesia —that is, a loss of memory, of greater or less extent, due to an emotional shock—if there is no sign of physical injury, and if one has no reason to suppose that he has sustained a definite physical shock, one may then be absolutely certain of being able to hypnotize him. On the other hand, if one turns to cases, equally free from organic lesion, which do not show this tendency towards "functional" dissociation, one will find that hypnosis fails. The Nancy school—Bernheim and his followers—say that it should be possible to hypnotize 98 per cent. of one's cases, and that anyone who fails to hypnotize 90 per cent. does not know his work. Personally, I should there again agree with Janet in saying that these people are calling by the name of hypnosis something which is rather different. It is true that, in cases of shell shock seen immediately after the shock has occurred, where there is amnesia

and dissociation, one can almost always hypnotize one's patients. Literally 100 per cent. of these cases could be hypnotized if one took the trouble to draw the proper distinctions and did not attempt to hypnotize cases that belonged to another category—that is, if one made one's diagnosis first; but, on the other hand, if one turns to what have been called "anxiety states"—cases of obsessions or ordinary cases of neurasthenia—these cases are not hypnotizable, if one follows Janet in his use of the word to signify the production of a second state, where the patient does not remember what has previously occurred and will again fail to remember what has just been going on unless one gives a post-hypnotic suggestion that he will. It is true that in 98 per cent. of cases one can, by using certain means, get a state of increased suggestibility, so that, if one suggests that the patient's eyelids will get heavy, that he will lose feeling in his limbs, and so on, all this will come about; but if, in cases like this, one succeeds in producing the hypnotic state, then one has either to do with a case of hysteria or one has made the patient hysterical.

Is it possible to make a person hysterical who is not so originally? That is a doubtful matter. Personally I should be inclined to disbelieve it. A person who is hysterical has probably been hysterical from his birth —it is probably an inherited form of mental weakness.

Suggestion, then, is different from hypnosis. It is used, or may be used, for a different purpose. We have advocated the use of hypnosis as a means of recovering dissociated memories, functions, etc., and also as a means of giving outlet to bottled-up emotion, to use a rather popular phrase. We have not used it as a means of applying suggestion. One certainly finds, in some cases, that the more deeply one hypnotizes the patient the more suggestible he becomes, but, in other cases, one may find that suggestibility is not greatly increased. More than that, one may find that people who are not hypnotizable may be suggestible, and that their suggestibility may be increased without any sign of hypnosis coming on. One can use suggestion without using hypnosis at all.

This view is certainly different from that of the Nancy school. It is nearer to Charcot's view, for Charcot worked extensively with hysterics by methods of somnambulism artificially produced, which is definitely the hypnotic state. Charcot was misled, however, in his ideas of the regularity of the phenomena. He thought that he could distinguish definite stages in all cases of hypnosis, including, for example, the *attitudes passionelles* of major hysteria. The question of suggestion with him was mixed up with that of hypnosis, although his own cases mainly illustrate the facts of hypnosis itself. The relation of hypnosis to suggestion is discussed more fully in Chapters VII and VIII.

Finally, the question arises with these cases of artificial somnambulism, might not the same curative results be obtained by longer methods without having recourse to hypnosis? To a certain extent this is possible, but the results are not quite the same. In the first place, if you are going to use the ordinary method of questioning your patients again and again, and encourag-

ing them to tell you more and more of what comes to their minds, you will certainly find that their dissociated memories will tend to come to the surface, and, as the investigation proceeds, the recovery of these memories may become more and more complete. But the method requires a much greater expenditure of time, and the memories are seldom thus recoverable in all their details. In the second place, you do not obtain the hallucinatory vividness of emotion obtained under hypnosis. The abreaction under suggestion is not so vivid. If anyone objects that by hypnotizing a patient you are making him hysterical, the reply is that he must be hysterical already, otherwise he would not be hypnotizable, and that one is justified in using a pathological state to assist a cure, if it really does so. There are medical instances of the use of vaccines, etc., which are perhaps analogous. Anyhow, the final test is the test of results, and one finds in these cases that if the hypnotizing is not repeated too frequently, and if it is carried out by someone who understands to a certain extent what is going on, and who knows that the

subject is suffering from dissociation, that he must resist this tendency in the subject, and must help him more and more to a resynthesis of his personality, then the results justify its use. You do not get recurrences of the dissociation. Pierre Janet has recently reviewed nearly two hundred of his earlier cases of major hysteria, and shown that in the vast majority of them there is no recurrence. In the cases where relapses did occur, Janet found that he had not gone deeply enough into the causes of the dissociation, that he had not brought *all* the causes to light.

As regards the many hundreds of cases that I myself sent down from the casualty clearing stations during the War, it was, of course, difficult to get after-histories, but I was able to get such after-histories with thirty extreme cases of hysterical dissociation. These patients had all suffered from loss of voice and hearing, paralysis, intense tremors, and extensive amnesias. In all of these cases but one the reports that have come to me from the base hospitals in England admit that there have been no relapses at all ; that the cure has proceeded still further under the

later treatment at these hospitals ; and that there has been no tendency for other symptoms to appear. In one case alone a hysterical tendency remained. It was the case of a boy whom I had treated for loss of voice, and who showed weakness of the legs at the time when he reached England. I saw from the analysis of the case, however, that he was suffering from a shock received in early life. In such cases one had not time to go fully into the past histories of the patients, as one can do now in England ; one had not always the opportunity of using the method of hypnosis to discover more deeply buried memories. In the large majority of cases the patients seemed to be naturally predisposed to hysteria, but to have been quite healthy before the shell shock, and in such cases the working off of the bottled-up emotion and the resynthetizing of the mind was quite sufficient to produce a permanent recovery.

Hypnotism is a method which should only be used in cases of definite loss of memory combined with loss of other psycho-physical functions. Such cases are easily hypnotized

—anyone should be able to hypnotize them. You do not need to hypnotize them deeply, only just sufficiently to recover the lost memories and produce abreaction. Then, later, you should resynthetize the patient, and always, as a matter of course, you should investigate his past history and endeavour to link up his dissociated stretch of memories with his past, and also with his more immediate present. If you do this you will find that you have made him less hypnotizable than he was when he first came to you. That is, after all, the test. If you have done real good to your patient he should leave you less hypnotizable than he was when he came to you. This, however, is not always possible. In some cases the patient is so hysterical and suggestible, his powers of mental synthesis are so weakened, that this character of hypnotizability persists unabated. In many cases, on the other hand, one can observe its gradual diminution, and, corresponding with this, one finds that the patient's general mental condition improves.

CHAPTER V

NEURASTHENIA AND COMPULSION NEUROSIS

We come now to a consideration of other forms of functional disease which are described under the names of neurasthenia and compulsion neurosis. Compulsion neurosis comprises the different forms of phobias and obsessions. Pierre Janet describes these cases of compulsion neurosis, along with others, under the heading of psychasthenia, and, although his clinical descriptions are very detailed and very valuable, they do somewhat confuse the question, because he has not made a very clear distinction between what the Germans and some of the French have designated compulsion neurosis, and other forms of neurosis.

First, let us consider neurasthenia quite briefly. Dejerine points out that the neuras-

thenic suffers from preoccupations and increased suggestibility as regards personal health. He has become worried, perhaps, by some mental difficulty in his life which he cannot adequately grapple with. He worries about it more and more—finds himself spending more and more time in thinking about it, and thinks about it in an emotional way, in a personal, subjective way. He is unable, through lowering of his powers of mental resistance at the time, to take an impersonal, objective view of the situation. He identifies himself with it more and more until it becomes a preoccupation—not an obsession ; an obsession is something that is past a certain stage towards abnormality. The emotional character of the preoccupation perhaps itself tends, on the one hand, to fatigue the patient—there is nothing so fatiguing as emotion, continual anxiety, and worry—and, on the other hand, it makes him more suggestible in reference to anything bearing upon the preoccupation. If his health fails, as it is almost sure to do, if his digestion, etc., gets out of order, his attention will be directed towards this inadequate

functioning of his digestive organs, and this attention will be of an emotional nature, and will increase the disorder. Thus a vicious circle is set up. The rate of digestion may perhaps be slowed down, owing to the patient's fatigued condition, with the result that the process of digestion is itself disturbed, and this disturbance then produces real intestinal disorders. The beginning of it all, however, was mental, and the cure is again mental. In order to break through that vicious circle you must attack it in the right place—namely, on the mental side. If you attack it on the physical side, you may get a temporary improvement—you may be able to reduce the acidity of the stomach, etc., but the worry will still be going on all the time, tending to set up the same condition again. Once the body has given way in any particular function, as a result of a mental trouble, that particular part of the body has become weaker, and as the mental trouble increases again it will break through in the same place. Dejerine points out that the neurasthenic is more suggestible even than the hysteric. One is inclined to agree with him. The neuras-

thenic is very suggestible with regard to his health.

How is a neurasthenic patient to be treated? Obviously by reasoning with him—not by ordinary moral reasoning, but by inquiring into the original cause of his symptoms. He may tell you that his stomach gave out, etc. etc., a year or two before, but you must not stop there in his history. You must go back to what happened years before, for there is often a long period of incubation with these disturbances. Then you may get a history of an emotional shock—not necessarily a sudden shock—though sometimes a sudden shock which with an hysteric would perhaps have caused a dissociation straight away, will in these cases produce an aggravation of that tendency to worry and to feel anxious that we all have. This tendency to experience anxiety is a normal tendency ; it is a very important one, because in these mental cases it is so frequently exaggerated. Anxiety is an emotion which stirs us up and makes us really investigate a matter. Let us consider the typical example of an undergraduate who is preparing for his

finals. Perhaps he has not been working very hard, but as the examination draws near he begins to get into a panic and really feels too ill for anything, and does not seem able to do any work. It is a very good thing for an undergraduate to experience anxiety of this sort, as it makes him take stock of his knowledge and find out what he really does know. His mind is thus worked up to meet the situation. If, again, we are faced with any definite peril, physical or mental, we have this same feeling of anxiety, which wakes us up and makes us more alert, though if it is too intense it defeats its own end. It is a different emotion from that of fear. The French have described it in very great detail (cf. *Les Anxieux*, par Devaux et Logre, Masson et Cie, 1917). This state of anxiety is exaggerated in the neurasthenic. He fails to pass on to a more ordered form of mental activity, to grapple with the situation (as, of course, all these psycho-neurotics fail to do, in one way or another), and he expends the energy, which he should be using to deal with the situation, in intensifying the idea still more, in keeping up the worry,

and finally disturbing the state of his physical health.

If you go over the matter again with him, if you talk over his past with him and get him to look at it from his present point of view, to take an objective view of it as if he were considering it as someone else's history, you will find that he will recover. One might suggest that the result is partly due to a diminution of suggestibility—that at least is my own view. What analysis does in helping neurasthenic patients is, I believe, to diminish their suggestibility. The better they understand how their symptoms arose, and what exactly was the sequence of their mental experiences, the less suggestible they become, not only as to their own past but also as to the future. You have made them stronger personalities altogether. That is why I have suggested a word to sum up the matter—the word "autognosis," self-understanding. What you do in these cases is to help the patients to understand how their disease arose and to understand their symptoms. Autognosis is simply a word corresponding to such insight. This does not

comprise the whole method of cure, however. The patient has in many cases to be re-educated. You have not only to get him to understand how and why he went wrong in the past; he must have practice in using his energies in a different way in the future. This is the case with physical disabilities, and it is the same with mental disabilities.

Now, a method like this is obviously far superior to the method of hypnosis. No one who understood his business would dream of attempting to hypnotize a neurasthenic. In the neurasthenic, as in the hysteric, there is certainly bottled-up emotion. It seems to be a tendency in everyone's life for emotion to cling to experiences. We must all have noticed this. If we hate a person we find that the feeling of hatred clings to all sorts of things connected with that person; it links them up with the experience itself. If we make it up with the person afterwards, it is not easy at first to get rid of the emotional feeling connected with him. The same thing happens, as is well known, in the experience of falling in love. If we fall in love we experience cer-

tain sentimental feelings in regard to a certain person, and we extend this feeling in some degree to a great many things connected with him. If we afterwards fall out of love again, these sentimental feelings will continue to be connected in our mind with certain experiences, and this association only dies out very gradually. In these cases of neurasthenia too much emotion has been linked up with certain experiences, too little with other experiences. This has tended to produce conflict, strain. The more this has happened the more a person is repressed and unnatural, or mentally awkward. Certainly this characteristic of repression, of awkwardness of the mind, is definitely reduced to a minimum by an autognostic working over of past experiences, affording an opportunity for the dammed-up emotion to flow out along association channels to other thoughts, to come out in talking things over and explaining past experiences. This does not mean, however, that in the end you will have drained off all the emotion from a person's past—that certainly does not happen—you do not by releasing bottled-up emo-

tion leave the experience without emotion at all. (You can test this quite easily in hypnotic cases.) The patient works off a lot of surplus emotion, but if you return to the same experience again later on, you will find that there is still emotion there though it is not so intense. You can test this again and again, and, after the first one or two times, you will find that the amount of emotional reaction remains constant—it will not be absent. You can go back to certain memories as often as you like, but you will always find some emotion there. It is my view that all memories of one's past life carry their own emotion with them, but it is additional emotion that has to be worked off in the neurasthenic as in any other form of psycho-neurosis.

Obsessions and Phobias

I now turn to obsessions and phobias, called by German writers compulsion neurosis, because the patient feels compelled to think or to do certain things. A very common symptom which most of these patients exhibit is a feeling of doubt and

uncertainty as to what they have just done. Perhaps they are going to bed at night and are not quite sure that they have turned off the electric light or the gas downstairs. This is a very common symptom indeed. Another very common symptom is the feeling that they must be continually washing their hands. Another is that they must read everything that is in the newspaper, or, perhaps, that they must read every advertisement that they see. I knew one man who used to read all the advertisements that he saw on his way home from work. On one occasion he decided that he would give this up, and he did manage to reach home without reading any of them, but he could not be happy until he had returned and had read them all carefully. That is, of course, an extreme case. A very simple tendency which one may find in a great many people is the tendency to walk along the pavement in such a way that, at each step, their feet avoid touching the line of demarcation between the paving stones. It is a tendency that people who are quite sane and normal may have, but it is an incipient form of the same

sort of thing. These are obsessions—the patients are obsessed by a tendency to think or to act in a certain way.

Then there are phobias, or fears—pathologically intensified fears. A very common phobia is the fear of heights. A phobia seems sometimes to be an exaggerated fear of the ordinary type, but in other cases one may find people fearing things that no ordinary person would dream of fearing.

Before turning to explanations, one ought to describe in a little more detail the state of mind of these patients. Besides the actual obsession or phobia, one has to attack in these patients a constant feeling of anxiety. Constitutional anxiety seems to be intensified in them, to be continuous throughout their lives, and to become more acute under certain conditions. To anticipate what I shall say later, one usually finds that, if one succeeds for a time in curing a patient of his obsession or phobia, he will return to this mental tendency. One of my patients felt a constant anxiety lest he should return to an obsession of some kind or other—a feeling which could not be allayed. Freud has a very interesting

theory as regards compulsion neurosis. He says that the patient is really obsessed about the wrong thing. What has happened is that in the past, at some time or other, something has gone wrong with the development of his psycho-sexual life. He has done something that he is ashamed of, and which was charged with an intense emotion of a painful nature which he has tried to repress and to drive out of his mind. He has only succeeded in dissociating the emotion from the memory. The memory thus becomes harmless and walks quietly into the unconscious, but the emotion has still to be dealt with, and finds its way along association channels to other less suspicious ideas and memories. The patient, who should be worried about some guilty thought or act of the past, is now worried about something which is obviously innocent and harmless. Thus the obsession is really disguised vice.[1] In certain cases this does work out according to theory. You do sometimes find

[1] According to the more recent form of Freud's theory, an obsession is a *reaction formation* to some tendency of very early life. See *Psychology and Psycho-therapy*, p. 35.

that you gradually bring up past experiences which are out of harmony with the patient's general character, and which have been repressed. When these memories are recalled, they and the obsessing emotion link up together again, and everything is all right once more—the patient is no longer obsessed. In the case I referred to just now, my patient, who was a bank clerk, had an obsession of infection. He used also to tear up circulars, and then worry as to whether he ought to have read them before tearing them up, etc. etc. He was a homo-sexual, and I discovered that, at the age of 15, he thought that he had led a younger boy astray. He described this incident to me with great emotion, with the result that the obsession disappeared, permanently as far as I know, but there remained a general feeling of anxiety. My further treatment, naturally, was to carry my analysis still more deeply into his past. This analysis definitely helped me to trace back his tendency to homo-sexuality, and to bring out many other emotional experiences of his past life, and, as far as I can make out, he recovered.

It seems to me that one cannot well lay down a single definite generalization about such cases, but one is certainly tempted to believe that a very important factor in compulsion neurosis is great exaggeration of the innate tendency towards anxiety which these patients possess. That is why analysis sometimes does not help the patient much—may even make him worse—and why suggestion treatment often does make the patient better. In the past people have often claimed to have hypnotized such cases and to have made them better by this method. Janet, however, says in his latest book [1] that he does not understand these reports, and my experience bears him out. I do not think that these cases are hypnotizable, though one may temporarily increase their suggestibility by making them passive, and thus help them to fight down their fixed idea and also to get rid of this general tendency towards anxiety. One may keep them in this attitude whilst they regain their physical and mental health.

Nevertheless, in many cases a course of autognostic treatment, with little or no suggestion, is sufficient to produce a cure.

[1] *Les médications psychologiques.* Paris: Félix Alcan, 1919.

CHAPTER VI

A CASE OF HYSTERICAL EPILEPSY AND AMNESIA—WITH DREAMS

THE following case seems to be worth quoting in detail, since it illustrates the way in which a series of dreams may reveal thoughts, fears, anxieties, and temptations present in the subconscious without much distortion. Their general meaning will be clear to the reader, in the light of what has been explained in earlier chapters. The patient himself learnt to appreciate their significance in the course of analysis, and eventually came to face the anxieties, etc., about his wife and children in a comparatively normal way through the process of autognosis and with the help of suggestion and auto-suggestion. But it will be realized that the actual situation was a painful one, almost impossible to alter, and very difficult for the patient to face with resignation.

The working of the "mother complex," i.e. early fixation of his affections on his mother, is apparent in the dreams.

Pte. A. H., 8th Scottish Rifles, aged 24, M., R.C. Admitted to Maghull Military Hospital from Netley.

At the Dardanelles: taken with a fit just before reaching the trenches. Patient does not remember anything more till he came off the boat at Portsmouth. Netley. Maghull.

Patient is depressed, has occasional headaches; loss of appetite and of sleep.

At age of 2 *years* fell from his sister's arms and struck his right temple; unconscious. Had fits when a child (see p. 85).

Age 19.—First fit, about seven months after his wife gave birth to his first child.

Age 21.—Second fit, shortly after his second child was born. His wife became depressed after the birth of each of his two children. Her mother and grandfather both died of melancholia in an asylum.

No other fits till the one in Gallipoli.

Patient seems to have been worrying about his wife's health at the time of each

fit, except the last (third) in Gallipoli, when it was principally his children that he was concerned about, although he was also worrying about his wife, not having heard from her for over three weeks. The doctor had told him never to leave his wife alone with the children.

Patient is worrying now, lest his wife, hearing that he is at Maghull for fits, may be upset and become melancholic and neglect the two children.

After his marriage at age of 19 he never cared for company. Always felt quiet. Didn't care for rough company. Always thought too much of his mother for that. He was the youngest of the family. At age of 10, swallowed a halfpenny ; was greatly scared. Was given medicine, but the halfpenny has never, to his knowledge, passed through him. Otherwise, he has always enjoyed life before marriage.

Often feels paralysed while sleeping, or on waking from sleep at night. Often, too, starts, as if falling down steps.

Dream.—" He seemed to be chasing a Persian cat on a ship. Then the dream

changed, and he thought he was returned home and found his two children in a filthy condition. He asked his wife what she had been doing with them. She replied that she had been away and that they had been looked after by his mother. He replied that he could not believe this, since the children would then not be in such a filthy state."

Mother the only friend he has ever had. He was the youngest of ten children, and her favourite.

He has had no pleasure (he says) for five years, and cannot see any prospect of pleasure in the future. Can't sleep at all at night. Didn't know about his wife's mental weakness when he married her. He knew, however, that two of her relatives had died in an asylum.

Dreamt he was getting murdered, blood coming from his neck, in a strange house and among strange people (three men). Then dreamt he was put on a large boat, and there were thousands and thousands of rats on the boat. He seemed to be the only man on the boat.

His wife drinks a great deal. This is his great worry. He told me stories about her drinking habits, and the trouble they gave him.

Oct. 4th, 1915.—Two nights ago *dreamt* that he was at home, and that his wife had a gash in her throat, blood gushing out. The children were standing round crying. He went for a doctor. The doctor said: "I am sorry to have to tell you, you are going to lose your wife." Patient said, "For God's sake, don't say that!" Patient was *not* greatly distressed. Then two policemen came in, and patient said, "What do you men want here?" They said, "We have come to arrest you." He was taken to the police-station. Later on he was sentenced to death by hanging. He was quite innocent. When sentence was passed he gave one big roar and sprang up in bed awake.

He has only once dreamt of the Dardanelles, when he thought he was in a bayonet charge.

About four nights ago he had a vision of a woman in a black shawl (over her head) who was about to touch him, when he said,

"Christ have mercy on me," and the vision then vanished. He was terrified. It was about 11.30 p.m., and he was lying in bed awake. He was powerless to move or to close his eyes to shut out the sight.

Oct. 7th, Oct. 10th.—Suggestion treatment given. Stage of inability to open eyes.

Oct. 13th, Dream.—"His wife came here to see him, bringing her two children (5 years and 2½ years), and stayed with his aunt. He murdered the two children, and then attempted to murder his wife, but she resisted and struck him over the head with a hammer."

Patient told this dream in a hypnoidal state, and went on to confess that he considered that it was only his wife's death which would make the situation tolerable, and that he would rather his children died than that they should be neglected by their mother.

Oct. 19th.—Wife and children came up and stayed near the hospital for a fortnight. Patient became taciturn, and for weeks nothing could be got from him. He stubbornly

maintained that he was well and contented, although looking far from being so.

Nov. 10*th.*—After repeated questioning and urging, patient spoke about his affairs again. He still worries about his wife and children, and says that if only his children were out of the way he would gladly face death in any form. He is tired of life because this constant worry about his children's future spoils all his pleasure.

Patient's father died (of fatty degeneration of the heart) when he was 2 years old. Patient was brought up by his mother and had a happy childhood. He only reached Standard IV at school. He married his wife because a baby was expected. Otherwise he would not have married her. His first child was born two days after the marriage.

Both his brother and he had fits when children.

He has had three since his marriage, as we have seen, the first two about seven months after the birth of each of his two children, respectively.

Dec. 13*th, Dream.*—" He was at home and

he wanted his wife and children to come out with him in a small boat for a sail on the Clyde. But at first he went to his mother's with £5 in notes, and 2*s.* in his pocket. He offered his mother the £5, but she would not take it. She asked why he offered it. He replied that he had 2*s.*, which would be quite enough for him. She coaxed him to take back the £5, but he would not. So he walked away, leaving the £5 with his mother, and went with his wife and children to the boat for a pleasure trip.

"They pushed off, and hadn't been ten minutes in the boat before it sank. The water seemed to be a bit rough. Then Geordie G——, the boatman who takes dead bodies out of the Clyde, and who also rescues people, came in his boat, and drew them all out of the water. He took them into his little cabin, and sent for the *police* (*not* the doctor). The police took patient's name and address, and asked him how it happened, and then told them to get home as quickly as possible. Patient reached home with his family, and had been only ten minutes in the house when the priest and

doctor came in, and the priest asked him if he had led a good life and had attended to his duties, and he said 'Yes.' The priest also asked him when he had to go back to his depôt (in khaki) and he replied, 'In three weeks' time.' So the priest invited him to make a confession (the usual monthly confession, the patient explains), but the patient replied that he was not just then prepared to make one. The priest then asked him where his mother lived. He sent for the patient's mother, and it seemed to the patient that when his mother came in she just made one grab for him, and put her arms round his neck and kissed him, and started to cry. So the patient asked her what she was crying for. She could not speak for tears. . . . A little later, patient thought he saw the sky opening and a big crucifix appear."

Patient keeps saying that there is now no sweetness in life. He cannot see what there is to live for.

Dec. 16*th*, *Dream.*—"He seemed to be dead and in his coffin, but could see everything that was going on. The elder of his

two boys (5 years old) came over and kissed him, but he could not move."

The patient eventually improved in bodily and mental health through autognosis, suggestion and auto-suggestion. He regained his appetite and his power to sleep, but continued to be far from happy. He had no fits while in hospital.

CHAPTER VII

HYPNOSIS AND SUGGESTION

We have now to consider in more detail the nature of hypnosis, the process of hypnotism, the nature of suggestion, and the relation between hypnosis and suggestion. Beginning with hypnosis—historically the practice of hypnotism preceded the theory and practice of suggestion, and the historical order throws light upon the scientific relationship.

Hypnosis

The word hypnosis was invented by Braid, to describe a state of mind and body into which some patients are thrown by certain special methods; this state very closely resembles a state of sleep, and had been produced years before by Mesmer. Certain phenomena and characteristics of the mind and nervous system first observed in mes-

merism were later described under the title Hypnotism and later still under that of Suggestion. The events of recent years have enabled us to approach the subject again in an unbiassed way, and to a certain extent independently of earlier literature. After the work of Mesmer and people like Braid, Elliotson, and Esdaile, there grew up a tendency for writers who had no great practical experience to copy from one book to another statements concerning the laws of hypnosis without any close scrutiny or testing of those laws. Up to the time of the War the number of typical hypnotic patients that any single medical man had the opportunity of seeing was comparatively small; thus there was a distinct tendency for his views to be biassed by his own findings, and for his theory to be supplemented by statements that he found in books.

The large number of nerve cases produced by the War gave material of unrivalled excellence for the study of the phenomena of hypnosis, and some of us very quickly found that our practical experience was to a great extent at variance with what we had

read. Moreover, the writers were at variance on fundamental matters, some holding that the more normal the person, the stronger his will, the greater his powers of concentration, the more easily was he hypnotized—i.e. that hypnotizability was a sign of mental health—whilst others stated that the more normal the person, the less susceptible he was to hypnotic influence. Nor was it evident what types of the weak-minded had been dealt with in the experiments.

We found that in cases of shell-shock the patients were easily hypnotized immediately after the shock. Moreover, the more definitely dissociated they were and the greater the extent of the amnesia, the more easily were they hypnotized. On the other hand, patients who showed no loss of memory were not easily hypnotized ; I do not say theywere not hypnotizable, but mild methods failed to produce the hypnotic sleep.

Methods of producing Hypnosis

We may here conveniently consider the various methods used in producing hypnosis.

Generally speaking, the monotonous stimulation of sense organs tends to produce hypnosis—to throw the patient into a state that resembles sleep. The patient lies on a couch and fixates, say, an ophthalmoscope mirror or a faceted diamond held about ten inches from the eyes and slightly above the normal plane of vision, so that to fixate it he must turn his eyes upwards and inwards to the bright object. After a few minutes' fixation he will, if he is a satisfactory subject, experience more and more difficulty in keeping his eyes open, and will pass into the hypnotic state. Suggestions may be given to him that he will get drowsy and that he is going to sleep, with the result that he falls into an artificial sleep, but continues to hear the words of the operator, and later may lose consciousness of everything else. This is a deep stage: he is apparently asleep to everything except the physician's words. Lighter stages can be produced, where he is conscious of what other people say or conscious of voices around him, but where, nevertheless, his mind is concentrated upon the physician's words. He has no great power to move his

attention from one thing to another. It is fixed upon the words of the physician.

The bright object may be replaced by a monotonous sound. A metronome beating at two a second is very useful. The patient lies listening to the beat of the metronome, and gradually falls into a state of dissociation. Another means of producing sleepiness is the use of monotonous rhythmical passes with or without contact. We may smooth the forehead at a definite slow rate, or again we may make passes down the subject's body without touching the body at all. This method, of passes without contact, was much used by Mesmer, and seems to have a peculiar effect in certain cases. I have met with patients who resisted other methods but were readily hypnotized by this method.

These are the more fundamental ways of producing hypnosis, and it seems unnecessary here to refer to others, as they have no special theoretical significance. We may sum up by stating that all recognized methods of producing hypnosis are methods of holding the attention, and so bringing about dissociation.

To return to the war neuroses: when dealing with shell-shocked soldiers of hysterical type, all that was needed was to tell them with conviction that they would go to sleep but would continue to hear what was said to them by the physician. They at once passed into a sleep, and we could secure hypnotic phenomena in varying degree from them afterwards. The depth of hypnosis exhibited varied directly with the degree of dissociation already existing when the patient reached the physician. The men had already become dissociated through inability to deal adequately with the intense emotional strain produced by the shock; they were, in fact, already hypnotized. Moreover, we discovered upon reassociating their minds after a single hypnosis that they had thereby been rendered less susceptible to hypnosis—and this not because they were resisting, for they were only too anxious to proceed with the treatment, but because they had acquired a greater strength of mind, a greater unity of consciousness, which rendered the appeal of the hypnotist less effective. Reassociation of the mind,

rather than increased power of voluntary resistance, was the determining factor in this loss of susceptibility.

Susceptibility to Hypnosis

If we admit that patients who are easily hypnotized are definitely abnormal, and that hypnotizability and this form of abnormality go hand in hand, it would appear that the perfectly normal person should be unsusceptible to hypnosis. Yet we know that a certain proportion of apparently normal people can be hypnotized. Are we, therefore, to say that hypnotism itself is a normal property characteristic of a certain proportion of normal people, and that the hypnosis of which we have been speaking—the hypnosis of the shell-shocked soldier—is something different? That is one alternative. The other is that hypnosis is always the same whether light or deep, that dissociation is always conditioned by emotional incompatibility, and that these apparently normal people, who are hypnotizable to a slight degree, are to that degree abnormal. I

hold the second view. No one is completely normal. We are all abnormal in some respect. We may agree with Mœbius that "everyone is somewhat hysterical." We are none of us complete units. There is a constant tendency for certain of our emotional trends to break away from the rest, a tendency for each of us to attend to the outer world not as an integrated personality, but with one of the aspects of his personality. As William James pointed out, each is a system of many selves. No one is a completely unitary system of such selves. We have various desires which, while compatible with one of the selves, are incompatible with others; we try to make them compatible with all under the guidance of our dominant personality, but we never completely succeed. Unity of personality is an ideal rather than a fact; but some persons are born with a greater tendency towards dissociation. These suffer from hysteria or the effects of mental strain; they are easily hypnotizable, and I claim that their hypnotizability is a pathological characteristic, not a normal characteristic. In reaching this conclusion,

I am inferring according to the principle of concomitant variations.

We conclude that the hypnotic state is a state of dissociation, while the ideal normal state is a state of association. It follows that hypnosis, *as such*, is not a good thing for the patient. Consider an abstract case of an individual who is practically normal and under ordinary circumstances not hypnotizable ; suppose that that person is subjected to an emotional appeal to one of his many selves, to the exclusion of the others. It may happen that that self or tendency breaks away from the other tendencies of his mind. A dissociation is started, and he at once becomes hypnotized because he is dissociated. The apparently normal mind was not an absolute unity ; in it there was a slight tendency to dissociation. The emotional appeal increased that tendency and the patient became hypnotizable. Under hypnosis the dissociation increases, the patient becomes more hypnotizable, and so the situation gets worse and worse. Turn, then, to our experience of patients who have been repeatedly hypnotized. The so-called

"circus horse" subjects of the Salpêtrière became more and more weakly, less and less able to manage their own affairs. The repeated hypnosis did them no good. Quite lately a book has been published in France giving the life of a lady who seemed to have clairvoyant powers, and who was hypnotized repeatedly and to a high degree some twenty or thirty years ago. She has become less and less able to look after herself. I myself have seen several patients who have been hypnotized many times by different doctors, and my experience certainly is that they became less able to look after themselves. The general effect of repeated hypnosis is definitely bad for the subject. It is most important to think clearly about this. If you agree that hypnosis corresponds with dissociation, you will at once agree also that it is in itself bad for the subject. Nevertheless, as we have seen in Chapter IV, its employment is useful and justifiable in the treatment of certain types of patients.

Relation of Hypnosis to Suggestion

As regards the relation of hypnosis to suggestion, the various methods that I have described of producing hypnosis seem to be methods of inducing sleep by suggestion, but they are not all methods of that nature. Consider shell-shocked men. The patients are already hypnotized—they are in the same mental state as other hypnotized persons —except that they are not *en rapport* with a hypnotist. All that is necessary is for the doctor to get *en rapport* with such a patient, and all the ordinary phenomena of hypnotism can then be obtained. Even if we admit that for the most part hypnosis is produced by suggestion of sleep, the effects obtained in cases that are deeply hypnotized can scarcely be accounted for as results of suggestion. Some cases pass into deep hypnosis at once, and many of the phenomena then observed are phenomena relatively independent of suggestion. For example, the patient when he is deeply hypnotized may be found to have a much wider memory, a memory for a much larger extent of his

past life than he had before. Or take a patient with loss of memory ; we can easily hypnotize him and often find that his lost memories come up, although he has been given no suggestion whatever with regard to these lost memories. In other cases it is true that you have to suggest that the memories will come back, but here again it is difficult to plead that the recall of the memory is entirely the effect of suggestion.

It would seem that there are two distinct characteristics present. There is hypnosis, which is a form of dissociation, and there is an increased suggestibility, and the suggestibility and depth of hypnosis do not vary concomitantly. They may vary in proportion to one another in the lighter stages of hypnosis, but with a more pronounced degree of hypnosis there is sometimes loss rather than gain of suggestibility. In many directions the deeply hypnotized patient is not suggestible at all ; he has passed beyond your powers of suggestion. His power of response is more selective. What has really happened is that you have split off one small part of his mind ; the rest of

the mind is dissociated from this small part and immune to hetero-suggestion.[1] The result is that after waking the patient up the immediate effects seem to be good. The suggestion has taken root, but only in a small portion of a dissociated personality, and quickly wears off. It would seem that the distinction between suggestion and hypnosis is such that you can practically separate suggestion and hypnosis as methods of dealing with patients. Hypnosis is a valuable method of dealing with loss of memory, of dealing with dissociation already produced by other causes, for you can use it once to recover the lost memory and then reassociate the patient. By so doing you make him a more normal man.

On the other hand, when using hypnosis merely as a means of increasing suggestibility, you take away with one hand what you give

[1] Hetero-suggestion = suggestion implanted in a patient by another person. Auto-suggestion = a suggestion implanted in a patient by himself. In so far as all forms of suggestion must be *accepted* by the patient himself in order to take effect, all suggestion may be called auto-suggestion. But this wider use of the latter term slurs over a distinction that is of great importance in practice.

with the other. You perhaps increase the tendency of the suggestion to take temporary effect, but you also diminish the coherence of the patient's mind, so that he becomes more susceptible to bad as well as to good suggestion, and his last state is worse than his first.

Nevertheless, in special cases the increased suggestibility accompanying a light hypnotic (or hypnoidal) state may be of great value in treatment. As an instance one may cite the treatment of backward children by this means.

CHAPTER VIII

SUGGESTION WITHOUT HYPNOSIS

Is it possible to employ suggestion without hypnosis? I am inclined to believe it possible, although perhaps most people would describe such cases as cases of very light hypnosis. It seems to me that the dissociation of the mind of a normal person falling asleep in the ordinary way is itself a normal dissociation, different in value from the dissociation of hysteria and hypnosis, and that production of this normal dissociation suffices in order to apply suggestion to the patient. In sleep it would seem that the so-called higher mental functions, those associated with the cerebral cortex, are dissociated *as a whole* from the so-called lower unconscious functions, whereas in hysteria and hypnosis the dissociation is within the realm of the higher functions. They are no longer a unity.

Definition of Suggestion

I have not yet defined suggestion. F.W.H. Myers defined it as "a successful appeal to the subliminal," C. Baudouin as "the subconscious realization of an idea." This second definition will serve our purpose; it involves a subconscious, the possibility of acceptance of an idea by that subconscious, and the realization of the idea by subconscious mental activity, a certain latent period elapsing between the acceptance and the realization of the suggestion. There is a great deal of evidence for the view that in normal sleep the subconscious in its entirety is more easily approachable. The conscious mind that has dominated it during the day is losing its hold and sinking more and more into abeyance. In this situation ideas that are presented to the subconscious have a greater chance of making an impression on the subconscious and being accepted by the subconscious. When this happens the subconscious proceeds to realize the idea.

It has been proposed [1] to compare the rela-

[1] By C. Baudouin: *Suggestion and Auto-suggestion.*

tion of the conscious to the subconscious with the relation of external to internal. The mind has developed in relation to an external environment which it has had to learn to know and act upon. In that process it has become conscious intellect and conscious will. But the affairs of the body itself have to be carried on ; a certain portion of the mind presides over these bodily functions, even over the cerebral cortex which is supposed to be in the most intimate relation to conscious mental activity. This part is the subconscious mind and has as its main characteristic a sensitivity to suggestion, even as will is the active characteristic of the conscious mind. If you wish to bring about a change in the subconscious attitude towards the environment, will is ineffective because the material, for dealing with which it has been evolved, is quite different in nature from the subconscious. The subconscious is susceptible to the reception of ideas in a passive way, and is able to, realize those ideas in its own manner and produce changes in the body. Among these changes we may assume that it can produce changes in

the cerebral cortex, that it may the more easily produce changes in parts of the body that are related to the nervous system.

This is one possibility. *I am not exactly advocating it; the evidence is not sufficient*, and it may seem rather too extraordinary to fit in with accepted results of research in neurology, biology, and physiology. What we are compelled to accept, however, are the facts themselves. We do find situations where the will is apparently powerless and the intellect useless, yet where suggestion at once succeeds in producing effects if the patient can but get into a half-waking, half-sleeping passive state of mind. Under these conditions calm and impressive suggestion does not stir up opposition. The ideas suggested tend to realize themselves, results are obtained and subsequently—what is still more important—the patient finds he is able to use the method himself. He is able to put his mind in a condition in which conscious mind ceases to strive and allows the subconscious to assume control. Unlike volitional concentration of the attention, the concentration obtained in successful auto-

suggestion is free from strain. Not only are the voluntary muscles relaxed ; all conscious mental process is also relaxed, and the patient is able himself to call up the idea of the desired end quietly, without definitely speaking the words, and in calling up these thoughts of complete recovery or thoughts of improvement he has the mental attitude of complete certainty. He *knows* that his thoughts are coming true. He *knows* that the suggestion will realize itself. He *knows* that during sleep the subconscious will realize the idea more and more fully. Under these conditions ideas presented to the patient by himself do tend to realize themselves.

The Normal State of Increased Suggestibility

What is this state of mind in which the power of suggestion increases ? Many would say it is a state of light hypnosis, but, in my view, it is a normal state. It is a state that perfectly normal persons pass through as they lose consciousness in sleep ; moreover, it is a state that has no bad effects. From experience I conclude there is no pathological

dissociation in this state. You can limit the range of conscious activity, get an increased suggestibility for the moment, and then, when the patient returns to the normal state, he is found to be no more susceptible than heretofore to hetero-suggestion. In this it differs from hypnosis. A person who has been hypnotized is more susceptible.

An impression may be obtained from some writings that the longer the periods during which auto-suggestion is practised, the better the effect. It is, however, much better in using auto-suggestion to get the state of mind for a very short time, for a minute or less, and not to attempt to keep this frame of mind for a longer time. The reason for this is that a short interval of time suffices to secure the state of mind, to establish contact with the subconscious and to implant the idea of the desired end. The subconscious then, without further assistance from consciousness, goes on to realize the idea at its own leisure. In this way you take advantage of a normal suggestibility and are free from any danger. But if you try to prolong the state for several minutes, you run the risk of your own sub-

conscious throwing up an opposite suggestion. Patients who suffer from depression have themselves told me that, although the suggestion may seem to work when they get treatment from me, when they seek to suggest to themselves, all the time a small voice is negating the idea they are striving to implant. This opposition is sometimes of more effect than the auto-suggestion, and the patient becomes worse rather than better. In such circumstances, if you shorten the time spent in auto-suggestion, you secure a better result.

The "Law of Reversed Effort"

M. Coué, of the New Nancy School, has sought to summarize the facts in his so-called law of reversed effort. He has stated it in this way: (1) when the will and imagination are in conflict the imagination always wins; (2) in conflict between will and imagination the imagination varies in direct ratio to the square of the will. He is using the terms *will* and *imagination* in no clearly defined sense, but, put roughly, he pictures a struggle between the active and conscious striving of the will and imagination in the shape of a

suggestion that, having been accepted by the subconscious, tends to realize itself through subconscious mental activity. He observed that over-anxiety counteracts the effects of suggestion. Take an ordinary experience on seeking to sleep. If you are anxious to go to sleep, you get wider and wider awake. Or, again, take a case of temporary loss of memory. If you make a greater and greater effort of will to recover the memory, you really seem to drive it farther and farther away, but when you change your mental attitude to a state of passive waiting, the lost memory will often come up. You have freed yourself from effort and so created the conditions under which the subconscious works and gives results.

Is this law of reversed effort the best way of formulating the doctrine? If it is we are faced with a rather serious situation, for it tends to discount the will. It makes suggestion something absolutely different from the will, and puts the will in a definitely inferior position as regards these different forms of nerve illness and as regards ordinary life. Are we forced to adopt this

position? It seems to me that we are not. The facts are true, and have long been recognized. It is the point of view that Coué emphasizes in his law that I would criticize. Let us consider how the will and imagination do come into conflict with one another. Supposing you are anxious to remember a name, you make an effort of will and find the name disappears. Then you adopt the attitude of auto-suggestion and the name comes up once more. Perhaps you want to introduce the person to another friend of yours and you want to avoid appearing foolish, but the name will not come. You make an effort of will to secure it, *but your effort of will is a special kind of will,*[1] *a rather weak, fitful form of will, because it carries with it fear of failure.* Just as a weak swimmer, suddenly seized with fear, strikes out irregularly and rapidly and sinks, so your will under the influence of fear becomes a spasmodic useless will that must be abandoned before the lost memory will float up. The fear of failure is a very prominent part of your total mental state.

[1] Indeed, not complete will at all; see next chapter.

Inability to remember the name arouses fear of a continued inability to recover it. This added emotion wins the day and your spasmodic will is vanquished. Really, however, the conflict is not between your will and the suggestion, but between one suggestion and another; the suggestion or idea that the name will come to you and the suggested opposite. By willing in that spasmodic way you have produced the counter-suggestion. This is reinforced by the emotion of fear, and makes your will the kind of will that is inferior to suggestion. The complete form of will is never in conflict with suggestion. This will works, not through an effort of determination, but with a calm assumption that, of course, it is going to succeed. This kind of will is not inferior to suggestion. In dealing with patients we find that, if the law of reversed effort is explained to mean that entire passivity will secure a certain result, there is often improvement at first, but the patients are mystified and find that eventually they have to use their wills in one form or another. It becomes necessary to explain that spasmodic, impul-

sive will is not an expression of the full personality, that what they should cultivate is a will based upon a quiet, calm, firm belief in the reality of health and the innate tendency of body and mind towards health. Such a form of will is not in opposition in any way to suggestion for their good ; in fact, their individual suggestions are merely aspects or parts of that will. Hence I cannot help feeling some doubt about this formulation of the law of reversed effort. One must avoid strain in carrying out hetero-suggestion or auto-suggestion, but it is a dangerous doctrine to say that one must avoid will. Obviously one must avoid spasmodic will, but one needs the steady determination to retain a real belief in the power within that works towards full health of body and mind. One must will to be well, one's efforts of will being of the nature of a studied resolution coupled with a set calm faith that we are in harmony with, and not unimportant parts of, a much wider spiritual system.

[1] The forgetting of names is sometimes (not always) due to repression, as Freud was the first to point out. In such cases the passive attitude of mind helps to remove the repression. But in these, as in other, cases the mental factors described above are also active.

CHAPTER IX

SUGGESTION, AUTO-SUGGESTION, AND MENTAL ANALYSIS

Theory and Practice of M. Coué

In the previous chapter we have had occasion to criticize M. Coué's formulation of his "Law of Reversed Effort." In doing so we do not for a moment dispute the *facts* upon which the law is supposed to be based. Indeed, these facts have long been recognized by all who practise suggestion treatment. In carrying out suggestion treatment all effort should be avoided. Suggestion and auto-suggestion should be employed to supplement the will, not to supplant it.

But the possible conflict of which Coué speaks is one between opposing suggestions, in which a complete act of will never figures. One of the best definitions of volition is that given by G. F. Stout: "Volition is a desire qualified and defined by the judgment that,

so far as in us lies, we shall bring about the desired end because we desire it." The "judgment" in this definition comprises, of course, *belief*, and if completed it is superior to imagination acting alone. Fear, doubt, or uncertainty prevents the occurrence of completed volition. Coué himself sums up the situation in his phrase, "Je voudrais bien mais je ne peux pas." Here the *voudrais* cannot be equated with *volonté* or volition. It represents a *wish*, a very different state of mind. As Aristotle reminded us 2,000 years ago, we can wish the impossible but we cannot will it. We must believe a thing possible before we can will it at all.

Coué is equally unsatisfactory in his definition of imagination. He identifies it with the unconscious, in the following passage of *La Maîtrise de Soi-Même*, p. 3 :

"Non seulement l'inconscient préside aux fonctions de notre organisme, mais il préside aussi à l'accomplissement de toutes nos actions, quelles qu'elles soient.

"C'est lui que nous appelons imagination et qui, contrairement à ce qui est admis,

nous fait toujours agir, même et surtout contre notre volonté, lorsqu'il y a antagonisme entre ces deux forces."

But if we then turn to what he has to tell us about this "unconscious" we find no adequate definition of it. Nor is this surprising, since he has no theoretical or practical acquaintance with the analytic investigations into the nature of the subconscious or unconscious.

On the practical side, one may criticize Coué's method in that it involves an encouragement and training of the patient's automatism and produces a dissociation which is similar in kind to the dissociation of hypnosis and of hysteria. This is especially obvious in the last of his four *expériences*, or preliminary experiments which patients are put through in the course of learning auto-suggestion. His description is as follows:

"*Quatrième expérience.*—Prier le sujet de croiser les mains et de serrer les doigts au maximum, c'est-à-dire jusqu'à ce qu'il se produise un léger tremblement, le regarder comme dans l'expérience précédente [i.e. le regarder fixement, sans remuer les pau-

pières, à la racine du nez] et tenir ses mains sur les siennes, en pressant légèrement celles-ci, comme pour les serrer plus fortement. Lui dire de penser qu'il ne peut plus desserrer les doigts, que vous allez compter jusqu'à trois et que, quand vous direz : 'Trois,' il devra essayer de séparer ses mains, en pensant toujours : 'Je ne peux pas, je ne peux pas, etc.', il constatera que cela lui est impossible. Compter alors, 'un, deux, trois,' très lentement, et ajouter immédiatement, en détachant les syllabes : 'Vous-ne-pou-vez-pas, vous-ne-pou-vez-pas, etc.' Si le sujet pense bien : 'Je ne peux pas,' non seulement il ne peut pas desserrer les doigts, mais encore ces derniers se serrent avec d'autant plus de force qu'il fait plus d'efforts pour les séparer. Il obtient en somme le résultat contraire à celui qu'il voudrait obtenir. Au bout de quelques secondes, lui dire : 'Maintenant, pensez : Je peux,' et ses doigts se desserrent.

" Avoir toujours soin de tenir le regard fixé sur la racine du nez du sujet et ne pas permettre à ce dernier de détourner un seul instant ses yeux de vôtres."

Four lines farther down, Coué writes of

this experiment, "Employez toujours un ton de commandement qui ne souffre pas de désobéissance." (*La Maîtrise de Soi-Même*, p. 16.)

This is an extremely neat experiment to illustrate dissociation, and the final instructions about "fixing the regard" and "using a tone of command" ensures that its relation to hypnotism shall not escape our notice.

Another Method of Treatment by Suggestion and Auto-suggestion

But the best method of employing suggestion and auto-suggestion would be one that avoided artificial dissociation altogether. This may be carried out by asking the patient to lie on a couch with eyes closed and all voluntary muscles, as far as possible, relaxed and to think *passively* of sleep. The patient must avoid all effort, and if thoughts thrust themselves on his notice he should quietly turn his attention away from them and let them, one by one, pass by. He is to allow his mind to dwell upon the idea of sleep throughout the whole time that he lies on the couch, and to pay no attention to the words

that the doctor will address to him later on. Although he will no doubt hear these words he is not to listen (actively) to them. For the first few moments the doctor suggests relaxation, passivity, and sleep in calm tones, and then proceeds to give his suggestions in a low voice, speaking with calm certainty. The suggestions are both special suggestions in reference to the actual symptoms and to their causes, so far as they may have become known through previous mental analysis, and also general suggestions of sound mental and physical health. The further suggestion is also given that the patient will be able to help himself by auto-suggestion, which he will practise the last thing at night and the first thing in the morning until recovery is complete. The patient is allowed to lie on the couch, thinking of sleep, for an hour at a time,[1] and the suggestions are given him every five or ten minutes. It has been previously explained to him that, although he is not listening to the suggestions with his conscious mind, yet his subconscious mind will receive them and act upon them. It is

[1] In some cases half an hour for each treatment is sufficient.

also explained to him that, should he actually fall asleep during the hour, it will be normal sleep, not hypnotic sleep, and that the suggestions will be received all the same. Almost all patients are able to be passive for an hour at a time in this way, and experience no restlessness whatever while doing so. They often express surprise at this, and state that they could never do this by themselves at home. The rest itself appears to have a specially recuperative effect—like a concentrated rest-cure, as one of my patients remarked to me. After a few hours of treatment most patients find themselves able to carry out auto-suggestion satisfactorily. My advice as regards auto-suggestion is that the passive state should not be prolonged for more than about a minute at any one time, for reasons already stated (see p. 110).

Permanent improvement may be obtained in this way, especially if the suggestion treatment is preceded by an adequate mental analysis. Almost all patients need help by suggestion from another person before they can obtain much success through auto-suggestion. This is not surprising, since

suggestibility is an essentially *social* characteristic. It is only secondarily that one becomes suggestible to oneself as to an *alter ego*.

Relation of Suggestion to Mental Analysis

Much has already been said, directly or by implication, as regards the relation of suggestion to mental analysis, in Chapters I and III. Dealing with the problem from a more general point of view, one may harmonize these two lines of thought in the following way. As a result of mental conflict the mind is weakened ; there is a weakening of mental synthesis with the resultant tendency to be more readily overwhelmed by emotion, and more readily carried away by certain ideas if supported by certain feelings. In this way our subconscious becomes more ready to accept fortuitous bad suggestions coming down from consciousness. Thus in the ætiology (or causation) of functional nerve disease one finds both general factors at work, viz. mental conflict and bad auto-suggestion. Similarly, as regards cure, one

may by analysis help a patient to see the relationship between the systems of ideas which have been in conflict, and to make up his mind as to what line he should take to overcome the physiological and psycho-physiological effects of repression. But one may also apply counter-suggestion to overcome bad habits of mind and body arising through bad auto-suggestion at the time of the original mental conflict.

It is in the case of patients suffering from stammering, drug habits, enuresis, etc., in which an habitual reaction of a pathological nature has grown up in the course of time, that suggestion and auto-suggestion are most obviously needed as a supplementation of treatment by mental analysis.

Suggestion treatment is also of value in some forms of organic nerve disease, where an added "functional" element, produced by bad auto-suggestions and by the derangement of parts of the nervous system other than those directly affected by the disease, can be diminished or even eliminated by well-directed counter-suggestion.

It may be beneficial in some purely physi-

cal diseases, through its power of influencing blood-supply by way of the vaso-motor nerves, as well as by counteracting previous bad auto-suggestions in the mind of the patient. In cases of a certain type suffering from high blood-pressure, it seems sometimes to have the power of lowering the blood-pressure or slowing the rate of its further rise.

Psycho-therapy and Religion

The relation between mental healing and religion is a very close one, which cannot be passed over in silence, although this is not the place to attempt any discussion of so great a subject. Suggestion points inevitably beyond itself towards faith as its ultimate goal. In like manner mental analysis and autognosis lead on to the problem of mental synthesis, in which a general philosophic and religious outlook on life is inevitably demanded of both patient and analyst. The patient must work out his own salvation, it is true, but he will turn to the analyst for help and is justified in looking for such help. Some training in ethical and

religious philosophy on the part of the analyst is a well-nigh indispensable part of his intellectual equipment in dealing with certain types of psycho-neurosis. On the other hand, no form of spiritual healing can safely dispense with medical opinion, and in particular with the specialized knowledge in neurology and psychiatry, which every well-qualified psycho-therapist possesses.

For further information, I would like to refer my readers to an excellent article on "The Meaning of Spiritual Healing," by the Rev. Harold Anson, published in the *Guild of Health Quarterly*, vol. iii, No. 25, pp. 475–81, March 1922.

CHAPTER X

THE PHILOSOPHICAL BACKGROUND—BERGSON'S METAPHYSICAL SYSTEM

EVERY revolution in scientific theory synchronizes closely with the development of new ideas, and even new systems, within the domain of philosophy. Modern doctrines in Psychology are surely destined to play their part in moulding philosophic speculation in the near future. But already we have to our hand a new—or in great part new—metaphysical system, the work of a modern philosopher of outstanding genius, which is closely akin to the spirit of those doctrines. Professor Henri Bergson's philosophical views are deserving of the closest study by all psychologists at the present day, and my readers will probably derive more help from a brief exposition and criticism of his views than from any attempt on my part to deal more generally with the metaphysical prob-

lems of psychology in the small space at my disposal.

Of the writings of earlier philosophers, those of Schopenhauer, Fichte, and Ravaisson seem, though not ostensibly, to have had the greatest influence in turning Bergson's views in the direction most characteristic of them ; but too much emphasis should not be laid on this fact. The way in which Bergson develops his system is entirely original and peculiar to himself. The method he employs —the method of intuition—is entirely new. Like most philosophers, he starts out from the individual consciousness. Here he finds that the most characteristic quality is change, continuous and progressive. No two moments of consciousness are ever exactly alike. So-called " states " of consciousness are hypostatized abstractions, resulting from the use of language to describe the workings of the mind. Consciousness is a stream, of which the successive pulses interpenetrate one another to a greater or less degree. We become aware of this interpenetration or continuity by an act of intuition in which the mind turns back upon itself, " does violence

to itself," and in a fleeting moment transcends the subject-object distinction by being one with itself.

Intuition and Intellect

Within the individual mind itself there is, according to Bergson, a twofold tendency: one towards spirituality, in which the mutual interpenetration of mental processes would be complete; the other towards materiality and spatiality, where the interpenetration is at a minimum and the states are really states external, or almost external, to one another. Mind is predominantly spiritual in an act of volition. It is itself moving towards spatiality and materiality in moments of passive reverie. In the former case, the mind gathers itself together in its entirety and propels itself forward into the future in a free creative act. In the latter, it becomes materialized in the form of extended externally-related images. The antithesis is one between intensity or tension on the one hand, and extensity on the other. Spirit is known by intuition, matter is known by intellect. In most cases both intuition and intellect

are needed, since the objects known are generally partly spiritual, partly material. In fact, complete materiality or spatiality, in which there would be mere quality-less points completely external to one another, absolutely indifferent to one another, is a limiting case never reached by actual matter. The function of intellect is to know matter; it has developed *pari passu* with the movement towards materiality in order to know this movement, but for unexplained reasons it has shot beyond its goal and passed to the limiting stage of empty space. Geometry expresses the properties of empty space, and intellect is "ballasted with geometry." The method of the intellect is essentially geometrical and mathematical. Its attempted reduction of all quality to quantity, in the natural sciences, is the logical outcome of its nature and functions.

Time and Free Will

The psychical "states," classified and described by the empirical psychologist, are abstractions, moments of the flux of consciousness torn from their context, instan-

taneous snapshots of the ever-changing mental life. These states are then employed to reconstruct consciousness by being placed end-to-end, one after another, in a homogeneous time which flows at a perfectly uniform rate and exerts no sort of influence whatever upon them. Such a picture may represent tolerably well for our practical needs time that has elapsed. It is entirely false as a representation of time and consciousness in the process of elapsing. The psychological present is not a mathematical point, but has a certain breadth in which the immediate past, the immediate future, and the experienced transition from one to the other, are present together. This "specious present" gives us real duration or real time. It is a continuous process, apprehended as continuous by intuition. It is to be carefully distinguished from the "elapsed" time just described. Elapsed time is a hybrid concept formed by the union of the concept of succession taken from the actual experience of duration and the concept of distinctness given by experience of space. It is, in fact, "spatialized time."

The problem of the freedom of the will has been made insoluble by a confusion of these two kinds of time. Determinists and libertarians alike replace duration or real time by spatialized time. Both loosen the solidarity of the past with the present; both over-emphasize the distinction of the motive and the man himself, the will and the deed. Conduct, so far as spiritual, cannot be predicted, because it involves from moment to moment real creation. The knowledge of conditions necessary for any such prediction would have to be an inside knowledge, an actual living of a man's life, and this living would have to extend to the moment of consciousness of the act which was to have been predicted. Freedom of the will is a reality, since spirit is a reality. Indeed, freedom is spirit and spirit is freedom. Freedom is possible through memory, and we shall see presently that Bergson identifies memory with spirit.

Élan Vital

Turning from the individual consciousness to cosmic process in general, we find the

evolutionary progress of the world most explicable in terms of an original *élan vital* or vital impulse, a creative principle which has deposited matter in the course of its progress and is now engaged in making this matter an instrument of freedom by organizing it. An unexplained interruption or inversion of the vital impulse at an unspecified moment of its history [1] originated a downward movement towards materiality and necessity, so that now the whole universe, like the individual mind, is a struggle between an upward expansive movement towards spirituality and freedom, and a downward movement towards materiality and a uniform diffusion which is space.

" Let us imagine a vessel full of steam at a high pressure, and here and there in its sides a crack through which the steam is escaping in a jet. The steam thrown into the air is nearly all condensed into little drops which fall back, and this condensation and this fall represent simply the loss of something,

[1] This introduces a very serious difficulty into Bergson's system—a difficulty which faces all those philosophers who believe in the ultimate reality of time.

an interruption, a deficit. But a small part of the jet of steam persists, uncondensed, for some seconds ; it is making an effort to raise the drops which are falling ; it succeeds at most in retarding their fall. So, from an immense reservoir of life, jets must be gushing out unceasingly, of which each, falling back, is a world. The evolution of living species within this world represents what persists of the primitive direction of the original jet, and of an impulsion which continues itself in a direction the inverse of materiality. But let us not carry too far this comparison. It gives us but a feeble and even deceptive image of reality, for the crack, the jet of steam, the forming of the drops, are determined necessarily, whereas the creation of a world is a free act, and the life within the material world participates in this liberty. Let us think rather of an action like that of raising the arm ; then let us suppose that the arm, left to itself, falls back, and yet that there persists in it, striving to raise it up again, something of the will that animates it. In this image of a *creative action which unmakes itself*, we have

already a more exact representation of matter. In vital activity we see, then, that which persists of the direct movement in the inverted movement, *a reality which is making itself in a reality which is unmaking itself.*"[1] Variation, struggle for existence, and survival of the fittest all find an explanation in terms of this metaphysical hypothesis. The different species and genera and orders are the outcome of the struggle of the vital impulse to overcome matter and convert necessity into freedom. Progress along certain lines of evolution has been more successful than along others. The greatest advance has been made in the cases of the Insects, headed by the Hymenoptera, and the Vertebrates, whose highest stage is Man. These two great divisions of the animal kingdom are diverging and complementary lines of evolution. In the one, instinct has developed at the expense of intelligence; in the other, intelligence has developed at the expense of instinct. Instinct is to be regarded as a form of knowledge, and is identical with intuition. It may be unconscious know-

[1] *Creative Evolution*, pp. 260, 261, Eng. Tr.

ledge, and is indeed a knowledge acted rather than felt. Intelligence, on the other hand, is a knowledge of relations. It is cinematographical in nature, that is, it breaks up the stream of Becoming into a series of instantaneous views, which it then puts in the place of reality and tries to explain in terms of their relations to one another. This form of apprehension has been developed for the purpose of knowing matter, mainly if not entirely with a view to acting upon matter. Its " instantaneous views " are things, states, and concepts, and its characteristic mode of procedure is to join like to like, because it is only through resemblances that the mind can predict material changes and practically interfere in their production. But, really, " there are no things, there are only actions." The intellect falsifies its data in order to get a practical knowledge of them, and needs to be supplemented by intuition. Now intuition, which is instinct, is not entirely absent in man. The compact and luminous nucleus of intellect is surrounded by a vague fringe of intuition, and philosophic as distinct

from scientific thought consists in the use of this intuition to revivify knowledge and to put meaning into the laws and other products of intellectual activity. The value of the great philosophies of the past resides in their intuition. The play of dialectic, though useful and even necessary to test this intuition, is of subordinate value and importance. The one and only "method" of philosophy is the method of intuition. The philosopher is he who starts life with a special endowment of this faculty of insight and develops it still further by practice and attention to the facts of inner and outer experience. Intuition comes to one but seldom, and then only in brief flashes. The "practical" man ignores it even when it does come, and can find no use for it in his intellectual constructions and beliefs.

Creative Evolution

Mechanism and teleology are alike incapable of explaining the world-process. Both, alike, ignore the fact of continuous creation, and assume that "all is given." This is

obvious in the case of mechanism, and a moment's thought will show that teleology is open to the same objection. According to teleology, the universe or the individual, or both, are in process of fulfilling a plan; but, although the fulfilment is projected into the future, it exists, as a plan, *now*. The truth is that this distinction of form and matter is merely a distinction relative to our needs, a distinction made for this reason by our intellect. But knowledge is wider than intellect, just as reality is wider than matter. From the point of view of knowledge, there is an impassable gulf fixed between organized and unorganized matter. Intellect is capable of knowing the latter, being indeed in a sense identical with it and having a parallel evolutionary history. Not so, however, in the case of the former. The biological and psychological sciences make use of intellectual concepts, it is true, but they need the addition of intuition to grapple with the characteristics of reality which form the essence of their subject-matter.

The legitimacy of assuming a general

vital impulse in the explanation of organic evolution is vindicated by its success. Random variations, be they continuous or discrete, finite or infinitesimal, will never explain how a complicated organ, such as the vertebrate eye, has become evolved. The eye is of such a delicate construction that variations of different kinds in different parts of it must be most accurately adjusted one to another, if they are not to interfere with the function of vision. The odds against this correlation happening by chance are too enormous to contemplate. Nor can individual variations be imagined as waiting for their complementary variations and being preserved in the meantime, since this is contrary to the Darwinian principle that useless variations are not preserved. The Lamarckian view of the inheritability of acquired characters does not help us here, apart from the great difficulty which biologists find in accepting it at all. But the complete inadequacy of the ordinary concepts of biological science becomes apparent when we find, as we do, similar structures appearing on divergent lines of evolution.

The eye of a certain mollusc, the Pecten,[1] exhibits remarkably close analogies with the vertebrate eye. Yet, by far the greater part of its evolution must have occurred after the divergence of the mollusc and vertebrate lines took place. The only mechanical explanation which can be suggested is that of Eimer, which would account for the similarity of structure by the identity of an external influence—in this case, light—to which the organs have been exposed. The two organs have been evolved in adaptation to a common influence. But adaptation may be either passive or active. It is passive adaptation alone which would be able to explain such a similarity of evolution as we have before us. Now, as a matter of fact, the adaptation of the eye to light does indeed start by being passive—the light causes the original pigment spot—but this form of adaptation quickly gives place to an active adaptation in which the organ and the organism make use of light for their own

[1] Bergson's use of this illustration has been criticized by biologists, on the point of fact. But the criticism, although justified, does not destroy the main argument.

ends, and active adaptation no longer fits in with Eimer's theory. Consequently, we are driven back to the view of an original impulse pushing forward in different directions. The similarity of the eyes of the mollusc and the vertebrate is a consequence of the identity of impulse underlying their evolution. The materiality of an organ or organism "does not represent a sum of means employed [as in the case of an artificially constructed machine], but a sum of obstacles avoided; it is a negative rather than a positive reality. . . . The vision of a living being is an *effective* vision, limited to objects on which the being can act; it is a vision that is *canalized*, and the visual apparatus simply symbolizes the work of canalizing. Therefore the creation of the visual apparatus is no more explained by the assembling of its anatomic elements than the digging of a canal could be explained by the heaping-up of the earth which might have formed its banks. A mechanistic theory would maintain that the earth had been brought cart-load by cart-load; finalism would add that it had not been dumped down at random, that

the carters had followed a plan. But both theories would be mistaken, for the canal has been made in another way." [1]

The unity of the function is the essential, the complexity of the structure is the relative view taken of it by the intellect; although the mutual adjustment of parts is here again the expression of the singleness of function, and the necessary outcome of it.

[1] *Creative Evolution*, p. 99.

CHAPTER XI

BERGSON'S THEORY OF THE RELATION OF MIND TO BRAIN[1]

THE general statement of Bergson's metaphysical position in the preceding chapter indicates his view as to the relation of spirit to matter, but a more detailed account is needed of the relation of the individual mind to the body with which it is found associated, on the one hand, and to the objects of its external environment which it knows and acts upon, on the other. This is given in *Matter and Memory*, the most psychological of Bergson's works. Indeed, it may almost be looked upon as a textbook of General Psychology, written from an original standpoint, and showing due regard to the intimate relation which exists between psychological analysis and explanation and philosophical

[1] For a full discussion of the various theories of the relation of Mind to Brain see *Psychology and Psycho-therapy*, pp. 168–91.

first principles, and there is little doubt that it will exercise a considerable influence upon the nature of future textbooks on the subject. Bergson admits that he is a dualist, but claims that his view is neither realistic nor idealistic.

"Matter, in our view, is an aggregate of 'images.' And by 'image' we mean a certain existence which is more than that which the idealist calls a *representation*, but less than that which the realist calls a *thing*—an existence placed half-way between the 'thing' and the 'representation.' This conception of matter is simply that of common sense. . . . For common sense, the object exists in itself, and, on the other hand, the object is, in itself, pictorial, as we perceive it: image it is, but a self-existing image." [1]

The individual body, its brain, and even its cerebral cortex, are images among, or by the side of, the other images which go to make up the universe. Realism and idealism stand alike condemned because they alike regard the individual brain, or a special portion of it, as the source, in one way or

[1] *Matter and Memory*, Introduction, pp. vii, viii, Eng. Tr.

another, of our representation of the entire universe. They make the psycho-physical problem absolutely insoluble. Most psychologists are now willing to admit that this is the case with the realistic theory known as epiphenomenalism; but the more popular theory of parallelism involves difficulties of the same philosophical order. That material changes in particular parts of the individual cerebral cortex, themselves parts of the whole material universe, should run parallel with, or be "the other side" of, consciousness of the entire universe, is an inconceivability if anything is inconceivable. The view is a philosophic generalization based on an incorrect interpretation of the facts of cerebral localization, which is in its turn determined by an incorrect estimate of the meaning and function of *perception*.

Perception

Perception is a form of *action* rather than a form of cognition. Its importance is *practical* rather than speculative. Its distinction from memory is therefore a distinction of kind and not merely one of degree.

Whereas memory has to do with the past, the interest in which is speculative only, perception involves an actual presence of external objects to the sense-organs, and is, in fact, the reflexion of the body's virtual or possible action upon these objects, or of the objects' possible action upon the body. An unbiassed consideration of the structure and mode of working of the entire nervous system reveals this, although the truth is obscured for the psychologist by the admixture of affection and memory as factors in actual developed perception. The nervous system consists exclusively of nerve-fibres, each supplied with a nerve-cell, which run from the periphery (afferent) to the periphery (efferent) through more central junctions. These central junctions are in every case points of reflexion and redistribution of the nervous impulses. All agree that this is the case with the spinal and other subcortical centres of the nervous system. Anatomical evidence supports a similar view with regard to the functioning of the cortical centres. Here the incoming impulses find a large number of *alternative* paths open to them.

The brain is so constructed that a number of incoming impulses can converge to bring about a single unit reaction, or, again, so that a single incoming impulse can dissipate itself along a multitude of efferent paths and so become sublimated [1] without producing any overt reaction. The brain, or rather the cerebral cortex, is thus a sort of telephone-exchange and represents a certain amount of *indetermination* in the reactions. It is this indetermination which is the source of conscious perception. Mechanical reflex action is *necessarily determined* action and is therefore unconscious. Perception is likewise action, a reaction to a present stimulus, but it is not necessarily determined; its consciousness is a measure of its indetermination.

In the above account we have described perception in its essence, as it is in theory rather than in fact. Bergson calls this "pure" perception. Ordinary perception as it actually occurs differs from this in containing affection or "sensation," and the

[1] This use of the word "sublimation" is different from that found in the writings of Freud.

contributions of memory. The body, besides being exposed to a virtual action of external objects, is subject to a *real* action. It is this real action which constitutes affection. Affection is an (ineffectual) motor tendency in a sensory nerve. It forms one of the subjective elements in perception. The object of perception is perceived where it is, viz. outside the body; the affection is likewise experienced where *it* is, inside the body. Again, perception is, in fact, not absolutely instantaneous. It occupies a certain breadth of duration. The successive moments of this duration are strung together and condensed by memory, and the *qualities* of sensation are due to such condensations. We shall return to this point later. Finally, memories from the past mingle with perception of the present and may even take its place.

"For if they have survived it, it is with a view to utility; at every moment they complete our present experience, enriching it with experience already acquired; and, as the latter is ever increasing, it must end by covering up and submerging the former." [1]

[1] *Matter and Memory*, p. 70.

Pure Memory and Rote Memory

"Pure" memory has no physiological correlate. There are no "centres" for memory. The brain is merely a motor organ. Its structure is completely explicable in terms of useful reactions to environmental changes. It conditions present perception directly, as we have seen, but is related to memory only indirectly, viz. through the motor reaction in perception. Successive perceptions as they occur give rise to memories which are permanently retained in all their particularity, but in an unconscious form. These memories really make up what is known as mind or spirit. In their pure unconscious form they are unextended and in a state of complete interpenetration. On the occasion of a later perception certain of them may find the motor reaction or motor tendency congruent with themselves and are then enabled to slip into the perceptual process and identify themselves with its motor prolongation. In this way they rise again in consciousness as mental images.

They thus become partly materialized, as it were, and for the time being are no longer pure memories.

One of Bergson's most valuable contributions to scientific psychology is his distinction of pure memory from rote memory, which he identifies with habit. In learning a lesson by heart, we build up a motor mechanism having all the marks of a habit.

"Like a habit, it is acquired by the repetition of the same effort. Like a habit, it demands first a decomposition and then a recomposition of the whole action. Lastly, like every habitual bodily exercise, it is stored up in a mechanism which is set in motion as a whole by an initial impulse, in a closed system of automatic movements which succeed each other in the same order and, together, take the same length of time. The memory of each several reading, on the contrary, the second or the third for instance, has *none* of the marks of a habit. Its image was necessarily imprinted at once on the memory, since the other readings form, by their very definition, other recollections.

It is like an event in my life ; its essence is to bear a date, and consequently to be unable to occur again." [1]

This distinction is similar to that drawn by some psychologists between " personal " and " impersonal " memories. It is absolutely essential for Bergson's theory of memory. Corresponding to it he finds two distinct kinds of recognition, one entirely mechanical based on the working of pre-formed motor mechanisms, the other starting from memories, among which the mind places itself by an act *sui generis*, at a bound, and working back to the perceptual and motor plane of the present. Cases of " mental blindness," or loss of the power of recognition, whether visual or auditory, are not due to a real loss of corresponding memories, but to injury or obstruction of the motor mechanisms which give these memories the opportunity of becoming realized as supplementary parts of an actual perception. The facts of psychopathology, especially those of *aphasia* in all its forms, decidedly support this view. No memories are ever really lost. We carry our

[1] *Matter and Memory*, pp. 89, 90.

entire past along with us,[1] but disturbance of particular motor mechanisms in the brain may make the recall of some portion of this past either temporarily or permanently impossible. It is our entire past that acts at every moment of conscious experience, but this past is present at different degrees of *tension*, as it were, on different occasions. Bergson represents it by a cone standing upon its apex on a plane. The plane represents the actual material world, which exists in a continuous present, the apex of the cone corresponds to present perception, the base to the manifold of our memories, each with a date of its own and distinct from every other. The memories are all represented in different horizontal sections of the cone, but with a distinctness and at a tension varying with the area of the section. The nearer to the apex the section is taken, the greater the degree of coalescence and tension of the memories, the more impersonal and the more subordinated to action they are. The infinite number of sections which may be

[1] See *Psychology and Psycho-therapy*, especially chap. vii and x, for evidence from hypnotic experiments in support of this view.

imagined correspond to an infinity of different planes of memory from which the past may be brought to bear upon the present. Mental activity is represented in the figure by movements up and down between the apex and the base. It corresponds to expansions and contractions of memory, having as object the discovery of just those memories which may best fit into the motor diagram of present perception. In this way the motor diagram itself may undergo extension, with the result that yet other memories may succeed in inserting themselves and thus come to overlie the percept. The power of the mind to produce contractions and expansions of itself in reference to present experience is, it seems, according to Bergson, a power *sui generis* and ultimate ; yet he nowhere clearly distinguishes it from the sum of memories themselves. Before bringing this very obvious criticism against him, however, we must remember that in *Matter and Memory* he definitely limits his consideration of memory and the nature of the mind to those aspects which are essential to his main problem—the relation of mind to matter. After saying

that "with memory we are in very truth in the domain of spirit," he goes on to state that "it was not our task to explore this domain. Placed at the confluence of mind and matter, desirous chiefly of seeing the one flow into the other, we had only to retain, of the spontaneity of intellect, its place of conjunction with bodily mechanism." [1]

Similarly, in his *Time and Free-Will* Bergson does not undertake to give us a psychological theory of free-will. He contents himself with merely showing that determinism and libertarianism are both impossible views, and that freedom is a psychological fact. Perhaps he will some day give us a book on the relation of memory and freedom to personality, and so complete his psychological system. If so, he will find plenty of material to his hand in the so-called New Psychology.

Matter and Mind

The ordinary views on the relation of mind to matter make the problem an insoluble one

[1] *Matter and Memory*, pp. 320, 321.

in three distinct particulars. They make the difference of matter and mind a contrast of (1) extension and intensity, (2) quantity and quality, (3) necessity and freedom. Taking these distinctions in a literal and extreme sense, they find the gulf in each case an impassable one. But the truth is that extensity is a characteristic of many, if not all, of the sensory contents of consciousness; while, on the other side, matter is not completely extended. Space does not exist as something absolute in which material bodies are located.

"That which is given, that which is real, is something intermediate between divided extension and pure inextension. It is what we have termed the *extensive*. Extensity is the most salient quality of perception. It is in consolidating and in subdividing it by means of an abstract space, stretched by us beneath it for the needs of action, that we constitute the composite and infinitely divisible extension. It is, on the other hand, in subtilizing it, in making it, in turn, dissolve into affective sensations and evaporate into a counterfeit of pure ideas, that we obtain

those inextensive sensations with which we afterwards vainly endeavour to reconstitute images." [1]

This approximation of the two terms in the characteristic of extensity helps us to overcome the opposition between quality and quantity, between consciousness and movement. Although corpuscles (atoms, electrons) are at least as much figments of our imagination as the discontinuous and distinct external objects which our perception carves out in the continuous physical universe around us, yet the movements which these corpuscles are supposed to possess as attributes are themselves real. They show differences of rhythm or of vibration-frequency. The vibrations, by exhibiting a certain, though minimal, degree of interpenetration, constitute a real concrete duration. The sensations corresponding to them are in a sense identical with them, only in a condensed condition—an enormous number of them being summed up by the span of memory in one moment. "Between sensible qualities, as regarded in our representa-

[1] *Matter and Memory*, pp. 326, 327.

tion of them, and these same qualities treated as calculable changes, there is therefore only a difference in rhythm of duration, a difference of internal tension." [1]

Finally, mind is essentially free since it has its roots in perception which, we have seen, is a measure of the indetermination of response to stimulation. As memory, it is free in a yet more concrete sense, bringing the past to bear upon the present decision, and also by virtue of its internal tension contracting an indefinite number of external moments in the duration of the present. Matter, on the other hand, is not entirely bound in the chains of necessity. "Absolute necessity would be represented by a perfect equivalence of the successive moments of duration, each to each." [2] Still, the contingency of nature must be extremely slight, and in Bergson's view even complete necessity in matter would be no bar to the interaction of mind with it. Matter is annulled, neutralized, or latent consciousness, and conscious perception is only related to it as the

[1] *Matter and Memory*, p. 330.
[2] Ibid., p. 330.

part to the whole. So freedom needs a basis of necessity and can only develop in close connexion with necessity. The structure of the individual brain with its innumerable alternative pathways for the transference and discharge of nervous energy, making it a veritable "reservoir of indetermination," is something more than a mere symbol of this relation. It represents the intimate organization of freedom with necessity which is the essential characteristic of life and consciousness.

CHAPTER XII

CRITICISM OF BERGSON

BERGSON'S system of psychology stands or falls with his theory of "pure perception." It therefore behoves us to consider this theory still more closely, and to see what criticisms may be brought against it.

Perception, in Bergson's view, is essentially "discernment." The whole universe consists of images, of which our body is one, acting and reacting upon one another according to the laws of physical science. By virtue of the indetermination implied in the structure of the nervous system, the body isolates from among all the innumerable external influences streaming through it just those to which it can react with a greater or less freedom of choice. These isolated influences "become 'perception' by their very isolation." The relation between perception and external reality is thus simply

that of part to whole; "there is in matter something more than, but not something different from, that which is actually given."[1] Bergson denies that the nervous system or any part of it can add anything, in the way of new properties, to matter. "The nervous system, a material mass presenting certain qualities of colour, resistance, cohesion, etc., may well possess unperceived physical properties, but physical properties only. And hence it can have no other office than to receive, inhibit, or transmit movement."[2] Consciousness is not *produced* by interaction between the external environment and the individual brain. It already exists throughout the universe, though in an annulled or latent form. Each point potentially perceives every other point in the universe, since influences reach it from all these other points.

Perception and Thought

As regards the space problem in perception, Bergson is in complete harmony with the

[1] *Matter and Memory*, p. 78.
[2] Ibid., p. 79.

views of modern psychology in attributing extensity to sensations and in distinguishing perceptual from conceptual space. Sensations have not to be projected outwards in order to give the perception of an image or object in external space, for how should we know where to project them to? Nevertheless, an immediate perception of the externality and extent of an image and an immediate perception of its exact position and size are two very different things. It is only with the former that we start; the latter is in part a product of mental activity, and, as such, liable to error. We see a star above the horizon when it is really below the horizon. The refraction of the light rays, itself unperceived, has made us see the star in the wrong direction. Perception alone is incapable of correcting this error. Thought is needed, for it is through thought or intellect that *relations* are conceived. It is questionable whether we can ever with legitimacy speak of *perceiving* relations, on the Bergsonian view of perception which makes it identical with "discernment." Bergson himself regards the function of

intelligence to be the knowledge of relations. It seems to me that such knowledge cannot be lightly brushed aside by saying that its *raison d'être* is simply utility. It is genuine knowledge, of speculative as distinct from, or in addition to, utilitarian value, and a kind of knowledge that cannot, on any hypothesis, be given by perception. Intellect certainly enables us to fill in, hypothetically, gaps in our perceptions, but it does much more than this. It gives us a deeper insight into the meaning of perceptions, and furnishes us with the real freedom of deliberation and choice, not that aimless freedom of spontaneous activity and pure duration which is all that Bergson can offer us.

The time and space relations of perception which interest Bergson himself are, as might be expected, those which concern reaction to stimulation, or utility, rather than those bound up with the difficulties of speculation. He writes of an animal at the perceptive stage of consciousness: "By sight, by hearing, it enters into relation with an ever greater number of things, and is subject to more and more distant influences;

and, whether these objects promise an advantage or threaten a danger, both promises and threats defer the date of their fulfilment. The degree of independence of which a living being is master, or, as we shall say, the zone of indetermination which surrounds its activity, allows, then, of an *a priori* estimate of the number and the distance of the things with which it is in relation. Whatever this relation may be, whatever be the inner nature of perception, we can affirm that its amplitude gives the exact measure of the indetermination of the act which is to follow. So that we can formulate this law: *Perception is master of space in the exact measure in which action is master of time.*" [1]

The Meaning of "Image"

Bergson's theory of pure perception only escapes the accusation of being mechanical, even mechanistic, by the element of consciousness which is smuggled in by way of the blessed word, "image." If the Bergsonian reminds us that the emergence of

[1] *Matter and Memory*, p. 23.

explicit consciousness is explained by the "zones of indetermination" which individuals possessed of a set of cortical centres enjoy, we may reply that this conception of indetermination is either altogether vague or else refers to a form of mechanism which might work just as satisfactorily without explicit consciousness. When memory is introduced the matter assumes, it is true, a different aspect, but even here intellectual activity to the extent of, at least, comparison and abstraction, seems also to require to be assumed in order to make the indetermination a genuinely psychical one.

There is again the secondary question as to whether external "images" are to be regarded as *possessing* consciousness or as *being* conscious (potentially). Bergson writes: "That every reality has a kinship, an analogy, in short a relation with consciousness—this is what we concede to idealism by the very fact that we term things 'images.' No philosophical doctrine, moreover, provided that it is consistent with itself, can escape from this conclusion. But if we could assemble all the states of consciousness, past,

present, and possible, of all conscious beings, we should still have only gathered a very small part of material reality, because images outrun perception on every side" [1] We may, therefore, assume that Bergson considers that images *are* consciousness (annulled or latent). But to this it may be objected that these images, when they are brought into explicit consciousness through the process of perception, fall on the *object* side of the subject-object relation. On the subjective side we have the *élan vital* itself, in an individualized form constituting the personality.

Personality

For Psychology, the personality is an organization or system of instinctive and other conative dispositions, with corresponding cognitive dispositions. It comprises subsidiary systems which correspond to the various interests, innate and acquired, of the individual.[2] The word *sentiment* has

[1] *Matter and Memory*, p. 305.

[2] Perhaps the most complete account of the personality, from the purely psychological point of view, is to be found in the writings of Prof. W. McDougall, especially in his *Introduction to Social Psychology* and *Psychology*.

been employed, first by A. F. Shand and later by W. McDougall, to denote such subsidiary systems. A sentiment may be defined as a system of emotional (instinctive) dispositions centred about the idea of some object. Love and hate of persons and things fall under this heading. Morbid systems, out of harmony with the main personality and with life, and therefore repressed, are conveniently distinguished by being named *complexes*, in accordance with C. G. Jung's first use of this term.

But the essence of personality can never be revealed by psychology alone. Truth, beauty, goodness, and holiness all transcend the conditions of space, time, and causality, within which merely psychological explanations move. To understand *these* aspects of existence we still need to employ the critical method of Kant. The general question which he set to the world of thought in 1781 —"What are the pre-suppositions of experience? What are the conditions that make experience [as a connected system] possible?" —still awaits a complete answer. Modern psychology deepens the problem through its

more profound insight into the complexity of individual experience. In recognizing the existence of subconscious motives and subconscious sources of power and inspiration, it widens the scope of the concepts of freedom, moral responsibility, and intellectual and æsthetic insight. But the ultimate solution can come only from metaphysics.

CHAPTER XVII

CONCLUSION—THE PRACTICE OF PSYCHO-THERAPY

In an elementary book it is not easy to escape the charge of dogmatism, and of producing an impression of finality which is justified in no science and least of all in so progressive a science as that of psycho-pathology and psycho-therapy. It is therefore well to state explicitly that none of the views expressed in the preceding pages are to be regarded as final. Further experience is certain to demand a development and a restatement of them. But as they are based entirely upon practical experience in dealing with many thousands of cases of nervous breakdown during the past few years, including five years of concentrated experience during the war as a psychological specialist treating war cases in their earliest as well as in their later stages of illness, I venture to hope that

they are not entirely wrong. Had space permitted, I should have liked to say more upon the *social* aspect of suggestion, and to have linked up the suggestion of the consulting room with the mass-suggestion of the crowd. This would have involved a consideration of the important views of McDougall, Trotter and Rivers, as well as Freud's recent important book, *Massenpsychologie und Ich-Analyse*. But such views are too recent and too debatable for any brief discussion in an elementary volume. What I have called the emotional *rapport* between physician and patient, which is an essential factor in treatment both by suggestion and by mental analysis, is in need of further elucidation. It is in this direction that great advance may be looked for in the near future in the general theory of suggestion.

Factors in psycho-therapy of which the value can be regarded as definitely assured are: psycho-catharsis and reassociation of the mind, autognosis, auto-suggestion, and the personal influence of the physician. The last of these is on a different footing from

the rest, since it is itself in need of further analysis and involves the problems of the future to which I have already referred. But from the point of view of practice it is of overwhelming importance. A successful psycho-therapist is born and not made. Theoretical interest in psychology and scientific knowledge of the subject are necessary, but not sufficient. The psycho-therapist must be able to think himself into the patient's situation and feel with the patient. He must have the gift of true sympathy. This process of "going along with" the patient and seeing the world from the patient's point of view, while also retaining his own philosophy of life which from a wide experience he has hammered out for himself by hard thinking, is the most exhausting part of his work, but also the most indispensable. The patient should be able to look upon him as a friend as well as a physician. This relationship is possible without the exaggerated pathological dependence of the hypnotic subject, and is compatible with normal independence of personality.

The psycho-therapist must also possess a

sound knowledge of general medicine, and especially of neurology and psychiatry, if he is to be a thoroughly reliable help to those in mental difficulty. There are psychical symptoms detectable in most physical diseases, and in the case of some organic nervous diseases they may be so pronounced that the physical symptoms may be overlooked. This may easily happen in the early stages of disseminated sclerosis, cerebral tumour, certain vascular disturbances of the brain, etc., and involve the loss of precious time. Again, some forms of nervous breakdown are early stages of dementia præcox, paranoia, melancholia, manic-depressive psychosis or other forms of recognized insanity, and in such cases a sound knowledge of psychiatry is imperative, if the patient is to receive appropriate treatment and escape disaster. In the early stages of some forms of insanity psychotherapy may do great good, but a knowledge of possible dangers ahead is essential, if only that one may guard against them.

Finally, disturbance of function of the glands of internal secretion (endocrine

glands), such as the thyroid, suprarenals, sex glands, etc., may show itself almost exclusively in mental symptoms. In such cases appropriate physical treatment (organo-therapy) as well as psycho-therapy, is needed.[1]

To guard against these pitfalls it is imperative that the psychotherapist make a thorough physical examination of his patient at the first interview, and that he be on the look out for possible later development of neurological or psychiatrical symptoms in the course of the mental treatment. In short, the psycho-therapist must be a sound physician. We have already seen that he must be a sound psychologist, and not lacking in a training in philosophy.

[1] Suggestion treatment is often beneficial in cases of disturbed functioning of endocrine glands, probably through its effect upon the sympathetic nervous system, with which these glands are in close relation.

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